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PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

FOR THE CALENDAR YEAR
1957

REPORT NUMBER 35

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To His Honour,

John S. McDiarmid,

Lieutenant-Governor of the Province of Manitoba.

May It Please Your Honour:

The undersigned has the honour to submit herewith the Annual Report of the Department of Health and Public Welfare of the Province of Manitoba for the calendar year 1957.

Respectfully submitted,

R. W. BEND,

Minister of Health and Public Welfare.

Winnipeg, Manitoba,

February 26, 1958.

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The undersigned for the purpose of a joint committee
for the purpose of the Department of Health and
Education of the Province of Ontario for the calendar year

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R. W. JENCKS

Minister of Health and Public Welfare

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The Honourable R. W. Bend,
Minister of Health and Public Welfare.

Sir:

We have the honour of presenting herewith the Annual Report of the Department of Health and Public Welfare of the Province of Manitoba for the calendar year 1957.

Your obedient servants,

M. R. ELLIOTT, M.D.,


Deputy Minister of Health.

K. O. MACKENZIE, B.S.W., Dip. S.W.

Deputy Minister of Public Welfare.

Winnipeg, Manitoba,

February 26, 1958.



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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Annual Report, 1957

(Calendar Year)

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Report of the Department of
Health and Public Welfare

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ADMINISTRATIVE RESEARCH

ADMINISTRATIVE COLLEGE

ADMINISTRATIVE RECORDS

ADMINISTRATIVE EDUCATION

Report of the Department of Health and Public Welfare

Year ended December 31, 1957

The Honourable R. W. Bend,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

The Deputy Minister of Health and Deputy Minister of Public Welfare join with all officials and directors of the Department of Health and Public Welfare in expressing appreciation of the splendid support and co-operation received from the many organizations and groups associating themselves with the various activities conducted in this department. Special reference is made to:

Associated Hospitals of Manitoba,
Board of Governors, University of Manitoba,
Canadian Welfare Council,
City of Winnipeg Health Department,
City of Winnipeg Public Welfare Department,
Children's Aid Societies of Manitoba,
Connaught Laboratories, Toronto,
Departments of Provincial Government,
Department of National Health and Welfare, Ottawa,
Dominion Council of Health,
Dominion Bureau of Statistics, Ottawa,
Family Bureau, City of Winnipeg,
Manitoba Pool Elevators,
Manitoba Medical Association,
Manitoba Sanitary Control Commission,
Manitoba Urban Association,
National Film Board,
School of Hygiene, University of Toronto,
Union of Manitoba Municipalities,
Welfare Council of Greater Winnipeg,
Winnipeg Public Library,
Women's Institutes in Manitoba, and
Many other volunteer groups associated with the various phases of
Public Health and Welfare.

The Public Health and Welfare programs have derived very material benefits from the assistance and counsel received from all the above listed agencies. The success in the development of these programs is due also in a large measure to the co-operation and loyalty of each member and director within the whole department; and to the helpful counsel and leadership available at all times from our Minister, the Honourable Mr. R. W. Bend.

Our thanks are hereby recorded to all members and chairmen of advisory boards, committees and commissions functioning in an advisory capacity under the provisions

of the several Acts administered by the Department of Health and Public Welfare. Appreciation is expressed for Dr. J. D. Adamson's medical counsel on the Manitoba Rehabilitation Program.

The separate Annual Reports of the directors of the several branches of the following divisions of the Department of Health and Public Welfare are appended herewith and contain detailed information concerning the year's activities.

- (i) **Division of General Administration:** including administration of Federal Health Grants, Supervision of Collections, Vital Statistics and Records, Administrative Research, and Health and Welfare Education.
- (ii) **Division of Health:** including—
 - (a) **Section of Environmental Sanitation** with bureaux relating to Public Health Engineering and Sanitation, Food Control and Industrial Hygiene;
 - (b) **Section of Preventive Medical Services**, with bureaux relating to Disease Control and Central Tuberculosis Registry, Venereal Disease Control, Maternal and Child Hygiene and Public Health Nursing;
 - (c) **Section of Extension Health Services**, with bureaux relating to Laboratory and X-Ray Units, Local Health Services, Hospitalization and Dental Services;
 - (d) **Section of Provincial Bacteriological Laboratory Services;**
- (iii) **Division of Psychiatry:** including Provincial Psychiatric Services, Farms' Management, administration of the Psychopathic Hospital, Winnipeg; the Hospitals for Mental Diseases at Brandon and Selkirk, and the Manitoba School for Mentally Defective Persons at Portage la Prairie;
- (iv) **Division of Public Welfare:** including—
 - (a) Section of Public Welfare Services involving administration, Child Welfare, Mothers' Allowances, Adoptions and services to unmarried mothers; Social Assistance; and Rehabilitation program for Mental Defectives;
 - (b) Section of Rehabilitation services to the disabled and handicapped persons;
 - (c) Section of Old Age Assistance;
 - (d) Blind Persons' Allowances;
 - (e) Disabled Persons' Allowances; and
 - (f) Elderly Persons' Housing.

Respectfully submitted,

M. R. ELLIOTT, M.D.,

Deputy Minister of Health.

K. O. MACKENZIE, B.S.W., Dip. S.W.,

Deputy Minister of Public Welfare.

National Health Grants Program

EXECUTIVE OFFICER - C. A. CAMERON

The report on the operation of the National Health Grants Program during the year ended December 31st, 1957, is submitted herewith.

Extensive use was again made of the funds provided through the twelve Federal grants-in-aid as is evidenced by the fact that at this date we have committed for expenditure 98.5% of the \$2,481,513.00 made available to us.

The following table displays the various health fields for which our projects were submitted and details the distribution of the Federal allotments and the Provincial Government commitments among those fields:

Health Field (Grants)	Federal Allotments April 1st, 1957 - March 31st, 1958	Project Submissions as at December 31st, 1957 (Commitments)
Crippled Children	\$ 29,815.00	\$ 29,815.00
Professional Training	29,815.00	29,703.00
Hospital Construction	524,354.00	520,411.00
Venereal Disease Control	29,815.00	29,815.00
Mental Health	355,193.00	351,666.00
Tuberculosis Control	227,211.00	226,754.00
Public Health Research	18,115.00	18,115.00
General Public Health	457,000.00	429,500.00
Cancer Control	194,718.00	194,718.00
Laboratory and Radiological Services	432,000.00	430,960.00
Medical Rehabilitation	58,481.00	58,340.00
Child and Maternal Health	124,996.00	124,631.00
	<u>\$2,481,513.00</u>	<u>\$2,444,428.00</u>

In general, these grants are contributing to the extension of local health services in both rural and urban areas; the training and employment of many categories of health workers; the expansion of existing hospital buildings and the erection of new ones; the control of tuberculosis, venereal and other communicable diseases; the development of improved cancer and diagnostic facilities, of laboratories for the diagnosis of disease and of medical rehabilitation services to restore patients to the maximum degree of health and productivity; the treatment of crippling conditions in children; the extension of services to prevent and treat mental illness; the improvement of care given to mothers and their children; and the promotion of research in public health.

The following outline indicates briefly the specific projects financed by the grant-allotments made to us:

Crippled Children's Grant: Our entire allotment is committed to the Society for Crippled Children and Adults of Manitoba to provide diagnostic clinics, transportation for children attending the Cerebral Palsy Treatment Centre, prosthetic equipment, and supplies and other services as required by crippled children, particularly in outlying areas.

Professional Training Grant: Provided for the following:

(1) Payment of the salaries of two instructresses in the Nurses' Training School operated by the Dauphin General Hospital:

(2) Training of the following public health and hospital personnel:

	Institutes	Short Courses	Extension Courses	— Academic Year —	
				Completed	On Courses as at Dec. 31st, 1957
Physicians .....	....	1	....	....	1
Dentists .....	....	....	....	1	....
Nurses .....	....	2	....	3	6
Sanitarians .....	....	7	....	....	....
Statisticians .....	....	2	....	....	....
Speech and Hearing Therapists .....	....	....	....	....	1
Physiotherapists .....	....	....	....	4	4
Hospital Administrators	65	....	5	....	....
Orthoptic Technicians .....	....	1	....	....	....
Medical Records Librarian .....	....	....	2	....	....
Sanitary Engineers .....	....	1	....	....	....
	—	—	—	—	—
	65	14	7	8	12
	==	==	==	==	==

Assistance for other trainees also was provided under certain of the other National Health Grants as noted hereafter.

Hospital Construction Grant: These funds, plus an equal contribution from the Manitoba Government, are used to assist in financing the capital costs of adequate accommodation for health services. Provision has been made for payment of grants this current year toward the following construction:

Misericordia Hospital	Nurses' Home and new wing to hospital
Portage la Prairie and District Hospital	New Construction (Old quarters condemned for further use as hospital)
Manitoba School for Mentally Defective Persons—Portage la Prairie,	New Unit for female patients
Vita Hospital	Expansion of present quarters
Hydrotherapy Unit—Winnipeg Municipal Hospitals	New Construction
Ste. Rose du Lac Hospital	New Construction (Old quarters abandoned for patient accommodation)
Provincial Laboratory	Addition of third floor to Medical College to house laboratory.
Winnipeg General Hospital	New wing added to present new section and alterations to old section
Rosburn Medical-Nursing Unit	Expansion of present quarters
Shoal Lake District Hospital	Replacement of area destroyed by fire
Victoria-South Norfolk-Treherne Hospital	New construction at Treherne

The end of this 1957-1958 fiscal year will mark the tenth year since this grant was made available to us. Construction within that period has provided space for 4,088 hospital beds, 719 bassinets, 937 beds in nurses' residences, and over 200,000 square feet of floor area to accommodate community health centres, laboratories, treatment and teaching facilities.

Venereal Disease Control Grant: Assists in extending our program of education, case finding, early diagnosis, contact tracing, treatment and follow-up procedures. For detailed information on this program please refer to the report submitted by the Director of the Bureau of Venereal Disease Control.

Mental Health Grant: Used to promote those programs most likely to lead to improvement in treatment services provided for the care of the mentally ill. Assistance was provided for the following purposes:

(1) Payment of salaries of additional staff and purchase of equipment and supplies for the following hospitals and clinics:

Psychopathic Hospital, Winnipeg	Selkirk Hospital for Mental Diseases
Manitoba School for Mentally Defective Persons, Portage la Prairie	Psychiatric Out-Patient Departments at: Children's Hospital St. Boniface Hospital Winnipeg General Hospital
Child Guidance Clinic of Greater Winnipeg	
Brandon Hospital for Mental Diseases	

(2) Assistance in the maintenance of a Graduate Psychiatric Training Program by contributing toward the salary paid by the Medical College to a professor of Psychiatry, the purchase of text books, the payment of honoraria to visiting lecturers, and for the salary of a secretary.

(3) Training of Mental Health Personnel:

(a) Courses extending for a full academic year:	(b) Short Courses or institutes varying in length from a few days to several weeks:
Physicians 3	Physicians 6
Psychologists 1	Psychologists 2
Nurses 1	Nurses 1
Psychiatric Social Workers 2	
—	—
7	9
<u>7</u>	<u>9</u>

(4) Research:

- (a) Regarding attempted suicides;
- (b) Determination of the origin of abnormal electroencephalograph patterns by a study of electrical fields;
- (c) Identification of porphyrine in cases of porphyria associated with mental illness;
- (d) Study of the free amino acids of cerebrospinal fluid in schizophrenia; and
- (e) Follow-up study of 260 cases of frontal leucotomy.

(5) A grant of \$2,500.00 to assist the Canadian Mental Health Association in its program of rehabilitation and education.

Tuberculosis Control Grant: Used by the Sanatorium Board of Manitoba in developing and extending its program. Projects have been approved for the under noted purposes:

- (1) Payment of salaries of additional staff and purchase of equipment and supplies and materials for:
 - (a) St. Boniface Sanatorium, and
 - (b) Manitoba Sanatorium at Ninette;
- (2) Purchase of laboratory equipment for the Central Tuberculosis Clinic;
- (3) Salary and travelling expenses of physician in charge of preventive and diagnostic clinic and of a supervising dietitian;
- (4) Extension of the following programs:
 - (a) B.C.G. Vaccination;
 - (b) Case-finding in industry;
 - (c) Case-finding in the more sparsely settled areas of the Province; and
 - (d) Rehabilitation;
- (5) Purchase of streptomycin and other antibiotics useful in the treatment of tuberculosis;
- (6) Provision of free pneumothorax treatment for patients who are unable to attend clinics;
- (7) X-raying of the chests of all patients admitted to general hospitals;
- (8) Post-graduate training for staff physicians:
 - (a) Six month course in Thoracic Surgery for Medical Superintendent of Brandon Sanatorium; and
 - (b) Three week course in Preventive Measures for medical officer on staff of Manitoba Sanatorium.

Public Health Research Grant: The following studies were financed:

- (1) Study of intrauterine, natal and neonatal deaths;
- (2) Determination of factors influencing multiplication of viruses in human amnion tissue cultures; and
- (3) Study of the factors having a bearing on culture susceptibility to virus infection with particular reference to the virus of Infectious Hepatitis.

Note—(Research was also conducted under the Mental Health, General Public Health and Child and Maternal Health Grants).

General Public Health Grant: Used to strengthen or improve present programs and to extend services in various fields not covered by specific grants. Funds have been allotted for the following purposes:

(1) Salaries of additional staff and the purchase of equipment and supplies for the following departmental bureaux:

- (a) Public Health Laboratory Services;
- (b) Hospitalization;
- (c) Health and Welfare Education;
- (d) Environmental Sanitation; and
- (e) Local Health Units.

(2) Travelling expenses for a nurse in the Grahamdale Nursing District;

(3) Salaries and travelling expenses of additional staff for the City of Winnipeg Health Department;

(4) Purchase of equipment for use in the homes of Poliomyelitis patients who have been discharged from hospital;

(5) Payment of fees and travelling expenses of consultants employed by the Canadian Arthritis and Rheumatism Society for their program in rural Manitoba;

(6) Purchase of equipment for the newly-established Glaucoma Clinic at the Winnipeg General Hospital;

(7) Purchase of equipment for the newly-established Surgical Research Laboratory at the St. Boniface Hospital;

(8) Payment of one-half of the cost of Manitoba's purchase of Asian Influenza Vaccine.

(9) Research:

- (a) Market milk processing methods;
- (b) Effect of anticoagulants on serum lipoproteins in patients with arteriosclerotic heart disease; and
- (c) Testing of cord blood for immunity against diphtheria in newborns; and

(10) Training courses:

	— Academic Year —		
	Institutes	On Course as at	
		Completed	Dec. 31, 1957
Physicians	1	....	....
Nurses .....	....	7	9
Health Educators .....	....	1	....
Sanitary Inspectors	62	....	....
	63	8	9

Cancer Control Grant: Cancer Control in Manitoba is vested with the Cancer Treatment and Research Foundation and the entire Federal allotment plus an equal or greater contribution from the province is used for the implementation of the Foundation's program.

Laboratory and Radiological Services Grant: Assists in developing more extensive X-ray and other diagnostic services and in improving laboratory services as an aid to the physician in diagnosis.

Our allotment has been committed for the following:

- (1) Payment of salaries and expenses of consultant radiologists;
- (2) Payment of salaries and expenses of additional staff and purchase of equipment for the Provincial Laboratory at Winnipeg;
- (3) Payment of salaries of additional staff and purchase of equipment for the Dauphin Laboratory and X-ray Unit;
- (4) Payment of staff salaries and expenses and purchase of equipment for Laboratory and X-ray Units at Neepawa, Portage la Prairie, Selkirk and Virden and Subsidiary Centres at MacGregor and Souris;
- (5) Payment of salaries and purchase of equipment and supplies required for the virus diagnostic services performed by the University of Manitoba's Department of Bacteriology and Immunology;

(6) Purchase of X-ray equipment for the following hospitals:

St. Claude Medical-Nursing Unit	Stonewall Medical-Nursing Unit
Treherne District Hospital	Winnipeg General Hospital

(7) Training for full academic year:

	As at Dec. 31, 1957	
	Completed	On Course
Radiologists .....	....	2
Pathologists	1	3
Laboratory and X-ray Technicians	6	26
	—	—
	7	31

(8) Payment of salaries of additional staff required by the St. Boniface Hospital to maintain their expanded training course for laboratory technicians.

Medical Rehabilitation Grant: This grant is providing for training of personnel, purchase of equipment and employment of additional staff to further the development of better facilities for the rehabilitation of the disabled. For details please refer to the report on Rehabilitation Services.

Child and Maternal Health Grant: Used for research, training of personnel, employment of additional staff and purchase of equipment for improving facilities and services for expectant mothers and new born children through the following channels:

- (1) Research:
 - (a) Cerebral Palsey research and follow-up studies of premature infants; and
 - (b) Registry for handicapped school children.

(2) Training:

- (a) A total of forty-six nurses attended one or the other of two Institutes on Pre-natal Education;
- (b) Ninety-three doctors from rural Manitoba, seventy-two nurses and forty-nine medical students attended an Institute on Premature and Newborn Care; and
- (c) Purchase of equipment and supplies for the conducting of prenatal classes and the payment of stipends to the registered nurses in charge of the classes.

(3) Payment of salaries and expenses of a medical social worker and a secretary who are engaged in follow-up work on children with long-term handicapping illness;

(4) Employment of a director and three transfusion officers to provide a co-ordinated and uniform transfusion service to babies suffering from haemolytic disease of the newborn;

(5) Maintenance of a mobile clinic engaged in preventive dentistry among school children in outlying areas; and

(6) Payment of one-half of the cost of Salk Poliomyelitis Vaccine used in our immunization program.

- (a) Payment of expenses of a patient in a hospital or institution for the treatment of mental illness.
- (b) Payment of expenses of a patient in a hospital or institution for the treatment of physical illness.
- (c) Payment of expenses of a patient in a hospital or institution for the treatment of alcoholism.
- (d) Payment of expenses of a patient in a hospital or institution for the treatment of drug addiction.
- (e) Payment of expenses of a patient in a hospital or institution for the treatment of epilepsy.
- (f) Payment of expenses of a patient in a hospital or institution for the treatment of insanity.
- (g) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis.
- (h) Payment of expenses of a patient in a hospital or institution for the treatment of syphilis.
- (i) Payment of expenses of a patient in a hospital or institution for the treatment of gonorrhea.
- (j) Payment of expenses of a patient in a hospital or institution for the treatment of venereal disease.
- (k) Payment of expenses of a patient in a hospital or institution for the treatment of malaria.
- (l) Payment of expenses of a patient in a hospital or institution for the treatment of typhoid fever.
- (m) Payment of expenses of a patient in a hospital or institution for the treatment of diphtheria.
- (n) Payment of expenses of a patient in a hospital or institution for the treatment of scarlet fever.
- (o) Payment of expenses of a patient in a hospital or institution for the treatment of measles.
- (p) Payment of expenses of a patient in a hospital or institution for the treatment of mumps.
- (q) Payment of expenses of a patient in a hospital or institution for the treatment of whooping cough.
- (r) Payment of expenses of a patient in a hospital or institution for the treatment of pertussis.
- (s) Payment of expenses of a patient in a hospital or institution for the treatment of influenza.
- (t) Payment of expenses of a patient in a hospital or institution for the treatment of pneumonia.
- (u) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the lungs.
- (v) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the spine.
- (w) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the joints.
- (x) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the bladder.
- (y) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the stomach.
- (z) Payment of expenses of a patient in a hospital or institution for the treatment of tuberculosis of the intestines.

Administrative Research

Supervisor—E. J. MACKAY

I have the honour to submit herewith the Annual Report respecting Administrative Research for the calendar year 1957.

Personnel: The Establishment of the Department of Health and Public Welfare was increased by twenty-seven positions during the period January 2nd to December 1st, 1957 and now stands at a total of 1,476. This increase is made up as follows:

- (1) Division of Public Welfare: 2 (1 Departmental Attorney and 1 clerical) positions.
- (2) Division of Psychiatry: 12 positions distributed as follows:
 - (a) Brandon Hospital for Mental Diseases: 2 (Research Assistant and clerk typist) positions;
 - (b) Selkirk Hospital for Mental Diseases: 9 nursing positions;
 - (c) Manitoba School, Portage la Prairie: 1 clerical position.
- (3) Division of Health: 10 positions distributed as follows:
 - (a) Local Health Units: 3 public health nurses, 3 sanitary inspectors and 2 clerical positions; due to extension of boundaries of Local Health Units;
 - (b) Hospitalization: 1 clerical position.
- (4) Division of General Administration: 3 clerical positions assigned to take care of the increased volume of work in the health, welfare and collections sections of the Accounts Branch.

The following table indicates the present distribution of the 1,476 Established Positions as at December 1st, 1957:

ESTABLISHMENT AND POSITIONS OCCUPIED AS AT DECEMBER 1st, 1957

	Estab.	Provincial Empl'd.	Vacant	Federal Health Projects Estab.	Empl'd.	Vacant
General Administration	86	83	3	1	1	..
Health:						
Health and Extension Health						
Services	111	98	13	58	55	3
Preventive Medical Services	37	29	8	..	..	..
Environmental Sanitation	18	18	..	8	7	1
Provincial Laboratories	26	25	1	7	7	..
Health—Total	192	170	22	73	69	4
Welfare:						
Welfare Services	95	94	1	..	..	..
Assistance and Allowances Board ..	26	25	1	..	..	..
Welfare—Total	121	119	2	..	..	..

Psychiatry:	Provincial			Federal Health Projects		
	Estab.	Empl'd.	Vacant	Estab.	Empl'd.	Vacant
Psychopathic Hospital	13	13	..	3	3	..
Brandon	388	373	15	13	12	1
Selkirk	299	293	26	24	23	1
Portage	212	185	27	51	41	10
Psychiatry—Total	912	864	48	91	79	12

SUMMARY

	Health and Welfare Services	Psychiatry	Total
Establishment supported by Provincial Funds	399	912	1311
Establishment supported by Federal Health Grants	74	91	165
Total Establishment	473	1003	1476
Total Employees at December 1st, 1957	442	943	1385
Total Vacancies at December 1st, 1957	31	60	91
	473	1003	1476
Hirings during year	721		
Separations during year	658		

This office is responsible for the maintenance of staff records on all employees assigned to the Department of Health and Public Welfare including relative data and correspondence. During the year 216 Recommendations-to-Council were prepared respecting staff matters for approval of His Honour The Lieutenant-Governor-in-Council.

It is with sincere regret we record the deaths of five members of the staff of the Department of Health and Public Welfare during the year:

- Mr. Wm. J. Sutherland, Selkirk, on January 13, 1957
- Dr. Noel R. Rawson, Winnipeg, on February 27, 1957
- Mr. Wm. Ewing, Portage la Prairie, on March 10, 1957
- Miss Gertrude O. Dougherty, Winnipeg, on July 12, 1957
- Mr. Earl H. Waddell, Winnipeg, on December 22, 1957

Two retirements of members of staff of the Public Welfare Services are recorded during the year 1957. These are:

- Mrs. Rhea Anderson, Winnipeg, effective October 31, 1957
- Mr. Andrew H. Hamilton, Winnipeg, effective July 31, 1957

The Health Services Act: Preparation of seven Recommendations-to-Council was required relating to extension of boundaries of certain local health unit areas and laboratory and X-ray unit areas and revision of membership to the Advisory Commission as required by the Act.

Recording of Minutes of two regular meetings of the Advisory Commission and one meeting of its Executive Committee were recorded during the year.

The Annual Report of the Department of Health and Public Welfare for the calendar year 1957 was received and edited for printing.

Supervision of Collections

Supervisor—J. B. HAZELL

I am pleased to submit herewith the Annual Report of the Collections Division of this department for the calendar year ended December 31st, 1957.

The facilities of the collection office were extended in 1957 to embrace responsibility for collection of accounts of indigents, incurred for maintenance and treatment in any established public hospital in the province, where the payment of the account is the immediate responsibility of the province. Annually some hundreds of thousands of dollars are expended for payment of hospital accounts of indigent residents of local government districts, unorganized territory, transients and others who have not established legal residence within the confines of incorporated municipalities. It was considered that a uniform and sustained collection effort should be initiated to recover from the individuals benefitted, the amount expended on their behalf, whenever possible. Results are proving quite gratifying as the relevant item in the table hereto, indicates.

Collection of accounts for the maintenance of patients in the hospitals for mental diseases remains of course the primary, and major function of the collection office. During the calendar year under review the substantial sum of \$688,808.16 was collected and is shown in detail in the table hereto. This represents an increase of \$64,493.69 over results in 1956.

Appropriate provisions in applicable enactments permit a policy of compromise in cases of financial distress. Reduced rates are set commensurate with the means of the debtor. The maximum rates charged—\$2.50 per day in the case of the Brandon and Selkirk Hospitals for Mental Diseases—are reasonably in balance with actual costs for patient maintenance.

Mental Defectives in Homes Other Than Institutions: The number of mental defectives outside of those in the Manitoba School at Portage la Prairie, being maintained in whole, or in part, at the cost of the province, continues to increase. At December 31st, 1957, 134 were enrolled in this way, as against 125 so maintained in 1956. In the fiscal year ended March 31st, 1957, the province expended \$83,600.00 in this connection, none of which is recoverable.

COLLECTIONS—1957

Hospital	Amount	Source	Amount
Psychopathic	\$ 34,759.95	Individual Account	\$531,196.92
Brandon Hospital for Mental Diseases	361,969.20	Occupational Therapy	19,983.21
Selkirk Hospital for Mental Diseases	251,684.42	Federal Government:	
Manitoba School	20,411.38	Veteran Affairs	111,805.49
Occupational Therapy	19,983.21	Department of Justice	1,737.70
		Indian Affairs	24,084.84
	\$688,808.16		\$688,808.16
Public hospital Indigents	44,052.87		44,052.87
Total Revenues for 1957	<u>\$732,861.03</u>		<u>\$732,861.03</u>

Corresponding Totals—1956—

Division Psychiatry	\$624,314.47
Public Hospitals	19,558.19

Appreciation: Again we in the collection office express thanks to the Minister, the Deputy Minister and the Administrator of Estates of the Mentally Incompetent for the helpful counsel and co-operation so fully and capably extended.

Vital Statistics and Records

Recorder—E. S. MacINNES

In conformity with the provisions of The Act respecting the Registration of Births, Marriages, Deaths and Other Vital Events, the final annual report of Vital Statistics for the year ended December 31st, 1957 is submitted herewith.

The report embodies fifteen tables. Vital statistics relating to the births, stillbirths, marriages and deaths that have occurred in the Province of Manitoba in 1957 are given in Tables I to XIII. A comparative statement of revenue for the years 1953 to 1957 inclusive is given in Table XIV as well as a breakdown of revenue for the year 1957.

Population: The 1957 estimated population of Manitoba is 860,000, according to the figures released at mid-year by the Dominion Bureau of Statistics. This represents an approximate gain of 10,000 persons over the 1956 census population figure of 850,040.

Summary of Births, Marriages and Deaths, etc.: In 1957, there were registered 22,564 live births, 6,595 marriages, 7,395 deaths and 300 stillbirths. Also, 575 adoptions, 375 legal changes of name, 429 dissolutions of marriage and 6 marriage annulments were recorded.

Infant Mortality: The rate in 1957 was slightly higher than in 1956. The number of infant deaths registered was 725, giving an infant mortality rate of 32 per thousand live births. The rate in 1956 was 31 per thousand (Refer to Table VI).

Maternal Mortality: The 1957 maternal mortality rate was slightly higher, also, than in the previous year. There were 10 maternal deaths registered, giving a rate of 0.4 per thousand live births. The situation in 1956 was 6 deaths for a rate of 0.3 per thousand live births. (Refer to Table VII).

Certificates Issued: In 1957, the following certificates and other forms, were issued:

Birth Certificates	31,767	Paid Searches	33,480
Marriage Certificates	3,895	Marriage Licences	5,308
Death Certificates	2,327	Free Verifications	6,225

Revenue: For the third successive year the revenue of the division has increased over that of the previous year. Total revenue for 1957 was \$76,900.53, which is a new high, exceeding that of 1956 by \$2,473.92. Revenue earned under The Vital Statistics Act amounted to \$54,017.53 as compared with \$52,194.61 in 1956. The amount realized in 1957 through the administration of The Marriage Act was \$22,883.00 compared to \$22,232.00 in the previous year.

Statistical Tables: The tabulations included in this report are limited for the sake of brevity. More detailed statistical data are available at the office of the division and special tabulations may be obtained therefrom on request.

TABLE I.—**BIRTHS (excluding Stillbirths), MARRIAGES AND DEATHS—
MANITOBA, 1957**

with rates per 1,000 population

	1957		1956		1955	
	Number	Rate	Number	Rate	Number	Rate
Live Births:—						
White	21,292	25.7	21,012	25.3	21,483	28.4
Indian	1,272	60.6	1,168	55.7	1,074	51.1
All	22,564	26.5	22,180	26.1	22,557	29.0
Marriages:—						
White	6,494	7.8	6,592	8.0	6,777	9.0
Indian (on reserves)	101	4.8	117	5.6	136	6.5
All	6,595	7.8	6,709	7.9	6,913	8.9
Deaths:—						
White	7,072	8.5	6,782	8.2	6,592	8.7
Indian	323	15.4	310	14.8	301	14.3
All	7,395	8.7	7,092	8.3	6,893	8.9

Vital Statistics Final Figures—1956 Final Census Population Figures

Whites	829,063	
Indians	20,977	(Indian Population Figures from Indian Affairs Branch, Winnipeg).
All	850,040	

TABLE II.—**DEATHS IN MANITOBA BY AGE, SEX AND RACE**

(The total at each age group compared with 1956 and 1955)

	White		Indian		All 1957	All 1956	All 1955
	M.	F.	M.	F.			
Under 1 year	332	245	88	59	725	690	705
	1 sex unknown						
1 - 4 years	47	44	15	9	115	114	94
5 - 14 years	36	32	2	4	74	87	91
15 - 24 years	79	42	12	6	139	127	128
25 - 44 years	241	146	17	11	415	415	371
45 - 64 years	896	519	18	12	1,445	1,388	1,391
65 - 79 years	1,766	1,053	24	17	2,860	2,736	2,650
80 years and over	861	732	12	17	1,622	1,535	1,463
Not Stated							
Totals	4,258	2,813	188	135	7,395	7,092	6,893
	1 sex unknown						

DEATHS FROM CERTAIN CAUSES

In the table of deaths from certain causes, diseases of the heart ranked first. Cancer (Malignant Neoplasms) was the second ranking cause of death in 1957. "Cancer" is a general term used to designate all malignant growths and includes carcinoma and sarcoma.

Vascular lesions affecting the central nervous system ranked third. Accidents ranked fourth and the pneumonias ranked fifth. Hypertensive disease ranked sixth and birth injuries, postnatal asphyxia and atelectasis ranked seventh. Other diseases peculiar to early infancy ranked eighth and arteriosclerosis ranked ninth. Congenital malformations ranked tenth, diabetes ranked eleventh, while influenza ranked in twelfth place.

TABLE III.

Live Births:—	1956	1957
White	21,059	20,776
Half-Breed	233	236
Non-Treaty Indian	196	161
Treaty Indian	1,076	1,007
All	22,564	22,180
Deaths:—		
White	7,015	6,714
Half-Breed	57	68
Non-Treaty Indian	51	54
Treaty Indian	272	256
All	7,395	7,092
Stillbirths:—		
White	278	280
Half-Breed	5	9
Non-Treaty Indian	2	3
Treaty Indian	15	20
All	300	312

TABLE IV.

ABBREVIATED LIST OF FIFTY CAUSES

Number of deaths and rates per 100,000 population Whites and Indians for Manitoba 1957

Abbreviated List	Detailed List Numbers	CAUSE GROUPS	Whites (incl. Half-Breeds)		Indians		Totals	
			Number	Rate	Number	Rate	Number	Rate
	001-019	All Tuberculosis	(52)	(6.3)	(24)	(114.4)	(76)	(8.9)
B1	001-008	Tuberculosis of respiratory system	48	5.8	18	85.8	66	7.8
B2	010-019	Tuberculosis, other forms	4	0.5	6	28.6	10	1.2
B3	020-029	Syphilis and its sequelae	11	1.3	....	....	11	1.3
B4	040	Typhoid fever .....	....	....	....	....	....	....
B5	043	Cholera .....	....	....	....	....	....	....
B6	045-048	Dysentery, all forms	2	0.2	2	9.5	4	0.5
B7	050,051	Scarlet fever and streptococcal sore throat	1	0.1	....	....	1	0.1
B8	055	Diphtheria	2	0.2	....	....	2	0.2
B9	056	Whooping cough	1	0.1	1	4.8	2	0.2
B10	057	Meningococcal infections	4	0.5	....	....	4	0.5
B11	058	Plague .....	....	....	....	....	....	....
B12	080	Acute poliomyelitis .....	....	....	....	....	....	....
B13	084	Smallpox .....	....	....	....	....	....	....
B14	085	Measles	8	1.0	2	9.5	10	1.2
B15	100-108	Typhus and other rickettsial diseases .....	....	....	....	....	....	....
B16	110-117	Malaria .....	....	....	....	....	....	....
B17	030-039, 041, 042,044-049, 052,054,059-074, 081-083,086-096, 120-138.	All other diseases classified as infective and parasitic	20	2.4	3	14.3	23	2.7

B18	140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	1,091	131.6	6	28.6	1,097	129.1
	(140-200, 202, 203, 205)	Cancer, excluding Hodgkin's disease, leukaemia and aleukaemia	(1,037)	(125.1)	(5)	(23.8)	(1,042)	(122.6)
	(201)	Hodgkin's disease	(11)	(1.3)	...	.....	(11)	(1.3)
	(204)	Leukaemia and aleukaemia	(43)	(5.2)	(1)	(4.8)	(44)	(5.2)
B19	210-239	Benign and unspecified neoplasms	19	2.3	1	4.8	20	2.4
B20	260	Diabetes mellitus	94	11.3	2	9.5	96	11.3
B21	290-293	Anaemias	14	1.7	1	4.8	15	1.8
B22	330-334	Vascular lesions affecting central nervous system	879	106.0	12	57.2	891	104.8
B23	340	Nonmeningococcal meningitis	9	1.1	1	4.8	10	1.2
B24	400-402	Rheumatic fever	3	0.4	...	.....	3	0.4
B25	410-416	Chronic rheumatic heart disease	84	10.1	1	4.8	85	10.0
B26	420-422	Arteriosclerotic and degenerative heart disease	2,119	255.6	19	90.6	2,138	251.5
B27	430-434	Other diseases of the heart	134	16.2	1	4.8	135	15.9
B28	440-443	Hypertension with heart disease	146	17.6	1	4.8	147	17.3
B29	444-447 (450)	Hypertension without mention of heart	38	4.6	1	4.8	39	4.6
		Arteriosclerosis	(134)	(16.2)	...	.....	(134)	(15.8)
B30	480-483	Influenza	75	9.0	18	85.8	93	10.9
B31	490-493	Pneumonia	318	38.4	62	295.6	380	44.7
B32	500-502	Bronchitis	58	7.0	5	23.8	63	7.4
B33	540, 541	Ulcers of stomach and duodenum	42	5.1	2	9.5	44	5.2
B34	550-553	Appendicitis	8	1.0	..	....	8	0.9
B35	560, 561, 570	Intestinal obstruction and hernia	39	4.7	1	4.8	40	4.7
B36	543, 571, 572	Gastritis, duodenitis, enteritis and colitis except diarrhoea of newborn	36	4.3	25	119.2	61	7.2
B37	581	Cirrhosis of liver	41	4.9	1	4.8	42	4.9
B38	590-594	Nephritis and nephrosis	52	6.3	2	9.5	54	6.4

TABLE IV (Continued) **ABBREVIATED LIST OF FIFTY CAUSES**
Number of deaths and rates per 100,000 population Whites and Indians for Manitoba 1957

Abbreviated List	Detailed List Numbers	CAUSE GROUPS	Whites (incl. Half-Breeds)		Indians		Totals	
			Number	Rate	Number	Rate	Number	Rate
B39	610	Hyperplasia of prostate	24	2.9	..	....	24	2.8
B40	640-652, 660, 670-689	Complications of pregnancy, childbirth and the puerperium	8	1.0	2	9.5	10	1.2
B41	750-759	Congenital malformations	115	13.9	4	19.1	119	14.0
B42	760-762	Birth injuries, postnatal asphyxia and atelectasis	161	19.4	16	76.3	177	20.8
B43	763-768	Infections of the newborn	33	4.0	9	42.9	42	4.9
B44	769-776	Other diseases peculiar to early infancy and immaturity unqualified	128	15.4	19	90.6	147	17.3
B45	780-795	Senility without mention of psychosis, ill-defined and unknown causes	55	6.6	21	100.1	76	8.9
B46	Residual	All other diseases	665	80.2	19	90.6	684	80.5
"E" Code Alternative Classification of Accidents,								
Poisonings, and violence (External causes)								
BE47	E810-E835	Motor vehicle accidents	145	17.5	5	23.8	150	17.6
BE48	E800-E802 E840-E962	All other accidents	261	31.5	31	147.8	292	34.4
BE49	E963-E970-E979	Suicide and self-inflicted injury	70	8.4	1	4.8	71	8.4
BE50	E964-E965 E980-E999	Homicide and operations of war	7	0.8	2	9.5	9	1.1
"N" Code Alternative Classification of Accidents,								
Poisonings and violence (Nature of injury)								
BN47	N800-N829 N850-N869	Fractures, head injuries, and internal injuries..	272	32.8	10	47.7	282	33.2
BN48	N940-N949	Burns	29	3.5	5	23.8	34	4.0
BN49	N960-N979	Effects of poisons	37	4.5	3	14.3	40	4.7
BN50	N830-N848 N870-N936, N950-N959, N980-N999	All other injuries	146	17.6	21	100.1	167	19.6

TABLE V.

**DEATHS OF CHILDREN UNDER ONE YEAR OF AGE BY CAUSE AND AGE—
MANITOBA 1957**

	Under 15 Days	15 Days to 1 Month	1 Month to 1 Year	Under 1 Year
Whites:				
Influenza (480-483), Bronchitis (500-502), and Pneumonia (490-493, and 763)	17	5	65	87
Gastro-enteritis (under 1 year) (571.0 and 764)	6	1	15	22
Other communicable diseases (001-138) .....	..	..	14	14
Congenital malformations of the circulatory system (754)	22	3	23	48
Other congenital malformations (750-753, 755-759) ..	6	25	17	48
Injury at birth (760-761)	71	1	2	74
Immaturity (774-776)	66	..	..	66
Accidents (E800-E962)	1	1	27	29
Other diseases	160	3	25	187
Ill-defined and unknown (795)	1	..	1	2
Totals	350	39	189	578
Indians:				
Influenza (480-483), Bronchitis (500-502) and Pneumonia (490-493, and 763)	5	3	45	53
Gastro-enteritis (under 1 year) (571.0 and 764) ....	..	2	23	25
Other communicable diseases (001-138) .....	..	..	11	11
Congenital malformations of the circulatory system (754) .....	..	..	1	1
Other congenital malformations (755-759, 750-753)..	1	..	2	3
Injury at birth (760-761)	6	..	2	8
Immaturity (774-776)	10	..	..	10
Accidents (E800-E962) .....	..	..	2	2
Other diseases	7	4	17	28
Ill-defined and unknown (795)	1	..	5	6
Totals	30	9	108	147
Totals White and Indian	380	48	297	725

TABLE VI

INFANT MORTALITY

Rates per 1,000 Live Births—Manitoba 1938-1957

	Rates		Rates		Rates
1938	56	1945	48	1952	31
1939	55	1946	47	1953	35
1940	51	1947	46	1954	29
1941	53	1948	41	1955	31
1942	51	1949	41	1956	31
1943	55	1950	35	1957	32
1944	49	1951	33		

For purposes of statistical analysis, stillbirths are not included with live births and, therefore, do not enter in the calculations of "Infant Mortality".

TABLE VII

CAUSES OF MATERNAL DEATHS — MANITOBA 1957

	Whites and Half-Breeds	Indians	All
Pyelitis and Pyelonephritis of pregnancy (640) .....	.....	.....	.....
Other infections of genito-urinary tract during pregnancy (641) .....	.....	.....	.....
Toxaemias of pregnancy (642)	1	.....	1
Placenta praevia (643) .....	.....	.....	.....
Other haemorrhage of pregnancy (644) .....	.....	.....	.....
Ectopic pregnancy (645) .....	.....	.....	.....
Pregnancy with malposition of foetus in uterus (647) .....	.....	.....	.....
Other complications arising from pregnancy (648)	1	.....	1
Pregnancy associated with other conditions (649) .....	.....	.....	.....
Abortion (650-652)	3	1	4
Delivery without complication (660) .....	.....	.....	.....
Delivery with specified complications (670-678)	3	1	4
Complications of the puerperium (680-689) .....	.....	.....	.....
Totals	8	2	10
Number per 1,000 Live Births	0.4	1.6	0.4

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 1957 is 0.4.

TABLE VIII

**DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM
MANITOBA—1957**

	Under 45		45-64	65-79	80 and Over		Male	Female	All
Whites:									
Rheumatic fever (400-402)	2	1	..	..	2	1	3		
Chronic rheumatic heart disease (410-416) ..	20	28	22	14	33	51	84		
Arteriosclerotic and degenerative heart disease (420-422)	55	479	1,064	525	1,431	688	2,119		
Other diseases of heart (430-434)	4	18	72	40	77	57	134		
Hypertensive disease (440-447)	2	33	85	64	92	92	184		
Diseases of arteries (450-456)	4	22	58	105	121	68	189		
Diseases of veins and other diseases of circulatory system (460-468)	2	8	38	14	35	27	62		
Associated Conditions:									
Vascular lesions affecting central nervous system (330-334)	11	134	419	315	418	461	879		
Chronic nephritis (592)	9	11	13	3	18	18	36		
Diabetes mellitus (260)	5	23	48	18	45	49	94		
Total Whites	110	757	1,819	1,098	2,272	1,512	3,784		
Indians:									
Chronic rheumatic heart disease (410-416) ..	..	..	1	..	1	..	1		
Arteriosclerotic and degenerative heart diseases (420-422)	3	5	5	6	11	8	19		
Other diseases of heart (430-434) .....	..	..	1	..	..	1	1		
Hypertensive disease (440-447)	1	..	1	..	2	..	2		
Diseases of arteries (450-456) .....	..	..	..	1	..	1	1		
Associated Conditions:									
Vascular lesions affecting central nervous system (330-334)	2	..	3	7	7	5	12		
Chronic nephritis (592)	1	..	..	..	..	1	1		
Diabetes mellitus (260) .....	..	2	..	..	1	1	2		
Total Indians	7	7	11	14	22	17	39		

Table IX

**DEATHS DUE TO MALIGNANT NEOPLASMS SHOWING MAIN SITES
MANITOBA — 1957**

	Under 45	45-64	65 and Over	M.	F.	All
Buccal cavity and pharynx (140-148) .....	....	6	6	11	1	12
Digestive organs and peritoneum (150-159) ..	16	131	307	277	177	454
Respiratory system (160-165)	8	41	85	106	28	134
Breast (170)	12	40	32	....	84	84
Uterus (171-174)	10	25	28	....	63	63
Female Genital Organs (175-176) .....	....	17	13	....	30	30
Male Genital Organs (177-179)	5	8	45	58	....	58
Urinary organs (180-181)	2	20	39	38	23	61
Skin (190-191)	2	4	4	4	6	10
Eye (192)	3	1	..	2	2	4
Brain (193)	3	9	6	9	9	18
Others (194-199).....	10	19	31	30	30	60
Neoplasms of lymphatic and haematopoietic tissues (200-205)	27	36	46	64	45	109
Totals	98	357	642	599	498	1,097

TABLE X

DEATHS FROM MALIGNANT NEOPLASMS—MANITOBA 1956
According to Area of Residence

	Male	Female	All
Brandon	12	15	27
Portage la Prairie	6	9	15
St. Boniface	19	17	36
Winnipeg	225	200	425
St. James	21	18	39
Towns and Villages (1,000 plus population)	62	55	117
Urban Municipalities	53	38	91
Rural Municipalities	150	118	268
Local Government Districts	24	12	36
Unorganized Territory	3	2	5
Indian Reserve	3	3	6
Outside Manitoba	21	11	32
Totals	599	498	1,097

TABLE XI

DEATHS FROM TUBERCULOSIS — MANITOBA 1957

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

	Under 25		25-64		65 and Over		All
	Male	Female	Male	Female	Male	Female	
Whites:							
Respiratory (001-008)	1	1	11	12	15	6	46
Other (010-019) .....	..	1	....	2	....	..	3
Half-Breeds:							
Respiratory (001-008) .....	..	1	....	1	....	..	2
Other (010-019)	1	..	....	..	....	..	1
Indians:							
Respiratory (001-008)	5	3	4	3	1	2	18
Other (010-019)	2	3	1	..	..	..	6
Totals	9	9	16	18	16	8	76

TABLE XII

DEATHS FROM TUBERCULOSIS—MANITOBA 1957

According to Area of Residence

	Male	Female	All
Brandon	1	..	1
Portage la Prairie .....	..	1	1
St. Boniface .....	..	..	..
Winnipeg	15	8	23
St. James	1	1	2
Towns and Villages (1,000 plus population)	3	..	3
Urban Municipalities .....	..	2	2
Rural Municipalities	5	5	10
Local Government Districts	3	2	5
Unorganized Territory	1	1	2
Indian Reserve	10	10	20
Outside Manitoba	2	5	7
Totals	41	35	76

TABLE XIII

**NUMBER OF DEATHS DUE TO MOTOR VEHICLE ACCIDENTS AND
OTHER ACCIDENTS—MANITOBA 1937-1957**

Year	Motor Vehicle Accidents	Other Accidents	Total Accidents
1937	66	216	282
1938	80	261	341
1939	63	270	333
1940	87	246	333
1941	79	335	414
1942	52	360	412
1943	44	345	389
1944	54	341	395
1945	67	322	389
1946	101	316	417
1947*	78	361	439
1948	86	336	422
1949	106	341	447
1950**	78	269	347
1951	105	273	378
1952	116	281	397
1953	115	279	394
1954	132	296	428
1955	108	294	402
1956	159	266	425
1957	150	292	442

Note: * 1947 includes 21 deaths from railway accident at Dugald.

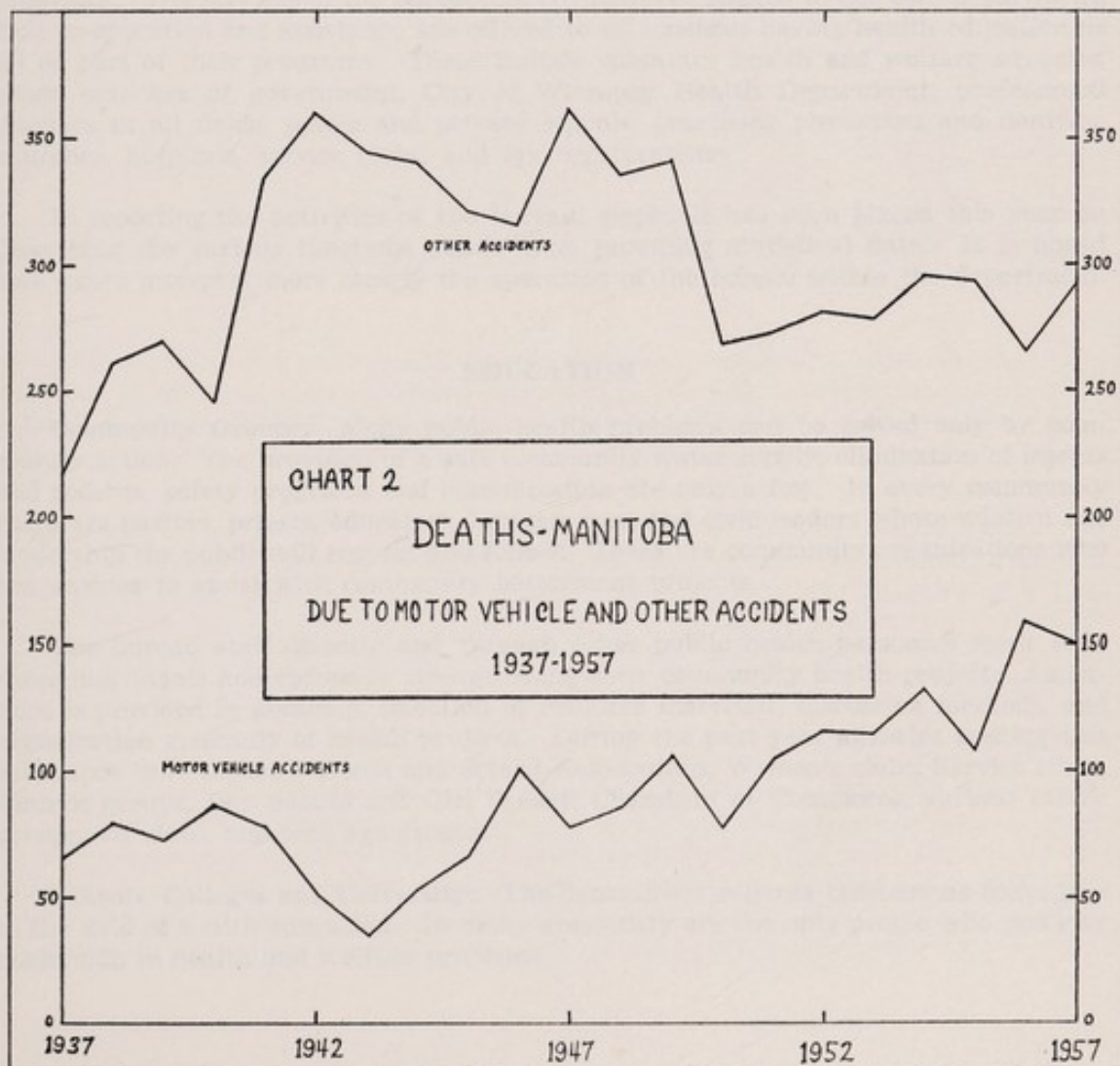
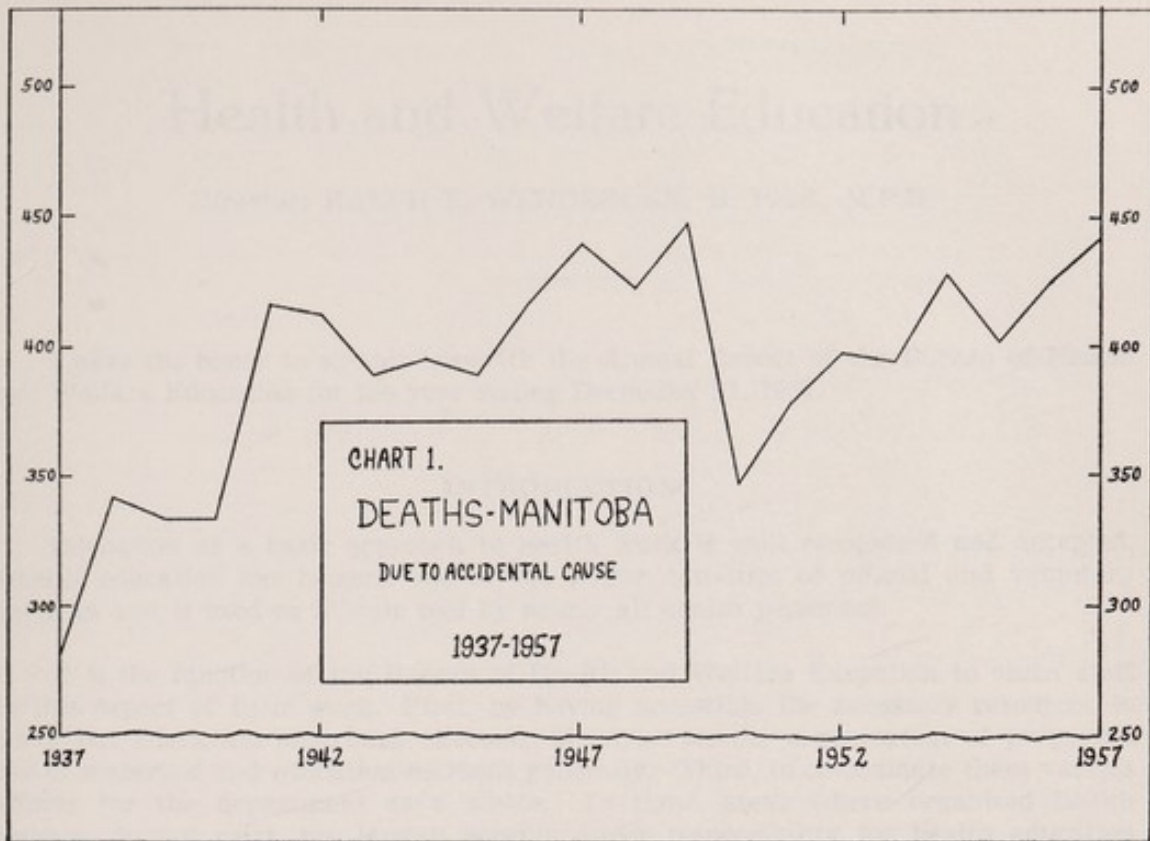
** 1950 has sharp drop due to new code.

(See Charts 1 and 2 appended to this report.)

TABLE XIV

**REVENUE FROM CERTIFICATES ISSUED BY DIVISION OF
VITAL STATISTICS—1953-1957 INCLUSIVE**

Source of Revenue	1953	1954	1955	1956	1957
Birth Certificates	\$20,161.00	\$19,147.00	\$20,296.25	\$23,242.50	\$23,825.00
Death Certificates	1,616.25	1,689.00	1,705.50	1,682.25	1,745.25
Marriage Certificates	2,649.00	2,267.25	2,409.00	2,739.75	2,921.25
Paid Searches Made	15,188.25	14,275.00	14,810.25	16,221.75	16,740.00
Marriage Licences	23,191.00	20,874.00	21,292.00	21,347.00	21,958.00
Special Authorizations	720.00	715.00	835.00	885.00	925.00
Late Registrations	1,474.00	1,353.00	1,131.00	1,162.00	1,120.00
Corrections of Records	1,025.00	987.00	954.00	1,071.00	1,121.00
Legitimations	49.00	80.00	50.00	41.00	92.00
Adoptions	406.00	444.00	474.00	482.00	552.00
Miscellaneous	4,133.25	5,323.62	5,938.93	5,552.36	5,901.03
Totals	\$70,612.75	\$67,154.87	\$69,895.93	\$74,426.61	\$76,900.53





Health and Welfare Education

Director: RALPH E. WENDEBORN, B. Paed., M.P.H.

I have the honor to submit herewith the Annual Report of the Bureau of Health and Welfare Education for the year ending December 31, 1957.

INTRODUCTION

Education as a basic approach to health work is well recognized and accepted. Health education has become one of the major activities of official and voluntary agencies and is used as a basic tool by nearly all health personnel.

It is the function of the Bureau of Health and Welfare Education to assist staff in this aspect of their work. First, by having accessible the necessary resources to carry out education programs. Second, to advise on the organization of programs, use of materials and education methods generally. Third, to co-ordinate these various efforts for the department as a whole. In those areas where organized health services do not exist, the bureau accepts direct responsibility for health education programs. The services of the bureau are not however limited to our own department. Full co-operation and assistance are offered to all agencies having health education as all or part of their programs. These include voluntary health and welfare agencies, other branches of government, City of Winnipeg Health Department, professional workers in all fields, public and private schools, practising physicians and dentists, churches, hospitals, service clubs, and lay organizations.

In reporting the activities of the bureau, emphasis has been placed this year on describing the various functions rather than providing statistical data. It is hoped this would interpret more clearly the operation of the bureau within the department.

EDUCATION

Community Groups: Many public health problems can be solved only by community action. The provision of a safe community water supply, elimination of insects and rodents, safety programs and immunization are only a few. In every community there are pastors, priests, educators, business men and civic leaders whose wisdom and leadership the public will respect and follow. There are community organizations who are anxious to assist with community betterment projects.

The bureau staff directly and through other public health personnel work with these individuals and groups in strengthening their community health projects. Assistance is provided in planning, selection of resource materials, discussion methods, and organization generally of health projects. During the past year agencies seeking this assistance have included Home and School Associations, Women's clubs, Service clubs, Church groups, Boy Scouts and Girl Guides, Chambers of Commerce, various ethnic groups, 4H clubs, and teen age groups.

Schools, Colleges and University: The department regards teachers as colleagues in the field of health education. In many areas they are the only people who can give leadership in health and welfare problems.

The bureau therefore works very closely with teachers and inspectors. Staff members take part in organizing and carrying out health education programs in teacher-training institutions, conduct workshops in health education for experienced teachers, and give talks at teachers' conventions. Materials and consultation are offered to all schools in the province on request. The bureau will take an active part in the proposed revision of health curriculum.

Professional and Related Groups:

(a) **Private doctors and dentists:** This group constitutes, through their constant contact with people, an important medium for health education. The bureau has co-operated with the Bureau of Dental Services in providing to the Manitoba Dental Association materials for patient education. Institutes have been conducted for dentists on the use of materials and methods of education. Full cooperation is offered in planning and carrying out Children's Dental Health Week. Similar assistance is provided to private physicians in selection of materials and planning education programs. Lectures are given to medical students in health education.

(b) **Hospitals:** The bureau provides films, audio-visual equipment, literature, and posters, which are used extensively in every school of nursing in the province. Materials also are supplied for general distribution to patients. The consultant services in nutrition and dietetics are reported in more detail in another part of this report. Assistance was provided to the Manitoba Registered Nurses' Association in planning a two day institute on nursing services.

(c) **Voluntary and Official Agencies:** The bureau distributes, for nearly all voluntary agencies, films and literature relating to their respective programs. Consultation services of our professional staff and use of the art, information and nutrition sections are available for their use. These services have been similarly used by the City of Winnipeg Health Department, Department of Agriculture, Department of Education, Juvenile Court, Manitoba Power Commission, and Bureau of Travel and Publicity.

(d) **Industry:** The bureau has always been aware of the potentialities for health nutrition and safety education within industrial plants. Although materials have been made available to these groups, a closer working relationship is being developed so as to extend activities in this area.

Individual and Family: Some public problems cannot be solved by public action. Chronic diseases and good personal health habits require specific action on the part of the individual or the use of services that are available to him. Most of this work is carried out through home visits, personal contact or clinics conducted by departmental staff members, but the bureau assists by providing information, publicizing and interpreting services and referring individual requests for assistance to proper sources.

Staff: There are many ways the bureau works with central office and health unit staffs. Regarding education, the main areas are community organization, program planning, consultation in education methods, and in-service education. Activities during the past year included assistance with food handlers' courses, general sanitation, school health programs, home safety, immunization, dental health, use of volunteers, staff orientation, institutes on film utilization, discussion techniques, education methods, planning campaigns, public speaking, evaluation of materials, etcetera.

PUBLIC RELATIONS AND INFORMATION

In addition to assisting local health units in developing and carrying out continuing public relations and information programs, the bureau actively participates in the promotion of hospitals, installation of water and sewerage systems and other community projects which must be approved by public vote. Consultation is provided in organizing meetings, preparing brochures and newspaper publicity, and supplying speakers for such projects. Staff members of the bureau participate as committee representatives at executive meetings of voluntary and lay organizations in a liaison capacity or to give talks on various aspects of the department's health programs.

In cooperation with the Canadian Broadcasting Corporation, about 7,000 brochures were distributed throughout the province on their series of television programs on "Child Development". Films for follow-up on these programs were made available from the bureau.

Accurate, up-to-date information developed through all media of mass communication represents a major function of this section of the bureau. This section cooperates with all divisions of the department in the preparation, pre-testing, revision and evaluation of pamphlets, charts, posters, and exhibits, for public or professional use.

PUBLICATIONS

In view of the amount of health literature produced for public consumption, much which is of doubtful value and purpose, the bureau has attempted to establish this office as a recognized, authentic source of health information. These materials are obtained from reliable sources such as Information Services Division of the Department of National Health and Welfare, Metropolitan Life Insurance Company and other agencies. Health materials produced by such voluntary agencies as the Manitoba Cancer Society, Sanatorium Board of Manitoba, Committee on Alcoholism, Multiple Sclerosis Society, also are distributed by the bureau. In addition, a large number of pamphlets and posters have been prepared by the Department of Health and Public Welfare.

During 1957, there were 349,953 pamphlets and 23,987 posters distributed on request. These provide information on many phases of preventive health, disease control, safety, child development, dental health, nutrition, departmental services and programs. Materials requested in local health unit areas are provided by the bureau but are distributed directly from the local health units.

AUDIO-VISUAL AIDS

Films have universal appeal and assist greatly in supplementing the personal efforts of all professional workers. For the cost of a few cents for mailing, schools, churches, and community groups can obtain health films to create a better understanding of improved mental and physical health, and increase the know-how toward higher social values and living conditions. All visual aids and equipment are supplied free to all groups, except for the cost of transportation one way.

The audio-visual aids service is necessarily very closely linked with the activities of the bureau as a whole, as every attempt is made to integrate the use of these aids with other materials as part of planned educational programs. Consultation is available to all lay groups in selecting films and materials and where possible obtaining speakers for programs.

Our film library is recognized as the main source of health films in the province and continues to increase in scope of use. The service is utilized by many professional groups and individuals such as university professors, child guidance workers, welfare and social workers, voluntary agencies, City of Winnipeg Health Department and industrial nurses. The bureau acts also as a distribution agency for Civil Defence films and filmstrips.

All films are previewed by committees representing a cross-section of workers in the particular subject area of the film. Only those adjudged technically correct and approved by a majority as having particular use in our own province, are purchased.

Since our catalogue of visual aids "Yours to Use" was printed in 1955, there have been 1,700 copies distributed. Supplements to the catalogue were prepared and distributed in 1956 and 1957.

	1957 Records		
	No. Times Shown	Attendance	No. Speakers
Films	4,371	167,091	2,663
Civil Defence Films	261	14,907	209
Filmstrips	398	9,834	200

There were 331 projector bookings during 1957, and 198 bookings for screens. A total of 2,424 individual film bookings alone were processed by the bureau.

ART SERVICES

Activities of the art staff comprise a wide variety of projects, including the planning, layout and preparation for printing of departmental publications, the preparation of posters, displays, charts and graphs, and the designing and production of T.V. graphics. All necessary art work for the Health Division monthly Newsletter is carried out by this section of the bureau. For the first time this year the art section has added a photographic service, taking and developing pictures necessary for illustrating pamphlets, posters and exhibits.

The services of the art section are extended to all branches of the department and on a limited basis to other government departments and voluntary health and welfare agencies.

PRINTING SERVICE

The bureau offers to all divisions of the Department of Health and Public Welfare, as well as outside agencies working in the field of health, a mimeograph printing service. An Azograph machine, which is made available to all divisions in the Health Building is used for the reproduction of materials requiring 25 or fewer copies and thereby eliminating the need for the typing of multiple copies. During the year 1957, there were 2,791 stencils typed and 500,133 sheets of paper printed, on the mimeograph machine.

HEALTH EDUCATORS

The necessity of planning and carrying out educational programs in keeping with the needs, interests and resources of local communities has led to the establishment of two health educator positions and the two incumbents thereof serve six local health units. The programs of the health educators are integrated with those of the two nutritionists who serve the same units.

The jobs of the health educators are manifold, involving such activities as the preparation of annual reports, advice on the preparation of forms and printed literature, addressing various local groups and working out programs with official and unofficial organizations whose help and participation are needed in providing a well-rounded health program. Occasionally health educators create new organizations for the benefit of individuals who cannot be reached through existing organizations or the usual channels of communication.

Health educators arrange for radio, T.V. and press coverage, to carry the story of health to the public. They assist teachers with school health education programs and co-ordinate those of the home and school associations. They offer both a consulting and extension service to all members of each local health unit in public relations, public information and education.

One trained Health Educator continued to provide services to the Brandon, Neepawa and Virden Local Health Units where she works with approximately fifty professional people who have the responsibility of guarding and guiding the health of more than 75,000 people. Another trained Health Educator returned in September from her course in California and has been assigned to the Selkirk, Stonewall and Red River Local Health Units. These units serve a population of approximately 73,000 people.

NUTRITION SERVICES

The main purpose of our nutrition program is to establish and help maintain good health for the people of Manitoba through promotion of good nutrition practices. We attempt to do this by providing consultation and educational services to both professional people who serve the public and to lay individuals and groups. These services are provided through one senior and two junior nutritionists; one of the junior nutritionists was added to the staff this year. Following is a report of the activities of Nutrition Services for the year 1957:

Practical Nurses: Courses in nutrition and homemaking are now given by the bureau staff to all five schools for practical nurses. Eight courses were conducted this year for a total of 134 students.

An article was written for Canadian Nutrition Notes on teaching nutrition to practical nurses and nine short articles were prepared for inclusion in the Practical Nurses Association monthly newsletter.

Consultant Dietition Service to Institutions: The staff increase has made possible the placement of a nutritionist in Brandon to serve the western half of the province. Assistance with food service problems was given to a total of forty institutions, including small hospitals, homes for the aged, nursing homes, and children's homes. This was an increase of 120 per cent over 1956.

In the spring a Refresher Course for Cooks was held at which twenty-four institutions were represented.

The City of Winnipeg Health Department was assisted in the evaluation of menus from twenty-six Winnipeg nursing homes.

Teachers: A three-day nutrition institute for home economics teachers was conducted in co-operation with the Department of Education. Lectures and demonstrations on nutrition education in the schools were given at the annual Health Education Workshop and the Faculty of Education and Teachers' College in Brandon.

A total of 20 white rat feeding experiments were conducted in the schools, rats being provided free by the department. As part of an overall health survey a food habits survey was done in one school in the Neepawa area.

Dental Services: At the request of the Bureau of Dental Services, food habits surveys were conducted in three schools. Analysis of the food records will be compared with dental records to ascertain whether or not there is any correlation between dental health and nutrition. The senior nutritionist is a member of the Dental Advisory Committee.

Nurses: Nutrition information, teaching techniques, and aids were given to nurses attending two prenatal education institutes. Demonstration talks were given to prenatal classes in the field on request. A talk on prenatal nutrition was given to the second year class of nurses at Winnipeg General Hospital. Ten issues of "Nutrition News for the Public Health Nurse" were published.

Welfare Department: Institutes were held for social workers in two centres with regard to the principles of food purchasing for low income families. Our budget and special diet services have been well utilized throughout the year.

Indians and Metis: Nutrition Services have been actively engaged in assisting with the carrying out of two projects, the Duck Bay project, a family development program and the Indian and Metis Leadership Course, both recommended by the Conference on Indians and Metis in Manitoba. The senior nutritionist is a member of the Indian and Metis Committee and of the sub-committee on Health.

Duck Bay Project: Indicative of the close co-operation among the various government departments and voluntary agencies is a pilot project initiated by the Department of Education in a Metis Community. Manual training and home economics rooms have been added to the school so that practical courses in home nursing, sanitation, nutrition, personal hygiene, and other related subjects can be offered to students. Similar courses will be provided to adults in the evening. Members of the Department of Education, Agriculture, Health and Welfare, Winnipeg Welfare Council, R.C.M.P., School staff and local citizens are working co-operatively on this project. The bureau provides teaching aids, has assisted public health personnel in their participation and has members on the general planning committee.

Leadership Course: To provide leadership at the local level, selected Indians and Metis from several communities are given basic information, techniques, and aids on subjects such as individual and community health problems, recreation and handicrafts, and homes and gardens. The attendants are encouraged to carry out educational and recreational projects in their communities.

Nutrition Services provided ten hours of instruction on basic nutrition and practical cookery and three hours on health education methods.

Appreciation: The Director of the Bureau wishes to emphasize that this extensive program has been possible only because of the loyalty, interest and initiative of the staff. Appreciation is also expressed to division directors, medical directors and all technical personnel for their co-operation during the past year. Special thanks are extended to National Health and Welfare, Ottawa, who have provided some of the funds for personnel and equipment to operate the bureau.

HEALTH

1. PROVINCIAL BOARD OF HEALTH (Advisory)
(under The Public Health Act)

2. ENVIRONMENTAL SANITATION:

Public Health Engineering

Food Control

Industrial Hygiene

Sanitary Inspectors

3. PREVENTIVE MEDICAL SERVICES:

Epidemiology

Tuberculosis Registry

Venereal Disease Control

Maternal and Child Hygiene

Public Health Nursing

4. LABORATORY SERVICES:

Bacteriology

Research

5. ADVISORY COMMISSION:

(under The Health Services Act)

6. EXTENSION HEALTH SERVICES:

Local Health Services

Diagnostic Services

Medical Care

Hospitalization

Dental Services

HEALTH

1. THE NATIONAL BOARD OF HEALTH (1901-1902)

2. THE NATIONAL BOARD OF HEALTH (1901-1902)

Public Health Administration

Public Health Administration

Public Health Administration

Public Health Administration

3. THE NATIONAL BOARD OF HEALTH (1901-1902)

Public Health Administration

Public Health Administration

Public Health Administration

Public Health Administration

Public Health Administration

4. THE NATIONAL BOARD OF HEALTH (1901-1902)

Public Health Administration

Public Health Administration

5. THE NATIONAL BOARD OF HEALTH (1901-1902)

Public Health Administration

6. THE NATIONAL BOARD OF HEALTH (1901-1902)

Public Health Administration

Public Health Administration

Public Health Administration

Public Health Administration

Public Health Administration

Provincial Board of Health (Advisory) Under The Public Health Act

A/Secretary—HUGH MALCOLMSON, M.D.

The Provincial Board of Health is set up under The Public Health Act to advise the Minister of Health and Public Welfare in all matters relating to the preservation of health and the prevention of disease. This Act also gives the minister powers to "make regulations dealing with matters affecting the preservation and improvement of Public Health". "None of these regulations, made by the minister, shall be operative or come into force until approved by the board at a regular meeting . . ."

Under the Act the composition of the board includes "the Deputy Minister, the Provincial Bacteriologist, the Director of Health, the Provincial Sanitary Engineer and seven other persons appointed by the Lieutenant-Governor in Council". "Appointed members of the board shall hold office for three years . . ."

During 1957 the appointees were as follows:—

Dr. J. D. Adamson	Winnipeg
J. A. Cuddy, Esq., LL.D.	Sanford
Dr. F. T. Cadham	Winnipeg—Chairman
Dr. E. Johnson	Selkirk
Dr. Morley Loughheed	Winnipeg
A. Vincent, Esq.	Winnipeg

The terms of all these members expire January 1, 1958.

During 1957 the Board of Health held three meetings.

April 12, 1957—Re **Plumbing & Drainage Regulations**—Part III, Div. 11.

Mr. Vincent reported that his sub-committee which held 26 meetings prior to the presentation of the first draft to the board, January 26, 1956, had held two further meetings to deal with a series of minor modifications. These modifications were discussed by the board and approved. This important 45 page section was therefore completed and was forwarded to the Minister with the recommendation that it be implemented. The section was gazetted during July, 1957. Two minor variations in the Regulations dealing with Milk and Eating establishments were discussed, approved and recommended to the Minister for implementation.

May 3, 1957. The board reviewed new Regulations designed to replace those in force under Part V, Div. 9, re "Wiping Rags". These were renamed "Rags and other materials", were approved and recommended to the Minister for implementation.

The board reviewed new Regulations designed to replace those in force under Part V, Div. 8, re "Mattresses and Upholstering". These were renamed "Bedding and Upholstery", were approved and recommended to the Minister for implementation. These sections were gazetted during July, 1957.

June 26, 1957. Redrafts of two sections of The Public Health Act Regulations were considered.

- (1) Keeping of Animals, Part III, Div. 20.
- (2) Auto Trailer Courts and Auto Trailer Houses, Part III, Div. 23.

The revised drafts were approved and recommended to the Minister for implementation. "Auto Trailer Courts and Auto Trailer Houses" Regulations were gazetted during November, 1957.

The board also reviewed new Regulations, titled "Barbershops and Hairdressing Establishments". These were approved and recommended to the Minister for implementation as Part V, Div. 12.

On behalf of the Executive Officers of the Department of Health and Public Welfare, I would like to here record this department's sincere appreciation of the valuable guidance provided during the year by the Appointed Members of the Provincial Board of Health.

During 1957 the appointed were as follows:

Mr. J. T. Adams	Member
J. A. Conroy, Esq., M.B.A.	Member
Dr. F. T. O'Brien	Member-Chairman
Dr. E. Johnson	Member
Dr. M. J. Keenan	Member
A. Vincent, Esq.	Member

The terms of all these members expire January 1, 1958.

During 1957 the Board of Health held three meetings.

April 12, 1957 - For Standing 2 By-laws Regulations Part III Div. 11.

Mr. Vincent reported that the sub-committee which held 25 meetings prior to the presentation of the first draft to the Board, January 20, 1957, had held two further meetings to deal with a series of minor amendments. These amendments were approved by the Board and approved. The important 42 page section was forwarded to the Minister with the recommendations forwarded and was forwarded to the Minister during July, 1957. The amendments to the regulations dealing with the licensing of establishments were discussed, approved and recommended to the Minister for implementation.

May 8, 1957. The Board reviewed new regulations designed to regulate the use of motor vehicles. Part V Div. 12 of "Barbershops and Hairdressing Establishments" were approved and recommended to the Minister for implementation.

The Board reviewed new regulations designed to regulate the use of motor vehicles. Part V Div. 12 of "Barbershops and Hairdressing Establishments" were approved and recommended to the Minister for implementation. These regulations were gazetted during July, 1957.

Section of Environmental Sanitation

Director: HUGH MALCOLMSON, M.D., D.P.H.

Herewith I submit reports covering the activities for the year 1957 of the various groups that together make up the Environmental Sanitation Section.

Because our title is not self-explanatory and frequently misunderstood, it is possibly worthwhile repeating that Environmental Sanitation can be defined as "The control of all those factors in man's physical environment which exercise or may exercise a deleterious effect upon his physical health and survival". In Manitoba the chosen instrument of Government to effect this control is represented by the local health unit. At that level the unit sanitary inspector and the medical director engage in an active program in what is usually referred to as the field of Sanitation.

Behind these "General Practitioners" in Sanitation the Department of Health and Public Welfare has provided, through this section, a rich resource of "Health-men" skilled and experienced in all specific aspects of the overall Community Sanitation program. During 1957, with the addition of one chemist, these have included:

4 Public Health Inspectors	1 Physician
2 Food Sanitarians	1 Bedding Inspector
2 Chemists	8 Sanitary Inspectors.

Excepting five of the sanitary inspectors, all members of this group work out of Winnipeg. Three engineers, one chemist, one food sanitarian and four inspectors were provided under Federal Health Grants.

Many changes took place during 1957, some that affected us directly are discussed below.

During the year local health units continued to expand the number of municipalities covered and in doing so increased by two the number of sanitary inspectors required. These men were supplied from this section so that at the year's end we find ourselves short three. A similar shortage in the City of Winnipeg Health Department and continued failure to attract qualified men by Civil Service Commission advertising prompted joint action towards solution by a decision to train another class of inspectors. After protracted negotiations it was certain by the year end that early in the new year a group of about 15 young men would commence the necessary nine month course to prepare themselves for Sanitary Inspector Diploma examinations late in 1958. Arrangements have been completed for the joint sponsorship of this course by the Provincial Department of Health and Public Welfare and the Department of Education at the Manitoba Technical Institute.

1957 saw a major change in the laws controlling the consumption of alcoholic beverages. These followed closely the recommendations of the "Bracken Report" which liberalized the circumstances under which liquor, wine and beer could be served. In doing so the report emphasized the importance of relating new outlets to the service and consumption of food. In negotiating the necessary licenses for beverage rooms, dining rooms, restaurants and cocktail bars, the office of the Chief Inspector, Government Liquor Control Commission, has continued to work very closely with this department. We continue to retain responsibility for safe food service and food preparation and must indicate favorably regarding an establishment before a license is issued.

The rush of applications has represented a tremendous job particularly for local health unit staffs. Time alone will indicate whether the commission will be able to retain the high standards they have insisted upon from the outset. To date they have

been a dramatic and powerful influence in upgrading the standard of food service in this province particularly since their requirements exceed those indicated as minimal in the new "Eating Establishment" Regulation made under The Public Health Act.

Much has been written in recent years about air pollution and there is little doubt that its study has become the responsibility of all modern public health departments. A word of caution is however indicated here since even the simplest of studies involves a great deal of background knowledge, expense, equipment and time. Federal project monies that became available recently have allowed this department to commence the acquisition of necessary equipment. Under the same grant provision was included for a chemist. Work of this kind is being closely co-ordinated with other provinces by an eminent Ottawa consultant. This will assure similar sampling, testing and recording across the country and that the results obtained will be comparable with those obtained by other authorities in Canada.

During recent years too we have become aware of a new evil in man's environment, namely, Radiant Energy. Because it is new and so poorly understood by the man on the street the emotional stir greatly exceeds that caused by the facts. It is, however quite evident that much greater interests and concern must be directed to the place of fall out, isotopes, cobalt bombs, X-rays, and so forth in public health. In Manitoba sound, modest efforts from a number of sources have been carried on quietly for a number of years. It is suggested that the time has come when an agency is needed that will develop and administer sound provincial policies regarding Radiant Energy and that will, at the same time, originate and co-ordinate an educational program directed not only to the general public but to all those who are directly exposed to or who make use of energy of this kind.

During 1957 a tremendous amount of background work was culminated in the adoption of new Regulations under The Public Health Act dealing with "plumbing". Calling upon the vast experiences of the City of Winnipeg and holding very close to the standards outlined in the National Building Code, this province has one of the most thorough, practical and modern plumbing codes in Canada. Plumbing practice itself is not generally a direct responsibility of Public Health Departments. Many years' experience across Canada have, however, clearly indicated that the best and probably only way of avoiding the dangers to health that may result from faulty practices is the control exercised by a fair and properly administered plumbing code.

For many years this department has hoped that Federal guidance would provide the individual provinces with a series of standards for the labelling of bedding and upholstered furniture. During 1956 it became evident that this guidance was not forthcoming and that those provinces desiring to protect the interests of their consumers by the adoption of a labelling program would have to proceed uni-laterally. Accordingly in mid 1957 the regulations dealing with mattresses and upholstered furniture were thoroughly re-drafted. The amended version which comes into effect January 1, 1958, has been closely modelled upon new regulations which have been in use in Ontario for about two years. We have every hope that we will be able to complete formal reciprocity with Ontario whereby each will accept the other province's labels. This whole phase of activity is only remotely related to health. Second-hand bedding, re-covered and re-sold as new carries a disease transmission potential. Unfortunately the only administrative practice that has proved effective in controlling this traffic involves the placement of a mandatory obligation upon the manufacturer to declare by label the contents of his bedding and upholstered furniture products. Such labelling greatly improves the position of the consumer in knowing what he purchases and makes a real contribution to fair trade practice. These considerations, however, have little or no public health implications.

Public Health Engineering

Director—L. A. KAY, M.A.Sc., P.Eng.

May I report on the activities in the Engineering Branch of the Section, during the year 1957, under the following headings:

- (a) Staff
- (b) Outline of program
- (c) Public Health Engineering in Manitoba
- (d) Summary and future planning

The capability of staff is the largest single factor in the effective implementation of a technical program. In this regard, it is a pleasure to report that all personnel of the bureau have worked as a harmonious team, with a minimum of supervision. In addition, an excellent relationship has been established and maintained with co-workers in the department and with other branches of government.

Organization of the field program remained with the senior engineer, T. H. Lackie, who also directed the entire functioning of the bureau from April of the previous year until May, 1957. Mr. Lackie is responsible for the review of technical literature, the arrangement of training schools and courses, and the engineering supervision of one area of the province.

Two other public health engineers look after the balance of the field work. Most of the program of the engineer for the Provincial Sanitary Control Commission of the Department of Mines and Natural Resources is devoted to the technical requirements of the commission in regard to the investigation and control of pollution of surface water courses, while, on the other hand, the other engineer looks after a proportionately larger share of the general public health engineering work with special emphasis on the area of Northern Manitoba. A third engineering position has been vacant since December of 1956. Part-time technical assistance is provided during the summer months by under-graduate engineers from the university. The director of the bureau, Mr. L. A. Kay, returned to duty with the department from a leave of absence, in May.

Outline of Program

Service to the public is the keynote of the engineering program. This may be carried out in various ways, direct help to the individual through office visits and correspondence, as well as on a community level through the medium of municipal government and local health authorities. Many of the problems encountered by the public have to do with realistic conditions of day-to-day existence; and in helping to solve these problems, the engineering program must be founded on a very practicable basis.

Information in regard to the improvement of general sanitation, water supply and waste disposal is made available through the medium of popular-type pamphlets and bulletins. Similarly, the recorded results of technical investigations are passed to the sanitary inspectors, the plumbing trade, and to the various consulting engineering firms in order that the benefit of these studies may ultimately assist in the improvement of the general environment.

Since pure water is a fundamental requisite for the sound health and well-being of the public, a great deal of time is devoted to the encouragement of periodic water source sampling and the interpretation of the analytical results. On the municipal level, courses for the training of waterworks and sewage plant operators are organized

each year so that the general effectiveness of plant operation may be increased not only by providing formal instruction to the men in charge of these utilities, but also by arranging for subsequent periodic visits to the actual installations in the field.

Due to supervisory staff shortage, it was not feasible to carry out any public health engineering research during the year, but plans have been made to resume this important phase of work in 1958. The Engineering Bureau of Manitoba has, since the inauguration of the Federal Health Grant Scheme, carried out more basic research than any other contemporary engineering branch.

The engineering staff not only co-operated with other branches of the government in the common goal of improved public health, but participated in such important functions as the proceedings of the Provincial Board of Health, the work of the Provincial Sanitary Control Commission, and the organization and operation of the Western Canada Conference on Water and Sewage. The bureau is working in close accord with the Forestry Branch, the Fisheries Branch, and the Oil and Natural Gas Conservation Board—all of the Department of Mines and Natural Resources—in joint projects which concern the public health and the safeguarding of our natural water resources.

Public Health Engineering in Manitoba

There is a gradual change in emphasis from that of direct engineering service on an individual basis to a more general approach through municipal channels. This is a natural outgrowth of the increasing effectiveness of the local health unit system now in vogue in the province, the strategic locating of district sanitary inspectors, and the tremendous increase in the number of municipal waterworks and sewerage systems. (See Appendix).

As a result of this development program, several changes in priority of engineering service have, quite naturally, resulted. It is obvious that by assisting in the provision of a municipal water system of good quality, the health of a relatively large number of individuals may be protected more easily and more effectively than in the supervision of private water sources such as wells. Projects for the installation of municipal utilities are passed to the bureau by consulting engineers for technical scrutiny on behalf of the Minister of Health and Public Welfare. As the construction phase proceeds under the direction of the consultants, close contact is kept with the local project. Such items as the bactericidal treatment of the water mains, the sampling of the water supply for bacterial content, and the checking of effectiveness of both water purification and sewage treatment processes automatically fall within the work program of the public health engineers.

As a supplement to this activity, the bureau runs a course for waterworks and sewerage plant operating personnel. Separate stages of instruction are planned for each of three successive years so that the municipal employee is away from his work for only a few days at a time. These courses have been very successful as is indicated by the response from municipal officials and the appreciation of the operators themselves. A summary of the number of personnel attending in the past three years is indicated below:

Waterworks and Sewerage Plant Operators' Courses—Attendance

	First Year	Second Year	Third Year
1955	23	....	....
1956	29	25	....
1957	18	14	19

Service to the Public: In spite of this change in emphasis to a municipal level, the Engineering Bureau provides a direct service at all times to the general public in regard to any and all problems of environment. This service is particularly appreciated by the rural citizens, and while it is not always possible to investigate each instance personally, a reference is always made to the nearest health inspector so that additional information and assistance, if required, is quickly available. In the rural plumbing field, it is interesting to note that approximately 1,000 permits were issued during the year for plumbing and/or drainage installations—mainly in private homes.

Another aspect of increasing importance to the general public is the growing tendency towards the development of summer recreational activities such as those sponsored by the Forestry Branch in the Whiteshell Forest Reserve and elsewhere. As the popularity of the summer cottage and the mobile trailer increases, the fundamental problems of safe water supply and sanitary waste disposal come once again to the fore. Obviously, any program in this regard is carried out in full co-operation with the concerned administrative authority. A by-product of the same recreational activity is the necessity for a close watch on the possibility of gross pollution of lakes, streams and rivers in the holiday resort areas.

Water and Air Pollution: The control of pollution, and the prevention of abuse, of the natural water courses of the province comes under the jurisdiction of the Provincial Sanitary Control Commission of the Department of Mines and Natural Resources. The chief engineer of the Public Health Engineering Bureau is a member of this commission and the technical program of the commission is supervised through this bureau and carried out by members of the joint engineering staff. The long-term program has included surveys on the major rivers of the province and, simultaneously, the investigation of the larger pollution agencies so that these latter may be brought under control by operation within the terms of subsisting licences.

In this regard, reports have been prepared and issued on the condition of the Winnipeg River, the Assiniboine River, Schist Lake and Lake Athapapuskow, and the lower part of Lake Winnipeg. Close liaison has been established with similar authorities in the provinces of Saskatchewan and Alberta so that those pollution problems which may affect any or all of the prairie provinces are considered jointly, with the additional advantage of combined remedial and administrative action if such is indicated.

During 1957, the Industrial Hygiene Bureau of the department continued with the basic survey on the degree of air pollution in and around Greater Winnipeg. The Engineering Bureau also co-operated in the planning of future work in this regard, with particular thought towards the establishment of major smelting and ore refining activities in Northern Manitoba.

As we consider the effect of industrial enterprise and expansion on the natural environment of the province, it becomes increasingly obvious that the problem of pollution control must be applied equally to water, air and to land. An example of this kind of situation will be the Inco Development in Northern Manitoba, where, with the installation of ore refining and smelting equipment, an effect will be felt not only in the water courses, but in the atmosphere and on the foliage of an extensive area, possibly ten to twenty miles distant from the focal point of operations.

General: In common with other branches of the department, the activities of a single bureau cannot be isolated and should be planned in conformity with general

policies and objectives as laid down from time to time by the department proper. In this regard, the Engineering Bureau works in very close co-operation with the other subdivisions of the Section of Environmental Sanitation, the Provincial Laboratories, and other branches of the organization.

Summary and Future Planning

It may be seen that the actual application of the engineering service is still directed primarily towards the betterment of the living, working and recreational facilities of the public. However, the channel of application is shifting gradually through and to the medium of municipal government and local health authorities. This is as it should be since a proportionately larger percentage of the public may be served in this way with a better overall improvement in the health and well-being of the individual citizen.

1958 promises to be a busy year for the engineers. Some of the activities which are planned are listed hereunder:

- (i) Schools will be continued for waterworks and sewage plant operators;
- (ii) Frequent periodic visits will be made to municipal utilities to assist in the effective operation of waterworks and sewage plants;
- (iii) The effect of land, air and water pollution in the newly developed mining areas of Northern Manitoba will be studied and a basic survey initiated in one or more critical locations;
- (iv) A study of the degree and effect of pollution of Lake Winnipeg, with particular reference to commercial fishing, will be carried out in conjunction with the Fisheries Branch;
- (v) Recreational areas in the province will be closely watched and practical assistance and information provided to citizens requiring this service in a program organized with the Forestry Branch;
- (vi) A watching brief will be maintained in co-operation with the Oil and Natural Gas Conservation Board on the possibility of land-water pollution in the vicinity of the oil fields.
- (vii) Research will be carried out on
 - (a) soil structure as it affects sewage disposal;
 - (b) the effectiveness of unified liquid-flushed individual toilet systems;
 - (c) the statistical significance of engineering records and reports;
 - (d) the revision of bacterial standards for potable waters and the preparation of tentative standards for bathing waters;
- (viii) The investigation and adaptation for practical use of the micro-filter technique for bacterial examination of water;
- (ix) The review of several of the popular-type pamphlets for the information of the public;
- (x) The review of Regulations pursuant to The Public Health Act; and in particular those dealing with swimming pools and bathing areas;

(xi) The review and re-publication of design standards for rural sewage disposal systems, including "Above Ground Filters and Septic Tanks"; and a revision of the design standards for municipal and industrial sewage lagoons;

(xii) Participation in the instruction of sanitary inspectors, medical students, and special groups, as may be required.

In addition, it is expected that a high standard of service to the public, both in an individual and community sense, will continue to be the most important function of the Bureau of Public Health Engineering.

APPENDIX: 1.

MAJOR WATERWORKS AND SEWERAGE INSTALLATIONS IN MANITOBA

Cities	Major Installations and changes since 1945	Remarks
Brandon	Replacement water filtration plant Additions—cold lime soda softening system —fluoridation of water (1955)	Original system 1893
Portage la Prairie	Revamping of cold water filtration plant Additions—cold lime soda softening —fluoridation equipment	Original system 1905 Fluoridation probable in 1958
St. Boniface	Fluoridation of water at Greater Winnipeg Water District source	Original system 1905 Now part of G.W.W.D. and G.W.S.D.
Winnipeg	G.W.W.D. fluoridation	Original system 1899 Now part of G.W.W.D. and G.W.S.D.
St. James	G.W.W.D. fluoridation	Charter Member G.W.W.D. Became Member G.W.S.D. 1st Jan. 1955.
East Kildonan	G.W.W.D. fluoridation	Charter Member G.W.S.D. and G.W.W.D.

Note: Fluoridation of all water supplied by Greater Winnipeg Water District was initiated in 1956

Towns

Beausejour	Waterworks and sewerage system under construction	Expect to be in operation in 1958
Boissevain	Waterworks and sewerage systems in operation. Water fluoridation initiated 1957	1955

Towns	Major Installations and changes since 1945	Remarks
Carberry	—————	Original system 1907 Non-potable supply
Carman	—————	Original system 1909 Non-potable supply
Dauphin	Installing equipment for fluoridation	Original system 1913
Emerson	Waterworks distribution and sewage systems in operation 1957	Water treatment plant installed 1956
Flin Flon	Extensive additions including new water purification and new sewage treatment plants.	Considering fluoridation of water
Gimli	Complete waterworks and sewerage in operation 1957	
Gladstone	—————	Proposal approved and ready for vote
Grandview	—————	Original system 1904 Non-potable supply
Killarney	Complete waterworks and sewerage in operation.	1955
Melita	Waterworks and sewerage systems installed	1956
Minnedosa	Waterworks and sewerage systems installed	1953
Morden	Waterworks and sewerage systems installed	1951
Morris	Waterworks and sewerage systems under construction 1957	To be in operation 1958
Neepawa	New sewage lagoon constructed 1957	Original system 1913
Rivers	Waterworks and sewerage systems in operation	1956
Russell	Waterworks and sewerage systems in operation	1956
Selkirk	Extensive additions to distribution and collection system; chlorination of water supply	Original system 1910
Souris	New sewage treatment plant; new water purification plant	Original system 1912
Steinbach	Waterworks and sewerage systems in operation	1956

Towns	Major Installations and changes since 1945	Remarks
Stonewall	—————	Project approved and ready for vote
Swan River	Waterworks and sewerage systems installed	1956
The Pas	—————	Original system 1916
Transcona	Initiated chlorination of water 1957	Charter member G.W.W.D. and G.W.S.D.
Tuxedo	Joined G.W.S.D. 1955	Charter member G.W.W.D.
Viriden	Waterworks and sewerage systems installed	1953
Winkler	Sewage collection and treatment system installed	1956
Winnipeg Beach	—————	New proposal to serve business area
Villages		
Altona	—————	Sewage project approved
Brooklands	Waterworks and sewerage systems installed	1955-1957 Served by G.W.W.D. and G.W.S.D.
Glenboro	Sewerage system under construction	1957
Great Falls	Water and sewerage systems in operation	M.H.E.B.
Lac du Bonnet	Water and sewerage systems in operation	1954-1956
Manitou	Water and sewerage systems under construction	To be in operation 1958
Roblin	Water and sewerage scheme approved by ratepayers	1957
St. Lazare	Water and sewerage systems in operation	1957
Treherne	Waterworks system in operation	1953 New water treatment plant proposed
Wawanesa	Limited waterworks system installed by Wawanesa Insurance Company	1954

	Major Installations and changes since 1945	Remarks
Rural Municipalities		
Assiniboia	Limited water distribution system installed. Part of area accepted into G.W.S.D. (1 Jan., 1958)	1955
Cartier	Local water treatment plant installed near Elie; no distribution system	1954
Charleswood	—————	Fluoridated and chlorinated water from G.W.W.D.
Franklin	Local water treatment plant installed at Dominion City; no distribution system	1955
North Kildonan	Water and sewerage systems installed in one ward; served by G.W.W.D. and G.W.S.D.	Admitted to G.W.S.D. 1 Jan. 1956
Suburban Municipalities		
Fort Garry	Extensive additions to waterworks and sewerage mains Fluoridation of G.W.W.D. source	Charter member G.W.W.D. Joined G.W.S.D. 1 Jan. 1955
St. Vital	Installed water pumping and chlorination facilities; water fluoridated at G.W.W.D. source.	Charter member of G.W.W.D. and G.W.S.D.
West Kildonan	Water fluoridated at G.W.W.D. source	Charter member of G.W.W.D and G.W.S.D.
Industrial Townsites		
Pine Falls	—————	Manitoba Pulp and Paper Company
Snow Lake	Waterworks and sewerage systems installed in 1955	Now Hudson Bay Mining and Smelting Company
Lynn Lake	Waterworks and sewerage systems installed during 1955-56	Sherritt-Gordon Co.
Thompson	Planning stage 1957	International Nickel Co.

Food Control

Director: A. G. McLEOD, B.Sc.A.

Submitted herewith is the Annual Report of the Bureau of Food Control for the calendar year 1957.

The bureau provides technical advisory and consultant services on the health safety of all food and milk products. These services are related to all phases of production, processing, distribution, transportation and storage of foods. The main responsibilities are firstly, the assessment of the health aspects, and, secondly, advising and consulting with senior departmental officials, and local health authorities on new developments and problems which may be encountered. The bureau technical staff consists of the director, who acts as senior milk and food consultant, and a milk consultant whose work is specifically related to milk control with major emphasis, and responsibility related to milk pasteurization plants.

The Regulations, Part IV, under The Public Health Act are the main concern of the bureau. These Regulations include Division 1, "Food", Division 2, "Milk and Milk Products", Division 3, "Producers' Markets", Division 4, "Slaughterhouses," Division 5, "Bakeries and Bakeshops", Division 6, "Bottling Plants", and Division 7, "Eating Establishments". In addition, the director is responsible for the administration of The Frozen Food Locker Plant Act.

The major emphasis has again been placed on preventive programs, but at the same time service has been given to the correction of the existing problems, many of which have necessitated detailed chemical and bacteriological analysis. It is again recorded that food control is becoming increasingly complex with new production methods, new additions of chemicals, increased areas of distribution, and many other factors. These have all tended to increase food control problems and this, coupled with the continuing shift of attention from sanitary management to technical problems, have resulted in increased demands on the bureau.

PROGRAM — 1957

The bureau has, during 1957, maintained a similar basic program to that reported for 1956. This basic program has been as follows:—

(1) **Advisory and Consultant Services.** Priority has again been given to the provision of advisory and consultant services to local health units, local health authorities, municipal officials, and the general, consuming public.

(2) **In-Service Training of Field Staff.** The bureau has taken an active part in the in-service training of the local inspectors. This activity has included special training courses, participation at institutes, and assistance during individual visits to the field. This all has been designed toward making increasingly effective the inspection services which are organized, and are available at the local level.

(3) **Attention to Statutory Obligations.** This activity includes administration of legislation which has not been decentralized to the local level. Certification of the milk pasteurization plants, Administration of The Frozen Food Locker Plant Act, and the initial scrutiny of the bottling plants are included.

(4) **Revision of Regulations.** The revision of the Regulations has been necessary to continually ensure they will be practical and effective. Certain amendments have been suggested during the year, and basic consideration has been given to complete revision of general food legislation to meet demands.

(5) **General.** Bureau personnel have served on several advisory boards, and committees, and have actively associated with technical organizations related to food and milk. Health education has become increasingly important, and has been accomplished through meetings, exhibits, and related activities.

ACTIVITIES

Milk: Bureau activities in milk continue to be based on two objectives, firstly, milk must be produced, processed, and handled in a sanitary manner, with proper equipment, controls, and under the supervision of qualified personnel; secondly, the bacteriological results must meet acceptable public health standards.

In accordance with these objectives our milk program has:—

- (i) Detailed scrutiny and appraisal of all milk pasteurization plants in the province for the issuance of the Minister's Certificate of Approval;
- (ii) Appraisal of the bacteriological analyses results obtained on all the plants, and co-ordination with the three bacteriological laboratories for both routine and special analyses;
- (iii) Assistance to the medical officers of health, and the other local authorities when problems related to milk or milk products are encountered. This activity included, upon request, assistance with raw milk programs.

During 1957 the milk pasteurization plants were located as follows:—

Brandon	2	Provincial Institutions	5
Dauphin	1	Selkirk	1
Flin Flon	1	Shoal Lake	1
Greater Winnipeg	8	Souris	1
Killarney	1	Steinbach	1
*Morris	1	Swan River	1
Minnedosa	1	The Pas	1
*Neepawa	1	University of Manitoba	1
Portage la Prairie	1	Winkler	1
		Total	30

* Ceased operations during 1957.

In-service training of our own field staff has continued. Federal Health Project 606-2-37—"Short Courses for Inspectors"—has assisted our inspectors, and milk plant personnel have again participated in this university course. The value of milk plant personnel attendance has been indicated by improvement in the standard of the work being done by the milk processing staffs. This has been a worth while investment, that has paid dividends in terms of public protection. The amount of time available for in-service training has been limited, to an extent, by increased activity related to milk processing equipment.

The bacteriological quality of the pasteurized milk products has continued to improve. Continuing efforts have been directed toward maintaining existing standards, and to further improvement. Most of the problems encountered regarding refrigerated transportation facilities, and long storage periods at the wholesale, and retail levels have been resolved.

Eating Establishments: The complete revision and the adoption of the new Regulations, Part IV, Division 7, under The Public Health Act entitled "Eating Establishments" during 1956 has stimulated activity by the local authorities in the supervision and control of the restaurants and the catering establishments. This has resulted in considerable improvement, and during 1957 several other forces have operated to bring restaurants into the limelight:—

(i) An increasing number of Manitoba towns have installed municipal water and sewage facilities. This has allowed the development of fully modern food handling facilities, in many instances for the first time;

(ii) The changes in the liquor laws of Manitoba have resulted in light foods being mandatory where beer is served; meals must be available for restaurant and dining room licences, and cocktail bars can only be established in relation to meal serving facilities.

In some provinces the liquor authority has its own sanitation inspection staff for the outlets they license. In Manitoba, to avoid duplication of services, and confusion of authority, the present program has been directed toward the established local health authority supervising these new operations. The Liquor Control Commission is committed to first class food preparation and service, and consequently this has represented increased food service inspection demand.

(iii) The consuming public are expecting better meal services throughout the province, this applies both to the domestic and to the tourist public.

All of these factors have combined to focus local attention upon the food handling programs. These programs have been reviewed on several occasions, in particular, by the Federal Mobile Laboratory (Swan River, Dauphin, Flin Flon, The Pas, Selkirk and nearby Beach Resorts), and in each instance the need for better planning, better methods, and particularly better operator educational efforts have been revealed. The existing programs have been reviewed, and future programs are being planned using these survey findings as a basis.

Frozen Food Locker Plants

Permits Issued:	1954	1955	1956	1957
	102	102	101	96

The number of frozen food locker plants decreased by five plants during 1957. These locker plants continue to serve the communities as frozen food centres for individual patron storage, and bulk storage for both wholesale and retail outlets. The main supervision of these plants has been related to sanitary management and temperature control.

The bureau director has continued as a member, and secretary of the Advisory Board under The Frozen Food Locker Plant Act.

Bottling Plants	1954	1955	1956	1957
	20	24	25	24

Two new modern bottling plants commenced operations during 1957 replacing two existing plants. Plans and specifications were reviewed for one further plant which will be in operation early in 1958. Bottling plants were not a major activity, and these operations can generally be recorded as satisfactory.

General

The program for distribution of small bacteriological kits (Jamieson Kit) to Grade IX Science Classes throughout Manitoba has been continued with distribution on a request basis of 442 kits. It is considered that this project is very effective in providing an introduction to bacteriology, and in conjunction with related studies provides a better understanding of basic sanitation.

A study was conducted during 1957 to determine the practicability of incorporating the swab rinse test as an index of eating establishment utensils. This procedure has been carried out on a limited scale, and it appears possible that the service may be extended to all local authorities during the coming year. Through co-operation with the provincial laboratory it was possible to arrange a portable mobile laboratory for work in assessing food establishments in the field. Further considerations on this project have resulted in a mobile laboratory being available to the local authorities for sanitation, and food control surveys which they might consider essential in their areas. The personnel required for these surveys would consist of a technical consultant to assess food establishments against recognized standards, and a technician who could carry out the necessary bacteriological analyses at the local level.

The number of requests for bacteriological and chemical analyses has again increased during the year. It is anticipated that this demand will continue, and while we have to date been able to accept these samples through our bacteriological laboratories and industrial hygiene laboratory, it is suggested that more concrete plans must be formulated in the next two years. The local authorities are being confronted with increasingly complex problems, the solutions to which lie in detailed examination, and the establishment of sound technical principles.

Health Education has been continued in food and milk control during the year in co-operation with the Bureau of Health and Welfare Education. This has been very important both to our local staff, and to the general public. A stock of publications and pamphlets on food and milk control has been maintained; requests for information from the local health authorities, industry, and the general public have been met; meetings with various groups—government, consumers, industry, and co-operation with school authorities have all been part of the bureau activity.

Acknowledgments

Again it is recorded that the bureau has maintained liaison with many agencies, governmental and others during 1957. The operation of a consultant and advisory service would be difficult, if not impossible, without such co-operation. These agencies include:—the Provincial Laboratories, the Industrial Hygiene Laboratory, the City of Winnipeg Health Department, the Federal Food and Drug Division, and the University of Manitoba.

Industrial Hygiene

Director: H. MALCOLMSON, M.D. M.P.H.

Herewith I submit the annual report of the Bureau of Industrial Hygiene for the calendar year 1957. It records the activities of four persons, a physician-director, a chemist-industrial hygienist and a laboratory technician, each of whom devotes his or her time to the work of the bureau, as well as a chemist appointed in mid-April to work in the field of Air Pollution. The latter appointment was made possible by the approval of a Federal Health grant providing the bureau with the basic air testing equipment necessary for the commencement of Air Pollution studies and the services of two chemists. One chemist, the above appointee, will direct his interests to conventional Community Air Pollution studies; the second, yet to be appointed, will amplify the in-plant Air Pollution studies already commenced by the bureau.

It is important at this stage to recognize that Community Air Pollution studies, like all survey work, require protracted effort to establish the baseline or the norm before deviations can really be established and their significance interpreted.

During 1957, it can therefore be recorded Air Pollution studies got underway in Manitoba. The nucleus of a staff and basic equipment was acquired. The Greater Winnipeg dustfall survey was placed on a routine basis during May and monthly samples studied from 30 stations in the Winnipeg area have been analysed and recorded. Tribute should be paid at this stage to the help and guidance provided to this project by Dr. Morris Katz, Air Pollution Consultant with the Federal Government.

All the established services of the bureau have been maintained during the year. The pattern of requests for assistance has remained much the same. The bureau laboratory remains the only facility in Manitoba capable of the thorough study of the Modern Industrial Atmosphere.

A. Examination of Men in Prescribed Occupations:

Hardrock miners, foundry workers and certain minor groups are exposed during their work to dust containing free silica. Because such dust may, over a period of years, cause a chest condition termed Silicosis the annual review of each individual by chest X-ray has become a worldwide recognized routine. This procedure is recorded and administered by the issuance of a certificate. The surveys recorded below were paid for by the Manitoba Workmen's Compensation Board who act as the insurers against disabling Silicosis for Manitoba exposed employees.

(1) **Miners:** The 21st annual Miners' Silicosis survey was made during the Summer of 1957. Visits were made to Bissett, Snow Lake, Lynn Lake, Moak Lake and Thompson. The two latter locations, relating to the large International Nickel Company development in Northern Manitoba, were surveyed for the first time. The examinations at Flin Flon continue to be made by local physicians and a visiting radiologist on a year-round basis.

TABLE I: SUMMARY OF SILICOSIS SURVEY—MANITOBA 1957—(Miners)

Mines	New Miners Examined	Old Miners Examined	Total Miners Examined	No. of Certs. Issued	No. of Certs. Refused
San Antonio	55	105	160	160	..
Sherritt Gordon (Lynn Lake)	76	133	209	209	..
Britannia (Snow Lake)	25	100	125	125	..
Forsberg	9	17	26	26	..
Moak Lake	42	5	47	47	..
Thompson	45	2	47	47	..
H.B.M. & S. (Flin Flon)	254	1,139	1,393	1,393	..
TOTAL	506	1,501	2,007	2,007	..

(2) **Foundrymen:** The 14th annual survey of foundrymen reviewed 796 men during 1957. The necessary chest-x-rays were taken for the most part at the larger plants in the Greater Winnipeg area using the same portable x-ray unit that is used for the study of miners.

B. Surveys and Consultations:

Tables II and III are again included to indicate the wide variety of problems related to the bureau for study or opinion. With the aid of a chemist loaned from Ottawa, an intensive study was undertaken of degreaser units now common in industry for metal cleaning. These units employ Trichloroethylene and similar solvents at high temperature. The survey revealed a number of installations and practices which required modification. There remains a very considerable amount of study of this kind to be undertaken when a second staff chemist will allow more intensive programming.

TABLE II. CONSULTATIONS ON INDUSTRIAL HYGIENE—1957

Industry	No. of Units	Nature of Consultation
Aircraft	1	Electroplating Arc Welding
Foundry	1	Ventilation
Furniture	2	Freon toxicity Anti-mildew compound
Government agency	4	Pentachlorophenol 2,4 D Storage Air Pollution Humidity Solvents Wax Sodium
Hospital	1	Urinary leads
Insecticide	1	Organic Mercurials
Printing	1	Gluing
Private Dwelling	2	Carbon Monoxide
Railroad	1	Ammonium sulfate
Water Utility	2	Fluoride dust Atmospheric pollution
TOTAL	16	

TABLE III. PLANT SURVEYS AND VISITS—1957

Industry	Number of Visits	Occupational Hazards Investigated
Aircraft	6	Ventilation Trichlorethylene Industrial X-ray
Army	2	Radioactive compounds Spray painting Battery overhaul
Foundry—General	2	Carbon Tetrachloride Welding
—x-Ray Survey	6	—
Garage	1	Carbon Monoxide Ventilation
Heavy Manufacturing	3	Carbon Tetrachloride Spray painting
Light Manufacturing	11	Cyanide Degreasers Spray painting Air Pollution Radioactive isotopes
Machine Shop	4	Degreasers
Mining ..	2	Dust
Mirror Manufacture	1	Spray coating
Needle trades	1	Formaldehyde
Private Dwellings	5	Combustible gas Carbon Monoxide Hydrogen sulfide
Retail store	2	Formaldehyde
Testing and Instrumentation ..	4	Radioactive isotopes Carbon tetrachloride

C. Laboratory and Field Determinations:

In Table IV below, the total number of individual procedures and activities carried out by laboratory staff are tabulated. They illustrate the broad area of function being carried by the laboratory both inside and outside this department.

TABLE IV. **LABORATORY AND FIELD DETERMINATIONS—1957**

Analyses and Tests	
Stippled Cell Counts	800
Urinary coproporphyrin	266
Urinary lead	22
Ventilation	57
Trichloroethylene	62
Carbon tetrachloride	22
Carbon monoxide	16
UV light examinations	3
Hydrogen sulfide	3
Sulfur dioxide	2
Lead	1
Fluoride	2
Dust	7
Standardizations	6
Calibrations	4
Examination of bedding material	7
Dustfall survey—solubles	431—
—inolubles	446—
pH	198
	2,355
 Water and Sewage 	
Mineral analyses	1,737
Fluorides—development	50
—surveys	385
Fluorescein tracing	3
Biochemical oxygen demand	67
Lead	1
Water scale	2
Phenols	4
Copper	3
Misroscopic examinations	9
Oil	8
Threshold odor	5
	2,274

Supplementary Laboratory Activities

Preparation and distribution of Jamieson Kit supplies to local health units, schools, (480 school kits).

Sterilization of needles, syringes and other articles for Public Health Nursing Bureau for immunization program.

Lectures and demonstrations on Industrial Hygiene to:—

Safety Course (University of Manitoba Evening Institute),
3rd year Medical Students,
Faculty of Nursing.

Lectures and demonstrations on water and sewage treatment to:—

Inspectors Institute,
Water and Sewage Plant Operators Courses.

Consultations on Water Supply Problems

Subject of Consultation:

Municipal water supplies—routine	18
—iron	5
—proposed	11
—Fluoridation	14
Mineral content (including hardness)	59
Laxative affect	2
Affect on Children—general	7
—nitrate	11
Fluorides	7
Industrial water supplies	13
Softening and clarification	15
Taste and odor	22
Livestock feeding	8
Corrosion	6
Sewage and industrial wastes	10
Chlorination	2
Hospital water supplies	3
Bathing and swimming water	1
School water supplies	3

Sanitary Inspectors

Senior Sanitary Inspector: M. FLATTERY

Herewith is submitted the annual report on the activities of the sanitary inspectors in the Section of Environmental Sanitation.

The sanitary inspectors of this section are located at central points in large areas of the province that are not served by local health units. The areas are extensive and entail considerable travel, for example, one area extends 70 miles south and 180 miles north of the inspector's office. Most of the communities in these areas have less than 1,000 population. The municipal staff in such communities usually consists of one man. This man performs as secretary-treasurer with other multiple duties. As a consequence, the supervision of plumbing installations, advice on drainage, complaints of insanitary conditions, supervision of private water supplies and checking food establishments are referred to the area inspector.

At the beginning of the year we had eight areas with offices at The Pas, Roblin, Brandon, Deloraine, Manitou, Carman, Winnipeg and Gimli. Due to changes in staff three of these offices have been closed and the areas involved have been added to the nearest operating area.

The existing five offices are manned by seven sanitary inspectors who carry a generalized program. Because of the many varied contacts made by the inspector in his day-to-day duties he exerts a significant influence upon the public's judgment of the entire Department of Health and Public Welfare. Being conscious of this, the inspector must act accordingly. This often results in long, tedious, but patient, educational approach in an effort to persuade the public to voluntarily adopt sound public health measures.

In the past year the results of some of this continuous educational program have become evident. Whereas formerly only the larger towns had sewerage and water systems, 1957 saw the completion of these works in villages of less than 1,000 population. The fact that the services of a sanitary inspector were available also encouraged the local authorities to enact suitable legislation aiming at improvement of community health.

Plumbing, Sewerage and Water Systems

Owing to the accelerated building projects and the modernization of homes, cafes, hotels, schools and service stations it was imperative that the inspection of plumbing installations be given priority. The list of communities that have completed new systems or extended existing systems include Morris, Emerson, Winkler, Morden, Manitou, Killarney, Boissevain, Melita, Souris, Russell, St. Lazare, Grandview and Glenboro. All of these communities are receiving direct service from our small staff. A permit is required for every house connected to the sewerage mains and every plumbing installation has to be checked against local by-laws or Provincial regulations. In many cases several visits are necessary to assist the home owner in his modernizing program. It is a service which receives the greatest appreciation from local authorities.

In addition to the houses and business establishments connected to municipal sewerage systems a large number of applications to install plumbing and septic tanks were dealt with. Each of these sewage disposal systems is dealt with on its merits. The inspector must familiarize himself with the soil conditions of the premises involved and work with the contractor to obtain optimum results. The safe disposal of liquid wastes may present little difficulty in the sandy soils prevalent near Carberry for example but the same amount of liquid waste becomes a problem in the heavy clay soils or in the Whiteshell Forest Reserve where there is little or no over-burden.

The inspection of plumbing and drainage systems accounts for about 50 per cent of the inspector's time and during 1957 represented more than 1,500 field visits.

The safety of water supplies is of public importance and the supervision of water sources and distribution is a prime duty of the sanitary inspector. When new municipal water systems are completed, the mains are treated with a chlorine solution and tested for leakage. All systems completed or extended in 1957 were rigidly checked and the water sampled before approval was given to service the public. A two-week survey was made of the private and public water supplies in the Interlake Area in co-operation with the mobile laboratory. It is interesting to observe that of the 280 samples collected approximately 65 per cent of the water supplies could be classed as satisfactory. Elsewhere in the province, private wells were sampled on request and where analysis indicated the wells were inspected and treated accordingly.

A measurement of the work schedule directed to this phase of the inspectors' duties is indicated in Table I.

TABLE I. WATER SUPPLIES—SEWAGE DISPOSAL—PLUMBING

	Office Interviews	Field Inspections
Plumbing systems	137	407
Septic tanks and disposal fields	179	405
Modified septic systems	16	36
Municipal treatment plants	3	42
Sewage lagoons (new)	2	6
Municipal water systems	37	107
Wells	88	482
Surface waters	12	24
Chlorinating appliances	8	63
Samples bacteriological .....	....	536
Samples chemical .....	....	19
Field tests .....	....	104

Food and Milk Control

In previous annual reports the conditions prevailing in lunch counters and restaurants have been referred to as lamentable. The necessity for greater attention to these establishments has been commented upon. It is refreshing to report that in 1957 the new eating establishment regulations appear to have provided the stimulus necessary to effect improvements. These regulations now provide that the operators obtain a permit from the local medical officer of health. As a consequence more than

700 inspections were made, written instructions and advice given to the operators and improvements effected before issuance of permits. Part-time medical officers have shown a distinct interest in this work and in many instances they have accompanied the inspector on visits to the premises before signing the permit. Noteworthy improvements have been achieved in the storage of food and the dishwashing procedures.

The advent of new legislation under The Liquor Control Act engendered a close liaison of services between the Control Commission and this department. An assessment and appraisal of specific problems for each establishment entailed a great deal of consideration and time in order that the concept of improved physical standards under the new legislation could be achieved. The change from beer parlors to beverage rooms and the licensing of dining rooms in hotels often required extensive renovations to become eligible for the new license. It can be reported that the design, layout, equipment and service in the eating establishments that have complied with the requirements for the sale of liquor are well above former standards. We have received a considerable number of requests from the Government Liquor Control Commission to inspect banquet halls for which applications have been made for occasional permits. Many of these are located in isolated communities and involve considerable travel. The recommendations for sanitation improvements are implemented by the Government Liquor Control Commission.

The excellent milk control program established in recent years has been fully maintained. A continuous program of sampling and supervision is carried out at all plants. It is reported that there has been a marked decrease in the amount of raw milk offered for sale. Table II indicates the activities of the field staff.

TABLE II:

MILK AND FOOD CONTROL

	Field Inspections
Fluid milk plants	190
Milk producers	88
Milk samples	1,080
Eating establishments	737
Frozen food locker plants	188
Slaughterhouses	73
Retail food stores	50
Bakeries	121
Bottling plants	9

Summer Resorts: The Whiteshell Forest Reserve has in recent years experienced almost boom conditions. The completion of a first class highway has reduced travelling time and in effect brought this natural holiday resort closer to Winnipeg. Thousands of people spend their vacations in cottages that have been constructed within the last two or three years. In view of this, it was considered advisable to again post a sanitary inspector to this area for the duration of the camping season to avail his services to the public.

A close liaison was established with the Forestry Branch of the Department of Mines and Natural Resources and mutual arrangements were made to control the construction of buildings, supervision of water supplies, waste disposal systems and sanitation of summer camps and concessions.

In order to assure the incoming visitor to Manitoba, clean comfortable and safe accommodation all tourist camps and motels throughout the province were inspected. There has been a continuous improvement in this type of accommodation. The tourist can, if properly planned ahead of time, travel anywhere in Manitoba staying overnight at camps and motels completely modern at reasonable rates. There are usually up to date eating facilities available that are routinely checked by our staff. Close liaison with the Travel and Publicity Bureau has been an important factor in raising the standards in recent years.

REVIEW OF REGULATIONS

The program of reviewing the regulations with a view to bringing them in line with modern practice was continued in 1957. New bedding and upholstery regulations were filed in July to become effective January 1, 1958. It is a pleasure to report that we have received the whole hearted support and co-operation of the bedding and upholstery trades with substantial progress being made.

The new regulations on trailer courts and trailer houses are designed to assist local authorities in their efforts to control the increasing use of mobile homes. Several communities reported serious concern over the indiscriminate location of various types of trailers within the residential areas. Our regulations set minimum standards that are consistent with good sanitation practice. Using these standards as a guide mark has afforded several towns control on otherwise perplexing problems.

STAFF TRAINING

A well-arranged program was provided at the Seventh Annual Inspectors' Institute. This in-service training is essential to the development of the full potentialities of each inspector. Participation leads to promotion of uniformity in the practice of sanitation, a clearer understanding of the purpose of the regulations as well as an exchange of ideas among members of the staff. The printed summary of these sessions is becoming valuable as reference material and many requests for copies are received from other public health agencies. We are grateful for the continued co-operation of the University of Manitoba in providing such excellent facilities and the services of so many members of the Faculty. These Institutes are financed by Federal Health Grants. The continued favorable consideration by Ottawa is sincerely appreciated.

Section of Preventive Medical Services

Director: R. M. CREIGHTON, M.D., D.P.H.

I herewith submit the report of the Section of Preventive Medical Services for the year 1957.

Attached are the reports of Venereal Disease Control, Central Tuberculosis Registry, Maternal and Child Hygiene, and Public Health Nursing, all of which have been submitted by the respective directors.

Table No. 1 shows by comparison the cases, deaths and death rates per 100,000 population from communicable disease and cancer for the years 1956 and 1957. In carrying out this comparison one should remember that the figures for 1956 are final whereas the case figures for 1957 are preliminary only and the death figures for 1957 are for the first eleven months of the year. In next year's report the 1957 statistics will be revised.

With the exceptions of influenza, measles and diphtheria, communicable diseases have been low. Influenza however brought the grand total for these diseases to 36,135 cases in 1957 as compared with 6,551 for 1956 and was the only large epidemic of a communicable disease in 1957.

Influenza: As expected Manitoba, like the rest of the continent, was not spared from the world-wide "flu" epidemic. The first two confirmed cases of Asiatic influenza occurred in two boy scouts who had attended the jamboree in England. These boys arrived in Winnipeg sick and since they came by aeroplane from England there is little doubt but what they were infected in the British Isles where the flu was fairly widespread at the time. The epidemic first hit the northern part of the province around Flin Flon and then worked south and east. Not all cases were of the Asian strain but by far the larger majority. To date there have been over 28,000 cases reported with an estimated 130,000 cases.

The Manitoba Department of Health and Public Welfare, along with the other provinces, agreed to purchase influenza vaccine with the Federal government paying half the cost. Our share was 27,000 doses and this was purchased, not because of the seriousness of the disease, since in the majority of cases there are no complications, but in an effort to curtail absenteeism.

A Medical Advisory Committee was named and this committee agreed to follow the advice of the main committee at Ottawa who due to the shortage of vaccine had suggested certain priority groups to receive it according to the essential nature of their work. These groups were—

- (1) Hospital personnel, physicians, health personnel and Victorian Order of Nurses;
- (2) Key members of water works;
- (3) Police, firemen, hydro linemen, telephone operators;
- (4) This group comprised those in whom the disease could be serious and was made up of elderly people, especially in institutions and homes for care of aged and infirm, as well as Poliomyelitis respirator cases, and certain tuberculosis patients.

All individuals in the above four groups who requested the vaccine received a dose but under no circumstances was it made compulsory. The distribution of the vaccine was through the part-time health officers in the province, local health unit medical directors and hospital directors, all of whom made their own arrangements for the administration of it to the suggested key personnel, and elderly people.

From the 28,922 reported cases there were 64 deaths either due directly to influenza or having influenza as an associate cause of death.

A second wave of flu is now in progress in parts of Asia and it may well be this second wave will be felt in Manitoba within the next few months.

Poliomyelitis, with nine cases in 1957, showed the lowest incidence in our province over the past twenty-five years. Since the one death listed under Polio in Table 1 for 1957 as well as the two under 1956 were all cases from the 1953 epidemic it means that for two successive years Manitoba has not had a death from this disease. It may be of interest to note that in going back over the records of each year to 1922, the years 1956 and 1957 are the first to show no deaths from poliomyelitis. The answer to this low case rate and negative death rate would appear to be in a great part due to the administration of Salk Polio Vaccine over the past three years to the most susceptible age groups.

Throughout the past three years the highlight of communicable disease control has been the administration of Polio vaccine to children. In 1955 some 49,300 children in grades one, two and three received the vaccine. During 1956 a further 83,300 children in the remaining grades up to grade eight were given their "shots" as were 37,500 children who were either five years old or entering school in September of 1956. The 1957 program included vaccine to all children six months of age to five years of age as well as pregnant women, to this were added the 1954 Field Trial children who received vaccine at that time and number some 5,800. These groups numbering about 50,000 will receive their third doses during December of this year or during the first two months of 1958. This planned three year vaccination program will therefore result in approximately 220,000 individuals having received three doses of polio vaccine by the end of February. In no case was the vaccine given to any of the children without the signed consent of the parent or guardian and all vaccine was administered by licensed physicians with the assistance of nurses.

During 1958 the department intends to complete the school population by giving vaccine to students now in grades eleven and twelve.

This is the third year for the Home Care program in regard to patients with chronic poliomyelitis. At present there are twenty-seven cases living at home. Some of these cases have respirators in their home while others have rocking beds, all of which are on loan from the province. This program of caring for the patients in their homes has resulted in a large saving to the province since the only other alternative would be higher costing hospitalization.

Diphtheria: A small epidemic commenced in the City of Winnipeg during the summer of 1956. It continued on throughout the winter. From January 1957 until the epidemic ceased eighteen cases occurred with nine carriers being found. In May one sporadic case was reported from Virden in a sixty year old woman and in October a single case occurred in an adult at Cartwright. During the past fall eight cases were reported from Portage la Prairie and fourteen carriers were discovered. The two deaths reported were in Winnipeg children.

Infectious Hepatitis: Several minor outbreaks were reported from different parts of the province. Gamma Globulin is distributed free by the government for familial contacts as a means of prevention. This has also led to more cases being reported as the name of the contact receiving the gamma as well as the person having the disease is reported at the time of receiving the serum. During the year an educational pamphlet on Infectious Hepatitis was prepared by the department for public distribution.

Measles: The number of cases in 1957 was more than double that of 1956 but it proved to be a mild form of the disease. Gamma Globulin also is distributed free against measles in children four years of age and under, or debilitated children. It can be used either as a preventive or in making the attack of measles practically non-existent yet giving the patient immunity from the disease for life.

Psittacosis: This is a disease of the bird family sometimes found in parrots and parakeets (budgies) and last year it was discovered for the first time in turkeys. The disease can be transmitted to man and in 1956 Manitoba had the first case to occur in Canada in the last ten years. Again in 1957 one case was reported in the province and occurred in a clerk who worked where budgies were sold. Several cases were reported from the west coast during the year, occurring in workers on turkey farms or poultry processing plants.

Rabies: It was found necessary to administer rabies vaccine to three individuals during 1957. One man from The Pas was bitten by a dog, while a second man was bitten by a wolf. On notification of the dog being positive for Rabies the Federal Health of Animals branch took steps to have all dogs vaccinated in the town of Rivers and vicinity, where the owner of the dog resided. A child at The Pas was attacked by dogs and suffered multiple wounds of the scalp but as this was at the close of the year laboratory reports were not available at time of writing this report.

Immunization: The distribution of the various types and amounts of biologicals is shown in table 2. In the fall of 1956 Winnipeg City experienced a Diphtheria epidemic which resulted in a tremendous increase in the distribution of Diphtheria biologicals. This large immunization program of that year has resulted in a decrease in the amount of diphtheria toxoid distributed in 1957 as the majority of individuals are now protected for three to four years. This decrease is noted not only in the toxoid as supplied alone but in all the combinations.

The use of gamma globulin has again increased during 1957. It is distributed free for use in familial contacts of infectious hepatitis; children four years of age and under who are contacts of measles as well as for older debilitated children who are contacts of this disease and, depending on dosage given, can be used either as a preventive or to modify the disease; for pregnant women of the first trimester who are contacts of German measles; for contacts of poliomyelitis and for infants and children having the condition of hypogammaglobinemia.

The lack of distribution of the Scarlet Fever biologicals in 1957 will be noted. These materials are no longer manufactured and will not be shown next year.

With the discovery and proved efficiency of oral insulin it was necessary to add this preparation to the department's list and a gradual increase in its distribution will likely be noticed over the next few years.

Rheumatic Fever Program: In order to prevent repeated attacks in children of this crippling disease continuous medication is necessary, sometimes for years. Since the buying of penicillin, the antibiotic of choice, has proved to be a hardship to many families, both due to its cost and its necessity over a long period of years, the government early this fall inaugurated this new preventive measure. In this program the Department of Health and Public Welfare entered into an agreement with the various municipalities whereby the cost to the government of medicine would be shared equally between the department and the municipality of the patient's legal residence. If, in the opinion of the municipal council, the family can afford the expenditure the municipality may collect their share from the parents of the patient. Even though this may occur it reduces the cost of Penicillin for each patient from approximately one hundred dollars a year to ten or fifteen dollars. No person is accepted into the

program unless the application comes from a practising physician. With this program no child in Manitoba suffering from Rheumatic Fever need go without prophylactic treatment and a large part of the program's success is due to the co-operation received from the medical profession of the province.

Tuberculosis: Table 1 shows a decrease in cases and this decrease has been seen each year for the last several. It will be noted that these figures are less than those shown by the Central Tuberculosis Registry report. This being due to the fact that as Manitoba has no Eskimos, other than a few working around Churchill, we do not include them in our table whereas the Registry does include both Eskimo cases and Indians from the Northwest Territories.

Attached is the report of the Central Tuberculosis Registry as prepared by Miss Janet Smith R.N., P.H.N., which shows the amount of work done over the year.

Cancer: A slight increase in cases is noted this year over last year, 2,286 as against 2,248. This gradual increase has been seen over the years and represents not only better diagnostic procedures but the fact that more people are living to the age in which cancer is more prevalent with a consequent increase in statistics.

Venereal Disease: Attached is a report of this bureau prepared by Dr. K. J. Backman, acting Director. Dr. Backman holds six clinics at St. Boniface Hospital on two days weekly for treatment of these diseases. Syphilis cases are about the same as last year while a decrease is shown in gonorrhoea.

Maternal and Child Hygiene: Attached is the report of this bureau as prepared by Dr. E. L. Peters, Director.

MEDICAL SERVICES

In certain parts of our province, particularly in unorganized territory, the question of medical care to the residents of the area has been a problem for many years due to the fact that some of these people live many miles from established medical practices. However in some instances it has been possible to draw up an agreement between the Department of Health and Public Welfare and a physician located in or near unorganized territory, for the doctor to give part-time services to these residents.

The agreement authorizes the payment of a monthly stipend to the doctor for medical services rendered to these people, as well as for carrying out public health services. There are at present fourteen such agreements in effect.

Emergency Transportation

Arrangements are sometimes necessary to transport emergency cases to hospital or to a doctor; which may mean a trip of one to two hundred miles or more, particularly in the northern part of the province. Different means may be used and might be by car, boat, bombardier, aeroplane or a combination of these in an effort to bring indigent patients who are a provincial responsibility within reach of medical aid. Frequently this service has proved to be a life saving measure and although in transporting some one hundred and fifty-seven patients during the calendar year this has cost \$4,248.35 it is considerably less costly than air ambulance service.

Appreciation

Much of the success in carrying out the work of this section during the year has been through the co-operation received from the medical profession of the province and is gratefully acknowledged.

TABLE No. 1 CASES AND DEATHS — COMMUNICABLE DISEASES AND CANCER — MANITOBA

	Total Cases		Indian Cases		Indian Deaths		Total Deaths	Death Rates per	
	1956	*1957	1956	*1957	1956	*1957		1956	*1957
Anterior poliomyelitis	22	9	0	0	0	0	**2	0.2	0.1
Chickenpox	1,248	900	36	17	0	1	0	0.0	0.4
Diphtheria	48	28	0	0	0	0	2	0.2	0.2
Dysentery—amoebic	0	0	0	0	0	0	0	0.0	0.0
—bacillary	16	60	2	9	0	0	0	0.0	0.0
Diarrhoea and enteritis under one year	162	202	38	44	10	20	28	3.3	4.9
Epidemic encephalitis	8	8	0	0	0	0	***1	0.1	0.1
Erysipelas	15	12	0	0	0	0	0	0.0	0.0
Influenza	103	28,922	20	58	2	10	19	2.2	7.5
Infectious hepatitis	400	595	20	13	2	1	4	0.4	0.6
Measles	1,750	3,905	74	59	15	1	16	1.9	0.9
German measles	171	100	0	0	0	0	0	0.0	0.0
Meningitis, Meningococcal	7	20	0	2	0	0	2	0.2	0.4
Mumps	1,350	559	74	40	0	0	0	0.0	0.0
Ophthalmia neonatorum	0	0	0	0	0	0	0	0.0	0.0
Psittacosis	1	1	0	0	0	0	0	0.0	0.0
Puerperal fever	3	0	0	0	0	0	0	0.0	0.0
Scarlet fever	160	117	1	1	0	0	0	0.0	0.0
Septic sore throat	25	15	3	3	0	0	0	0.0	0.1
Smallpox	0	0	0	0	0	0	0	0.0	0.0
Tetanus	5	1	1	0	0	0	1	0.1	0.0
Trachoma	0	1	0	0	0	0	0	0.0	0.0
Tuberculosis	647	538	224	182	24	23	66	7.7	8.4
Tularemia	0	0	0	0	0	0	0	0.0	0.0
Typhoid fever	0	3	0	0	0	0	0	0.0	0.0
Paratyphoid fever	1	0	0	0	0	0	0	0.0	0.0
Undulant fever	9	11	1	0	0	0	0	0.0	0.0
Whooping cough	400	128	51	3	15	1	17	2.0	0.2
TOTALS	6,551	36,135	545	431	68	57	158	18.3	23.8
Cancer	2,248	2,286	11	2,286	11	5	1,143	134.4	112.6

* 1957 cases preliminary only—deaths for the first eleven months only.

** 1956 poliomyelitis deaths of 1953 cases and 1957 death of 1953 case.

*** 1956 encephalitis death is of a case from former years.

Population used for 1956—850,040 Population used for 1957—850,040.

TABLE No. 2: **BIOLOGICS DISTRIBUTED FREE IN MANITOBA**
1956 and 1957

	1956	1957
Diphtheria toxoid	10,008 cc.	2,171 cc.
Diphtheria toxoid and tetanus toxoid combined	49,832 cc.	26,130 cc.
Diphtheria toxoid and pertussis vaccine combined	3,916 cc.	738 cc.
Diphtheria toxoid, pertussis vaccine and tetanus toxoid combined	100,072 cc.	77,208 cc.
Gamma globulin	8,920 cc.	12,310 cc.
Pertussis vaccine	372 cc.	291 cc.
Salk poliomyelitis vaccine	254,088 cc.	308,033 cc.
Tetanus toxoid	1,458 cc.	2,499 cc.
Tetanus toxoid and typhoid paratyphoid vaccine combined	1,751 cc.	3,044 cc.
Typhoid paratyphoid vaccine	7,999 cc.	6,676 cc.
Scarlet fever toxin (complete dosage)	336	.....
Smallpox vaccine (points)	54,398	69,514
Dick test (10 person packages)	83	.....
Schick test (25 person packages)	1,211	327
Tuberculin patch tests	1,600	854
Diphtheria antitoxin-prophylactic packages	98	130
treatment packages	314	163
Tetanus antitoxin—prophylactic packages	6,072	6,324
treatment packages	142	79
Scarlet fever antitoxin-proph. packages	8	.....
treatment packages	9	3
Silver nitrate—tins of capsules	57	477
1 ounce bottles	111	55

Insulin Distributed in 1957

	Zinc	Crystal	Prot.	Zinc	NPH	Globin	Lente	Bottles of oral insulin tablets
Units	400	800	400	800	400	800	400	800
Pkgs. 2,015	599	5,855	1,244	1,722	1,235	198	222	96
								122
								23

Insulin: Total number of persons in Manitoba receiving insulin all or part of 1957: 532.

Besides the above number of patients receiving insulin, hospitals in the province also procured this material through the department for administration to indigent patients while in hospital.

Central Tuberculosis Registry

Registrar: MISS JANET SMITH, R.N., P.H.N.

The following is the statistical report on tuberculosis from the Central Tuberculosis Registry for the twelve-month period from January 1st, 1957, to December 31st, 1957. For purposes of comparison the figures also are shown for the previous year. It must be remembered that the figures for 1957 are only preliminary and may be altered to some extent but those for 1956 are final.

Table I—Central Tuberculosis Registry.

	1956 Reported as:				1957 Reported as:			
	Whites	Treaty Indians	Eskimos	TOTAL	Whites	Treaty Indians	Eskimos	TOTAL
Total tuberculosis patients carried in Registry File December 31st	3,150	1,178	282	4,610	3,017	1,241	362	4,620
Re-infection type	3,137	1,165	280	4,582	2,938	1,178	321	4,437
Primary	13	13	2	28	79	63	41	183
New cases of tuberculosis diagnosed in Manitoba	423	221	....	644	364	175	....	539
Re-infection type	387	197	....	584	330	153	....	483
Primary	36	24	....	60	34	22	....	56
Of these, the number of active cases	268	108	....	376	239	118	....	357
Number admitted to Sanitoria	208	80	....	288	198	104	....	302
Number of new diagnoses counted upon notificaton of death	14	8	....	22	11	4	....	15
Number of new diagnoses who died within the year	2	2	....	4	5	3	....	8

Treaty Indians and Eskimos are wards of the Dominion Government.

Table II.
Classification of New Active Tuberculosis

	1956		1957		Total
	Whites	Indians	Whites	Indians	
Primary tuberculosis	36	24	34	22	56
Minimal tuberculosis	71	35	60	30	90
Moderately advanced tuberculosis	58	11	47	13	60
Far advanced tuberculosis	25	6	47	23	70
Pulmonary tuberculosis, extent not stated	5	3	8	2	10
Tuberculous pleurisy	39	12	17	9	26
Non-pulmonary tuberculosis	34	17	26	19	45
	268	108	239	118	357

Table III.

	1956			1957		
	Whites	Indians	Eskimos	Whites	Indians	Eskimos
Number of Examinations	211,283	14,461	748	179,838	15,490	700
New Diagnoses of Tuberculosis	286	136	422	248	81	329
Old Tuberculous patients reviewed	4,600	924	5,524	4,380	1,174	5,554
Pneumothorax treatments given at all stationary clinics			621			303
Contacts examined at Stationary and Travelling Clinics	5,583	65	5,648	4,995	77	5,072

Table IV: INSTITUTIONAL STATISTICS

	1956			1957				
	Whites	Treaty Indians	Eskimos	Total	Whites	Treaty Indians	Eskimos	Total
Patients in Sanatoria as at December 31st	496	295	208	999	438	298	204	940
Number of patients admitted to Sanatoria	804	308	155	1,267	722	382	140	1,244
Of these, the number found to be tuberculous	660	218	95	973	550	259	69	878
First Admissions:								
Primary type of tuberculosis	30	11	14	55	27	22	10	59
Minimal pulmonary tuberculosis	60	48	28	136	61	43	22	126
Moderately advanced pulmonary tuberculosis	67	25	20	112	62	22	8	92
Far advanced pulmonary tuberculosis	35	5	12	52	54	31	4	89
Tuberculous pleurisy	32	11	2	45	16	9	3	28
Non-pulmonary tuberculosis	24	16	3	43	27	18	8	53
TOTAL	248	116	79	443	247	145	55	447
Re-admissions:								
Primary type of tuberculosis	3	....	....	3	1	1	2	4
Minimal pulmonary tuberculosis	35	38	10	83	21	39	5	65
Moderately advanced pulmonary tuberculosis	82	31	....	113	39	21	2	62
Far advanced pulmonary tuberculosis	90	13	3	106	70	21	3	94
Tuberculous pleurisy	8	1	1	10	4	....	1	5
Non-pulmonary tuberculosis	31	10	2	43	17	10	1	28
TOTAL	249	93	16	358	152	92	14	258

Table IV—Continued.

	1956			1957			
	Whites	Treaty Indians	Eskimos	Whites	Treaty Indians	Eskimos	Total
Number of patients admitted for review	163	9	....	151	22	....	173
Number of tuberculous patients transferred	197	100	31	227	142	83	452
Number of patients discharged from Sanatoria	807	355	126	791	374	136	1,301
Of these, number of tuberculous patients discharged	661	265	60	618	264	85	967
Discharged with inactive tuberculosis	53	109	34	35	97	38	170
Discharged with arrested tuberculosis	256	94	17	272	108	41	421
Discharged with active improved tuberculosis	145	36	8	110	17	2	129
Discharged with active unimproved tuberculosis	20	7	....	16	3	..	19
Discharged dead	25	12	1	35	18	4	57
TOTAL	499	258	60	468	243	85	796
Discharged after review	162	7	....	150	21	....	171
Number discharged against medical advice	65	13	....	45	12	....	57

Venereal Disease Control

A/Director: K. J. BACKMAN, M.D.

I have the honour to submit the Annual Report of the Bureau of Venereal Disease Control for the year ending December 31, 1957.

Notifications: Notifications of venereal disease during 1957 are shown here and those for 1956 are given in brackets. Total venereal disease 1,320 (1,433), syphilis 94 (93), gonorrhoea 1,226 (1,348). (See Tables I., II. and III).

The average age of patients with syphilis was 46 years and that for gonorrhoea 29 years. The majority of patients now with syphilis are 40 to 80 years of age having had their infection from 10 to 40 years. Fortunately untreated syphilis is usually non-infectious after five years duration. Gonorrhoea has all been acquired recently (at most two years) which accounts for the lower average age.

Epidemic of Syphilis: A small epidemic of early syphilis (Primary and Secondary) confined chiefly to Winnipeg, accounted for 20 out of 30 such cases reported for the whole province. It was brought under control only after a tremendous amount of epidemiological work. In one instance a female, source of four known infections, and on whom we had no information of any value, could not be located for a few weeks. Finally located by one patient she would not divulge her name or whereabouts, nor report for examination. Persuaded to carry a camera the patient was ultimately able to locate and snap a picture of her. Through this she was identified and brought under treatment.

Isolated cases of infectious syphilis (primary and secondary) are reported each year in all provinces. In recent years only small epidemics have occurred which undoubtedly would have become large ones if it were not for the present intensive control measures practised.

Not included in our statistics but directly involved in this year's epidemic were two innocent wives, both pregnant. They had been exposed to their respective and infectious husbands. Being given prophylactic treatment during the incubation period both women and their unborn children were protected from the disease. At least nine cases of syphilis were discovered here in individuals immigrating to Manitoba this year. Four were from Hungary, four from England and one from Italy. Only one had previously been diagnosed.

Epidemiology: Alleged sources and contacts on whom some information was obtained, numbered 774. Three hundred and fifty-two were discovered and treated for gonorrhoea; 15 for syphilis; 116 were negative and 291 were not located.

Because of the strictly confidential manner in which all information must be held, and because of the inability or reluctance of patients to divulge information as to their sexual partners and because of the shifting and transient mode of residence of many in this class, investigation is rendered extremely difficult.

Seventy-four thousand blood specimens were received by the Provincial Laboratory during 1957 on which 84,000 tests were performed for syphilis. This is an easy and very effective method of discovering hidden syphilis as well as an aid to diagnosis. Unfortunately there is no comparative test for hidden gonorrhoea, the discovery of which can only be made through contact investigation.

Two promiscuous and recalcitrant individuals, sources of several venereal infections had to be apprehended and detained in hospital for treatment.

Two departmental nurses do contact investigation in Greater Winnipeg. This is done by local health unit personnel in their respective areas. The rest of the province is taken care of through central office of this bureau which utilizes any means that are thought to be best suited for the particular problem in hand. Health officers, departmental nurses or local physicians may be requested to assist, or letters by mail may be sent direct to party concerned.

Education: As in former years consistent lay education is carried out and shared by the Bureau of Health and Welfare Education, the Bureau of Venereal Disease Control and the local health units. The means employed are through talk, pamphlets, films, and other media.

Professional education continues as in past by the professional staff of this bureau. Talks, films and demonstrations are employed at the government clinic to medical students, internes and nurses. Physicians frequently consult the director regarding their private patients.

Diagnostic and Treatment Facilities: The government clinic at the St. Boniface Hospital Out-Patient Department holds six clinics per week, two of which are evening clinics. Whenever necessary patients also are attended outside of clinic hours.

One Public Health nurse assists in examination and treatment of venereal disease in the three detention homes for girls. Inmates in the women's gaol are attended by the gaol physician and his staff. A similar arrangement is provided in provincial and federal gaols for men.

Specimen and mailing containers and a consultative service is provided to physicians in private practice. Penicillin for the treatment of venereal disease is supplied free of cost to physicians outside of Greater Winnipeg and for all venereal disease staff cases in hospitals. Physicians in rural areas are paid a nominal fee for treatment of venereal disease for indigent patients.

Many miscellaneous conditions other than venereal disease totalling 425 were attended at the government clinic. Many of these have similar symptoms to venereal disease particularly non-gonorrhoeal urethritis; this condition is mostly acquired through sexual relations. This mode of transmission also is responsible for many of the other non-venereal conditions.

Facilitation Process: Two bawdy houses were reported in 1957 and both were quickly liquidated and inmates jailed through police action.

Information is forwarded weekly to the chief of police on any condition or place that facilitates the spread of venereal disease and on which we have obtained information.

During 1957, 107 persons were brought in by police to the government clinic and examined for venereal disease. Thirty-seven were found to have gonorrhoea and two had syphilis. The respective figures in 1956 were 124 persons brought in for examination; of these 51 were found to have gonorrhoea but no syphilis was discovered in any.

Table I — GONORRHOEA AND SYPHILIS—REPORTED CASES, ADULT BY SEX AND MARITAL STATUS, CHILDREN BY SEX—MANITOBA, 1957.

Status	Gonorrhoea			Syphilis		
	Male	Female	Total	Male	Female	Total
Adults (18 years and over)						
Married	183	127	310	28	15	43
Single	530	206	736	23	4	27
Widowed	2	15	17	6	7	13
Divorced or Separated	63	58	121	7	3	10
Total Adults	778	406	1,184	64	29	93
Children:						
0 - 17 years	9	33	42	1	0	1
Total	787	439	1,226	65	29	94

Table II.—GONORRHOEA AND SYPHILIS—REPORTED CASES BY AGE GROUPS—MANITOBA, 1957

Age Group	Gonorrhoea				Syphilis			
	Male	Female	Total	% of Total	Male	Female	Total	% of Total
Under 1 year	0	0	0	0	0	0	0	0
1- 4 years	0	0	0	0	0	0	0	0
5- 8 years	0	1	1	1.0	0	0	0	0
9-13 years	2	0	2	0.2	0	0	0	0
14-17 years	7	30	37	3.0	0	1	1	1.0
18-19 years	54	71	125	10.2	1	1	2	2.1
20-29 years	438	200	638	52.0	8	3	11	11.7
30-39 years	178	92	270	22.0	14	5	19	20.2
40-49 years	73	25	98	7.1	10	4	14	14.9
50-59 years	28	13	41	3.3	15	7	22	23.5
60 years and over	7	7	14	1.2	16	9	25	26.6
TOTAL	787	439	1,226	100.00	64	30	94	100.0

Table III—SYPHILIS—REPORTED CASES, TABULATED ACCORDING TO TYPE OF SYPHILIS—MANITOBA, 1957

Type of Syphilis	Adults 18 years and over			Children 17 years and under			GRAND TOTAL
	Male	Female	Total	Male	Female	Total	
Primary	21	0	21	0	0	0	21
Secondary	3	6	9	0	0	0	9
Latent	29	16	45	0	1	1	46
Neurosyphilis	6	2	8	0	0	0	8
Cardiovascular	2	3	5	0	0	0	5
Other Tertiary	3	1	4	0	0	0	4
Congenital	1	0	1	0	0	0	1
TOTAL	65	28	93	0	1	1	94

Table IV.—GONORRHOEA AND SYPHILIS—REPORTED CASES AND THEIR INCIDENCE RATES PER 100,000 POPULATION—MANITOBA, 1948 to 1957.

Year	Gonorrhoea	Incidence Rate per 100,000	Syphilis	Incidence Rate per 100,000
1948	1,478	195	498	66
1949	1,426	183	407	52
1950	1,316	165	235	29
1951	1,285	165	170	22
1952	1,291	162	116	14
1953	1,270	157	92	11
1954	1,390	168	92	11
1955	1,215	143	101	12
1956	1,348	158	93	11
1957	1,226	144	94	11

Table V.—SYPHILIS—REPORTED CASES, TABULATED AS "PRIMARY", "SECONDARY" AND "OTHER" SYPHILIS—MANITOBA, 1948 to 1957.

Type	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Primary	104	81	13	11	12	11	10	14	12	21
Secondary	45	42	6	9	4	6	11	1	5	9
Other	349	284	216	150	100	75	71	86	76	64
TOTAL	498	407	235	170	116	92	92	101	93	94

Table VI—ALLEGED CONTACTS TO VENEREAL DISEASE, TABULATED ACCORDING TO RESULTS OF EXAMINATION—MANITOBA, 1957

Results	Contacts Named By:		Total	% of Total
	Armed Services	All Other Sources		
Positive Gonorrhoea	15	337	352	45.4
Positive Syphilis	0	15	15	1.2
Positive Both	0	0	0	0
Negative	17	99	116	15.0
Not Located and insufficient information	41	250	291	37.7
TOTAL	73	701	774	100.0

Table VII: GONORRHOEA AND SYPHILIS IN CHILDREN 14 TO 17 YEARS OF AGE—MANITOBA, 1947 TO 1957

Year	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Gonorrhoea:											
Male	12	12	11	12	13	12	14	16	11	14	7
Female	72	32	23	34	34	31	34	51	44	46	30
TOTAL	84	44	34	46	47	43	48	67	55	60	37
Syphilis:											
Male	3	2	1	1	0	0	1	1	0	1	0
Female	14	8	6	3	1	1	1	0	0	0	1
TOTAL	17	10	7	4	1	1	2	1	0	1	1
TOTALS	101	54	41	50	48	44	50	68	55	61	38

VENEREAL DISEASE CLINICS—MANITOBA 1957

Detention Home	West Kildonan
Home of Good Shepherd	West Kildonan
Manitoba Home for Girls	West Kildonan
Portage la Prairie Gaol	Portage la Prairie
Provincial Gaol	Headingley
Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital O.P.D.	St. Boniface

MANITOBA GOVERNMENT CLINIC—ST. BONIFACE O.P.D.

Number of Patients Cared for—1957:

	Carried over from 1956	Admissions 1957	Total
Syphilis	58	35	93
Gonorrhoea	98	513	611
Non-Gonorrhoeal Urethritis	50	185	235
Other non-venereal Conditions	33	240	273
Normal	51	447	498
TOTAL	290	1,420	1,710

Detention Homes and Gaols

One hundred and ninety-one patients were treated in detention homes and gaols as follows:

Gonorrhoea, 160; Syphilis, 1; and Non-Specific Infection, 30.

Maternal and Child Hygiene

Director: ELLA PETERS, M.D., M.P.H.

Maternal Mortality: In 1956, only six maternal deaths occurred in Manitoba, the lowest figure ever recorded for this province. Unfortunately, we were unable to maintain this low incidence in 1957 with nine maternal deaths reported. While the number of maternal deaths is still small, the tragedy of these deaths is in the fact that most of them should not have occurred. Four women died from complications following abortions, three from haemorrhage and two following rupture of the uterus. Four of these women lived in a large urban centre, two in rural communities, two others in unorganized territory and one Indian woman lived on a reserve less than 20 miles from a hospital. Only two would appear to have had adequate medical supervision. Six deaths occurred in hospital, two at home and the Indian woman died en route to hospital. The combined efforts of the medical and nursing professions have made childbirth a safer experience than ever before in history. It is therefore even more tragic that a small number of women die every year for lack of medical and hospital care which is available to everyone.

Infant Mortality: Deaths in infants under the age of one year have declined steadily over a period of years reaching an all time low in 1954 with an infant mortality rate of 29 per 1,000 live births. During 1955, however, the rate increased slightly to 31 per 1,000 and has remained the same for 1956. Preliminary figures for 1957 indicate a slight drop in infant mortality to 30 per 1,000 live births. The single greatest cause of deaths in infants in the first month of life is prematurity and strenuous efforts are being made to reduce this death toll, by both preventive measures during pregnancy and improved care of the premature immediately after birth. The stillbirth rate has dropped by about 50 per cent in the past 20 years and there is undoubtedly a direct relationship between this decline in stillbirths and the incidence of prematurity and deaths due to prematurity.

In comparing the Manitoba infant mortality rates with those of Ontario and other western provinces it may appear at first glance that our figures compare rather unfavourably. However, we have a relatively large Indian population and it is this minority group which is responsible for a large proportion of our infant deaths. This is well illustrated on the accompanying chart which shows a breakdown of infant mortality figures for a 4 year period, 1954-57.

CHART I:

INFANT MORTALITY—MANITOBA 1954 — 1957

	1954		1955		1956		1957**	
	Number of Deaths	Infant Mortality Rate*	Number of Deaths	Infant Mortality Rate*	Number of Deaths	Infant Mortality Rate*	Number of Deaths	Infant Mortality Rate*
White	539	25.2	566	26.6	545	26.4	479	25.4
Indian	104	97.9	139	129.4	145	124.1	116	114.3
Total	643	28.6	705	31.2	690	31.1	595	29.9

* Infant Mortality rate per 1,000 live births.

** 1957 figures—for 11 month period ending November 30, 1957.

It is apparent that while efforts must be sustained to reduce our infant deaths, we have in our province a group of people whose mode of life and geographical location make the provision of adequate care for infants very difficult. This results in a high incidence of deaths due to respiratory infections, gastro-intestinal infections and certain communicable diseases.

Maternal Health: The program of prenatal education for parents has been continued along the same lines as described in a previous report, (see Annual Report for 1956). Two institutes for registered nurses were held during 1957 with a total attendance of forty-six nurses from the following agencies: Department of Health and Public Welfare 11, City of Winnipeg Health Department 10, Department of Indian Affairs 2, Victorian Order of Nurses 3, Winnipeg Hospitals 7, Rural Hospitals 9, and others 4.

The main objective of these institutes is to prepare nurses to organize and teach groups of expectant mothers, or parents. It is also essential that obstetrical nursing staff in hospitals should be fully conversant and sympathetic with this teaching so that the patient may receive the full benefit of the instruction she has had during pregnancy. Public health nurses also find that the institutes have helped them in their work with individual mothers, both in home visits and office consultations.

There are now 37 prenatal teaching centres in Manitoba, the majority of which are conducted by public health nurses of either the Provincial Department of Health and Public Welfare or the City of Winnipeg Department of Health. All local health units are now holding classes. In addition, there are teaching centres conducted in hospitals, by the Victorian Order of Nurses, and in one community by a woman physician. There are also seven centres where private registered nurses conduct these classes with the full support and co-operation of the local doctors and hospitals. All nurses engaged in teaching these classes have attended an Institute on Prenatal Education.

Approximately 1,100 women registered for classes in 1956 and the attendance for 1957 is expected to be considerably higher.

In view of the numerous staff changes in public health and hospital personnel there is a constant need to prepare more nurses. There are also many communities in which classes are not yet available and it is essential that more nurses should have preparation to develop a prenatal teaching program in these communities. It is therefore proposed to continue the nurses' institutes and two further institutes are planned for 1958.

As prenatal teaching now has been carried out for several years it was felt that an evaluation of the program would be useful in assessing its value and needs for the future. The director of this bureau has undertaken to interview personally the nurses who are actively engaged in teaching classes. All nurses in rural local health units and other rural teaching centers have been interviewed and it is anticipated that the interviews with nurses in the City of Winnipeg and the suburban local health units will be completed early in 1958.

The need for a short "refresher" course, possibly of 2-3 days, has been expressed by some nurses. It is hoped that arrangements for a brief "refresher" institute can be made during the coming year. An account on "Prenatal Teaching in Manitoba" was published in the March, 1957, issue of "Canada's Health and Welfare". The Institutes on Prenatal Education for Nurses and assistance in organizing teaching centres through the provision of equipment, teaching aids and books, are made possible through Federal Health Projects.

Dr. H. Medovy, Professor of Pediatrics, University of Manitoba and a number of his medical colleagues held a two day Institute on the Care of the Newborn and Premature Infant for Physicians, and Nurses. This institute followed immediately after the Spring Prenatal Institute and on Dr. Medovy's invitation the majority of nurses attending the Prenatal Institute remained for the Newborn and Premature Institute.

Standards of Nursery Care: The manual "Recommendations and Standards for Hospital Nurseries" was completed early in 1957 and distributed to all doctors and nurses who attended the Institute on the Care of the Newborn and Premature in April. Copies were also sent to all hospitals in the province with maternity and newborn services.

This manual was a co-operative effort of the Department of Pediatrics, University of Manitoba and this bureau, with contributions on special subjects by other members of the medical profession. The bureau gratefully acknowledges the encouragement and assistance given by Doctor Medovy and a committee of nurses who assisted by reviewing nursing policies and techniques related to the care of the newborn.

Copies of this manual have also been sent to all the provincial Health Departments.

Maternal and Newborn Care in Hospitals: Physical facilities for the care of mothers and newborn infants in hospitals and high standard of nursing care are of vital importance in the maintenance of a low maternal mortality and a further reduction in neonatal mortality. The premature infant requires a special environment provided by an incubator and he also needs skilled and conscientious nursing care in order to overcome the handicap of his premature birth. The modern technique of newborn care demands that all infants have "individual" care which in turn depends on certain physical facilities being available.

The manual "Recommendations and Standards for Hospital Nurseries", published in 1957 by the Department of Health and Public Welfare, was designed as a guide to assist administrative, medical and nursing personnel in hospitals to provide these facilities and to develop and maintain a uniformly high standard of care.

The director of this bureau has visited most of the Manitoba hospitals during the year and many observations regarding maternity and newborn services were made and recorded.

Problems were discussed in detail with the hospital administrators and suggestions offered to improve the individual situations.

Projects under Federal Health Grants: A number of projects relating to Maternal and Child Health are being carried on in Manitoba by various members of the teaching staff of the Winnipeg General Hospital, St. Boniface Hospital, Children's Hospital, and others. The scope of the work done is illustrated by the names of the projects.

- (1) Diagnostic facilities, Treatment and rehabilitation for any crippled children in need of attention;
- (2) Institute on Prenatal education for registered nurses;
- (3) Cerebral palsy research and follow-up studies of premature infants;

- (4) Assistance in the organization of prenatal classes;
- (5) Equipment for therapeutic and diagnostic use for infants and children;
- (6) Analysis of the causes of heart disease in Winnipeg school children;
- (7) Rural post-graduate teaching program;
- (8) Assistance to medical social service, Children's Hospital;
- (9) Blood transfusion service to babies suffering from Haemolytic disease of the newborn;
- (10) Short training courses relating to maternal and child health, and
- (11) Study of intrauterine, natal and neonatal deaths.

It is planned to extend the study of intrauterine, natal and neonatal deaths to all Winnipeg hospitals and possibly in a year or two also to certain rural hospitals. The bureau of Maternal and Child Hygiene will take an active part in this extended study.

Maternity Homes and Child Caring Institutions: During the year 1957, five maternity homes and seven child caring institutions were licensed. Two of the maternity homes closed during the year and a third is expected to close as soon as the Treherne Hospital is ready to receive patients. Of the remaining two homes which are licensed, only one is actively operating as a maternity home. The other is the Church Home for Girls for unmarried expectant mothers. The girls are transferred to hospital for confinement and return to the home after two days of convalescence.

One home for mentally defective boys was closed during the year. The other "child caring" institutions are for the most part either boarding schools or boarding homes for girls and boys from rural areas who require suitable living accommodation while attending school.

Routine inspections are carried out by personnel of the Department of Health and Public Welfare.

Day Nurseries: During the year 1957, nine day nurseries received permits to operate through this bureau. These nurseries are located in municipalities which do not have local by-laws. All other day nurseries are in municipalities with their own local by-laws and the inspection and licensing of these nurseries is therefore the responsibility of the local medical officer of health. Routine nursing and sanitary inspections are carried out by personnel of the Department of Health and Public Welfare.

Crippled Children's Registry: Routine reporting of new cases has been done by the local health units, the Society for Crippled Children and Adults and the public health nurse assigned to this work in areas not served by local health units. Newborn infants with congenital abnormalities reported to us by the Bureau of Vital Statistics on "Physician's Notice of Birth" cards have been routinely investigated by public health nurses and referrals made to appropriate agencies where this was indicated.

The Society for Crippled Children and Adults receives and administers all the money available through the Crippled Children's Grant. All accounts are checked and passed for payment by this bureau.

Public Health Nursing Service

Director: MISS JESSIE WILLIAMSON, R.N., P.H.N.

I have the honour to submit herewith the Annual Report of the Bureau of Public Health Nursing Services for the year ending December 31, 1957.

General

Public health nursing may be defined as a special field of nursing in which technical nursing, interpersonal and organizational skills are applied in appropriate relationship to the skills of other members of health and social professions for the conservation of community health.

Public health nurses work as members of a health team to further community health. They provide nursing care and treatment, health counselling, and organize families and community groups for health purposes. Their activities include work in the home, clinic, office, school and institutions and boarding homes for aged and infirm.

Nursing care of families represents a major approach to community health conservation. A community cannot be in good health if its individual members are not. To achieve this, the efforts of the family and of the private medical practitioner must be supplemented by community action to do the things which the family cannot do for itself. In all phases of the work, emphasis is placed on the prevention of disease and the promotion of health and rehabilitative measures.

Public health nursing today reflects the adaptation of nursing competences to a changing society. The Bureau of Public Health Nursing is responsible for maintaining and developing a high quality of organized public health nursing service. This function is achieved through such activities as administrative and consultant services to local health units, direct service in the special service areas, such as tuberculosis, venereal disease, crippled children and adults, the training and licensing of practical nurses and educational programs.

Administration of Public Health Nursing: During the past year a number of staff changes have taken place. Every effort has been made to maintain one nurse to five thousand population in rural local health units, and one to six, sometimes ten thousand, in suburban areas. There has been a marked increase in the demands for home nursing service, an increase in immunization programs and rehabilitative services in local health unit areas as well as those districts not included in a local health unit. Since it is impossible to meet all the demands for public health nursing service, certain priorities have had to be established. An earnest attempt has been made to concentrate upon those activities that are most apt to make a difference in the total health of the people.

As of December 31, 1957, there were seventy-seven nurses on staff, sixty-one in local health units and sixteen assigned to Central Office staff.

On January 1, 1957, Miss Mary Wilson was appointed Educational Director for the Bureau of Public Health Nursing and Miss Ethel Elder was promoted to the position of Nursing Consultant on August 1, 1957.

Two of the senior nursing consultants, Miss L. Johnson and Miss Josephine DeBrincat were granted leave of absence to attend the International Congress of Nurses held in Rome, May 27 to June 1, 1957. Their detailed and most interesting reports revealed that this was an experience which every young nurse should strive to acquire. The members of our nursing staff are proud and, indeed, most fortunate in having two of their own group attend the Congress and share with us the thinking and planning of world leaders in the field of nursing.

The following report represents the activities of the Director and central office staff. The activities of those nurses assigned to local health units are included in the report entitled "Local Health Unit Services".

Education

Field Supervision: Total number of days of inspection and instruction made to nurses	381
Total number of staff and student conferences attended	636
Total number of meetings attended re public health work	76
Total number of talks given	46
Total number of conventions and institutes attended	3

In-Service Education: Public Health Nursing Education continued throughout the year under the direction of the educational director. A total of fourteen conferences was planned for the nursing staff as a whole and for special groups to meet their needs. These were planned on a regional basis and were held in rotation in the rural local health units and Winnipeg. Topics of current interest to the nursing staff in maintaining the quality of nursing service were discussed. Members of the nursing staff had the privilege of hearing outstanding speakers discuss "New Born and Premature Care", and also, "Accidents in Children".

Because of the requests of local physicians and prospective parents, classes for expectant mothers, and in some situations, fathers, continue to increase in number. To meet this need in communities a total of ten nurses attended the Pre-natal Institutes held in April and August.

Student Education Program: Members of the staff had many opportunities to participate in the basic professional education of nurses, medical students, and other professional workers. These groups were orientated to the field of public health through:

- (1) field observation and clinical practice varying from one to two weeks;
- (2) participation in family care studies through individual and group conferences; and
- (3) teaching in formal classes.

A course of sixteen hours on "Community Health" was given to senior students at Dauphin School of Nursing.

Summary

(a) Field Experience:

Grace Hospital Students—2 weeks each student	50
Brandon Hospital Students—1-2 weeks	32
Dauphin Hospital Students—2 to 3 days	6
Victoria Hospital Students—2 days	2

(b) Lectures Given by Director and Nursing Consultants:

Total number of lectures given in connection with public health nursing education	51
7 Hospital Schools of Nursing	20
Medical Students	1
Faculty of Education, University of Manitoba	2
Faculty of Nursing Education, University of Manitoba	11
Teachers' Summer Workshop	2
Indians and Metis	5
Practical Nurses, Brandon Sanatorium	10

(c) University Student Program:

A series of lectures on public health nursing was given by a member of the consultant nursing staff to the students enrolled in the School of Nursing of the University of Manitoba. The bureau continues to offer concurrent field work (one day per week), and block field work (two months in the spring) to public health nurses enrolled in the School of Nursing, University of Manitoba.

For the first time this year it was our privilege to provide three weeks' field training in supervision for a degree student from the McGill School for Graduate Nurses.

University Students' Field Experience: Number of students for concurrent field work, 7; Number of students for block field experience (Public Health Nurses), 6; Number of students for supervision experience, 1.

Through these various approaches the public health nurses have brought the students in live contact with community nursing, in the hope that the students' understanding of public health nursing practice will be strengthened and that in turn the working relationships between hospitals, health department and the community will be increased.

Public health nurses from Federal and Provincial levels and visiting medical personnel have called from time to time to discuss the nursing service and the educational program in effect.

In September one nursing consultant enrolled at Teachers' College, New York, and is at present studying for the Master's Degree in Nursing. One other staff nurse is attending St. Louis University to obtain a Bachelor of Science Degree, and four nurses received bursaries for post-graduate study at the University of Manitoba.

The Educational Director was privileged to attend a course in civil defence for public health nurses held at Arnprior the last two weeks in October. Civil Defence as it affects public health and public health nursing, in particular, was discussed in great detail. The total results of this experience would be impossible to measure, as group discussions, both on and off duty, went far beyond the field of civil defence.

To keep abreast of newer trends in public health and related fields members of the nursing staff have, on their own time, attended institutes and meetings, and have served on various committees at provincial and national level. Committee reports covered such items as the Royal Commission on Education, National Nursing Conference on Health Needs of Canada, Present Nursing Needs in Manitoba, Nursing School curriculum revision and accreditation of schools of nursing. Central office nurses have also held executive offices in the Manitoba Public Health Association, Canadian Public Health Association, Welfare Council, and the Manitoba Association of Registered Nurses.

Boarding Homes and Institutions for Aged and Infirm

With an increase in our population of citizens over sixty-five years of age, many problems peculiar to this group have had to be faced. Widespread interest in providing suitable homes for the care of these people has been evidenced in our rural communities. These institutions of necessity provide a mixture of hospital and home care. It is the responsibility of the Bureau of Public Health Nursing upon receipt of application for the licensing of new homes to review reports from the sanitary inspector, fire commissioner, and public health nurse, and to recommend whether or not a licence shall be issued. The members of the health team make regular visits to homes and institutions already licensed to assist the operators to maintain a high quality of service. Three new homes outside local health unit areas have been licensed during the year.

A directory of all homes and institutions for the aged and infirm operating in the City of Winnipeg and the province was established in the Bureau of Public Health Nursing. This directory has been very useful in meeting the requests for information received from various sources.

Twenty field visits were made to Homes for Aged and Infirm; three to Child Caring Institutions, and three to maternity Homes. There were eighteen homes licensed in local health unit areas and nine licensed in areas outside of local health unit areas.

Public Service Nursing at Grahamdale

The public health nurse assigned to Grahamdale Nursing Station continues to give bedside nursing care in addition to a generalized public health nursing service. During the past year 1,175 patients received attention at the Nursing Station and 71 home visits were made to give bedside care. Compared with last year this shows an increase of 360 visits to the Nursing Station and a decrease of 36 home visits.

Health Supervision in Schools—September 1, 1956 to June 30, 1957

	Brooklands	Grahamdale	Transcona	Total
Classroom Re-inspections	650	....	30	680
Treatments	744	....	....	744
Interviews with Teachers	619	30	329	978
Classroom Talks	132	28	24	184
First Examinations	340	77	312	729
Subsequent Examinations	37	466	1,527	2,030

**Generalized Public Health Nursing in Areas Outside of Local Health Units
January 1 to December 31, 1957**

	Brooklands	Grahamdale	Transcona	Total
Number of visits made for the purpose of giving health instruction and demonstration	634	291	805	1,730

Immunization Clinics were held in Municipalities of Assiniboia, Transcona, Brooklands, Macdonald, Grey, Springfield, Shell River, Whitehead, Village of Roblin; Unorganized and disorganized Districts of Grahamdale, Siglunes, Bifrost, Armstrong and Fisher; and St. Charles Convent. The public health nurses assisted physicians with immunization of pupils and pre-school children to protect them against communicable disease totalling 9,971. These were classified as follows:

Combined Diphtheria, Pertussis and Tetanus	2,036
Smallpox	411
Poliomyelitis	7,511
Influenza	13

In addition to above, equipment was provided for 89 medical health officers.

Tuberculosis Control

Tuberculosis is still a public health problem. Through intensive research progress has been made in the treatment and control. This, in turn, has influenced the type of nursing service that is required in our communities. The wide-spread use of antimicrobial therapy has increased the number of patients who are being treated in their homes. Much of the success of a home care program for tuberculosis depends on the effectiveness of public health nursing that is provided. Through the services of the public health nurse, who supervises the Central Tuberculosis Registry, and acts as liaison between the patients in sanatoria, the family doctor, the community and health department personnel, continuity of nursing care is maintained, and complete and up-to-date records are kept on each tuberculosis patient and family. By means of the Registry valuable information pertinent to the welfare of the patient and community is exchanged.

Lectures in tuberculosis nursing were given to students enrolled in three Winnipeg Hospital Schools of Nursing, as well as those affiliating at Manitoba Sanatorium in Ninette.

Consultant nursing service is provided to our own nursing staff, and visits have been made to local health units throughout the province for the purpose of keeping the tuberculosis case load up to date, and assisting with the tuberculosis nursing program.

The nurse assigned to tuberculosis work in areas outside of local health units assisted at tuberculosis clinics held in the following districts: Winkler, St. Lazare, Altona, St. Claude, Roblin, Elphinstone, Birtle, Vita, Crane River, Amaranth, Fisher Branch, Fairford, and Cypress River.

During the past year a total of 666 home visits were made outside of local health unit areas to patients and contacts of patients with tuberculosis.

Venereal Disease Control

Two experienced nurses are assigned to this area of nursing service. Details of this service is included in the report of the Director of Venereal Disease Control.

In August upon request from the Northern Local Health Unit one of the nurses from the Venereal Disease Clinic visited The Pas to assist the local public health nurse in investigating the increase in venereal disease incidence in that area.

The following statistical report indicates the work accomplished by the two nurses in the venereal disease program:

Number of clinics	462
Attendance of patients at clinics	4,555
Number of treatments given at clinics	1,828
Number of interviews	7,715
Number of home visits	912

During 1957 eighteen nurses have visited the clinic for the purpose of orientation to the program carried on by the department.

Practical Nurse Training—Yearly Report Statistics, 1957

	Central School	St. Boniface	Brandon Mental	Portage Mental	Selkirk Mental	Total
Students enrolled in 1957	54	36	9	25	37	161
Students who withdrew in 1957	8	3	5	16	17	49
Students who received a Certificate of Qualification in 1957	29	26	10	11	11	87
*Students who enrolled Certificate of Qualification	29	26	10	11	13	89
*Students who became Licensed Practical Nurses	13	14	10	10	10	57

* A certificate of qualification is not always enrolled the same year as received, nor license applied for the same year as qualifications are enrolled.

Licensed Practical Nurse Statistics

** Licensed in 1957:

Manitoba approved course	57
Equivalent approved course	15
	—
License renewed in 1957	955
	—
Total issued	1,027
Licensed Practical Nurses active in Manitoba	822
Licensed Practical Nurses active outside of Manitoba	205

** This time last year students who graduated in the fall were already licensed. This year the results of the fall licensing examinations were not received until December; therefore, 1958 licenses were issued to successful candidates.

Student Practical Nurse Program: Lack of Registered Nurse staff to supervise the students on the hospital wards still creates a problem. This year Central School students had to be withdrawn from Altona Hospital due to lack of registered nurse staff, and Roblin still is not in a position to take students. September, 1957, Central school practical nurse students were assigned to the Winnipeg General Hospital for supervised experience on the hospital wards. These students are housed in the old nurses' residence. This is our first venture whereby Registered Nurse and Practical Nurse students receive concurrent training in the same hospital.

Our one male practical nurse student is well received. Although many male nurses are required in Manitoba, the low salary range of licensed practical nurses and the fact that orderlies receive a higher wage make suitable male students difficult to obtain.

The Combined Course, that is practical and psychiatric nursing, has been extended to three years, effective January 1st, 1957.

"The National League of Nursing State Board Test Pool practical nurse licensing examination" is now used in Manitoba. These licensing examinations are held twice a year in March and November. The results of the first series held March, 1957, indicate that the Manitoba practical nurse educational program is up to the standing of other such programs on this continent.

In-Service Education: An institute for nurse administrators of small hospitals and practical nurse instructors was held April 29 to May 3 under the auspices of the Department of Health and Public Welfare and the School of Nursing Education of the University of Manitoba.

As Manitoba uses the National League for Nursing, State Board Test Pool practical nurse licensing examinations, the Registrar was invited to attend a National League for Nursing conference May 4-5th.

The trend in practical nurse education is to place as great an emphasis on psychological as on biological nursing care. It is felt that such a program would develop a more competent nurse for patients with acute as well as long term illness. The present increased number of aged, actual and potential mental illness, calls for a strong rehabilitative nursing care program.

The results of the State Board Test Pool licensing examinations and comparison of our Manitoba practical nurse program with other approved programs, leads us to believe that our program, though not perfect, attains the desired standard.

Crippled Children and Adults

During the past year 573 visits were made in districts outside local health unit areas to families where there was a crippled or mentally retarded child or adult. Many of these handicaps were the results of polio, others were due to accidents, or congenital deformities. Although the majority are receiving adequate care, there are others who, because of indifference, or lack of knowledge of available community resources are not having the necessary care and treatment. There is need for continued education and the help which can be given families with a handicapped child.

Some parents still feel a certain stigma when there is a mentally retarded child in the family and think that if the Department of Health and Public Welfare knew, that their child is retarded and a great care, steps would be taken to remove him immediately.

This specialized type of public health nursing is a challenge and yet it is most gratifying to hear a parent say, "It's so nice to know the department really cares about our worries, and will help, if we need it. Please come back to see us again."

As a result of the visits to homes during 1957 **twenty** have been referred to rural diagnostic clinics; **eleven** for rehabilitative service, **thirty-two** to family physicians for conditions that have developed so slowly that the patient and family were not aware of their existence. **Six** of the thirty-two mentioned above required and have received further surgical treatment. Many requests for information regarding the care of mentally retarded children have been received. **Nineteen** homes were visited for the first time. Many of these parents were referred to Child Guidance Clinics where the necessary tests could be given to their children. This service continues to serve a worthwhile purpose.

Conclusion: The tremendous expansion in hospital construction; the trend toward Home Care programs; care of the aged and infirm, emphasis on mental health as well as the increase in immunization programs is placing more and more demands upon nursing service. This creates a need for careful analysis and evaluation of present programs, more comprehensive planning and better utilization of existing resources. Some of the problems facing the Public Health Nursing Bureau at present are as follows:

Requests continue to come from areas outside local health units for a public health nurse to render some particular phase of nursing care, i.e., communicable disease control in schools, screening tests of school children, and other public health problems.

During 1957 this bureau received from part-time medical officers of health **89** requests for sterile immunization equipment. In 1956 there were **44** similar requests.

The provision of grants for the construction of institutions for the aged and infirm has stimulated interest in this area of community work. A number of former hospitals in various parts of the province have been, and are being converted into institutions for the aged; many of these on a "boarding home" basis. The greatest need at the present time seems to be that of providing suitable accommodation for elderly couples. Some of the institutions being constructed at present will provide such space but for limited numbers only. There is also a need for an educational program for operators of these institutions.

Many have had no previous experience in caring for the aged person and find it difficult to understand and help them. Very few of the homes and institutions provide any form of recreational or occupational activities.

The public health nurses assigned to suburban local health units are finding it very difficult to carry out a generalized public health nursing program. Most of the suburban areas have increased so in population during the past few years that these nurses are now finding they are serving a population of from six thousand to ten thousand persons. To provide adequate public health nursing care more nursing establishments will have to be provided in the very near future.

To overcome the present nursing shortage in hospitals more requests are being received for practical nurses. There is an increased interest on the part of hospital administrators in providing adequate clinical experience for student practical nurses and in having both registered nurse and practical nurse students within the same hospital. This may mean an expansion of the practical nurse program whereby three classes of students instead of the present two would graduate annually from the Central School.

Laboratory Services

Director: L. P. LANSDOWN, M.D.

I have the honour to submit a report on laboratory services for the period January 1, 1957, to December 31, 1957. The table below shows the number and details of specimens examined by the staff of the Provincial Laboratory during the year

Water samples	8,664
Milk and Milk Products	10,934
Serological Tests for Syphilis	84,214
Treponema Pallidum Immobilization Tests	615
Examinations for Gonococci	2,365
Examinations for Tuberculosis, including smears, cultures and animal inoculations	2,097
Specimens examined for typhoid, paratyphoid and other pathogenic micro-organisms	280
Agglutination tests for typhoid, paratyphoid, undulant fever and tularemia	2,097
Nose and throat swabs for diphtheria and haemolytic streptococcus	1,909
Special examinations for staphylococci including phage typing	865
Tests for sensitivity to Antibiotics	6,261
General bacteriological specimens (blood cultures, streptococcal grouping, exudates, sterility control, etc.)	2,099
Heterophile antibody tests	825
Serological examinations for Rheumatic Diseases	781
Miscellaneous examinations (biochemistry, haematology)	738

SANITARY BACTERIOLOGY

This department of the Provincial Laboratory is responsible for the examination of milk products, water and the bacteriological control of eating establishments. In addition to the staff at the laboratory in Winnipeg, technicians are employed at the Brandon Laboratory and at Dauphin. Following a number of conferences between the laboratory and the Bureau of Public Health Engineering, a new set of procedures for water bacteriology was set up by the latter bureau. Several alterations and revisions of former practices were made which will ensure more adequate checking of municipal and institutional supplies. These procedures will come into effect early in the new year and increase somewhat the number of examinations carried out by the laboratory. However, it is felt that this will be well worth while. During the year further special investigations into the water supply of the town of Selkirk were carried out. Approximately 8,700 water samples were examined.

The work load in connection with the examinations of milk and milk products is constantly growing. This year a total of 11,950 milk samples were examined at the various laboratories and very close touch with the Bureau of Food Control was maintained with regard to this phase of the laboratory's activities.

A survey of sanitary conditions in eating establishments was carried out by the Mobile Laboratory of the Laboratory of Hygiene, Ottawa, in the Northern Local Health Unit area. Our senior technician participated in this investigation. Later in the year, in September, a small mobile laboratory under his supervision, was set up

and followed up the results of the earlier investigation. This is the first time such a project had been undertaken by the Provincial Laboratory and it is considered that there is an extremely useful field of activity in this connection. It is planned in the coming year to continue investigations of this sort and make use of a more versatile and efficient mobile laboratory than was used in the Northern investigation.

SYPHILIS SEROLOGY

Approximately 78,000 specimens of blood and cerebro-spinal fluid were examined. Although the number is slightly less than the previous year, the examinations involved remain about the same, since fuller investigation was carried out on many of the doubtfully positive specimens. This has largely involved the use of the *Treponema Pallidum* Immobilization test which is found to be extremely reliable in distinguishing positive reactions due to syphilis from the increasing proportion of reactions due to other diseases, notably those produced by viral agents. This has been particularly important in the past year owing to the high incidence of virus pneumonia which in many cases shows serum reactions which may lead to an erroneous diagnosis of syphilis with the resulting unfortunate implications. As in former years, there has been the closest possible liaison with the Director of Venereal Disease Control and private physicians.

ENTERIC DISEASES

Investigation of a small number of carriers and suspected typhoid cases was carried out during the year. Several strains of paratyphoid-like organisms were isolated from cases of gastroenteritis. No large outbreaks of dysentery were investigated although various strains of dysentery bacilli were isolated from sporadic cases, nearly always occurring in the fringe areas of the province where poor living conditions and poor sanitation is the rule. There has been continuing interest in the enteritis of infants due to coliform bacilli, especially since small outbreaks have occurred in hospital nurseries. In almost all of these instances, it has been possible to demonstrate that one or other of the now well-known pathogenic strains has been responsible.

STAPHYLOCOCCAL INFECTIONS

Little change has taken place in the incidence of these infections in the past year and consequently the large volume of laboratory work in this connection has continued. It would seem that staphylococcal infections, especially in hospitals, have assumed the importance of those due to streptococci before the days of chemotherapy and antibiotics. While one particular strain, phage type 81, is still responsible for the most serious infections—the pneumonias, osteomyelitis and septicaemia—and is highly resistant to antibiotics, there is some evidence that other types are not occurring more frequently than formerly. All pathogenic staphylococci isolated were phage typed and subjected to sensitivity tests, procedures which necessitated over 7,000 examinations.

DIPHTHERIA

The epidemic of diphtheria in Winnipeg which commenced in the fall of 1956 continued into the late winter of 1957. Since November, a few cases of diphtheria have occurred in the Portage la Prairie area. As in the preceeding year, the laboratory work involved in the bacteriological investigations of these outbreaks has been considerable, including the examination of whole classrooms, and of course, the investigation of immediate contacts. In the case of the small Portage la Prairie

epidemic, a feature was the relatively high incidence of carriers among the families of the patients, a circumstance which considerably increased the number of examinations involved, since it was necessary to ascertain whether the organisms isolated were virulent diphtheria bacilli or one of the several microbes which closely resemble them.

In these diphtheria investigations, the laboratory has closely co-operated with the Section of Preventive Medical Services and the City Health Department. 1,600 nose and throat specimens were examined for diphtheria during the year.

VIRUS DISEASES

The laboratory investigations into this group of diseases have been largely carried out in the Virus Laboratory actively directed by Dr. J. C. Wilt. The Director of Laboratory Services is a co-director and in close touch with many phases of activity of the Virus Laboratory. For the greater part of the year, one technician on the staff of the Provincial Laboratory was employed in virus studies and clerical assistance was also provided. The outstanding feature of the past year was the extensive investigation of the outbreak of Asian Influenza.

RHEUMATIC DISEASES

Since rheumatic fever and various types of arthritis now are considered to be public health problems, increasing interest in and demand for laboratory investigations of these diseases has taken place. Serum tests for antibodies of streptococcal infections which may produce rheumatic fever, and antibody tests for rheumatoid arthritis have greatly increased in number and in the case of the latter a research project has been established with the co-operation of the Arthritis Clinic of the Winnipeg General Hospital and other agencies. It is hoped that some conclusion will be reached concerning the most satisfactory test at present available for rheumatoid arthritis.

Technician Training: Eleven students are in training at the Provincial Laboratory, Winnipeg, including four senior students and a junior class of seven, who commenced in September, 1957. Since it was not possible to admit students in 1955 owing to physical conditions in the laboratory and the Medical College as a whole, only one student completed training and graduated in laboratory procedures in 1957. This individual had formerly received X-ray training and hence did not require the usual two year course.

One of the features of the new quarters for the laboratory is a special classroom and laboratory for students with a small reference library. The technician in-charge of student training, has continued her valuable services.

A class in serology was conducted for students from other training schools and individual instruction in serology was arranged for a member of the Brandon staff. In addition, a student completing training at the Brandon Laboratory was taken on the staff in November for a three months' course in bacteriology. As previously stated, it is greatly regretted that, owing to lack of temporary replacements in the Laboratory and X-ray Units, it has not been possible to conduct refresher courses which it was hoped could be arranged for during the year.

THE NEW QUARTERS FOR THE PROVINCIAL LABORATORY

Without question, the opening of the new quarters for the Central Provincial Laboratory, Winnipeg, was the most significant event in this section during 1957. These quarters occupy an entire new storey of the Medical College Building and approximately double the former floor space. The laboratory is now adequately equipped with extremely satisfactory types of laboratory furnishings and the facilities provided are most appreciated by members of the staff. The move was effected in June and created little disturbance in the routine of the laboratory. There is no doubt that it will be possible for the staff to conduct their activities in a more efficient manner and services not previously provided have been initiated; for example, a reference biochemistry department is being set up under Dr. R. S. Martin. This laboratory is designed to provide the rural laboratory and X-ray units with services which they are not able to perform locally and also serves as a control unit for analysis performed in the units throughout the province and as a source of technical information. A reference haematology section is now in operation which serves the outside laboratories by consultation service concerning unusual blood films and blood diseases and standardizes and controls haematological procedures.

LABORATORIES—PSYCHIATRICAL DIVISION, LABORATORY AND X-RAY UNITS

A summary of the work carried out by these laboratories will be found under the appropriate administrative headings. While the Director of Laboratory Services is not responsible for administration, the technical services of these laboratories is under his supervision. As formerly, a considerable amount of time was spent by the senior staff of the Provincial Laboratory in visits and other duties in connection with these laboratories. Although improvement can still be made in these supervisory services, it is considered that this has been more satisfactory than formerly and a total of 157 visits were made by members of the staff to the outside laboratories. Dr. R. S. Martin spent approximately six weeks during the period October 1st to December 15th at the Brandon Laboratory.

The Advisory Commission

1956 and 1957

under The Health Service Act

Chairman: J. D. ADAMSON, M.D.

The Annual Report of the Advisory Commission for the Calendar Years 1956 and 1957 is submitted herewith.

GENERAL

Meetings: Due to the fairly full development of The Manitoba Health Plan throughout the province as it relates to the establishing of local health units; laboratory and x-ray units; and hospital and medical-nursing unit districts, the work of the commission has not been so arduous in either of these years. In 1956 the business of the commission was carried out by its Executive Committee at four short meetings held on the following dates: February 27th, April 4th, May 25th and September 14th. The business conducted at these meetings was approved at a full meeting of The Advisory Commission held on February 27th, 1957. It also was necessary in 1957 to hold one meeting of the Executive Committee on March 12th and the business of this meeting was ratified by one additional meeting of the whole commission held on September 17th, 1957. Therefore over the two year period there were seven meetings of the Executive Committee and two meetings of the full Advisory Commission.

Membership: The representation for the Manitoba Division of the Canadian Medical Association was altered as required by The Health Services Act when Doctor John E. Hudson of Hamiota replaced Doctor C. W. Wiebe in December, 1956. Doctor Wiebe, the retiring member, completed two three-year terms as a member of the commission in December 1956, and gave to the work of the Advisory Commission loyal, unstinted and effectual service.

The membership of the Advisory Commission at December 31st, 1957 was as follows:

Representing the Manitoba Division of the Canadian Medical Association:

Scott, Dr. D. L.—Winnipeg

Hudson, Dr. John E.—Hamiota

Lyons, Dr. R.—Winnipeg

Representing the Union of Manitoba Municipalities:

Smith, Lawrence—Portage la Prairie

Trapp, Arthur A.—Beausejour

Odell, H. C.—Hargrave

Representing the Associated Hospitals of Manitoba:

Pickering, G. L.—St. Boniface

Citizen Representatives appointed by the Minister:

Adamson, Dr. J. D.—Winnipeg
Ramsden, J. E.—Dauphin
Grant, G. H.—Souris

Representing the Department of Health and Public Welfare as Ex-Officio members:

Elliott, Dr. M. R.—Deputy Minister of Health
Cleghorn, Dr. I. M.—Director of Division of Health and Extension Health Services.

Secretary and Assistant to the Advisory Commission:

Elliott, Dr. M. R. (Secretary)—Winnipeg
Mackay, E. J. (Assistant)—Winnipeg.

Duties: The Advisory Commission acts in an advisory capacity to the Minister of Health and Public Welfare. The duties, powers and responsibilities of the members of the commission are as set out in Sections 7 and 8 of The Health Services Act.

LEGISLATION

(1) **Amendments to The Health Services Act:** Certain amendments were presented for consideration of The Advisory Commission and it was recommended to the Minister of Health and Public Welfare that proposed amendments to the said Act be presented to the Manitoba Legislature for concurrence. The most important of these related to:

(a) provision in Section 32A for municipal corporations to enroll all, or any group, by contract with the Manitoba Medical Service, Manitoba Hospital Service Association or insurance companies;

(b) provision in Section 40 for variations of apportionment of amounts and in Section 56 of amount of rate of tax levy within included hospital district areas, as organization committee may deem advisable;

(c) Ratification by Section 6 of Chapter 30, 1956 Statutes of Establishment Scheme as confirmed by Order-in-Council 477/55 of Lorne Memorial-Medical Nursing Unit District Number 19C.;

(d) provision in Section 55 whereby a hospital could accumulate a reserve fund for its maintenance and operation up to an amount equal to one-third actual expenditures for the preceding year;

(e) provision in Section 65B whereby the Minister of Health and Public Welfare might authorize the use of a hospital building for purposes other than a hospital under specified restrictions.

(2) **Hospitalization:** A summary of the several matters relating to hospitalization presented for consideration of the Commission is submitted herewith:

Name of Hospital and Number	Particulars	Results
Altona Hospital District No. 24	Scheme for 32-bed Nurses' Residence	Recommended to minister for approval; Scheme rejected by vote of ratepayers held in June, 1956.
Turtle Mountain Hospital District No. 15	Proposal to purchase Doctor's Residence with office space in lieu of establishing medical-nursing unit at Dunrea as provided in original scheme.	Recommended for approval of minister with proposal a supplementary scheme be prepared.
Shoal Lake Hospital District No. 7	(1) Scheme for reconstruction of burnt-out part of District Hospital; and enlargement of Rossburn Medical-Nursing Unit.	Recommended for approval of minister: Vote taken July 30th, 1956, and approved.
Morris Hospital District No. 25	(2) By-law of Advisory Board to set up Local Advisory Committee for Medical-Nursing Unit at Rossburn.	Recommended to minister for approval:
Morden Hospital District No. 21	By-law of Advisory Board to set up Local Advisory Committee for Medical-Nursing Unit at Emerson.	(1) Regulation ratified by Order-in-Council 322/56 dated March 6th, 1956;
Morden Hospital District No. 21	By-law of Advisory Board to set up Local Advisory Committee for Medical-Nursing Units at Manitou and Pilot Mound.	(2) Regulation ratified by Order-in-Council 1830/56 dated December 20th, 1956;
Birtle Hospital District No. 6	Application to enlarge present hospital.	(3) Regulation ratified by Order-in-Council 1770/56 dated December 12th, 1956.
Ethelbert Hospital	Application for survey of hospital requirements in area of Ethelbert.	Recommended special committee of Advisory Commission be authorized to study all points of such need. Report of Committee pending at year end, 1957.

(3) **Local Health Units:** On the request of the respective local advisory boards and the municipal councils, the Advisory Commission recommended to the Minister of Health and Public Welfare that the necessary steps be taken to enlarge the boundaries of the hereinafter named local health units as follows:

Local Health Unit:	New Territory Added:	Effective Date:
Selkirk	Portion of Local Government District of Alexander.	April 1st, 1956.
Portage	Rural Municipality of Portage la Prairie	September 1st, 1956.
Stonewall	Town and Rural Municipality of Gimli.	July 1st, 1957.
Brandon	Town of Souris and Rural Municipality of Glenwood.	January 1st, 1958.

(4) **Laboratory and X-Ray Units:** Pursuant to the request of the respective local advisory boards and municipal councils, the Advisory Commission also recommended to the Minister of Health and Public Welfare that all necessary steps be taken to extend the boundaries of the hereinafter named existing laboratory and x-ray units by the following listed additions:

Laboratory and X-Ray Unit:	New Territory Added:	Effective Date:
Selkirk	Portion of Local Government District of Alexander.	April 1st, 1956.
Portage	Portion of Southwest part of Rural Municipality of Woodlands.	April 1st, 1957.
Neepawa	Portion of Rural Municipality of Elton.	April 1st, 1957.
Virden	Town of Souris and Rural Municipality of Glenwood.	January 1st, 1958.

In addition the Portage la Prairie Laboratory and X-Ray Unit - Number 14 was established under the provisions of The Health Services Act under date of September 1st, 1956.

APPRECIATION

On behalf of the members of The Advisory Commission may I take this opportunity of expressing to you as Minister of Health and Public Welfare our appreciation of the confidence you have placed in us as advisors respecting The Health Services Act.

Section of Extension Health Services

Director: I. M. Cleghorn, M.D., D.P.H.

I have the honour to present herewith the Annual Report of the Section of Extension Health Services for the calendar year ending December 31, 1957. The reports of the Bureaux of Local Health Services, Hospitalization, and Dental Services have been prepared by the respective directors.

We are pleased to be able to report continued progress under The Health Services Act in enlarging some local health units and bringing full time health coverage to more rural areas including laboratory and x-ray services.

The four southern townships of the Rural Municipality of Woodlands were included in the Portage la Prairie Laboratory and X-Ray Unit on April 1, 1957. This area is a part of the Portage Hospital District and the residents obtain their hospital care in the Portage la Prairie Hospital. The whole of the Rural Municipality of Woodlands is a part of the Stonewall Local Health Unit. On April 1, 1957, that portion of the Rural Municipality of Elton that is included in the Rapid City Medical Care District was included in the Neepawa Laboratory and X-Ray Unit. The residents of this area obtain hospital care in the Minnedosa Hospital. These new areas brought 468 more rural persons under prepaid laboratory and x-ray services.

The Rural Municipality of Gimli and the Town of Gimli were included in the Stonewall Local Health Unit on July 1, 1957. A sub-station was set up in offices in the Town Municipal Hall and a full time public health nurse placed in charge. The service of the health officer and sanitary inspector are provided from the head office of the Unit in Stonewall. This brings full time health services to 4,940 more rural residents of the province.

There are now thirteen full time local health units providing service to some 373,049 persons outside the City of Winnipeg. Over 65% of the population, exclusive of Winnipeg, is now covered by local health units.

Five laboratory and x-ray units are in operation giving service to 124,643 persons.

We are happy to be able to report that the supply of public health nurses has practically met our requirements in local health units during the year. We are short five nurses on establishment at the end of the year but three new nurses are coming on staff early in the new year. The establishment for medical directors is filled with one director in each unit. The medical director of the Virden Local Health and Laboratory and X-Ray Units is on leave of absence taking his D.P.H. course in Toronto and will return to duty on May 15, 1958.

The establishments for sanitary inspectors in the local health units were all filled at the end of the year. Due to the increased demand for service from the inspectors in all fields of sanitation as well as enlarged areas in some units, additional inspectors will be placed in the Neepawa and Brandon Local Health Units effective January 1, 1958.

Medical Care

The responsibility for the establishment of Medical Care Districts is provided for under Section 3 of The Health Services Act. Any municipal corporation may pass by-laws for engaging a duly qualified medical practitioner to furnish medical care for the residents of a specified area. The cost for this may be on the basis of a salary, a capitation fee, or a schedule of fees for services rendered, paid by the municipality to the physician without any charge to the patient other than an annual levy on all the rateable property, or a personal health levy; or on the basis of a schedule of fees to be paid by the patient with or without any sum to be paid by the municipality to the physician. Before the second reading of any such by-law occurs, the proposed area of the district, or any other alteration of the by-law, is required to be approved by the Minister of Health and Public Welfare. The contract with the physician also has to be approved by the minister. Twelve medical-care contracts were in effect as of December 31, 1957.

Provision also is made under the Act whereby a municipality which is already participating in both a local health unit and a laboratory and x-ray unit and also is included in a medical-care district, is entitled to a grant of 50 cents per capita towards the cost of the medical-care district. Five municipalities qualify for the grant this year, namely the Rural Municipalities of Harrison, Blanshard, Saskatchewan, and Woodworth and the Town of Rapid City. Four townships of the Rural Municipality of Woodlands also qualify since April 1, 1957.

Co-operation has been carried out as usual with the College of Physicians and Surgeons in trying to maintain a registry of all vacancies for medical practice in the province, and every possible assistance has been given both to physicians and to rural districts in regard to filling vacancies. Insofar as possible an endeavor has been made to obtain the services of practising physicians in carrying out preventive medical service in local health units and under the direction of the medical directors of the local health units.

The department has no statutory responsibility for the provision of direct medical care to the people of the province.

Laboratory and X-Ray Units

The providing of prepaid laboratory and X-ray services has continued to show popularity in the rural local health unit areas and requests also have been received from other areas, not now in local health units, to set up this service. The laboratory and X-ray units have been expanded as rapidly as trained personnel has become available. The shortage of combined medical technicians has been acute during the year.

Residents of a laboratory and X-ray unit obtain an identification card provided by the department, from the secretary-treasurer of their municipality. Service is then provided in the unit on presentation of this card to the medical technician in charge along with a written requisition for X-ray or laboratory tests from their private physician. The reports of the examinations are forwarded back to the doctor. The province, through Federal Health Grants, provides the necessary equipment in the first instance for setting up the unit. The net operating costs, including salaries, supplies and expenses are shared two-thirds by the province and one-third by the included municipalities in proportion to population. A nominal fee of \$1.00 is charged

qualified persons for the first X-ray film and \$.25 for additional films up to a maximum of \$5.00 for any one illness. Laboratory tests, including electrocardiograph tracings and basal metabolic rates are provided free of charge.

In hospitals in which we have laboratory and X-ray services and which have been under the all inclusive rate since April 1, 1957, we have provided the service for the hospital in-patients at a charge to the hospital the same as shown above for outdoor area cases.

Two consultant radiologists under contract, one stationed in Dauphin and one in Brandon, visit the units on regular days and read all X-ray films. They also are available for consultation with the practising physician and see patients by appointment. Consultant radiological service is given to the Portage la Prairie Laboratory and X-ray Unit by a private clinic. The radiologists also lecture and assist in the training of students leading to diploma as combined medical technicians.

The policy of providing X-ray equipment as a preliminary step in organizing and setting up new laboratory and X-ray units has continued. The equipment is operated by the hospitals under an agreement with the department until such time as a unit is opened and service taken over by the department. A 15 ma. portable X-ray unit with all necessary accessories was installed in the new St. Claude Medical-Nursing Unit in June, 1957. Portable X-ray equipment was also provided during the year in the Portage, Dauphin and Selkirk Hospitals which are all in laboratory and X-ray units. These were supplied as a further service for emergency use in the wards.

Routine monthly visits were made to all laboratory and X-ray units by the Chief X-Ray Technician, and his assistant. Personal supervision was given along with technical instruction in X-ray to the staff of the units. Visits were also made to the various district hospitals and medical-nursing units where Government owned equipment is located.

Radiological instruction of student technicians was started at Portage la Prairie on January 1, 1957. Quarters for teaching purposes were set up by utilizing the old X-Ray Department at the Manitoba School. Two groups of five students each received instruction for two months, January 1st to April 30th. On November 1st, a group of seven junior students began receiving radiological instruction. Following groups of students will each receive three months' training in this school.

Ten students will graduate this summer following the two-year course leading to diploma as combined (laboratory and X-ray) medical technologists and the following year we hope to graduate fifteen students.

The students take their laboratory training in the Provincial Laboratory in Winnipeg and in the regional laboratory in the Brandon Hospital for Mental Diseases.

Laboratory supervision in the full-time laboratory and X-ray units is carried out by the Director of the Provincial Laboratories and his technical staff.

The volume of work carried out in the five laboratory and X-ray units has again increased over the previous year. The average monthly X-ray examinations increased by some 11% and the laboratory examinations by 17%.

Work carried out in the five units during the year 1957 is shown as follows:

X-Ray Examinations

	Dauphin	Selkirk	Virden	Neepawa	Portage	Total
Qualified persons	4,358	5,746	4,877	6,561	5,566	27,108
Non-qualified persons	629	721	756	304	225	2,635
Total examinations	4,987	6,467	5,831	6,865	5,791	29,941
Total films used	9,799	13,076	9,273	9,804	13,261	55,213
Average monthly examinations	416	539	486	572	484	2,497
Outdoor patients	3,004	3,507	3,975	3,300	2,934	16,720
Indoor patients	1,983	2,960	1,856	3,565	2,857	13,221

Laboratory Examinations

Qualified persons	10,405	10,937	11,294	11,054	22,654	66,344
Non-qualified persons	326	359	645	182	188	1,700
Total examinations	10,731	11,296	11,939	11,236	22,842	68,044
Average monthly examinations	894	941	995	936	1,904	5,670
Outdoor patients	3,639	4,189	5,629	4,183	10,563	28,203
Indoor patients	7,092	7,107	6,310	7,053	12,279	39,841

Local Health Services

Director: W. WATT, M.B., Ch.B., D.P.H.

I have the honour to present herewith the Annual Report of the Bureau of Local Health Services for the calendar year ending December 31st, 1957.

Continued progress has been maintained throughout the province in all local health units and increased activity has been evident, consistent with the supply of trained public health personnel. The polio immunization program of the past few years has placed a very heavy responsibility upon all local health units, and I am happy to report that this project has been accomplished without disruption of the normal activity and services provided by these units. Full-time public health services are now given to an estimated 373,049 residents, outside of the City of Winnipeg, a considerable increase in population over the 1956 census.

Thirteen established local health units (10 rural and 3 suburban) now serve an estimated 65% of the residents outside of the City of Winnipeg. Requests from towns and municipalities to participate in local health unit service are being met as staff becomes available. Arrangements have been completed to extend the services of the Brandon Local Health Unit to include the Town of Souris and the Rural Municipality of Glenwood, on January 1st, 1958.

The Annual Institute of Medical Directors, unavoidably postponed in 1956 by the poliomyelitis vaccination program was held in February, 1957, in conjunction with the conference of representatives of the local health unit advisory boards. During the year, four regional meetings for medical directors and sanitary inspectors were held, two in Winnipeg and two in Dauphin, for the purpose of correlating programs, standardizing activities, and developing procedures to implement new Regulations.

The following table indicates the approximate populations served by each unit, and the full-time staff on the establishment of each:

Unit	Approximate Population Served	Medical Director	Public Health Nurses	Sanitary Inspectors	Clerical Staff
Brandon	25,000	1	4	2	1
Dauphin	19,000	1	4	1	2
Portage	27,000	1	5	1	2
Selkirk	33,000	1	7	2	3
Swan Valley	18,000	1	4	1	1
Red River	22,000	1	5	1	2
St. Boniface	31,000	1	4	2	3
St. James	72,000	1	9	4	4
Stonewall	12,662	1	4	1	1
Neepawa	26,000	1	5	1	1
Virten	22,000	1	5	1	1
Northern	17,058	1	3	1	2
Kildonan	44,000	1	5	2	3

In addition to the above, part-time assistant medical directors, who are practising physicians in the areas, are employed to assist in clinics and school health pro-

grams as required. As indicated in the report of the Bureau of Health and Welfare Education, the part-time services of a public health educator and a nutritionist also are available to assist in the local health unit programs.

A detailed report on the work of each local health unit is published annually, for the information of the residents of each area. Monthly statistical reports are submitted to the executive offices of the department, and to the local advisory board in each unit.

The following is a general summary of the work of all local health units for 1957:

Communicable Disease Control: In an attempt to control and prevent communicable disease, a two phase program is carried out by every local health unit.

(1) Notifications of Communicable Diseases, as listed in the Regulations under The Public Health Act, are received at the unit from doctors, parents, school teachers and residents. By a program of visiting, quarantine, isolation and education, the unit staff attempts to keep these communicable diseases to a minimum. The unit medical director is available to all practising physicians for consultation and diagnostic visiting, and all staff members take part in investigating reported diseases. During 1957, 1,129 home visits were made to cases of communicable disease, 86 medical consultations were provided to resident medical practitioners and 10 diagnostic visits were made by unit directors under this disease control program.

(2) A continuous immunization and vaccination program is carried out in all local health units against diseases such as smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. These diseases can be modified or completely prevented by modern immunization procedures, which each unit offers and endeavours to make available to all residents of the area.

Specific immunization against diseases such as typhoid, infectious jaundice, measles, tuberculosis, and influenza is given as the need arises. Immunization is carried on at all weekly or monthly Infant and Pre-school Clinics, in all schools, and in the local health unit offices and substations.

Immunizations Carried Out During the Year 1957

	First Vaccination	Revaccination	Total
Smallpox	8,052	5,500	13,552
	Initial Series	Augmenting	Total
Diphtheria, Whooping Cough, and Tetanus	5,831	8,095	13,926
Diphtheria and Tetanus	2,386	11,115	13,501
Poliomyelitis	41,464	47,602	89,066
Typhoid	99	2	101
Influenza	2,973	.....	2,973

During this program, 111 children and adults received Schick tests to determine their immunity to diphtheria and 1,412 children and adults were tuberculin tested to ascertain their immunity or exposure to tuberculosis.

Venereal Disease Control: The provincial Bureau of Venereal Disease Control, exercises control of venereal diseases throughout the province. In the rural areas, assistance in investigating and locating cases is given by the various local health unit staffs. Each unit endeavours to locate contacts and cases as named, and have them treated as considered necessary. To facilitate treatment, all units carry treatment drugs for free distribution to practising physicians.

During 1957, 68 contacts of venereal disease were named within unit areas. Forty-four of these were located for questioning and thirty-seven medically examined, necessitating 76 field visits by the unit staff members.

Tuberculosis Control: A continuous tuberculosis supervision program is carried by all local health units under the guidance of the Sanatorium Board. Each unit is notified by the Central Tuberculosis Registry of cases of tuberculosis and known contacts within the unit area, and the unit staff make routine home visits to ensure that all cases and contacts are X-rayed and examined regularly, and are carrying out the procedures recommended by the Sanatorium Board Medical Staff. The local health unit assists in conducting regular chest X-ray and examination clinics, and helps in the organization of the mass X-ray surveys.

During 1957, 1,160 cases of tuberculosis and all their contacts were supervised by the units of the staff, who made a total of 2,278 home visits. There were 95 large plate chest X-ray clinics held in nine rural units with an attendance of 3,220 residents.

Maternal and Child Hygiene: This part of local health units' activity is aimed at helping expectant and new mothers by advice, demonstrations, and supervision. Lectures and special instruction classes are given, under agreement with practising physicians to acquaint expectant mothers re maternal hygiene, infant care, maternal and infant nutrition. Demonstrations of special physical exercises are given by the nursing staff, to assist in the childbirth and post-natal periods. Home visits are made as soon as possible to the new mother and baby to help with any difficulties and give advice and demonstrations on baby care, feeding and bathing, and maternal care. At these visits, the unit program of well baby clinics and immunizations is explained and the mother is invited to avail herself of these services.

During 1957, a total of 1,048 prenatal cases received instruction from 867 home visits and 316 office visits. Four hundred and eighty-two prenatal classes were held with an attendance of 3,807 expectant mothers. Home visits were made on 4,608 occasions to help new mothers with their babies.

Infant Hygiene: The Child Health conference, or Well Baby clinic, is the most popular and largest individual service or activity conducted by the local health units. In the 13 local health units, there are 139 different health centres where this service is offered. The purpose of these clinics is to give advice on nutrition, feeding habits, general care and hygiene; observe growth, weight and measurements; supervise the development of babies and pre-school children; hold medical examinations to advise as to defects and need for treatment; and give immunizations and vaccinations against communicable disease. Well baby clinics are held regularly, on a weekly or monthly basis, at the most accessible and centrally located sites, throughout each local health unit.

During the year, 2,316 clinics were held with an attendance of 23,129 infants (under one year of age). Medical examinations were done on 3,784 infants, and 234

found to have defects were referred to private physicians for treatment. A total of 11,233 individual babies were admitted to service, and follow up advice and instruction was given by 8,167 home visits and 762 office consultations.

Pre-School Hygiene: Children of pre-school age (between the ages of 1 to 6 years) receive at child health clinics, the full services of advice, supervision, examination and immunization. Facilities are available at all times for these children to be immunized, or have their immunization brought up to date before entering school. In addition, each local health unit holds annually a special pre-school medical examination program, so that school beginners may receive a medical check before entering school, and have any defects corrected by the family physician. During the year, 16,749 pre-school children were admitted for individual service. At the 2,316 child health clinics, a total of 33,422 pre-school children attended for advice, examination or immunization, and 7,074 home visits were made by the nurses to give additional service. A total of 2,635 received medical examinations at clinics and 944 visited unit offices for consultation. Two hundred and forty-one pre-school children were discovered to have defects and were referred to the family doctor for treatment.

School Hygiene: Throughout the school year, an active school health program is carried on in every local health unit. Certain school grades are examined by the nursing staff, and other grades by the medical director. Children of any grade may be referred for medical examination by parents or teacher, as felt necessary. Parents are invited by appointment to be present at medical examinations, when defects noted can be brought to attention. A follow-up home visiting program to ensure the correction of defects is carried out by the nursing staff, who with their knowledge of social welfare and service agencies, can help parents secure correction for children, which might otherwise be unobtainable. Group checking of classrooms for communicable disease and skin disease is carried out, as necessary, in school.

Immunization against diphtheria and tetanus is offered to all school grades from school beginners to grade 12, and the younger grades also are immunized against whooping cough in some units. Since 1954, a large scale polio (Salk) vaccine campaign has been in full swing, and almost all children in grades 1 - 10 have received completed immunization.

The sanitary inspector visits the schools regularly on a routine inspection program which covers general sanitation, water supply, classroom lighting, heating and ventilation, toilet and drinking facilities, and recommendations on unsatisfactory conditions are reported to the school inspector.

Health education, lectures, classroom talks, films, and sanitation demonstrations are given in all units by staff members, and problems of individual children discussed with teacher and principal.

A brief summary of services rendered follows:

Children inspected by nursing staff	32,991
Classroom (group) inspections	1,367
Children examined by medical staff	9,984
Parents present at examination	3,442
Number of children found to have defects	4,558
Home visits by nursing staff	4,776
Home visits by medical staff	282
Office medical consultations	1,289

Adult Health: Medical and nursing services are made available to adults, mainly on an educational basis, and usually at the request of the practising physicians. Bedside nursing care and demonstrations may be shown to relatives, to instruct in the routine bed care of a patient, or advice and treatment may be given to a patient (eg. a diabetic) until he or relatives are able to follow recommended treatment procedures. During the year, 2,033 adults received individual service. A total of 3,529 home visits were made by nursing staff, 53 house calls were made by the medical staff, while adults visited the office on 187 occasions for medical consultations.

Crippled Children: A Registry of all children in the province with crippling conditions is kept by the Department of Health and Public Welfare, and each unit keeps a register of such children within its own area. Since the formation of the Society for Crippled Children and Adults of Manitoba, treatment is now available to all crippled children, and in the rural area of Manitoba, the society bases its operations mainly in the local health units. Medical diagnostic teams employed by the Society for Crippled Children and Adults hold clinics at the various health unit centres, and during the year 1957, 207 children were examined or re-assessed as to their disability and treatment advised accordingly. The local health unit staff handle all administrative arrangements for these clinics, and follow up with regular home visits to observe and report progress made. There were 235 children registered for service during the year, and 397 home visits were made to assist and ensure that medical advice is available and is being followed.

Mental Hygiene: Child guidance services are made available to the local health units; in rural areas by the Provincial Psychiatrist and staff of provincial hospitals for mental diseases, and in suburban areas by the Child Guidance Clinic of Greater Winnipeg. When clinics are available, the staff of the local health units make all necessary arrangements with children and parents, and the services are provided by a visiting psychiatrist team. The program unfortunately is limited due to lack of trained personnel, and only 10 clinics, at which 104 children were examined, were held in 1957.

Health Education: All units' staff, the Medical Directors, public health nurses, sanitary inspectors, and clerical staff, carry a continuous health education program in their day-to-day activities. Many methods of health education are employed as summarized below. A large stock of pamphlets, books and posters, on many aspects of health is kept on hand in each unit for free distribution to the interested public, and the opportunity is taken at rural fairs and carnivals to display exhibits on health, and advise of the various local health unit services available.

Summary of services of unit staff re health education

Lectures and talks to groups	315
Films and filmstrips shown	461
Attendance at lectures and film shows	10,403
Radio Talks	6
Television appearances	2

In 1957, a considerable advance was made when the Bureau of Health and Welfare Education was able to allocate two fully trained public health educators to develop a full educational program in six local health units.

Sanitation: Each health unit is responsible for carrying out a broad program covering all aspects of general sanitation, and food and milk control, within its own area, and for administering the Regulations under The Public Health Act and Local

By-laws pertaining to these matters. This involves supervision and inspection of many different methods of sewage disposal; methods of garbage collection and waste disposal, installation of plumbing and drainage systems; investigations of insanitary conditions and premises; supervision of industrial premises and offensive trades, investigation of reported nuisances; inspection of tourist and industrial camps, schools, and public premises; control of rodents and other pests. Food and milk handling establishments are closely observed and regularly inspected, and samples of water, milk, and milk products collected routinely for laboratory analysis.

The following tabulation will indicate briefly the services rendered by the local health units of Sanitary Inspectors.

(a) General Sanitation:

Field visits regarding sewage disposal	2,081
Field visits regarding plumbing and drainage	1,427
Field visits regarding insanitary conditions	1,224
Inspection visits to public premises	1,015
Inspection visits to industrial premises and offensive trades	406
Inspection visits to camp, tourist resorts, and trailers	327
Inspection visits to schools	1,000
Inspection visits to waste disposal grounds	423
Field visits to municipal and private water supplies, wells, water carriers	2,992
Investigations and follow-up visits regarding nuisances	2,807
Investigations and control of rodents and insect pests	472
Office interviews on general sanitation	4,289

(b) Food and Milk Control:

Visits and inspections to raw milk producers	483
Visits and inspections to milk plants	523
Visits and inspections to locker plants	197
Visits and inspections to restaurants	3,019
Visits and inspections to slaughter houses	154
Visits and inspections to bottling plants	119
Visits and inspections to unclassified food stores, groceries, bakeries, fish plants, etc.	775

(c) Laboratory Analysis:

Water samples collected for bacterial analysis	4,724
Water samples collected for chemical analysis	2,046
Water samples collected for nitrate content analysis	1,725
Water samples collected for fluorine content analysis	238
Milk samples collected—raw	3,784
Milk samples collected—pasteurized	5,262
Miscellaneous food, blood, and other samples collected	276

Administration: Each local health unit is supervised by an Advisory Board, appointed by the Councils of Towns, and Municipalities within the unit, and from local citizens in the community by the Minister of Health and Public Welfare. These Advisory Boards are responsible for local policies and activities of the units and for the authorization of necessary expenditures. During 1957, there were 108 general Advisory Board meetings and 15 Board Committee meetings and in February, each Board sent a representative for a one-day conference with the unit Medical Directors and Department of Health and Public Welfare.

Hospitalization

Director: E. R. Rafuse, M.D.

I beg to submit the Annual Report of the Bureau of Hospitalization for the calendar year 1956.

Three new hospitals opened in 1956—Grandview District Hospital May 21, 1956; Children's Hospital at Winnipeg December 2, 1956 and the Portage District Hospital, October 12, 1956. King Edward Hospital reopened for patients January, 1956.

Inter-provincial agreements for the care of patients suffering from Tuberculosis are handled completely between this bureau and the provinces concerned. The number of patients involved, days accrued by them, and monies received and paid out in this connection are as follows:

Residents of Other Provinces Treated in Manitoba Sanatoria

Province	Number of Patients	Days Accrued	Amount Received
Ontario	17	2,629	\$14,459.50
Saskatchewan	10	1,810	9,988.00
Alberta	1	78	429.00
British Columbia	0	0	0
Quebec	11	2,431	10,939.50
Total	39	6,948	\$35,816.00

Residents of Manitoba Treated in Sanatoria in Other Provinces

Province	Number of Patients	Days Accrued	Amount Paid
Ontario	12	2,435	\$13,392.20
Saskatchewan	3	577	3,173.50
Alberta	5	792	4,356.00
British Columbia	3	567	3,118.50
Quebec	1	42	189.00
Total	24	4,413	\$24,229.20

For the year 1956, the sum of \$60,045.20 was involved, or an average of \$5,003.77 per month. The daily rates for the above are as follows: Ontario, Alberta, Saskatchewan and British Columbia—\$5.50 per day; and Quebec—\$4.50 per day.

Appended hereto are the following tables relating to hospitalization:—

Table 1—Statutory and Availability Grants and per Diem Maintenance payments made;

Table 2—Report of Patients from unorganized territory, non-residents;

Table 3—Per Diem Maintenance Classified according to patients' residence;

Table 4—Per Diem Maintenance in types of hospitals for cases chargeable;

Table 5—Movement of Patients;

Table 6—Report of Average length of stay, average number of patients in the hospitals and Sanatoria, Rated bed capacity and 1956 Death Rate;

Table 7—40% refund to Municipalities on Municipal payment to Hospital;

Table 8—Private Hospitals—Movement of Population; and

Table 9—Private Hospitals—Patient Days.

Table I:
STATUTORY AND AVAILABILITY GRANTS AND PER DIEM MAINTENANCE PAYMENTS MADE BY THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE FOR CALENDAR YEAR ENDED DECEMBER 31, 1956

Hospital	Distribution of Availability Grant				Total
	50c Additional Statutory Grant	Special Grant	Per Diem Maintenance	Transportation	
Over 100 Beds—					
Brandon	\$ 1,093.50	\$	\$ 7,545.43	\$	\$ 8,638.93
Children's	1,409.50	.....	36,101.24	.....	37,510.74
Grace	243.00	.....	7,961.94	.....	8,204.94
Misericordia	534.50	.....	10,354.65	.....	10,889.15
St. Boniface	2,887.50	8,514.95	86,713.86	3.90	98,120.21
Victoria	466.00	.....	8,179.53	.....	8,645.53
Winnipeg General	3,139.50	.....	111,028.36	24.65	114,192.51
Total	\$ 9,773.50	\$ 8,514.95	\$ 267,885.01	\$ 28.55	\$ 286,202.01
51 to 100 Beds—					
Concordia	\$	\$	\$ 566.97	\$	\$ 566.97
Dauphin	295.00	.....	5,491.09	14.00	5,800.09
Flin Flon .....	.....	.....	11,583.88	32.15	11,616.03
Morden .....	.....	5,476.90	.....	.....	5,476.90
Portage la Prairie	81.00	.....	2,504.00	.....	2,585.00
St. Anthony's	1,240.00	.....	59,727.49	58.00	61,025.49
Selkirk General	272.50	.....	2,195.20	.....	2,467.70
Total	\$ 1,888.50	\$ 5,476.90	\$ 82,068.63	\$ 104.15	\$ 89,538.18
31 to 50 Beds—					
Carman	\$ 261.50	\$ 4,136.90	\$	\$	\$ 4,499.15
Johnson Memorial	357.00	739.80	7,472.52	.....	8,569.32

Table 1:—Continued

Hospital	Distribution of Availability				Per Diem Maintenance	Transportation	Total
	50c Additional Statutory Grant	Special Grant	Special Grant	Special Grant			
Neepawa	101.50	2,405.20	57.00	.....	.....	2,563.70
Russell	8.00	732.50	44.00	.....	.....	784.50
Bethesda	206.00	3,952.60	3,070.44	.....	.....	7,229.04
Virden	39.00	1,587.60	412.70	.....	.....	2,039.30
Bethel	174.50	710.60	3,084.25	.....	.....	3,969.35
Total	\$ 1,147.50	\$ 14,265.20	\$ 14,241.66	\$	\$	\$ 29,654.36	
16 to 30 Beds—							
Altona	\$	\$ 688.70	\$ 265.14	\$	\$	\$ 953.84	
Beausejour	307.00	644.90	1,950.69	.....	.....	2,902.59
Fox Memorial	61.50	601.10	154.75	.....	.....	817.35
Deloraine .....	.....	1,676.00	1,364.16	.....	.....	3,040.16
Gladstone	70.50	1,755.30	3,349.05	.....	.....	5,174.85
Hamiota	73.00	666.80	.....	.....	.....	739.80
Killarney	71.00	4,037.00	325.25	.....	.....	4,433.25
Minnedosa	270.50	666.80	762.65	.....	.....	1,699.95
Morris .....	.....	630.30	.....	.....	.....	630.30
Pine Falls	64.00	3,540.10	3,556.14	.....	.....	7,160.24
Roblin	302.00	3,504.40	4,026.56	.....	.....	7,832.96
Ste. Rose	489.00	674.10	21,505.80	439.50	.....	23,108.40
De Salaberry	65.50	637.60	93.53	.....	.....	796.63
Souris	252.50	696.00	804.75	.....	.....	1,753.25
Shoal Lake .....	.....	687.50	663.85	.....	.....	1,351.35
Swan River	559.00	696.00	9,905.07	.....	.....	11,160.07
Hunter Memorial	340.00	1,802.70	2,229.64	.....	.....	4,372.34
Crerar	202.50	949.20	15,680.98	372.30	.....	17,204.98
Total	\$ 3,128.00	\$ 24,554.50	\$ 66,638.01	\$ 811.80	\$	\$ 95,132.31	

9 to 15 Beds—

Siglunes	\$ 205.50	\$ 758.00	\$	\$ 3,771.50	\$	\$ 4,735.00
Birtle	167.00	579.20	1,015.80	93.10	.....	1,688.10
Birch River	17.00	1,321.00	.....	6,867.97	.....	8,355.97
Benito .....	.....	1,370.00	.....	628.45	.....	2,015.45
Boissevain	28.50	1,521.00	.....	.....	.....	1,521.00
Crystal City	18.00	1,848.20	.....	.....	.....	1,876.70
Emerson	321.00	550.00	.....	.....	.....	568.00
Eriksdale .....	.....	950.00	.....	327.79	.....	1,598.79
Ethelbert	16.00	1,732.60	.....	4,088.27	.....	5,820.87
Fisher Branch .....	.....	1,929.00	2,000.00	2,152.85	.....	6,097.85
Gilbert Plains .....	.....	550.00	.....	25.65	.....	575.65
Glenboro	7.00	557.30	.....	.....	.....	564.30
Grandview .....	.....	611.20	.....	250.00	.....	861.20
Wilson Memorial	27.50	1,537.80	.....	104.00	.....	1,669.30
Rosburn	69.50	550.00	.....	257.35	.....	876.85
Lorne Memorial .....	.....	1,199.30	6,577.03	365.33	.....	8,141.66
Vita Memorial .....	.....	2,623.40	.....	4,158.55	.....	6,781.95
Whitemouth	37.00	1,352.00	1,700.00	1,289.15	.....	4,378.15
Total	\$ 914.00	\$ 21,540.00	\$ 11,292.83	\$ 24,379.96	\$	\$ 58,126.79

Under 9 Beds

Arborg	\$	\$ 1,238.00	\$ 3,500.00	\$ 1,676.96	\$	\$ 6,414.96
Baldur .....	.....	853.00	.....	.....	.....	853.00
Cartwright	61.00	988.00	.....	.....	.....	1,049.00
Elkhorn .....	.....	1,368.00	.....	.....	.....	1,368.00
Erickson .....	.....	440.00	1,790.43	788.40	.....	3,018.83
Hartney	30.50	220.00	.....	.....	.....	250.50
McCreary	269.50	781.00	.....	3,258.64	4.85	4,314.99
North Norfolk-McGregor	50.50	275.00	.....	25.00	.....	350.50
Manitou	51.50	440.00	.....	46.00	.....	537.50
Miami .....	.....	.....	.....	.....	.....	.....
Notre Dame .....	.....	440.00	.....	.....	.....	440.00

Table 1:—Continued

Hospital	Distribution of Availability Grant				Per Diem Maintenance	Transportation	Total
	50c Additional Statutory Grant	Special Grant	Special Grant	Special Grant			
Pilot Mound	97.50	440.00	.....	.....	.....	.....	537.50
Reston	14.00	440.00	.....	54.00	.....	.....	508.00
Rockwood-Stonewall .....	.....	440.00	.....	19.00	.....	.....	459.00
Ste. Anne	111.50	440.00	.....	1,904.18	.....	.....	2,455.68
Wawanesa	16.50	359.00	.....	.....	.....	.....	375.50
Total	\$ 702.50	\$ 9,162.00	\$ 5,290.43	\$ 7,772.18	\$ 4.85	\$	\$ 22,931.96
Contagious—							
Municipal Hospital (King George)	\$ 250.50	\$	\$	\$ 9,817.20	\$ 30.00	\$	\$ 10,097.70
Total	\$ 250.50	\$	\$	\$ 9,817.20	\$ 30.00	\$	\$ 10,097.70
Convalescent and Chronic							
Convalescent .....	.....	.....	\$ .....	\$ 5,493.45	\$	\$	\$ 5,493.45
Municipal Hospital (King Edward) (Princess Elizabeth)	450.00	.....	.....	49,534.65	56.00	50,040.65	50,040.65
Total	\$ 450.00	\$	\$	\$ 55,028.10	\$ 56.00	\$	\$ 55,534.10
GRAND TOTAL	\$ 18,254.50	\$ 74,998.60	\$ 25,098.21	\$ 527,830.75	\$ 1,035.35	\$	\$ 647,217.41
Hospitals Outside Province .....	.....	.....	\$ .....	\$ 4,922.01	\$	\$	\$ 4,922.01
Private Hospitals .....	.....	.....	.....	523.46	.....	523.46	523.46
Reimbursements to Winnipeg and Other Municipalities .....	.....	.....	.....	380.36	.....	380.36	380.36
Payments to Mental Hospitals re: Immigrants .....	.....	.....	.....	1,968.50	.....	1,968.50	1,968.50
Special Agreement with Children's and Winnipeg General Hospitals re: Provincial Responsibility at \$1.00 per day .....	.....	.....	.....	1,720.00	.....	1,720.00	1,720.00

Total	\$ 18,254.50	\$ 74,998.60	\$ 25,098.21	\$ 537,345.08	\$ 1,035.35	\$ 656,731.74
Less Reimbursements from Patients				\$ 2,045.03		
Total	\$ 18,254.50	\$ 74,998.60	\$ 25,098.21	\$ 516,891.05	\$ 1,035.35	\$ 636,277.71
Mount Carmel Clinic	\$	\$	\$ 500.00	\$	\$	\$ 500.00
Burial Payments			5,699.66			5,699.66
Paid to Central Rooms, The Pas, re: Patients discharged from Hospital, awaiting trans- portation					243.80	243.80
Total	\$ 18,254.50	\$ 74,998.60	\$ 31,297.87	\$ 516,891.05	\$ 1,279.15	\$ 642,721.17
GRAND TOTAL	\$ 18,254.50	\$ 74,998.60	\$ 31,297.87	\$ 516,891.05	\$ 3,792.57	\$ 645,234.59

*—A total of \$1,279.15 was paid by this bureau to hospitals as shown above, which had paid for transportation costs to their homes of indigent patients hospitalized, and who were provincial responsibilities. In addition a further sum of \$2,513.42 was paid by this bureau direct to various companies for transportation of indigent patients who were Provincial responsibilities and who were unable to pay their way back to their homes.

N.B.—The sum of \$791,998.40 was paid to the Sanatorium Board of Manitoba for distribution to the various Sanatoria, by this bureau. This amount was paid under The Tuberculosis Control Act and hence does not appear as a disbursement under this report.

Table 2—REPORT OF PATIENTS FROM UNORGANIZED TERRITORY, NON-RESIDENTS, ETC. (PUBLIC WARDS ONLY)
PER DIEM MAINTENANCE COST FOR CALENDAR YEAR ENDED DECEMBER 31, 1956—MANITOBA HOSPITALS

Hospital	Institutional	Non-Resident	No Fixed Abode	Immigrant	Unorganized	Total
Over 100 Beds—						
Brandon General	\$ 2,565.54	\$ 2,319.35	\$ 2,188.61	\$ 434.31	\$ 37.62	\$ 7,454.43
Children's	3,435.83	9,538.77	3,722.42	1,111.47	18,292.75	36,101.24
Grace	1,270.30	3,298.64	1,110.50	448.55	1,833.95	7,961.94
Misericordia	849.53	2,766.09	2,639.48	779.60	3,319.95	10,354.65
St. Boniface	6,779.41	17,758.54	14,146.54	3,030.97	44,998.40	86,713.86
Victoria	111.80	2,520.66	788.31	316.41	4,442.35	8,179.53
Winnipeg General	6,788.81	28,813.23	19,907.73	1,865.45	53,653.14	111,028.36
Total	\$ 21,801.22	\$ 67,015.28	\$ 44,503.59	\$ 7,986.76	\$126,578.16	\$ 267,885.01
51 to 100 Beds—						
Concordia	\$ 280.95	\$	\$	\$ 205.27	\$ 80.75	\$ 566.97
Dauphin .....	.....	447.43	147.20	.....	4,896.46	5,491.09
Flin Flon	17.00	2,750.11	.....	.....	8,816.77	11,583.88
Morden .....	.....	.....	.....	.....	.....	.....
Portage la Prairie	760.45	638.50	154.00	12.00	939.05	2,504.00
St. Anthony's	41.00	.....	131.00	.....	59,555.49	59,727.49
Selkirk General	26.00	19.50	308.40	.....	1,841.30	2,195.20
Total	\$ 1,125.40	\$ 3,855.54	\$ 740.60	\$ 217.27	\$ 76,129.82	\$ 82,068.63
31 to 50 Beds—						
Carman	\$	\$	\$	\$	\$ 100.75	\$ 100.75
Johnson Memorial	70.55	469.20	83.95	.....	6,848.82	7,472.52
Neepawa .....	.....	.....	24.00	.....	33.00	57.00
Russell .....	.....	.....	.....	.....	44.00	44.00
Bethesda	8.00	286.70	267.90	.....	2,507.84	3,070.44
Viriden .....	.....	195.75	216.95	.....	.....	412.70
Bethel .....	.....	372.00	2,712.25	.....	.....	3,084.25
Total	\$ 78.55	\$ 1,323.65	\$ 3,305.05	\$	\$ 9,534.41	\$ 14,241.66

16 to 30 Beds—

Altona	\$	\$ 172.54	\$ 92.60	\$	\$	\$ 265.14
Beausejour	214.94	361.18	51.92	1,322.65	1,950.69	1,950.69
Fox Memorial .....	.....	30.00	124.75	.....	154.75	154.75
Deloraine .....	.....	.....	1,364.16	.....	1,364.16	1,364.16
Gladstone	130.50	25.00	24.00	3,169.55	3,349.05	3,349.05
Hamiota .....	.....	.....	.....	.....	.....	.....
Killarney .....	.....	52.00	100.64	172.61	325.25	325.25
Minnedosa .....	.....	54.00	485.75	222.90	762.65	762.65
Morris .....	.....	.....	.....	.....	.....	.....
Pine Falls	21.00	60.45	79.65	3,395.04	3,556.14	3,556.14
Roblin	12.00	10.50	140.82	3,863.24	4,026.56	4,026.56
Ste. Rose	92.75	.....	176.50	21,236.55	21,505.80	21,505.80
De Salaberry	20.00	.....	8.20	65.33	93.53	93.53
Souris .....	.....	676.00	128.75	.....	804.75	804.75
Shoal Lake	183.40	.....	.....	480.45	663.85	663.85
Swan River	14.00	.....	.....	9,891.07	9,905.07	9,905.07
Hunter Memorial	108.00	.....	.....	2,121.64	2,229.64	2,229.64
Crerar .....	.....	.....	123.75	15,557.23	15,680.98	15,680.98
Total	\$ 796.59	\$ 1,441.67	\$ 2,901.49	\$ 61,498.26	\$ 66,638.01	\$ 66,638.01

9 to 15 Beds—

Siglunes	\$	\$	\$ 76.00	\$ 3,695.50	\$ 3,771.50	\$ 3,771.50
Birtle .....	.....	.....	93.10	.....	93.10	93.10
Birch River .....	.....	.....	.....	6,867.97	6,867.97	6,867.97
Benito .....	.....	.....	.....	628.45	628.45	628.45
Boissevain .....	.....	.....	.....	.....	.....	.....
Crystal City .....	.....	.....	.....	.....	.....	.....
Emerson .....	.....	.....	.....	.....	.....	.....
Ericksdale .....	.....	.....	44.99	282.80	327.79	327.79
Ethelbert .....	.....	.....	.....	4,088.27	4,088.27	4,088.27
Fisher Branch .....	.....	32.00	.....	2,120.85	2,152.85	2,152.85

Table 2:—Continued

Hospital	Institutional	Non-Resident	No Fixed Abode	Immigrant	Unorganized	Total
Gilbert Plains .....	.....	.....	.....	.....	25.65	25.65
Glenboro .....	.....	.....	.....	.....	.....	.....
Grandview	22.84	.....	.....	.....	227.16	250.00
Wilson Memorial .....	.....	.....	104.00	.....	.....	104.00
Rosburn	195.60	.....	.....	.....	61.75	257.35
Lorne Memorial	365.33	.....	.....	.....	.....	365.33
Vita Memorial .....	.....	8.00	.....	.....	4,158.55	4,158.55
Whitemouth .....	.....	.....	.....	.....	1,281.15	1,289.15
Total	\$ 583.77	\$ 40.00	\$ 318.09	\$	\$ 23,438.10	\$ 24,379.96
Under 9 Beds—						
Arborg .....	\$ .....	\$ .....	.....	.....	1,676.96	1,676.96
Baldur .....	.....	.....	.....	.....	.....	.....
Cartwright .....	.....	.....	.....	.....	.....	.....
Elkhorn .....	.....	.....	.....	.....	.....	.....
Erickson	66.00	102.00	.....	.....	620.40	788.40
Hartney .....	.....	.....	.....	.....	.....	.....
McCreary .....	.....	.....	.....	.....	.....	.....
North Norfolk-MacGregor .....	.....	25.00	20.00	.....	3,238.64	3,258.64
Manitou .....	.....	.....	46.00	.....	.....	25.00
Miami .....	.....	.....	.....	.....	.....	46.00
Notre Dame .....	.....	.....	.....	.....	.....	.....
Pilot Mound .....	.....	.....	.....	.....	.....	.....
Reston .....	.....	.....	54.00	.....	.....	54.00
Rockwood-Stonewall .....	.....	.....	19.00	.....	.....	19.00
Ste. Anne .....	.....	30.00	78.46	.....	1,795.72	1,904.18
Wawanesa .....	.....	.....	.....	.....	.....	.....
Total	\$ 66.00	\$ 157.00	\$ 217.46	\$	\$ 7,331.72	\$ 7,772.18

Contagious							
Municipal Hospital (King George)	588.15	940.00	\$ 1,199.00	\$ 268.70	\$ 6,821.35	\$ 9,817.20	
Total	\$ 588.15	940.00	\$ 1,199.00	\$ 268.70	\$ 6,821.35	\$ 9,817.20	
Convalescent and Chronic—							
Convalescent	\$ 1,122.25	\$ 1,596.45	\$ 1,393.20	\$	\$ 1,381.55	\$ 5,493.45	
Municipal Hospitals	7,143.60	10,322.20	14,769.82	280.50	17,018.53	49,534.65	
(King Edward)							
(Princess Elizabeth)							
Total	\$ 8,265.85	\$ 11,918.65	\$ 16,163.02	\$ 280.50	\$ 18,400.08	\$ 55,028.10	
Grand Total	\$ 33,305.53	\$ 86,681.79	\$ 69,348.30	\$ 8,753.23	\$ 329,731.90	\$ 527,830.75	
Paid to Hospitals Outside Province							
Reimbursements to Winnipeg and Other Municipalities for Accounts Inadvertently Paid			\$	\$	\$ 4,922.01	\$ 4,922.01	
Paid to Hospitals for Mental Diseases re: Immigrants					380.36	380.36	
Paid to Private Hospitals					1,968.50	1,968.50	
Total	\$ 33,305.53	\$ 86,681.79	\$ 69,348.30	\$ 8,753.23	\$ 337,526.23	\$ 535,625.08	
Burial Expenses							
Transportation					\$ 5,699.66	5,699.66	
Paid to Central Rooms, The Pas re: Patients discharged from Hospital, awaiting transportation home.....							
Paid to Winnipeg General and Children's Hospitals, under Special Agreement, at \$1.00 per day, for Indigent Patients							
who are Provincial Responsibility							
Deer Lodge Hospital-Paraplegics					1,720.00	1,720.00	
Grand Total					\$ 546,145.16	\$ 546,145.16	

Table III — PER DIEM MAINTENANCE CLASSIFIED ACCORDING TO PATIENT'S RESIDENCE FOR CASES CHARGEABLE TO DEPARTMENT OF HEALTH AND PUBLIC WELFARE, WHICH ACCOUNTS HAVE ACTUALLY BEEN PAID DURING THE PERIOD 1951 - 1956

Year	Unorganized	No Fixed Abode	Non-Residents	Displaced Persons	Institutional	Immigrants	Total
1951	\$204,286.69	\$16,375.90	\$ 43,877.30	\$	\$ 8,349.05	\$	\$272,888.94
1952	239,384.32	14,076.85	*43,328.07	**5,073.05	9,550.54	.....	311,412.83
1953	132,393.08	15,662.85	25,175.50	.....	12,451.25	† 573.75	186,256.43
1954	149,029.63	33,280.40	35,942.00	.....	18,229.00	†† 11,060.55	247,541.58
1955	169,217.60	38,327.70	44,084.45	.....	23,902.80	12,338.48	287,871.03
1956	337,526.23	69,348.30	86,691.79	.....	33,305.53	8,753.23	535,625.08

* This amount includes the sum of \$2,153.50 paid for hospitalization of displaced persons, 50% of which was recovered from the Dominion Government under Dominion-Provincial Agreement.

** \$5,073.05 was paid for hospitalization of displaced persons and 50% of this amount was recovered from the Dominion Government under the terms of the Dominion-Provincial Agreement for Displaced Persons.

† The agreement for the care of immigrants displaced the previous agreement, which provided only for the care of Displaced Persons. This came into effect on October 1, 1952, but it was in November, of 1953 before the regulations had been established under which the agreement is administered. As previously, 50% of all payments for hospitalization of immigrants is recovered from the Federal Government. During the short period of two months before the end of the calendar year, \$573.75 was paid out. However, there was a large backlog and the total payment for immigrants during the year 1953 would have been much larger but the shortness of time disallowed for all the backlog to be dealt with. The 1954 payments will be very much larger accordingly. The agreement provided for the care in hospitals of unemployed immigrants, or immigrants reduced to indigency from other causes during their first year's stay in Canada. Fifty per cent is recollected from the Federal Government. Some attempt is made to recover the payment as the reduced financial status of the immigrant is often temporary. Again 50% of these recoveries is repaid to the Federal Government.

†† 50% of this amount was recovered from the Federal Government under Dominion-Provincial Agreement. The families of service men and civilian workers in service camps, after living in a service camp for one year, become Provincial responsibilities. The amount of \$10,014.30 was required to be paid for the hospitalization of these cases classified as "Federal Special".

Table IV—PER DIEM MAINTENANCE IN TYPES OF HOSPITALS FOR CASES CHARGEABLE TO THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE 1951 - 1956

Year	General Hospitals	Isolation	T.B. Sanatoria	Total
1951	\$150,166.99	\$4,516.75	\$ 119,305.20	\$ 272,888.94
1952	185,713.38	2,745.00	122,954.45	311,412.83
1953	183,990.68	2,265.75	* 789,740.70	975,997.13
1954	240,756.88	6,784.70	† 832,069.55	1,079,611.13
1955	278,661.03	9,210.00	** 810,830.05	1,089,674.08
1956	525,807.88	9,817.20	†† 791,998.40	1,327,623.48

* From January 1, 1953, this bureau paid the Sanatorium Board on a quarterly basis (they submit a report showing number of days in each institution. We paid at \$4.10 per day and the Sanatorium Board disbursed payment.) Previously we paid a per diem rate of \$2.60 per day to all Sanatoria.

† From January 1 to December 31, 1954, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.50 per day and the Sanatorium Board disbursed the payments which amounted to \$832,069.55.

** From January 1 to December 31, 1955, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.85 per day and the Sanatorium Board disbursed the payments which amounted to \$801,830.05.

†† From January 1 to December 31, 1956, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.85 per day and the Sanatorium Board disbursed the payments which amounted to \$791,998.40.

Table 5 — MOVEMENT OF PATIENTS FOR CALENDAR YEAR 1956
In-Patients (Exclusive of Stillbirths) — Out-Patients and Patient Days

HOSPITALS	(a) In-Patients (excluding stillbirths)						(b) Patient Days During Year				(c) Out-Patients						
	In Hospital at Beginning of Year	Adults and Newborn	Children	Admissions During Year 1956	Total Under Care During Year	Adults and Children	Newborn	Discharges During Year 1956	Adults and Children	Newborn	Deaths During the Year 1956	Adults and Children	Newborn	Total	Number of Patients	Number of Visits	
Over 100 Beds—																	
Brandon General	103	10	4,467	766	5,346	4,327	748	146	15	40,944	5,542	46,486	8,603	46,486	8,603	18,226	
Children's	81	—	4,382	—	4,463	4,303	—	61	—	33,901	—	33,901	6,028	33,901	6,028	4,665	
Grace	155	33	8,262	1,991	10,441	8,057	1,963	210	29	67,219	12,465	79,684	6,034	79,684	6,034	8,122	
Misericordia	193	27	11,518	1,568	13,306	11,282	1,529	220	37	89,781	7,327	97,108	16,069	97,108	16,069	32,308	
St. Boniface	433	46	19,341	2,571	22,391	18,842	2,529	490	47	198,471	15,303	213,774	1,070	213,774	1,070	200	
Victoria	87	1	4,905	410	5,403	4,786	392	127	15	40,454	2,682	43,136	27,940	43,136	27,940	72,847	
Winnipeg General	521	70	19,519	4,034	24,144	18,830	3,998	684	53	221,869	26,640	248,509	62,744	248,509	62,744	139,662	
TOTAL	1,573	187	72,394	1,340	85,494	70,427	11,159	1,938	196	692,639	69,959	762,598	15,965	762,598	15,965	6,575	
51 to 100 Beds—																	
Concordia	53	9	3,331	679	4,072	3,280	678	61	1	22,516	3,683	26,199	339	26,199	339	369	
Dauphin	48	7	2,025	247	2,327	1,938	241	84	3	15,066	1,852	16,918	1,545	16,918	1,545	3,279	
Flin Flon	56	7	2,632	432	3,127	2,589	424	30	5	26,331	3,175	29,506	528	29,506	528	640	
Morden	24	3	817	144	968	793	141	29	3	8,986	1,055	10,041	478	10,041	478	261	
Portage la Prairie	46	6	2,790	586	3,428	2,726	584	68	4	17,462	2,706	20,188	1,548	20,188	1,548	1,548	
St. Anthony's	79	5	2,526	356	2,966	2,465	348	63	3	29,305	2,107	31,412	5,628	31,412	5,628	6,575	
Selkirk General	25	3	2,298	367	2,693	2,212	355	63	12	14,946	1,407	16,353	1,548	16,353	1,548	1,548	
TOTAL	331	40	16,419	2,811	19,601	16,003	2,771	398	31	134,632	15,965	150,617	5,628	150,617	5,628	6,575	

31 to 50 Beds—

Carman	19	2	725	159	905	695	158	28	7,671	978	8,649	635	669
Johnson Memorial	15	2	1,195	276	1,488	1,155	268	32	7,165	1,452	8,617	256	407
Neeppawa	12	3	1,031	177	1,223	1,002	173	27	7,031	1,146	8,177	138	.....
Russell	17	2	818	172	1,009	801	172	18	6,699	1,263	7,962	349	544
Bethesda	19	4	1,350	259	1,632	1,334	258	24	7,573	1,347	8,920	1,311	.....
Virden	20	4	1,149	263	1,436	1,121	262	34	7,321	1,567	8,888	353	526
Bethel	20	3	1,303	290	1,621	1,283	291	19	9,635	2,152	11,787	830	878
TOTAL	122	25	7,571	1,596	9,314	7,391	1,582	182	53,095	9,905	63,000	3,872	3,024

16 to 30 Beds—

Alltona	17	---	1,345	291	1,653	1,314	284	27	8,880	1,885	10,765	587	691
Beausejour	13	5	963	202	1,183	938	204	28	6,053	887	6,940	236	37
Fox Memorial	16	2	855	123	996	843	121	19	3,809	696	5,505	432	466
Deloraine	11	1	502	101	615	485	102	19	4,071	543	4,614	586	586
Gladstone	9	---	766	143	918	744	141	19	4,255	850	5,105	309	474
Hamiota	12	2	866	184	1,064	832	183	34	6,930	1,419	8,349	320	518
Killarney	10	1	657	101	769	646	101	12	4,345	592	4,937	527	649
Minnedosa	15	2	914	153	1,084	883	150	30	6,899	983	7,882	1,111	.....
Morris	4	---	961	142	1,107	949	138	6	8,101	845	8,946	525	525
Pine Falls	9	1	805	134	949	802	133	4	4,051	634	4,685	332	.....
Roblin	11	2	773	165	951	753	165	17	4,351	975	5,326	315	338
St. Rose	30	1	1,637	213	1,881	1,608	205	39	12,261	1,222	13,483	264	286
De Salaberry	11	---	1,215	91	1,317	1,197	82	7	7,825	423	8,248	472	600
Souris	11	1	883	108	1,003	824	106	49	7,688	660	8,348	502	.....
Shoal Lake	11	1	529	120	661	519	118	12	3,742	825	4,567	950	2,149
Swan River	23	5	1,699	243	1,970	1,668	245	35	10,688	1,059	11,747	.....	.....
Hunter Memorial	10	---	495	93	574	486	88	11	3,681	495	4,176	.....	132
Crerar	13	2	482	119	616	475	114	6	5,311	541	5,852	19	30
TOTAL	236	26	16,347	2,726	19,311	15,966	2,680	374	113,941	15,534	129,475	7,487	7,481

9 to 15 Beds—

Siglunes	7	1	400	105	513	393	104	11	2,043	387	2,430	248	.....
Birtle	7	1	517	49	574	500	46	14	3,629	290	3,919	137	161
Birch River	6	1	289	56	352	286	53	2	1,781	253	2,034	194	204
Benito	12	1	292	44	349	291	45	10	1,773	281	2,054	61	61
Boissevain	2	---	284	79	365	276	76	6	1,611	537	2,148	250	310
Crystal City	11	3	260	42	316	255	44	9	2,318	287	2,605	156	185
Emerson	3	1	465	69	538	464	69	3	2,966	365	3,331	401	401
Crowe Memorial	8	1	253	7	339	253	77	3	2,162	386	2,548	.....	.....
Ethelbert	7	1	309	56	373	299	56	12	1,906	352	2,258	.....	.....

TABLE 5:—Continued.

HOSPITALS	(a)				(b)				(c)		
	In Hospital at Beginning of Year	In-Patients Admissions During Year 1956	In-Patients (excluding stillbirths) Discharges During the Year 1956	Deaths During the Year 1956	Adults and Children	Newborn	Adults and Children	Newborn	Year	Number of Patients	Number of Visits
9 to 15 Beds—Cont'd.											
Fisher Branch	2	241	232	7	1,183	399	1,582	218	1,582	218	315
Gilbert Plains	10	421	409	14	3,754	445	4,199	45	4,199	45	47
Glenboro	5	304	296	7	3,536	509	4,045	58	4,045	58	7
Grandview	8	670	650	1	3,555	400	3,955	182	3,955	182	182
Wilson Memorial	3	300	282	13	3,173	283	3,456	303	3,456	303	303
Rosburn	9	464	456	6	2,823	327	3,150	128	3,150	128	160
Lorne Memorial	2	304	293	7	2,176	362	2,538	209	2,538	209	218
Vita Memorial	—	334	320	9	2,597	354	2,951	—	2,951	—	5,253
Whitemouth	4	297	289	7	1,760	227	1,987	182	1,987	182	190
TOTAL	106	6,404	6,244	154	44,746	6,444	51,190	2,772	51,190	2,772	7,997
Under 9 Beds—											
Arborg	2	216	206	7	1,252	320	1,572	279	1,572	279	392
Baldur	2	211	203	4	1,637	231	1,868	175	1,868	175	281
Cartwright	6	139	136	7	1,339	323	1,662	—	1,662	—	315
Elkhorn	2	121	114	6	1,127	150	1,277	160	1,277	160	—
Erickson	7	383	378	8	2,295	459	2,754	464	2,754	464	550
Hartney	2	69	64	3	1,329	117	1,446	74	1,446	74	132
McCreary	1	327	310	4	1,670	133	1,803	101	1,803	101	135
North Norfolk-											
MacGregor	5	323	312	11	2,098	260	2,358	269	2,358	269	293
Manitou	5	252	240	11	2,105	375	2,480	—	2,480	—	—
Miami	1	8	9	—	53	44	97	—	97	—	—
Notre Dame	4	252	246	7	2,088	714	2,802	86	2,802	86	114
Pilot Mound	9	192	195	1	1,962	265	2,227	114	2,227	114	125
Reston	5	422	414	8	2,096	497	2,593	287	2,593	287	330
Rockwood-Stonewall	4	325	319	5	2,184	531	2,715	180	2,715	180	180
Ste. Anne	15	547	550	1	3,214	736	3,950	347	3,950	347	484
Wawanesa	3	165	156	9	1,197	238	1,435	105	1,435	105	117
TOTAL	73	3,952	3,852	92	27,646	5,393	33,039	2,641	33,039	2,641	3,448

Contagious:													
Municipal Hospital (King George)	70	--	595	1	666	597	1	6	--	23,713	1	23,714	
TOTAL	70	--	595	1	666	597	1	6	--	23,713	1	23,714	
Convalescent and Chronic:													
Convalescent	37	--	100	--	137	85	--	5	--	14,937	--	14,937	
Municipal Hospitals (King Edward) (Princess Elizabeth)	178	--	518	--	696	206	--	202	--	88,420	--	88,420	
TOTAL	215	--	618	--	833	291	--	207	--	103,357	--	103,357	
Sanatoria:													
Brandon San.	243	--	221	8	472	220	6	8	--	88,842	392	89,234	
Central T.B.	43	--	481	--	524	466	--	10	--	14,029	--	14,029	
Clearwater Lake	185	--	218	2	405	212	1	6	1	65,752	28	65,780	
Manitoba San.	224	--	451	--	675	448	--	8	--	82,825	--	82,825	
St. Boniface San.	264	--	231	3	498	226	3	16	--	93,103	24	93,127	
TOTAL	939	--	1,602	13	2,574	1,572	10	48	1	344,551	444	344,995	
GRAND TOTAL	3,685	309	125,902	20,503	150,675	122,343	20,190	3,399	318	1,538,320	123,665	1,661,985	
												88,491	181,450

TABLE VI—AVERAGE STAY AND NUMBER OF PATIENTS—1956
PERCENTAGE BED CAPACITY, BASED ON RATED CAPACITY
AND 1956 DEATH RATE

Hospital	Rated Bed Capacity		Average Length of Stay	Average Number of Patients	Bed Occupancy Based on Rated Capacity	1956 Death Rate
	Beds and Cribs	Bassinets				
Over 100 Beds						
Erandon	158	30	8.82	112.17	70.99	3.26
Children's	160	....	7.05	92.30	57.68	1.40
Grace	253	53	7.94	184.16	82.95	2.54
Misericordia	274	52	7.84	245.97	89.77	1.04
St. Boniface	650	67	10.21	543.75	84.96	2.53
Victoria	160	30	8.60	110.83	69.26	2.58
Winnipeg General	755	164	11.36	607.59	80.47	3.00
51 to 100 Beds						
Concordia	75	23	6.62	61.68	82.24	1.82
Dauphin	89	13	7.58	41.27	46.37	4.20
Flin Flon	89	18	10.08	72.13	81.04	.11
Morden	57	15	12.24	24.61	43.17	3.52
Portage la Prairie	80	25	6.65	47.89	50.86	2.33
St. Anthony's	96	16	11.22	80.28	83.62	2.49
Selkirk General	65	12	6.45	40.94	62.98	2.76
31 to 50 Beds						
Carman	44	11	10.70	21.01	47.74	3.87
Johnson Memorial	35	10	6.07	19.63	56.08	2.69
Neepawa	34	10	6.84	19.29	56.73	2.62
Russell	35	10	8.42	18.35	52.43	2.19
Bethesda	42	15	5.66	20.74	49.38	1.84
Virden	32	10	6.08	20.05	62.65	2.94
Bethel	32	12	7.35	26.39	82.46	1.45
16 to 30 Beds						
Altona	30	14	6.51	24.30	81.00	2.01
Beausejour	23	8	6.26	16.58	72.08	2.89
Fox Memorial	16	6	5.67	13.17	77.47	2.32
Deloraine	14	6	7.51	11.15	55.75	3.78
Gladstone	21	9	5.49	11.65	55.47	2.48
Hamiota	26	8	8.06	18.98	73.00	3.92
Killarney	30	5	6.31	11.93	39.76	1.82
Minnedosa	26	10	7.55	18.90	72.69	1.75
Morris	21	8	8.22	22.19	105.66	.62
Pine Falls	30	9	4.95	11.09	36.96	.49
Roblin	28	9	5.57	11.92	42.57	2.20
Ste. Rose	27	10	7.59	33.59	124.4	7.55

Table VI—(Continued)

Hospital	Rated Bed Capacity		Average Length of Stay	Average Number of Patients	Bed Occupancy Based on Rated Capacity	1956 Death Rate
	Beds and Cribs	Bassinets				
De Salaberry	13	6	3.90	21.43	97.40	.35
Souris	30	8	8.87	21.06	70.20	5.61
Shoal Lake	25	6	6.49	10.25	41.00	2.25
Swan River	30	11	6.50	29.28	97.60	2.05
Hunter Memorial	20	9	8.78	10.08	50.40	2.41
Crerar	24	6	10.72	14.55	60.62	1.24
9 to 15 Beds						
Siglunes	9	6	5.05	5.59	62.09	2.72
Birtle	14	4	6.41	9.94	71.00	2.72
Birch River	10	5	4.96	4.87	48.70	.69
Benito	10	6	6.04	4.85	48.50	3.32
Boissevain	10	6	5.68	4.41	44.10	2.12
Crystal City	16	6	9.94	6.35	39.68	3.40
Emerson	10	4	6.39	8.12	81.20	.64
Eriksdale	12	....	6.85	5.92	49.33	1.16
Ethelbert	12	5	6.15	5.22	43.50	3.85
Fisher Branch	10	5	5.08	3.24	32.40	2.92
Gilbert Plains	10	6	8.76	10.28	102.80	.94
Glenboro	10	....	11.77	9.68	96.80	2.31
Grandview	8	6	5.21	9.76	69.71	2.10
Wilson Mem., Melita ..	16	7	10.75	8.69	54.31	4.40
Rossburn	10	5	6.24	7.73	77.30	1.51
Lorne Memorial	10	....	7.23	5.96	59.60	2.30
Vita Memorial	18	....	7.81	7.11	39.50	2.73
Whitemouth	10	....	5.93	4.82	48.20	2.39
Under 9 Beds						
Arborg	8	4	5.53	3.43	42.87	3.28
Baldur	8	3	7.79	4.48	56.00	1.93
Cartwright	8	6	9.54	3.66	45.75	4.89
Elkhorn	8	4	11.01	3.08	38.50	5.00
Erickson	8	....	5.82	6.28	78.50	2.07
Hartney	4	4	6.41	3.64	91.00	4.47
McCreary	8	4	4.51	4.57	57.12	1.27
N. Norfolk-McGregor..	5	4	6.43	5.74	115.80	3.71
Manitou	8	5	8.35	5.79	72.37	4.38
Miami	4	4	6.22	.14	3.50	.....
Notre Dame	8	6	8.20	5.72	71.50	2.76
Pilot Mound	8	4	11.09	5.37	67.12	.51
Reston	8	3	4.98	5.74	71.75	1.89
Rockwood-Stonewall ..	8	4	6.83	5.98	74.75	1.54
Ste. Anne	8	6	5.85	8.80	110.00	.19
Wawanesa	5	5	7.06	3.27	65.40	5.45

Table VI—(Continued)

Hospital	Rated Bed Capacity		Average Length of Stay	Average Number of Patients	Bed Occupancy Based on Rated Capacity	1956 Death Rate
	Beds and Cribs	Bassinets				
Contagious						
Municipal Hospital						
(King George)	130	..	21.58	64.96	37.12	.97
Convalescent and Chronic						
Convalescent	40	....	112.46	40.92	102.30	5.55
Municipal Hospitals ....	....	....	101.00	242.24	73.4	49.50
(King Edward)						
(Princess Elizabeth)	200	....	.....	.....	.....	.....
Sanitoria:						
Brandon San.	264	....	383.31	243.40	92.19	3.50
Central T.B.	50	....	29.36	38.43	76.86	2.10
Clearwater Lake	160	....	243.53	180.14	112.52	2.75
Manitoba San.	270	....	200.10	226.91	84.04	1.75
St. Boniface San.	285	....	411.22	255.07	88.72	6.61

Table VII—REFUND TO MUNICIPALITIES ON MUNICIPAL PAYMENTS TO HOSPITALS

Under The Hospital Aid Act

Municipality	Amount of Refund	Municipality	Amount of Refund
Albert	\$ 64.02	Ethelbert (Rural)	1,318.68
Altona (Village)	805.38	Ethelbert (Village)	716.27
Archie .....	.....	Flin Flon (Town)	3,907.53
Argyle	308.37	Fort Garry (Rural)	6,411.12
Arthur .....	.....	Foxwarren (Village) .....	.....
Assiniboia	1,320.46	Franklin .....	.....
Beausejour (Town)	581.60	Garson (Village)	163.01
Benito (Village)	82.20	Gilbert Plains (Rural)	2,123.08
Bifrost	1,981.00	Gilbert Plains (Village)	561.74
Binscarth (Village)	117.77	Gimli (Rural)	2,376.63
Birtle	101.82	Gimli (Town)	449.21
Birtle (Town)	1,494.65	Gladstone (Town)	13.60
Blanshard	50.44	Glenboro (Village)	342.76
Boissevain (Town) .....	.....	Glenella	652.38
Boulton	445.11	Glenwood	190.53
Bowsman (Village)	455.18	Grandview (Rural)	331.98
Brandon (City)	15,946.40	Grandview (Town)	510.86
Brenda	929.19	Great Falls (Village) .....	.....
Brokenhead	1,754.54	Gretna (Village) .....	.....
Brooklands (Village)	451.65	Grey	2,432.19
Cameron	353.90	Hamiota (Rural)	322.63
Carberry (Town)	330.08	Hamiota (Village)	135.44
Carman (Town)	1,297.14	Hanover	3,572.62
Cartier	2,212.67	Harrison	876.15
Cartwright (Village)	73.85	Hartney (Town) .....	.....
Charleswood .....	.....	Hillsburg	397.41
Clanwilliam	822.09	Killarney (Town) .....	.....
Coldwell	1,945.34	La Broquerie	1,606.72
Cornwallis	119.24	Lac du Bonnet (Rural)	3,045.72
Crystal City (Village)	287.24	Lac du Bonnet (Village)	724.32
Daly	304.00	Lakeview .....	.....
Dauphin (Rural)	2,944.71	Langford	703.60
Dauphin (Town)	2,560.82	Lansdowne	444.62
Deloraine (Town)	273.06	Lawrence	1,825.20
De Salaberry	2,225.00	Lorne	3,099.57
Dufferin	2,256.16	Louise	878.19
Dunnottar (Village)	60.17	Macdonald	3,146.56
East Kildonan	4,579.75	MacGregor (Village) .....	.....
East St. Paul	659.55	Manitou (Village)	412.70
Edward	112.42	McCreary	1,797.63
Elkhorn (Village) .....	.....	Melita (Town) .....	.....
Ellice	1,222.76	Miniota	66.92
Elton .....	.....	Minitonas (Rural)	986.56
Emerson (Town)	675.74	Minitonas (Village)	98.32
Erickson (Village) .....	.....	Minnedosa (Town)	704.08
Eriksdale	2,185.36		

TABLE VII—Continued

Municipality	Amount of Refund	Municipality	Amount of Refund
Minto	457.18	Ste. Rose du Lac (Village)	308.34
Montcalm	1,053.38	St. Vital	12,863.57
Morden (Town)	1,405.20	Saskatchewan	49.70
Morris (Rural)	2,655.99	Selkirk (Town)	3,278.36
Morris (Town)	842.07	Shellmouth	428.51
Morton .....	.....	Shell River	455.15
Mossey River .....	.....	Shoal Lake (Rural)	652.72
Napinka (Village)	29.00	Shoal Lake (Village)	642.20
Neepawa (Town)	1,916.35	Sifton	569.02
North Cypress	711.23	Siglunes	2,784.04
North Kildonan	1,650.18	Silver Creek	166.48
North Norfolk	1,269.91	Souris (Town)	849.60
Oak Lake (Town)	52.75	South Cypress	602.30
Oakland	679.74	South Norfolk (Rural)	1,127.18
Ochre River	1,711.94	Springfield	4,138.44
Odanah	200.70	Stanley	2,528.79
Old Kildonan	284.71	Steinbach (Town)	1,284.08
Pembina	906.82	Stonewall (Town)	892.52
Pilot Mound (Village)	1,470.44	Strathclair	544.24
Pipestone	77.75	Strathcona	205.90
Plum Coulee (Village) .....	.....	Swan River (Rural)	2,373.79
Portage la Prairie (Rural)	4,499.84	Swan River (Town)	2,385.86
Portage la Prairie (City)	5,194.08	Tache	3,923.41
Powerview (Village)	254.60	Teulon (Village)	380.54
Rapid City (Town)	22.80	The Pas (Town)	3,019.90
Rhineland	3,551.19	Thompson	333.15
Ritchot	2,686.47	Transcona (Town)	6,557.54
Rivers (Town) .....	.....	Treherne (Village)	386.39
Riverside	474.99	Turtle Mountain	379.67
Riverton (Village) .....	.....	Tuxedo (Town) .....	.....
Roblin (Rural)	590.09	Victoria	956.91
Roblin (Village) .....	.....	Victoria Beach (Town)	362.54
Rockwood	2,761.44	Virden (Town)	726.63
Roland	7.40	Wallace	855.31
Rosedale	1,550.26	Waskada (Village)	28.56
Rosburn (Rural)	892.86	Wawanesa (Village)	209.52
Rosburn (Village) .....	.....	Westbourne	1,630.94
Rosser	496.26	West Kildonan	6,717.36
Russell (Rural)	274.14	West St. Paul	68.36
Russell (Town)	832.74	Whitehead	891.04
St. Andrews	4,444.19	Whitemouth	1,258.05
Ste. Anne	3,199.42	Whitewater	112.80
St. Boniface (City)	31,275.06	Winchester	699.40
St. Clements	8,379.03	Winkler (Town)	636.34
St. Francois Xavier	268.98	Winnipeg (City)	413,170.73
St. James (City)	11,755.28	Winnipeg Beach (Town)	3.70
St. Laurent	2,401.58	Winnipegosis (Village) .....	.....
St. Lazare (Village)	237.92	Woodlands	1,588.00
St. Pierre (Village)	574.98	Woodworth	99.32
Ste. Rose (Rural)	1,141.57	TOTAL	\$691,006.77

Table VIII: PRIVATE HOSPITALS — CALENDAR YEAR 1956
MOVEMENT OF POPULATION AND ALLIED INFORMATION
Patient Days of All Patients Hospitalized During the Year 1956

Hospital	Bed Capacity		Admissions During Year			Total Under Care During Year 1956	Discharges During Year	In Hospital at End of Year	Deaths During Year	Death Rate
	Beds and Cribs	Bassinets	In Hospital Beginning of Year 1956	Adults and Children	Newborn					
Association	23	..	20	662	....	682	653	20	9	1.35
San Antonio	4	2	....	53	38	91	90	....	1	.....
Sherritt Gordon	5	4	2	377	62	441	433	2	6	1.06
St. Joseph's	80	..	76	57	....	133	50	77	6	10.71
Shriners'	50	..	49	163	....	212	168	44	....	.....
Snow Lake	10	2	5	136	24	165	163	....	2	.....
Total	172	8	152	1,448	124	1,724	1,557	143	24	

Table IX: PRIVATE HOSPITALS — PATIENT DAYS — AND ALLIED INFORMATION — 1956

Hospital	Private Wards	Semi-Private Wards	Public Wards	Total Adults and Children	Newborn	Average Length of Stay in Hospital Adults and Children	Bed Occupancy	Total Staff
Association .....	....	....	8,287	8,287	....	11.88	98.69	21
San Antonio .....	....	96	....	96	75	1.81	8.50	1
Sherritt Gordon .....	....	1,480	....	1,480	499	3.85	33.75	5
St. Joseph's	1,584	499	25,566	27,649	....	266.01	94.68	25
Shriners' .....	....	....	17,906	17,906	....	113.39	98.10	49
Snow Lake	158	422	....	580	144	4.11	15.80	3
Total	1,742	2,497	51,759	55,998	718			104

Dental Services

Director: A. SCHWARTZ, D.D.S.

Submitted herewith is the annual report of the Bureau of Dental Services for the calendar year 1957.

The primary objective in our dental health program is to maintain the highest standard of dental health possible in the communities in which we are working. Any service concerned with promoting public health should emphasize the preventive rather than the curative aspect. We attempt to do this at all times.

An important development in emphasizing the preventive aspect of dental health in Manitoba in 1957 has been the formation of the Manitoba Dental Public Health Committee, comprised of representatives from the Department of Education, City of Winnipeg School District, Manitoba Trustees Association, Manitoba Dental Association, Home and School Association, City of Winnipeg Health Department, Province of Manitoba Department of Health and Public Welfare.

As a direct result of the interest and co-operation of members of this committee dental health programs have been presented at teachers' conventions, at the Faculty of Education and Normal School in Winnipeg and in Brandon and at a number of meetings of Home and School groups and other interested adult organizations.

Number of film showings	157
Number of speakers	90
Number in attendance	9,250
Number of filmstrip showings	45
Number of speakers	20
Number in attendance	1,500

Considerable emphasis has been placed on dental health education in the classrooms. Members of our staff are available as consultants to assist in preparing such programs, or, when time permits, may do actual classroom teaching. Kits of teaching aids and sets of plaster models showing normal and abnormal dental conditions have been distributed to teachers requesting same. To date this year 443 teachers' kits and 100 sets of plaster models have been sent out.

Surveys of school children to determine their dental health status have been conducted in a number of communities in order that we may obtain a more accurate picture of dental health in Manitoba. The results of these surveys often motivate parents, children and teachers to be more interested in dental health, in particular the prevention of dental disease.

Owing to the geography of Manitoba and to the very unfavorable ratio of dentist to population, an important part of our program has been, and undoubtedly will continue for some time to be, the treatment phase.

During the year dental treatment clinics were held at:

De Saaberry Municipality	Ashern
Binscarth	Cranberry Portage
Rathwell	Pikwitonei
Pine Dock	Erickson
Cypress River	Bissett
Snow Lake	Victoria Beach
Manitoba Home for Girls	Osborne
Onanole	Brookdale
Hecla Island	Steep Rock
Strathclair	Matheson Island
Elie	Tache Municipality
Thicket Portage	Sidney
Hanover Municipality	Churchill
Arrow River	Gillam
Wabowden	Lac du Bonnet

Herewith a record of the work accomplished at these clinics:

Number of Schools	96
Number of clinic days	513
Number of children	4,267
Extractions	3,164

Fillings:

Amalgam	13,906
Cement	4,599
Silicate	3,156
Other treatment	226

PSYCHIATRIC SERVICES

Report of:

1. PROVINCIAL PSYCHIATRIST

2. FARMS' MANAGEMENT

3. INSTITUTIONS:

Psychopathic Hospital, Winnipeg

Hospital for Mental Diseases, Brandon

Hospital for Mental Diseases, Selkirk

**Manitoba School for Mentally Defective
Persons, Portage la Prairie**

4. COMMUNITY HEALTH SERVICES

Psychiatric Services

Provincial Psychiatrist: T. A. PINCOCK, M.D.

I have the honor to present a statistical report and comment on the activities of the Division of Psychiatric Services for the year ending December 31st, 1957. The Statistical Table immediately following does not include the Training School for Mental Defectives at Portage la Prairie.

Statistical Summary — 1957

	Men	Women	Total	Previous Year
Remaining in hospital December 31, 1956	1,435	1,389	2,824	2,852
On Parole, or otherwise absent	123	116	239	216
Total on Register December 31st, 1956	1,558	1,505	3,063	3,068
Admitted: January 1, 1957 - December 31, 1957:				
Winnipeg Psychopathic Hospital	316	312	628	592
Brandon Hospital for Mental Diseases	191	177	368	353
Selkirk Hospital for Mental Diseases	178	182	360	325
Total	685	671	1,356	1,270
Transfers from Psychopathic excluded	150	136	286	229
Total under Treatment	1,970	1,924	3,894	3,893
Discharged: January 1st - December 31, 1957 (Exclusive of transfers from Psychopathic)				
Winnipeg Psychopathic Hospital	160	171	331	368
Brandon Hospital for Mental Diseases	144	165	309	289
Selkirk Hospital for Mental Diseases	138	116	254	258
Total	442	452	894	915
Condition on Discharge:				
Recovered	65	79	144	131
Improved	332	333	665	632
Unimproved	38	27	65	99
Not Psychotic (Psychopathic)	88	64	152	169
Not Psychotic (Brandon-Selkirk)	21	12	33	37
DEATHS:	86	54	140	151
Total	630	569	1,199	1,219

Percentage discharged of number treated	22.5	23.4	22.9	23.5
Percentage discharged of number admitted	82.6	84.5	83.5	87.8
Percentage died of number treated	4.3	2.8	3.59	3.8
Remaining in hospital December 31st, 1957	1,464	1,401	2,865	2,824
On parole, or otherwise absent	89	129	218	239
Total on Register December 31st, 1957	1,553	1,530	3,083	3,063

The average daily population again showed a decrease in the Brandon Hospital while it increased at Selkirk.

	1954	1955	1956	1957
Brandon Hospital	1,689	1,665	1,650	1,637 — 13
Selkirk Hospital	1,110	1,150	1,187	1,197 + 10

There has been and inevitably will be increasing pressure upon the Selkirk institution because of its geographical location.

The increment of resident patients in the three mental hospitals since 1948 is as follows:

1948 + 14	1953 + 60
1949 + 14	1954 + 48
1950 + 2	1955 + 8
1951 + 24	1956 — 28
1952 + 43	1957 + 41
Total for ten years	226
Average annual increase	22.6

Table I:—ADMISSIONS AND DISCHARGES — 1948 - 1957

Year	— Mental Diseases —		Percentage of Admissions	Total Treated
	Admissions	Discharges	Discharged	During Year
1948	775	595	77.1	3,550
1949	824	644	77.0	3,635
1950	827	657	79.4	3,493
1951	857	745	86.9	3,525
1952	872	669	76.7	3,564
1953	859	663	77.0	3,594
1954	891	696	78.1	3,686
1955	939	784	83.4	3,783
1956	1,041	915	87.8	3,893
1957	1,070	894	83.5	3,894

Table II:—PATIENTS IN INSTITUTIONS—PSYCHIATRIC SERVICES—1948 - 1957

(Each December 31st)

Year	Mental Disease Cases in Residence	Mental Defectives in Residence	Total Cases Under Care
1948	2,652	530	3,182
1949	2,666	541	3,207
1950	2,668	582	3,250
1951	2,692	610	3,302
1952	2,735	655	3,390
1953	2,795	669	3,464
1954	2,844	766	3,610
1955	2,852	795	3,647
1956	2,824	819	3,643
1957	2,865	851	3,716

Table III:—DEATH RATES PER 100 PATIENTS IN HOSPITAL

DECEMBER 31st, 1957

Year	Deaths All Manitoba Mental Institutions	Average All Canadian Mental Institutions
1950	124	4.14%
1951	151	4.59%
1952	140	4.14%
1953	149	4.30%
1954	133	3.68%
1955	144	3.94%
1956	170	4.66%
1957	152	4.09%

Table IV—DISCHARGE RATES IN MENTAL INSTITUTIONS—1957

	Percentage of Number Admitted	Percentage of Number Treated
Brandon Hospital for Mental Diseases (Transfers included)	83.1	18.1
Selkirk Hospital for Mental Diseases (Transfers included)	73.05	17.07
Winnipeg Psychopathic Hospital (Transfers excluded)	53.6	53.3

Activities Report 1957

Therapy: No new therapeutic measures have been brought into use during the past year, but there have been some refinements and extensions in the use of tranquilizers as knowledge of the advantages and disadvantages of these drugs grows with experience in their use. The now well established physical therapies have been continued with gratifying results. Leucotomies have been done sparingly in selected cases.

Education and Training of Personnel: Our greatest strides in training have been made in the preparation of a solid core of physicians to man our hospitals and clinics. This November five of six physicians in training were awarded their specialist standing in psychiatry by the Royal College of Physicians and Surgeons of Canada. This was most gratifying, and at the moment there are in Manitoba, twenty-five Certified Psychiatrists or Fellows in Psychiatry, whereas at the end of the war, there were only eight practising in the province: Of these twenty-five qualified men, eighteen are giving full time in institutions or public services in teaching and volunteer agencies.

Research: Interest in research in psychiatry is growing and being undertaken with surprising eagerness. At present the following research is being completed, in progress, or planned with the aid of Federal Health Grants.

(1) A study of the treatment of a Group of Patients with Chronic Hypochondriacal Symptoms—Department of Psychiatry in University of Manitoba and Winnipeg General Hospital;

(2) Study of application of New Drugs in Psychiatry. Final report published April 30th, 1957, Brandon Hospital for Mental Diseases;

(3) Continuing project for Study of the Free Amino Acids in C.S.F. in Schizophrenics—Selkirk Hospital for Mental Diseases, supervised by Professor Frank White, Biochemistry, Faculty of Medicine, University of Manitoba;

(4) Study of the Urinary Porphyrins in a patient with Mental Illness. Professor Frank White;

(5) Research regarding Attempted Suicides;

(6) Research—Follow-up on 260 cases of Prefrontal Leucotomy—Mental Hospital at Brandon—projected;

(7) Investigation of Erythroblastic Children—Doctor Bruce Chown;

(8) Determination of the Origin of Abnormal Electro-encephalogram patterns by a study of the Electrical Fields—Doctor Michael Saunders, Neuro Physiologist, Faculty of Medicine, University of Manitoba;

(9) Survey of Case Histories—Brandon Mental Hospital—completed and published;

(10) Research on Ataraxic Drugs—Doctor Nicholson—projected.

These are some of the Research projects which will give you an idea of the scope of the problems being tackled in our own province.

Community Services: Child Guidance Clinics have been going at full pressure in Brandon and Winnipeg. The former has been developing in a healthy manner and now requires additional working room which you have already approved. In Winnipeg the growth has been so great that we have recently resorted to the policy of asking the suburbs to be responsible for any further extension in their areas. So far, St. James is making a substantial contribution by engaging two members of the Clinic staff, and next year a further member is to be added. Three other suburban municipalities are budgeting for additional personnel to begin operations in January 1958, and September 1958.

Schools for Retarded Children: Classes have been organized by the Manitoba Association for Retarded Children in many areas in the province. In Winnipeg the Kinsmen's School was opened in the Spring of 1957, and over 100 children are being given some training and socialization. If these enthusiastic people do not meet with the success which they envision in their undertaking, they nonetheless are filling a much needed role in relieving the home for part of each day of a burden which in some cases has become otherwise insupportable.

Alcoholism Foundation: The increasing problem of alcoholism has continued to cause concern and the Board of Directors has not been idle. During the year new head quarters offices have been bought, furnished, and put into use at 124 Nassau Street, and a Rehabilitation House at 100 Nassau Street has been recently purchased. These fine properties have been purchased out of current budgets and we believe will make adequate housing for a rapidly expanding staff and program. These facilities will cut down, we hope, on the demand for expensive accommodation now being provided in the Winnipeg Psychopathic Hospital.

Forensic Psychiatry: Finally the Department of Attorney General has appointed a psychiatrist to serve the correctional institutions and Juvenile and Family Courts in the person of Doctor George Little, who was transferred from the Department of Health and Public Welfare to the former department on September 1st, 1957. This we hope will meet a long sought need. The work of the Magistrates Court and the Higher Courts still remains largely the responsibility of this division.

Accommodation: The influx of patients has put a severe strain upon our accommodation at both Selkirk and Portage. We have to consider the situation at Selkirk Hospital for Mental Diseases as one of top priority. At the Manitoba School we hope to open approximately one hundred beds for boys early in 1958. While we have vacant beds for girls, which have not been occupied because of shortage of nursing staff, recruitment among pupil nurses has been difficult with severe depletion of trained staff. I feel that it is not a matter of salaries offered, because the wage

scale seems comparable with that received by employees in the same field in other provinces, as well as in comparable industrial positions, or at least that is my impression.

One is very pleased indeed to see plans being advanced for an early beginning on the extension to the Winnipeg Psychopathic Hospital. This will shortly provide us with modern and adequate facilities which together with the psychiatric services being developed in general hospitals, should give us coverage for another twenty years in Greater Winnipeg area.

In conclusion we believe it can be said that there has been a steady growth in all areas of activity which is most encouraging and stimulating.

Farms' Management

Manager—G. R. CHANDLER, B.Sc.A.

The following is a brief report on the three farms operated by the Department of Health and Public Welfare in conjunction with the Hospitals for Mental Diseases at Brandon and Selkirk, and the Manitoba School for Mentally Defective Persons at Portage la Prairie.

These farms have a total of 4,013.17 acres—institutional grounds, buildings and undeveloped land, take up about 480.59 acres, the balance is under cultivation. Many patient groups enjoy various types of healthful occupation on the farms, under the supervision of trained staff members, the year round. The following data will give, in brief, an outline of the various food stuffs produced during the year 1957.

The estimated value of fluid milk, pork, potatoes and other vegetables, supplied by the farms to the institutions—at prices below current wholesale rates—was \$182,963.05. Further revenue from sales of surpluses contributed \$23,557.67, making the total for the Calendar Year 1957—not including forage crops or milk used for livestock feed—\$206,520.72.

At December 31st, 1957 the total inventory value was \$203,116.18, made up as follows—

Inventories — December 31, 1957

	Brandon	Selkirk	Portage	TOTALS
Grain and Feed	\$ 8,234.25	\$ 6,597.92	\$ 5,964.55	\$ 20,796.72
Vegetables	6,691.40	1,937.41	3,279.00	11,907.81
Livestock	49,585.00	41,494.00	22,300.00	113,379.00
Machinery, etc.	21,549.00	22,020.00	13,463.65	57,032.65
	<u>\$86,059.65</u>	<u>\$72,049.33</u>	<u>\$45,007.20</u>	<u>\$203,116.18</u>

(Inventory values show grain at local elevator prices and livestock, hay and produce below sale value.)

Total Farm Acreages: It will be noted that field crops, hay, ensilage and pastures occupied the greater part of the cultivated acreages—

	Brandon	Selkirk	Portage	TOTALS
Potatoes and Gardens	114	53	65	232
Field Crops	573	540	365	1,478
Hay and Pasture Land	1,004	555	263.58	1,822.58
Hospital sites, roads, undeveloped land, etc.	189	209.89	81.70	480.59
TOTAL ACREAGES	<u>1,880</u>	<u>1,357.89</u>	<u>775.28</u>	<u>4,013.17</u>

Field Crops and Gardens: Aside from a slight increase in the amount of land used for gardens, there has been very little change in land use at any of the farms. There was considerable variation in climatic conditions experienced at the Brandon and Selkirk farms.

At Selkirk heavy rains during late May and June hampered the vegetable and field crops and, during the month of July and first half of August the prolonged dry spell was not favorable to the growth of any crops. Both these extreme conditions resulted in all garden and field crops, at this institution, being well below the 1956 yields.

At Brandon, insufficient moisture during April and May resulted in below normal hay and cereal crops. Vegetable seed germination was very slow, resulting in the onion crop not being sufficiently matured at harvest time. Carrots suffered severely from a virus disease known as "aster yellows" and this same virus caused purple top in both tomato and potato crops. The extent of the damage, however, to both tomatoes and potatoes was not as severe as that caused by "aster yellows" on carrots and head lettuce.

At the Manitoba School, Portage la Prairie, cereal and hay crops were normal. However, "aster yellows" took a very heavy toll on the carrot crop and the entire onion crop was practically wiped out by a bad infestation of "onion maggot".

Grain and Forage Crops Produced—

	Brandon	Selkirk	Portage	Totals
Oats—bus.	9,295	6,763	11,602	27,660
Barley—bus.	280	.....	.....	280
Ensilage—ton	438	126	270	834
Hay—ton	328	249	87	664
Oat Sheaves—ton .....	.....	.....	11	11
Green Feed—ton .....	.....	6	32	38
Sweet Clover—ton	137	24	.....	161
Corn Sheaves—ton .....	.....	.....	24	24

Vegetable Crops—Staple Vegetables Supplied to the Institutions—

	Brandon	Selkirk	Portage	Totals
Beets—lbs.	34,695	12,630	15,930	63,255
Cabbage—lbs.	75,890	13,172	21,709	110,771
Carrots—lbs.	32,485	28,784	12,769	74,038
Onions—lbs.	34,200	11,458	6,669	52,327
Parsnips—lbs.	15,060	1,250	3,631	19,941
Turnips—lbs.	50,820	12,979	28,690	92,489
Potatoes—bus.	7,990	4,015	5,405	17,410

Returns from Sales of Vegetables\$210.00 \$210.00

Seasonal vegetables produced and supplied to the institutions amounted to over 78 ton and, as in past years, low grade and undersized vegetables were fed to livestock.

Grounds—The maintenance of the institutional grounds was continued, as in the past, and the numerous flower beds made a wonderful showing throughout the summer and fall months. Bouquets of flowers and pot plants were supplied to the institutions from the greenhouses and annual flower beds planted for this purpose.

The grounds surrounding the newly constructed hospital, for female patients at Portage la Prairie, was prepared for seeding during the summer and fall months and the grass seeded in the late fall.

Livestock

Holstein Cattle—At the Selkirk Farm all Holstein cattle are registered and at both the Brandon and Portage la Prairie Farms the percentage of registered pure-bred Holsteins is growing rapidly. Milk production has continued to climb, which indicates that breeding better strains of registered cattle is paying dividends. With the exception of the milk used as livestock feed, all the milk produced is consumed in the institutions. All herds are reduced, during the fall months, to the number that can be housed. The sound dairy cows and heifers are sold to farmers throughout the province and those not considered sufficiently sound to the packing plants. A number of young registered bull calves were sold to dairy farmers, to be used as breeding stock and several heifer calves have been sold, this past year, to 4-H Dairy Calf Clubs in the Province. Young bull calves, not registered, are sold as in the past to farmers to be raised for beef.

Yorkshire Hogs—Pork and pork products have continued to be supplied to the hospitals at both Brandon and Selkirk. Top grade Yorkshire hogs are raised at the Selkirk farm and surplus gilts are sold to farmers for breeding stock. Cross breeding—using a pure-bred Yorkshire and Tamworth cross—was carried on at Brandon this year. The idea behind this program was to gain hybrid vigor and quicker maturing pigs. The results were not as favorable as anticipated. There has been no accommodation at the Portage la Prairie Farm to raise hogs for a number of years.

Livestock and Machinery—Production, Sales and Inventory—1957

Cattle and Milk Production:

	Brandon	Selkirk	Portage	Totals
Returns from sale of cattle	\$ 7,965.72	\$ 7,782.32	\$ 1,789.81	\$ 17,537.85
Milk and Cream to Institutions—lbs.	1,226,409	1,019,260	671,285	2,916,954
Milk fed to stock	219,245	54,160	57,230	330,635
Total production	1,445,654	1,073,420	728,515	3,247,589

Inventory—Dec. 31, 1957:

No. Head on Hand	255	199	143	597
Inventory Value	\$42,240.00	\$36,284.00	\$22,000.00	\$100,524.00

Hogs and Pork Production:

Returns from sale of Hogs	\$ 1,011.52	\$ 4,256.20	.....	\$ 5,267.72
Pork supplied to Institutions—lbs.	60,398	34,331	.....	94,729

Inventory—Dec. 31, 1957:

No. Hogs on Hand	213	167	.....	380
Inventory Value	\$ 6,505.00	\$ 4,970.00	\$ 11,475.00

Horses:

Returns from sale of Horses	\$ 355.30	\$ 186.80	\$ 542.10
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Inventory—Dec. 31, 1957:

No. Horses on Hand	12	6	5	23
Inventory Value	\$ 840.00	\$ 240.00	\$ 300.00	\$ 1,380.00

Machinery—Inventory—Dec. 31, 1957:

Inventory Value	\$21,549.00	\$22,020.00	\$13,463.65	\$ 57,032.65
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The trend to further mechanize and modernize farming practices is continuing at the institutions. Additional power machinery has been purchased this year and the change over from horses to tractors and power machinery has speeded up farming operations considerably.

Farm Buildings

Brandon—A fire at Brandon during the year partially destroyed the horse barn. A building to replace the tractor-truck garages and workshop was commenced in the fall and should be completed some time this winter. Repair work was carried out on the old section of the piggery and general maintenance on other farm buildings is keeping them in fairly good state of repair.

Selkirk—General repair work was carried out on all farm buildings at this institution, but they all require painting.

Portage la Prairie—Work has commenced on the construction of a new dairy barn which should be ready for use before August 1958. A potting shed was built on the north end of the present greenhouse and plans have been completed to construct two hot-beds adjacent to this building. These hot-beds will be heated by steam. Some repairing and painting has been done on the granary and other farm buildings.

Staff—There have been, over the past year, very few changes in farm staff. Considerable interest in their work and the welfare of the institution is shown by most farm personnel.

Appreciation

I would like to express appreciation to all members of the Administrative, farm and maintenance staffs at each institution, and also the Executive Officers of the department.

Winnipeg Psychopathic Hospital

Medical Director: T. A. PINCOCK, M.D.

I have the honor to present the Annual Report of the Psychopathic Hospital for the year ending December 31st, 1957.

STATISTICAL SUMMARY

(Movement of patients from January 1st, 1957, to December 31st, 1957)

	Men	Women	Total	Previous Year
Remaining in hospital December 31st, 1956	15	12	27	32
On parole, or otherwise absent	0	0	0	0
Admissions:				
January 1st, 1957, to December 31st, 1957	316	312	628	592
First Admissions	210	186	396	346
Re-admissions	101	123	224	237
Transfers from hospitals:				
Brandon, Selkirk, Portage la Prairie	5	3	8	9
General	223	255	478	467
Commitment and Warrant to Apprehend	47	41	88	30
Voluntary	33	9	42	70
Retaken from Probation	8	4	12	16
Transfers from hospitals:				
Brandon, Selkirk, Portage la Prairie	5	3	8	9
Total patients under care	331	324	655	624
Average daily population			32.29	33.10
Percentage overcrowding			0	0
Average duration of stay			18.55	19.36
Rated Capacity	19	19	38	38
Discharges:				
January 1st, 1957, to December 31st, 1957	316	307	623	597
As: "Recovered"	4	6	10	6
"Improved"	124	136	260	259
"Much Improved"	12	3	15	46
"Unimproved" (Exclusive of transfers)	23	20	43	51
"Not Psychotic" (these figures included in above)	(88)	(64)	(152)	(169)
Transfers and returns to mental hospitals	150	136	286	229
Transfers and returns to Manitoba School	0	3	3	3
Discharged to:				
Relatives and friends	70	120	190	178
Relatives (against advice)	0	8	8	9

Own control	71	19	90	129
Winnipeg General Hospital	8	10	18	10
Nursing Homes—Welfare institutions	5	5	10	23
Veterans Home—Deer Lodge Hospital	0	1	1	4
Department of Indian Affairs	0	2	2	2
Central Tuberculosis Clinic	0	0	0	3
Ontario hospital authorities	1	0	1	0
Essondale Hospital—British Columbia	0	0	0	1
Police and Gaol	4	0	4	3
Eloped	4	0	4	0
Deaths:	3	3	6	3
Percentage deaths of total admissions			0.95	0.50
Percentage deaths of total under treatment			0.91	0.48
Remaining in hospital December 31st, 1957	15	17	32	27

Admissions: Total admissions rose again this year to an all time record of 628, which was 36 more than in 1956 and 104 more than in 1955. There were 316 men and 312 women admitted. Those admitted for the first time to psychiatric hospital accounted for 396 as against 346 last year, while readmissions were down slightly from 237 in 1956 to 224 this year.

Commitments under police warrant were almost three times as great which is quite unusual, and I have no ready explanation for this. There were 88 such admissions this year, compared with only 30 in 1956.

Admissions in past decade:

1948	508	1953	541
1949	545	1954	529
1950	578	1955	524
1951	564	1956	592
1952	551	1957	628

Patient Days; Under Care and Average Daily Population:

Years	Total Number Patients under care	Total Patient days' care	Average Daily Population
1954	563	13,003	35.60
1955	559	12,468	34.16
1956	624	12,085	33.10
1957	655	12,154	33.29

To take care of the increased admission rate there has been a corresponding reduction in average length of stay in hospital with a gradual acceleration of turn-over.

Average stay	1955	22.71	1956	19.36	1957	18.55
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There seems to have been no decrease in the demands for admission of the acutely disturbed patient from other psychiatric wards, hospital clinics and custodial institutions. It may still take a few years for the trends to manifest themselves as to

the effect upon admission rates and type of patient admitted to our hospital, of the establishment of psychiatric wards in General Hospitals. One would not anticipate any sudden change in admission policy.

Separations: There were 623 separations—52.6% (328) were separated to their relatives or to social agencies or upon their own recognizance. 286 were sent to mental hospitals for further care and three were committed to the Manitoba Training School at Portage la Prairie.

There were only 10 who could be considered as recovered because within the short space of stay in hospital, it is altogether too arbitrary to conclude the patient has completely recovered. 275 were improved by treatment, i.e., 285 (86%) of the 328 discharged were bettered by treatment. These figures do not include the 286 transfers to other institutions and no assessment of their condition is here made, but for the most part they were considered as unimproved.

Deaths: There were 6 deaths. One a comparatively young man who was admitted in an Alcoholic Delirium with Broncho Pneumonia and liver damage. It is most unusual these days to have one of these patients die, whereas some thirty years ago one could count on a death rate of 10-15 percent from Delirium Tremens. The remaining patients, three women and two men, were elderly and died from the following primary diseases—Cardiac Infraction with Pulmonary Oedema, Broncho-pneumonia in Arterio Sclerotic Dementia; Pulmonary Embolism due to Thrombosis of veins; Acute Pyelonephritis and Coronary Occlusion with Carcinoma of Prostate.

There were no suicides or accidental deaths.

Age Incidence of Admissions: 407 of the 628 admissions were under 50 years of age (64.9%). The third decade accounted for the largest number of admissions—151. There were 29 from 10-20 years and 24 between 80 and 90 years, with one beyond 90 years. 80 patients were over 70 years.

Diagnostic Classification of Discharges

Schizophrenia	200	32.0%
Manic Depressive and Involutional Depression	86	15.9%
Organic Reactions	116	18.6%
Paranoid States	35	5.6%
Psychoneuroses	51	8.2%
Without Psychosis and Primary Behaviour Disorders		
(Undiagnosed (1) included)	101	16.2%
Other and Unspecified	34	5.4%

Alcoholism and Drug Addiction: Alcohol was directly responsible for 79 admissions or 12.57 percent. Of these 79, women 15 and men 64, maintaining the usual proportion of 1 in 5. A larger number were found to be actually psychotic, viz., 27 of 79, or 34.1 percent. There was an additional number of alcohol addicts seen in the "Out Patient" Department, viz., 63—or 142 cases in which alcoholic beverages was the chief factor.

Out-Patient Services: This department continues to operate at full capacity. The psychiatric medical staff has been dividing the duties which previously were largely the responsibility of Doctor G. A. Little, who resigned September 1st, 1957, to

assume Clinical direction of the Juvenile and Family Court in Forensic psychiatry. 762 patients attended—665 adults and 97 children. The Adult Out-Patient department of the Winnipeg General Hospital and the Out-Patient department of the Children's Hospital have been active as well. Follow up of discharged patients, and repeat visits of out-patients has not been statistically analyzed, but total visits, interviews and consultations would be about 2,000, e.g., the writer had 594 listed appointments beside numerous unscheduled ones.

Seventy-one patients from the "Out-Patient" department were given 441 Electro Convulsive Therapy, and altogether 242 patients from both departments received this therapy.

Out-Patient Summary:

	Adults Referred by	Children Referred by
Government and Welfare Departments:		
Health and Welfare (Provincial)	19	13
City Health and Welfare Departments	9	0
Agencies:		
Children's Aid Society of Winnipeg	42	15
Children's Aid Society of Eastern Manitoba	11	5
Children's Aid Society (others)	3	8
Family Bureau	6	2
Hospitals:		
Winnipeg General Hospital	6	0
St. Boniface Hospital	5	0
Children's Hospital	0	1
Other hospitals	2	0
Courts:		
Adult Court	90	0
Juvenile Court	37	23
Private Physicians	56	3
Alcoholics Anonymous	23	0
National and Unemployment Service	1	0
Disability Allowances Board	16	0
Rural health units	0	10
Miscellaneous	96	17
Unreferred	243	0
	665	97
Distribution of Diagnoses: (ADULTS)		
Manic depressive psychosis	83	
Involuntal psychosis	19	
Undiagnosed psychosis	1	

Psychosis, other	8
Organic brain disease	10
Senile psychosis	8
Schizophrenia	97
Juvenile schizophrenia	1
Paranoid state	8
Not psychotic	7
Psychoneurotic depression	34
Psychoneurosis (other)	52
Marital problem	21
Sex problem	6
Personality disorders	61
Alcoholic addiction	63
Drug addiction	1
Sex deviate	10
Adolescent behaviour disorder	33
Stress reaction	9
Epilepsy	12
Subnormal intelligence and mental deficiency	48
Alcoholic intoxication	1
Psychiatric and psychological assessment	54
Miscellaneous	5
Undiagnosed	13

Social Service Department

The two social service workers continue to carry a very heavy case load—317 histories were compiled as well as 350 home visits and formal interviews conducted during the year. This is in addition to the numerous demands upon the workers' time in maintaining adequate "patient-relative" and "relative-staff" relationships and attending to the personal needs of the patients.

Clinical Psychology

We are finding this department a valuable and indispensable arm of our work, both in diagnosis, prognosis and treatment. Miss J. Chylinski took over this work January 1st, 1957, and while the total tests were less than the year previous, the work was capably performed. Twelve standard tests were employed, and some 507 tests and lectures were given.

Accommodation

We are pleased to record that at this time of writing plans and specifications are completed to extend our present facilities by an 88 foot addition which will enlarge the three existing floors, and provide basement space for storage, occupational therapy and research. In addition to sixteen extra beds, increasing our accommodation to 54 from 38, there will be segregation into disturbed and quieter elements as well as quieter and well preserved socially. This will make it possible for us to maintain two wards which will be known as 'open ward care' without the restrictions of freedom usual to psychiatric ward care such as barred windows and locked doors. This is in keeping with modern practice and which we are unable to initiate with the present building. We shall have much improved 'day' room and recreational space, conference rooms, offices, filing space and an elevator. It is expected that this building will be ready for occupancy some time in late 1959, at which time the older sections will undergo renovations.

The first section of the report deals with the general situation of the country and the progress of the work done during the year. It is followed by a section on the work done in the various departments and a section on the work done in the various branches of the service. The report concludes with a section on the work done in the various branches of the service.

The second section of the report deals with the work done in the various departments and branches of the service. It is followed by a section on the work done in the various branches of the service.

The third section of the report deals with the work done in the various branches of the service. It is followed by a section on the work done in the various branches of the service.

The fourth section of the report deals with the work done in the various branches of the service. It is followed by a section on the work done in the various branches of the service.

Brandon Hospital for Mental Diseases

Medical Superintendent—STUART SCHULTZ, M.D.

I have the honour to submit the Annual Report of the Brandon Hospital for Mental Diseases for the calendar year 1957.

STATISTICAL

Movement of Patients: There were 403 admissions to the hospital: Of these 368 were new or re-admissions, 35 were returned from probation. Outgoing were 388 with 68 deaths.

On December 31, 1957 there were 1,630 patients in residence and 114 on parole, a total of 1,744 on our books. During the year there were 368 admissions and 35 returned from probation, making a total of 403. Of these admissions 170 were first admissions to mental hospitals, 121 were readmissions to a mental hospital (111 former Brandon Mental Hospital patients). There were 84 transfers to this hospital from Winnipeg Psychopathic. During the year there were 309 complete discharges from hospital with the deaths numbering 68.

Age Distribution:

Under 15 years	0	50 - 59 years	46
15 - 19 years	17	60 - 69 years	40
20 - 29 years	65	70 - 79 years	23
30 - 39 years	89	80 - 89 years	18
40 - 49 years	67	90 - 99 years	3
			368

Nativity of all Admissions:

Canada	75.2%	United States	1.9%
United Kingdom	8.4%	Miscellaneous	14.5%

Average Daily Population—1947 - 1957:

1947	1,620	1953	1,668 Increase 23
1948	1,624 Increase 4	1954	1,689 Increase 21
1949	1,633 Increase 9	1955	1,665 Decrease 24
1950	1,630 Decrease 3	1956	1,650 Decrease 15
1951	1,620 Decrease 10	1957	1,637 Decrease 13
1952	1,645 Increase 25		

Diagnosis of Admissions and Discharges:

	Admissions	Discharges
Without Psychosis	10.5%	10.3%
Psychoneurosis	7.3	9.7
Mental Deficiency with Psychosis	1.9	.9
Psychosis due or secondary to other demonstrable etiology	2.0	1.6

Manic Depressive Psychosis	17.9	17.8
Schizophrenia	44.0	45.3
Cerebral Arteriosclerosis with Psychosis	3.0	0
Paranoia and Paranoid Condition	1.6	3.2
Senile and Pre-senile Psychosis	3.5	.9
Psychosis due to Alcohol	2.3	2.6
Involuntional Melancholia	4.8	6.1
Other	1.2	1.6

Discharges: 309 patients were discharged (complete discharge on leaving hospital or complete discharge after 6 months probation).

Condition on Discharge

Recovered	118	38.1%
Much Improved	116	37.6%
Improved	37	11.9%
Unimproved	6	2.1%
Non-Psychotic	32	10.3%

Deaths: During the year there were 68 deaths, 40 male and 28 female. Causes of death: 3 from causes associated with mental illness, and 65 from intercurrent and concurrent affections.

Personnel

Male Staff: There were 10 appointments to the Male Nursing Staff and 13 resignations. There were also 12 persons employed as Holiday Relief and 3 of these transferred to the provisional staff.

Female Staff: 80 appointments were made to the Female Nursing Staff and 82 resignations. There were 35 persons employed as Holiday Relief with 4 of these being transferred to the provisional staff.

Mrs. Julia Hannah, Superintendent of Nurses, resigned on May 31, 1957, after serving at this Hospital since 1940. During her period of service she was conscientious, industrious, and established an excellent rapport with patients and staff. She was very active in nursing circles in Manitoba and made a very distinct contribution to the quality of teaching in this school. She was a woman of great natural charm.

Miss Marion Thomson, Dietitian, retired from our staff on October 31, 1957, after serving for 25 years in her position, and has returned to her native Scotland.

Nursing Staff	Establishment	December 31, 1957
Graduate Nurses	72	64
Pupil Nurses	58	19
Licensed Practical Nurses }	30	66
Nurse Aids }		
Vacancies .....	.....	3
	160	160

Educational Program

Affiliate Course—General and Psychiatric Nursing—(3½ Years) Leading to Registration with the Manitoba Association of Registered Nurses and a Diploma in Psychiatric Nursing from this Hospital: This course was discontinued as of August, 1954. The last class of 8 students completed the course in February and graduated in May, 1957.

Affiliate Course—Practical and Psychiatric Nursing—(3 Years) Leading to a License in Practical Nursing and a Diploma in Psychiatric Nursing: These students are affiliating at Hamiota and Swan River District Hospitals as well as the Brandon Sanatorium. This course has been extended from 2½ years in length to 3 years, effective January, 1957. Graduated in May, 1957 — 11.

Diploma Course—Male Psychiatric Nursing—(3 Years) Course for male students leading to a Diploma in Psychiatric Nursing: This course has been extended from 2½ years in length to 3 years, effective September, 1956.

Post-Graduate Course for Registered Nurses—(6 Months). Course for Registered nurses, leading to a Diploma in Psychiatric Nursing: Graduated in May, 1957 — 13.

Post-Graduate Course for Licensed Practical Nurses—(18 Months) Course for Licensed Practical Nurses, leading to a Diploma in Psychiatric Nursing.

Psychiatric Affiliation for Student Nurses from General Hospitals:— (12 weeks —twice yearly in January and September).

Brandon General Hospital	} 47
Dauphin General Hospital	
Children's Hospital, Winnipeg	

Miscellaneous Instruction: (a) Lectures in Anatomy, Physiology—student laboratory technologists and psychiatry.

(b) Lectures in Hospital Ethics, Nursing Arts—Ward aids and psychiatric nursing.

Improvements

(1) Manual "Notes on Medical and Surgical Nursing" was compiled, printed, bound and distributed;

(2) Eight volumes were added to the Library in the Nurses' Home;

(3) A program of Advanced Films commenced in the September term;

(4) A Nutritionist from the Health and Welfare Education Bureau commenced teaching the nutrition and homemaking course to the practical nurse students in January, 1957;

Graduation Exercises—May 9, 1957

Graduation Exercises for the Training School were held in Knox United Church, which was filled to capacity, on May 9, 1957, with Dr. Stuart Schultz presiding. The Reverend Nelson R. Mercer of Westminster United Church, Winnipeg, gave an inspiring address to the graduating classes. Dr. W. Foster presented the candidates who received their Diplomas from the Medical Superintendent and their School pins from the Superintendent of Nurses. Dr. M. R. Elliott, Deputy Minister of Health, presented the prizes. The Blanche Eugenie Baragar Medal was awarded to Mrs. Terry Gibson, and this presentation was made by Mr. A. L. Henderson. Following the exercises, a reception was held at the Prince Edward Hotel.

Table 1—TRAINING OF PERSONNEL AT THE BRANDON HOSPITAL FOR MENTAL DISEASES—1957

Type of Enrolment	Course of Training	Enrolment		Withdrawals	Continuing Training	Completed Training 1957	Total less withdrawals
		Jan. 1957	Sept. 1957				
Pupil Nurses'							
(a)	General and Psychiatric (3½ year Course)	.....	.....	.....	.....	8	8
(b)	Practical and Psychiatric (3 year Course)	4	4	4	19	11	30
(c)	Affiliating from the Brandon General, Dauphin General and Winnipeg General Hospitals (approximately 3 months)	22	25	..	..	47	47
Male Attendants							
	Psychiatric Diploma (3 year Course)	.....	11	3	16	11	27
Post-Graduate Training							
			Nov.				
(a)	For Registered Nurses	.....	9	5	9	13	22
(b)	For Licensed Practical Nurses	.....	1	..	1	..	1
Student Laboratory Technologists:							
	Select lectures in Anatomy, Physiology, and Psychiatry	.....	8	..	15	5	20
In-Service Program for Ward Aids:							
	Select lectures in Ethics, Nursing Arts and Psychiatric Nursing	.....	July 38	..	..	38	38
	Total	.....	64	58	12	60	133

CLINICAL DIVISION — OUT-PATIENT DEPARTMENT — CHILD GUIDANCE

This section is under the direction of William Forster, M.B., B.S., DPM.

Summary of Year's Work: A total of 767 cases was seen in 1957 compared to a total of 700 in 1956, exclusive of cases referred for speech therapy. This increasing case-load continues the trend of previous years. The 767 patients were treated, and itemized as follows:

	New Cases	Carried from 1956	Total	Admitted to Hospital
Adults	300	105	405	88
Children	246	116	362	1

Twenty-three adults were treated with electro-shock in the unit. There was an increase of 40 cases over 1956 (1,285 interviews—all staff). There was an increase of 27 children cases over 1956 (1,098 interviews—all staff).

Sources of Referral: Medical 3,341, social agencies 217, school 39, other 177 — Total 767.

Psychological Tests: The Psychological Tests were carried out by Mr. Neil Hildebrand, and these tests were in the following divisions:

Out-Patient	334	In-Patients	341
Child Guidance	1,157	Others	120
		TOTAL	1,952

Travelling Child Guidance Clinics: These were held in Dauphin, Swan River, Neepawa and Killarney, on request from the local health units concerned. As in previous years, travelling clinics have met a definite need in solving a host of minor problems amongst school children while they could still be handled by environmental measures. More severe cases were, as in the past, referred back to Brandon Hospital for Mental Diseases by the travelling clinics for actual therapy.

Classification of Diagnoses of Children: This included Adolescent Maladjustment 7; Anxiety State 11; Behaviour Disorder 88; Congenital Aphasia 5; Epilepsy 25; Hyperkinesis 1; Intelligence, Dull Normal 58; Intelligence, Average 46; Intelligence, Superior 6; Intelligence, Deficiency 82; Pathological Personality 4; Reading Disability 13; Schizophrenia 1; Speech Disorder 11; Hysterical Reaction 3; Post-Influenza Confusional State 1; and Peripheral Neuritis 1.

These classifications were distributed in the following areas: 286 from Brandon; 33 from Dauphin; 25 from Swan River; 7 from Neepawa; and Killarney 11.

Classification of Diagnoses of Out-Patients:

Alcoholism	9	Cerebral Arterio and Senile	17
Anxiety State	72	Various	10
Hysterical Reaction	17	Dull Normal Intelligence	6
Manic Depressive	59	Mental Deficiency	22
Neurotic Depressive Reaction	32	Normal Intelligence	6
Obsessive Compulsive Psychoneurosis	4	Superior Intelligence	3
Paranoid Condition	8	Reading Disability	1
Pathological Personality	38	Speech Disorder	1
Psychosomatic Disorder	4	Epilepsy	23
Schizophrenia	46	No Psychiatric Disability	4
Simple Adult Maladjustment	23		
		TOTAL	405

Speech Therapy: A speech therapist was added to the staff in April, 1957, her services having been made available through the Federal Health Grant. During the eight months of this year she examined and treated 107 cases of speech disorder, 45 of these being referrals from the Child Guidance Clinic. A survey of speech problems in the Brandon schools was carried out, the therapist visiting the schools and examining 54 children with speech disorders. The following is a classification of the speech disorders found in the 107 cases treated:

Simple Dyslalia	5	Dysenia	6
Multiple Dyslalia	44	Congenital Dysphasia	2
General Dyslalia	1	Sub-mucous Cleft Palate	1
Stammer	22	Dysphonia	1
Stammer and Dyslalia	3	Dyslalia and Hyporrhinolalia	1
Stammer and Cleft Palate	1	Hyperrhinolalia	1
Stammer and Dysphasia	1	Delayed Speech Development	2
Cleft Palate Speech	5	Reading Defects	2
Cluttering	1	No defect	4
Dysarthria	4		

IN-PATIENTS

Male Psychiatric Institute: This service was under the direction of Dr. M. E. Bristow. During the year 196 patients were admitted. 107 patients were discharged, 31 being admitted prior to 1957, 76 being admitted during 1957. 68 patients were transferred to the continued service, 27 of these being admitted prior to 1957, and 41 being admitted during 1957. 7 patients were transferred to other hospitals for mental diseases. 2 epileptics were admitted. There were 6 deaths in the service during 1957.

Female Psychiatric Institute: This service was under the direction of Dr. N. C. Horne. During the year 187 patients were admitted. 146 patients were discharged, 45 being admitted prior to 1957, and 101 being admitted during 1957. 44 patients were transferred to the continued service, of which 18 were admitted prior to 1957 and 26 admitted during the year. 2 patients were transferred to other hospitals for mental diseases. During the year 5 epileptics and 1 syphilitic were admitted. 2 leucotomy operations were performed.

Open Wards: In March, 1957, Ward East III was re-opened. In July, 1957, Ward East II was opened. Emphasis was placed on Occupational Therapy on the admission ward, and special ward parties on the other wards. A new television set was installed on Ward East II. The policy of permitting patients to go home "On Leave Passes" was inaugurated in December.

Painting Class: In order to provide a patient free expression of his ideas on paper, this form of therapy was inaugurated on September 25, 1957. Mr. Norman Davies Williams, a professional painter, was engaged to give instruction weekly. Many patients show remarkable talent, and the expression helps in forming calmness and peace of mind, with satisfaction in this original mode of work.

Staff Conference: There were 763 cases presented in Staff Conference during 1957, a decrease of 110 cases over 1956: Of these 368 were new cases (including 128 cases having one or more previous admissions) and 27 were probationary returns. 12 patients were discharged as non-psychotic following conference, and 383 patients received active psychiatric therapy. 9 cases were presented for consideration of transfer, and these transfers were effected to Minnedosa, Port Arthur, Whitby, North Battleford, St. John's, Newfoundland, and Weyburn.

Two hundred and ninety-eight patients were presented for consideration of discharge during the past year, 247 from the Psychiatric Institute and 51 from the Main Building. 2 patients were presented for consideration of leucotomy, 1 from the Psychiatric Institute and 1 from the Main Building.

There were 59 patients reviewed in Staff Conference, 18 from the Psychiatric Institute and 41 from the Main Building; Of these 59, 2 Main Building patients were considered for a short term probation and 4 Psychiatric Institute patients were reviewed for Christmas Leave outside the hospital; also, 2 of the total number reviewed were former patients.

Male Infirmary: The bed capacity of this service is 70. During the year there were 504 admissions, 501 discharges and 31 deaths. 2 patients from the Infirmary received Electric Shock Therapy. 16 major surgeries were performed during the year.

Female Infirmary: The bed capacity of this service is 76. During the year there were 179 admissions, 144 transfers, 3 discharges from hospital and 25 deaths. 19 major surgeries, including 2 leucotomies, were performed during the year.

Fractures: There were a total of 38 fractures occurring to patients during the year 1957: 16 to male and 22 to female patients.

Epilepsy: There were 77 epileptics and of these 39 were males and 38 females. The drugs used were Phenobarb, Sol. Phenytoin, Mysoline, Milontin, Dexedrine, Mesantoin, Dephenate and Emmenin.

Leucotomies: During 1957 there were 3 leucotomies performed, one male and two female patients. No deaths occurred. Nine leucotomized patients were discharged. Several of these were noticeably aided by Chlorpromazine Therapy.

SUMMARY: 15 years of Leucotomy Program

Leucotomies performed 1943-57	311
Number of cases discharged	100
Number of cases re-admitted	26
Number of cases still out of hospital	74
Number of deaths (operation)	7
Number of deaths 1-12 years after operation	5

Tuberculosis: On December 31, 1956, there were 26 patients on the tuberculosis wards receiving active treatment. Of these 14 were male, and 12 were female. On December 31, 1957, there were 31 patients receiving active treatment. During the year 44 patients received active treatment for tuberculosis. There were no deaths.

During 1957 there were 19 new admissions to the tuberculosis wards, 7 male and 12 female. Of these, 5 cases were new admissions to this hospital and 14 cases were from wards in this hospital. Of the 14 cases from this hospital 8 were picked up by the tuberculosis re-check system, and 6 were picked up by the mass survey done in May and June 1957. 4 cases were considered to be new disease and 10 cases were considered to be old reactivated disease. All new cases were pulmonary tuberculosis. 6 of the new cases had positive sputum or gastric findings. 3 of these were from other wards in the hospital and 3 were new admissions to this hospital.

During the year 13 cases were transferred from the tuberculosis wards, 11 of them being considered inactive tuberculosis and were transferred to other wards in the hospital. One case was transferred to the Brandon Sanatorium, and one case to the Manitoba Sanatorium at Ninette.

It is now considered that all active tuberculosis cases are identified in this hospital and are under treatment. Annual surveys will be continued.

Special Therapies: The following table shows detailed results respecting therapeutic treatments and number of patients treated:

Table II: SUMMARY SPECIAL THERAPIES—January 1 — December 31, 1957.

	Male	Female	Number of Patients	Number of Treatments
1. Insulin Therapy:				
Number of patients	70	58	128	.....
Number of treatments	3,096	2,679	....	5,775
2. Electric Shock Therapy:				
Number of patients	200	326	526	.....
Number of treatments	1,956	3,193	....	5,149
3. Drug Therapy:				
Chlorpromazine	197	310	507	.....
Pacatal	29	87	116	.....
Reserpine	17	92	109	.....
Trilafon	17	57	74	.....
Stemetil	2	49	51	.....
Other Psychiatric Drugs	12	29	41	.....
4. Occupational Therapy:				
Formal Classes	162	456	618	.....
On the Ward O.T.	28	177	205	.....
5. Group Psycho Therapy	94	58	152	.....
6. Painting Classes	10	42	52	.....

Surgical Report: This department is under the capable direction of Eleanor Paetzold, Registered Nurse.

Sterile Ward Supplies from Operating Room Central Supply Room:

Syringe trays, treatment sets, etc. approx. 15 daily	5,400
Applicators, tongue depressors, approximately	1,500
Vaseline gauze dressings and sterile oils	20
Tins: towels, sponges, flats, dressings, approximately 12 daily	4,380
Gloves, average 10 pairs daily	3,650
Syringes, single wrapped, average 60 daily	21,900
Needles in test tubes, average 60 daily	21,900
Disinfect. Solution, average 5 bottles daily	1,825

Teaching students aseptic technique:

Anaesthetics—Local	60	Treatment—Eye, Nose, Throat, approximately	30
—Intravenous com- bined with general ..	52	General Dressings	269
Major operations	34	Penicillin given	75
Minor operations	30	I.V. and other Injections	200
Delivery	2		
Tooth extractions	8	Specific Treatment for Syphilis:	
Fracture Bandage	5	Lumbar Punctures	41
Application and Removal of casts	28	Penicillin treatment for T.P.I. positive patients	36
Aspirations	16		
Lumbar Puncture	11	Combined Immunization:	
Examinations—Cystoscopy	3	Typhoid-Tetanus Course	572
Pelvic	13	Typhoid Course	685
Ear, Eye, Throat ...	44	Schick Test	12
Physical	63	Mantoux Test	306
Consultations	609	B.C.G.	55
		Smallpox	7
		Tetanus—Antitoxin	12
		Diphtheria—Toxoid	4
		'Flu Vaccine'	142

Dental Department: This department was under the excellent direction of Dr. Harold Trotter. The following is a summarized report:

Number of visits	2,778
Number of patients refusing treatment	20
Number of resistive patients	10
Extractions	799
Local Anaesthetics	1,427
General Anaesthetics	8
Prophylaxes	1,331
Fillings, all types	1,265
Root Canal Treatments	37
X-Ray Films	372
Dentures	69
Denture Repairs	23
Bacteriological Tests	3
Biopsies	1

LABORATORY

Director—Alexander P. Lapko, M.D.

We congratulate Vivian Grieve on receiving the highest marks of any student in the Province of Manitoba in the examinations of the Canadian Society of Medical Technologists.

Training School for Laboratory Technologists: During 1957 the following students received their Manitoba Diploma and wrote examinations for Registered Technologists, Canadian Society, and were placed as follows:

Vivian Grieve	Hospital for Mental Diseases, Brandon
Virginia Bruce	Dauphin Laboratory and X-Ray Unit
Elaine Duma	Neepawa Laboratory and X-Ray Unit
Lenore Engen	Virden Laboratory and X-Ray Unit

Eight students were accepted for training on September 1, 1957.

The number of teaching positions were increased to 6 because eight new students were accepted.

General Note:

(1) Research—Establishment of relationship between activity of pulmonary tuberculosis and the level of globulin, estimated by electrophoresis.

(2) Clinical-pathological conferences were conducted: two at the Manitoba Sanatorium, Ninette; one at Brandon; and several at the Brandon General Hospital.

Summary: Work of the Laboratory

Department	Examinations	Units
Hematology	31,217	40,845
Urinalysis	13,466	13,826
Miscellaneous	4,193	6,022
Biochemistry	8,564	23,661
Diagnostic Bacteriology	9,504	26,764
Sanitary Bacteriology	23,426	25,543
Histo-Pathology	6,691	10,692

General Note: 56 Autopsies were performed, 46 of these being complete.

RADIOLOGICAL DEPARTMENT

Director (part time)—DR. JOHN LOCKIE

During 1957 lectures and demonstrations were given to 10 students. Dr. Lockie lectured in Radiological Anatomy and Mr. Alan Forshaw, Medical Technician, in Darkroom Technique, Physics, and Basic Theory of X-Ray generation.

Beginning May 2, 1957, and continuing through to June 14, 1957, a chest survey of all patients and staff was done. Approximately 2,000 chest films were taken during this period as well as the regular work of the department. This represents a tremendous amount of work considering that the X-Ray staff was increased by only one member for the time of the survey. The films were read by Drs. Povah and Coghlin of the Brandon Sanatorium.

Following is a detailed report of work done during 1957:

Chest	3,263	Sinuses and Mastoids	18
Ribs and Sternum	13	Facial Bones	8
Shoulder and Clavicle	28	K.U.B. and Abdomen	45
Extremities	184	I.V.P.	10
Cervical Spine	16	G.B.V.	14
Dorsal Spine	374	Barium Meal	32
Lumbar Spine	26	Barium Enema	12
Sacrum and Coccyx	10	Operations	10
Pelvis and Hips	49	Miscellaneous	18
Skull	90		
		Total work	4,211

The number of films used for the year is 5,360.

ELECTROENCEPHALOGRAPH DEPARTMENT

Director and Consultant (part time):

MICHAEL G. SAUNDERS, B.Sc., M.B., Ch.B., M.Sc. (Eng.)

There were no drug investigation records done in 1957. The out-patient referrals by physicians of Brandon and district showed an increase of 26 over 1956. The number of court referrals increased again in 1957, as did the pre-leucotomy examinations. All other departments showed a slight decrease.

A breakdown of cases done is as follows:

	1956	1957
Research: Drug Investigation	6	0
Normal Controls (departmental use)	6	5
In-Patients: Mental Hospital Cases	85	82
Pre-Leucotomy	12	14
Out-Patients: Physicians of Brandon and District	53	79
Child Guidance Clinic	97	74
Adult Out-Patient Department	54	16
Cases referred from Court	6	14
Total	319	284

FEDERAL HEALTH GRANTS 1957

We wish to express our appreciation to the Department of National Health and Welfare, Ottawa, for the generous assistance given under the Federal Health Grants.

Public Relations and Education

Mental Health Week: Activities—200 visitors took part in a conducted tour of the hospital.

Educational Addresses: were given by one of the following speakers:—Stuart Schultz, M.D., A. L. Henderson, B.Sc., and E. Bunch, M. Dip. at the places and to the organizations indicated below:

Moline—Women's Institute. Ochre River—Community Meeting. Birtle—District Convention Women's Institute. Belmont—Women's Institute. Virden—Teachers' Convention. Souris—Kiwanis Club.

M. E. Bristow, M.D., addressed meetings of the Rural Community Life Panel, Agricultural and Homemaking School, at Brandon; the Psychiatric Section of the Manitoba Medical Association, at Selkirk, and the Women's Institute at Kirkham's Bridge.

W. Forster, M.B., gave three lectures to the Children's Aid Social Workers at Brandon; five lectures to Brandon College Students; Junior Chamber of Commerce; Central Home and School; and Volunteer Workers—C.M.H.A. He also addressed the University Women's Club; Brandon Branch of the Canadian Mental Health Association; Annual Meeting of the Canadian Mental Health Association at Winnipeg; the Home and School Association at Rivers, and the Home and School at Russell.

N. Hildebrand, B.A., addressed the Psychiatric Section of the Manitoba Medical Association; Teachers in Training—Brandon College; and the Ashford Club, all at Brandon.

Miss S. Hammond, Speech Therapist, addressed a group consisting of the public health nurses of Brandon Local Health Unit; Student Nurses; Mothers' Group Y.M.C.A.; and Post-Graduate Nurses.

Activity and Recreational Therapy

Activity Therapy is under the direction of Jack Seymour, M. Dip.

Six hundred and eighteen was the number that attended at formal occupational classes. Besides this number, a large number of patients were employed on the farm, in the laundry, in the kitchens, and in various maintenance shops.

This department continues to make excellent progress. Cash sales for the year were \$16,259.25. Sales to the institution were \$14,399.68. The sale of work serves as an indicator to register the amount of work performed, but the important aim of the department is the rehabilitation of the mentally ill.

Class Work: Class A—Male Psychiatric Institute, under the direction of Messrs. L. Burns and J. Carlson. During the year 134 attended classes, spending a total of 8,872 hours, or an average of approximately 66.2 hours per patient. Total number of articles made was 2,244. Cash Sales were \$2,005.65. Institutional Sales were \$427.00. and Printing \$1,178.25.

Class B—Female Psychiatric Institute, under the direction of Connie Smith, B.Sc. The average daily attendance was 33. Total number of patients attending class was 243. Five prizes were received at the Manitoba Exhibition. Number of articles made, 1,800. Sales, \$1,917.20.

Class C—Female Continued Service, under the direction of Miss K. Dennis and Mrs. B. Dunn. Work was provided for 132 patients, 108 attended classes with an average attendance of 55, and 24 doing their work on the wards. At the Manitoba Exhibition 27 prizes were won, including 13 firsts. At the Canadian National Exhibition, Toronto, 11 prizes were won, including 6 firsts. At the Dauphin Fair, 22 prizes were won.

Class D—Female Disturbed Service, under the direction of Miss E. Russell. This is a class of disturbed female patients in the Women's Pavilion. Daily attendance was 42, total attendance was 50. Nineteen prizes were won for needlework at Exhibitions at Dauphin, Brandon and Toronto.

Class E—Patients' Paint Shop. This class is organized and is staffed by patients only. All toys made in Class A are painted in this shop.

Class F—Tailor Shop, under the direction of Mr. M. Silvius. This class does institutional work exclusively, consisting of the manufacture of overalls, smocks, pyjamas, etcetera, for patients, and white coats and pants for staff. Number of articles made 2,675. Institutional Sales \$975.65.

Class G—Male Continued Service, under the direction of Mr. T. Watkin. This class, operated at the Colony Building, is for male chronic patients. Total number of articles made was 2,605. Cash Sales were \$10,214.25. Institutional Sales \$125.00.

Class H—Cobbler Shop. This is operated by patients. 608 pairs of shoes were repaired at a minimum value allowed for labour. Institutional Sales \$182.40.

Class I—Beauty Parlour, under the direction of Mrs. J. Seymour and Mrs. M. Armstrong. The objectives of this class are twofold, one to train female patients in Beauty Culture and so aid in their recovery, and later in their rehabilitation; to increase the patients' respect and well being by having their personal appearance improved.

During the year 31 female patients were employed in the Beauty Parlour, and at the present time 6 are working there. A two shift system has been inaugurated, thus enabling more patients to receive instruction and give service. Total of institutional sales for services rendered \$11,291.40, based on student hairdresser rates.

Permanent Waves	344	Hot Oil Treatments	59
Shampoos	5,725	Selsun Treatments	143
Finger Waves	5,724	Facials	79
Hair Cuts	944	Eye Brow Arch	16
Facial Hair Removed	788	Hair Tints	38
Manicures	1,313	Rinses	154
		Total	15,327

Recreational Therapy: A year-round recreational therapy program plays an important part in rehabilitation of our patients. Equipment was made available for a good variety of games and sports. The Annual Sports Day held in June was attended by 747 patients and was thoroughly enjoyed. On the same afternoon a picnic was held on the lawn west of the Main Building for 180 older female patients. This means that 927 patients were actively entertained outside of the buildings on this afternoon.

The annual outing at Riding Mountain National Park was enjoyed by 167 patients, supervised by members of the staff. The main feature of the day was a cruise on Clear Lake.

Movies were held weekly throughout the year and were well attended. Dances were held by-monthly during fall and winter months. Whist Drives held on alternate weeks are very popular.

Fifteen entertainments were presented in the Auditorium, 5 by patients and staff, 4 by the Canadian Legion Band, and one each by the following: St. Michael's Academy,

Brandon Chapter of Barber Shoppers, Southminster Church, Dutch Association, Mennonite Group, and the Brandon Collegiate Band and Glee Club. The Christmas Concert with a cast of 92 patients was presented on three nights. The third night was open to the public and about 350 people attended.

Sixty-seven patients attended the Winter Fair and 242 attended the Manitoba Provincial Exhibition. 300 patients attended the "Travellers' Parade" held in connection with Brandon's 75th Anniversary.

Music: The Hospital Orchestra continues to make progress under the leadership of Mr. A. L. Henderson. Staff members assisting with the orchestra are the Misses A. and L. Schidlof and Mr. W. Frazer. Instruments played are trumpet, saxophone, clarinet, piano, violins, accordion and guitars. The orchestra plays at all patients' dances, plays on the wards, and gave two concerts outdoors during the summer.

Hospital Services

Upholstery Shop: The Upholstery Shop is under the direction of Mr. E. C. Lockhart.

New Work—8 book cases, 4 filing cabinets, 9 bulletin boards, 2 end tables, 15 wall brackets, 103 vinyl mattress covers, 18 bedside lockers, 2 bread boxes, mail pouch, 2 stretcher mattresses, 42 insulin ties, 57 tables, 9 file boxes, 13 table tops, 10 valance boards, 140 blinds, 468 mattresses, 6 linen closets, 5 kitchen cabinets, 68 floor mattresses, 1 office chair, 2 office cabinets, 1 puppet stand, 1 corner cupboard, 4 radio and TV stands, 6 cutlery boxes, 13 step ladders, 30 kitchen paddles, 2 stainless steel cabinets, 2 office desks, 2 wardrobes, 11 cutting boards, 18 press covers, 2 toothbrush racks, 4 foot stools, 1 hair clipper stand, 6 horse blankets, 19 chest drawers, 1 blackboard, 2 kitchen beater racks, 4 shower curtains, 10 picture frames, 5 towel racks, 2 pool tables re-covered.

Repairs—226 settees, 94 blocks, 32 hair brooms, 66 mop handles, 27 mirrors, 137 bed springs, 12 wheelchairs, 13 cupboards, 22 tables, 9 stepladders, 6 ironing boards, 27 chairs (wood), 93 chairs (chrome), 20 dressers, 77 scrub brushes, 123 blinds, 7 clothes horses, 24 sewing machines, 16 pillows, 7 floor mattresses, 5 magazine racks, 3 piano benches, 8 beds welded, 30 insulin ties, 4 extractor covers, 2 horse blankets.

The replacement of furniture amounted to \$10,619.35, which was placed throughout the wards.

Laundry: The laundry is under the capable direction of Mr. John Clark. Besides the regular staff there are 14 female and 26 male patients employed in the laundry. During the year 1,666,398 pieces were laundered, an increase over the previous year. The quality of workmanship is maintained at a high standard, and very efficient service is given to the hospital.

Housekeeping Department: This Department is under the direction of Marjorie Hall and takes care of all condemning and replacements for condemns, cleaning supplies of this hospital, and supervises sewing rooms.

Sewing Room: Number 1—under the direction of Miss K. Oakett. During the year 11,205 new articles were made, and 2,893 articles repaired. One new sewing machine was obtained and has been of considerable value to this department. Number of machines 5, number of patients 4.

Sewing Room: Number 2—Under the direction of Mrs. O. Baxter. This department makes all uniforms for staff, patients' dresses, slips, and other required articles.

During the year 2,268 articles were made and 3,850 repaired and issued. Number of machines 6, number of patients 6.

Sewing Room: Number 3—Under the direction of Mae Deis. This room receives all linen from laundry, for wards, checks same and makes necessary repairs and re-issues it to the wards. During the year 297,768 pieces were received from the laundry, and 30,325 pieces repaired, and 120 small pieces made. Number of machines 3, number of patients 5.

Dietary Department is under the direction of Edith Anderson, as A/Dietitian. Miss Marion Thomson resigned on October 31, 1957, and this position was taken over briefly by Dr. M. Atkinson, and later by Edith Anderson. There are 5 kitchens. A partial survey was made of dietary requirements and equipment, and is still proceeding. There is a need for further refrigeration.

Highlights

Complete Abolition of Restraint: This policy has been maintained now for the past few years and has been very effective in reducing hostility of patients, and breakage of windows and furniture. The patient has responded by taking a more active interest in surroundings, and has made more adequate steps towards socialization and rehabilitation.

"The Opinion": This is a hospital paper published by patients, under the direction of Dr. P. Payne, assisted by Mrs. Meda Balan. This paper fills a long felt need for self expression on the part of the patient, and many of the contributions are of a high order.

Painting Classes: This item is described in detail on Page 168, under the subject heading "In-Patients".

Open Ward Policy and Recreation: This policy is being pursued with satisfactory results. More wards are being opened, and the number of patient parties are being increased.

BURSAR'S REPORT

For Fiscal Year Ended March 31, 1957

The Average Daily Population was 1,637, a decrease of 24 under the previous year's 1,661.

The total expenditures were \$1,527,364.99, an increase of \$72,525.75 over the previous year's \$1,454,839.24.

Annual per-capita cost was \$933.0269, an increase of \$57.1453 (last year's \$875.8816).

Daily per-capita cost was \$2.5564, an increase of \$0.1633 (last year's \$2.3931).

Daily Per-Capita Cost Detailed by Sub-Departments:

Health and Public Welfare	1956-1957	1955-1956	Increase
Administration and Subsistence	\$2.1540	\$2.0246	\$0.1294
Farm	\$0.0352	\$0.0278	\$0.0074
Public Works	\$0.3672	\$0.3407	\$0.0265

In addition to above costs, which apply solely to our own Manitoba Government Appropriations, Federal Health Grant Projects provided \$49,808.57, equivalent to a Daily per-capita Cost of \$0.0834.

Construction, Alterations and Repairs

The maintenance of the hospital is under the direction of Mr. George Christie, Chief Engineer. The Chief Engineer's Report has been submitted to Mr. George Collins, Deputy Minister of Public Works.

Fire Protection: The installation, testing and approval of the new fire pump was completed successfully. Two unfortunate fires caused a fair amount of damage to our laboratory and the horse barn.

Fuels: Total Fuel Costs \$50,964.19.

Water Works: Total water consumed 101,200,100 Imperial Gallons.

Electric Energy for Light and Power: Total expenditure for electricity—\$23,635.88.

Laundry: A new and larger washing machine replaced an outdated machine after changes to foundations and discharge trench. Electrical and water services were also remodelled.

Women's Pavilion: Further stainless steel sinks were purchased for the kitchen and dining room. Quarry tile floors were laid throughout the kitchen, north corridor and vegetable room. A modern potato peeler was installed in the vegetable room. An electrically operated dumbwaiter replaced an ancient hand operated machine. Three large utility blowers were installed and combined with structural modifications greatly improved the ventilation on the wards.

Nurses' Residence: Very extensive replastering was performed in the corridors and kitchen correcting a condition which had badly deteriorated. The old and dangerous slate roof covering was removed and replaced by heavy asphalt shingles.

Psychiatric Institute: Four large open balconies which had in the past been of little service were enclosed thus providing badly needed space for the storage of coats and other clothing. Very extensive floor coverings were installed at the Insulin Clinic and adjoining dormitories, also that portion of the North Unit which encloses the staff hospital and services. Subsequent to the fire in the laboratory, the entire service was renovated and restored to working conditions quickly and the general remodelling planned carried into effect which included the inclusion of two additional rooms, installation of a large steam auto-clave, a large steam water still, new stainless steel sinks, counter top coverings, fluorescent lighting, two exhaust fans and other essential equipment. The new Animal House (an adjunct to the laboratory) was completed and brought into service.

Farm: Very extensive repairs were necessary at the piggery and of course emergent measures were necessary after the damaging fire at the horse barn.

Main Building: Without going into detail, very extensive improvements were made to plumbing in the provision of stainless steel sinks, coffee urn batteries, toilets, basins, bath tubs, surgeons scrub-up sinks. The T. B. sections of Wards 7 and 8 were remodelled and the service room of the Women's Infirmary fitted with new bath tub, slop sink and scrub-up sink. Many square yards of new Ferrazzo floors were relaid in Wards 1, 4, and 6, and new marble treads fitted to the back stairs serving the male wards.

Colony Building: Quarry tile floors were laid in the vegetable room serving the central kitchen and further stainless steel sinks installed.

Main Stores: An 18 foot stainless steel dispensing counter fitted with suitable bins was installed and extensive enamelled iron shelving installed along two walls.

General: Further progress was made with the roads hardtopping, in this case that area at the West of the Main Building from the back road in the North down to the road past the Nurses Residence.

Table 3: MOVEMENT OF PATIENTS—JANUARY 1, 1957 TO DECEMBER 31, 1957

	Male	Female	Total
Remaining under treatment at December 31, 1956	792	825	1,617
On Parole or otherwise absent	71	67	136
Total on Books as at December 31, 1956	861	892	1,753
First Admissions:			
	Male	Female	Total
General Admissions	41	44	85
Voluntary Admissions	12	19	31
Other Sources	34	20	54
	87	83	170
Readmissions:			
General Admissions	18	31	49
Voluntary Admissions	8	15	23
Other Sources	26	16	42
	52	62	114
Transfer Admissions:			
From Winnipeg Psychopathic	52	32	84
	191	177	368
From probation— 13 males, 18 females	1,052	1,069	2,121
Discharges:			
As recovered	49	69	118
As much improved	50	66	116
As improved	21	16	37
As unimproved	4	2	6
Without psychosis	20	12	32
	144	165	309
Died:	40	28	68
Total number discharged and died during the year 1957	184	193	377
Remaining on books as at December 31, 1957	868	876	1,744
Remaining under treatment December 31, 1957	813	817	1,630
On parole or otherwise absent	55	59	114
Total on books at December 31, 1957	868	876	1,744

Table 4: TO DIAGNOSIS OF MENTAL DISEASES—1957

	Male	Female	Total	Percent
Psychosis due to Alcohol	9	0	9	2.3%
Psychosis with Cerebral Arteriosclerosis	6	5	11	3.0%
Psychoses Due to Other Demonstrable Etiology			8	2.0%
Epilepsy—all types	1	3		
Metabolic and Nutritional	1	0		
Accident and Violence	1	0		
Other diseases	1	0		
Nervous System and sense organs	1	0		
Psychoneuroses			27	7.3%
Hysteria	1	4		
Reactive depression	6	14		
Anxiety symptoms	1	0		
Other types	0	1		
Manic Depressive Psychosis			66	17.9%
Manic	12	15		
Depressive	14	24		
Other	1	0		
Involuntional Melancholia	5	13	18	4.8%
Schizophrenia			162	44.0%
Simple	4	11		
Hebephrenic	2	5		
Catatonic	20	18		
Paranoid	54	37		
Other types	4	5		
Senile Psychosis	7	6	13	3.5%
Paranoia and Paranoid Condition	4	2	6	1.6%
Psychosis with Mental Deficiency	4	3	7	1.9%
Psychosis with Psychopathic Personality	1	0	1	.3%
Other and Unspecified Psychoses:				
Undiagnosed psychosis	2	1	3	.9%
Total Admissions with Psychosis	<u>162</u>	<u>167</u>	<u>329</u>	<u>89.5%</u>

Without Mental Disorder			39	10.5%
Epilepsy	3	1		
Alcoholism	4	0		
Mental Deficiency	3	1		
Senility	7	2		
Personality disorders	3	0		
Pathological personality	7	1		
Cerebral arteriosclerosis	2	1		
Non-psychotic—for observation only	0	3		
Disseminated sclerosis	0	1		
	29	10		
Total Admissions for Year 1957			368	100.0%

Table 5 — AGES OF PATIENTS ADMITTED — 1957

	Years:									Total
	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	
Male	9	43	41	31	21	19	14	10	3	191
Female	8	22	48	36	25	21	9	8	0	177
	17	65	89	67	46	40	23	18	3	368

Table 6: PSYCHOSES OF PATIENTS DISCHARGED — 1957

Diagnosis	Recovered		Average No. of Days in Hospital		Much Improved		Improved		Unimproved		TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
G.P.I. ....	..	..	..	..	1	..	..	..	..	..	1
Involitional Melancholia	4	7	116	4	3	4	..	1	..	..	19
Psychoses Due to Alcohol	7	..	56	..	1	..	..	..	..	..	8
Psychoses with Other Demonstrable Etiology	1	1	101	1	..	1	..	..	..	..	5
Due to convulsive disorder .....	..	..	..	1	..	..	..	..	..	..	..
Due to other disease or condition .....	..	..	..	..	..	..	..	..	..	..	..
Due to accidents and violence .....	..	..	..	..	1	..	..	..	..	..	..
Psychoneuroses .....	..	..	..	..	..	..	..	..	..	..	30
Hysteria	0	2	21	..	..	..	1	1	..	..	..
Reactive depression	6	12	72	3	1	3	1	1	..	..	..
Other	0	0	..	1	1	1	..	..	..	..	..
Manic Depressive Psychoses	2	8	130	3	3	3	1	..	..	..	55
Manic	8	22	116	2	2	5	..	1	..	..	140
Depressed .....	..	..	..	..	..	..	..	..	..	..	..
Schizophrenia	0	1	173	4	4	1	..	1	..	..	..
Simple .....	..	1	146	2	2	5	..	1	..	..	..
Hebephrenic	4	3	137	6	6	12	5	2	..	..	..
Catatonic	12	4	141	18	18	23	9	7	3	1	..
Paranoid	2	6	113	4	4	3	..	..	..	..	..
Other .....	..	..	..	..	..	..	..	..	..	..	..
Peurperal Psychosis .....	..	1	56	3	3	3	2	..	1	..	10
Paranoia and Paranoid Condition .....	..	..	..	..	..	..	..	..	..	..	..
Senile and Pre-Senile Psychosis	2	1	256	..	..	..	1	1	..	1	3
Psychoses with Mental Deficiency	1	..	196	..	..	..	..	..	..	..	3
Psychosis with Psychopathic Personality .....	..	..	..	..	..	..	1	..	..	..	2
Total of Psychotic Discharges (forward)	49	69	..	50	66	21	16	4	2	277	

Table 7: DISCHARGES — 1957

	Male	Female	Total
Total of Psychotic Discharges (Brought forward from Table 6)			277
Without Psychosis			32
Cerebral Arteriosclerosis	1	2	
Alcoholism	5	2	
Mental Deficiency	1	0	
Maladjustment and Behaviour Disorders	2	0	
Pathological Personality	3	1	
Epilepsy	3	0	
Senility	3	3	
Observation only	0	4	
Post-encephalitic Personality	1	0	
Organic Reaction with Depression	1	0	
	—	—	
	20	12	
Total Discharges for Year			309

Table 8: CLASSIFICATION — CAUSE OF DEATH — 1957

	Male	Female	Total
Associated with the Cause of Mental Disease:			
Due to the same cause as that of mental illness	2	1	3
Intercurrent and Concurrent Affections			65
Pulmonary Disease:			
Pulmonary embolism	1	1	
Lobar pneumonia	4	0	
Bronchopneumonia	16	9	
Abscess of the lung	0	1	
Pulmonary thrombosis	0	2	
Cor. pulmonale	1	0	
Other Infections:			
Toxic coehexia—peritonitis	0	1	
Abscess of liver	1	0	
Hydronephrosis—renal failure	1	0	
Chronic pancreatitis	1	0	
Pituitary disease—water intoxication	1	0	
Toxemia	0	3	
Cardio-Vascular Disease:			
Rupture of Coronary artery	0	1	
Myocardial degeneration	1	1	
Coronary disease	6	2	
Congestive cardiac failure	2	0	
Malignancy:			
Ca of Uterus	0	1	
Ca of kidney	0	1	
Ca of Caecum	0	1	
Ca of Lung	0	1	
Miscellaneous:			
Cerebral haemorrhage	1	0	
Asphyxia due to strangulation	1	0	
Cerebral embolus	0	1	
Acute intestinal obstruction	0	1	
Epidural haemorrhage—head injury	1	0	
	40	28	68

Selkirk Hospital for Mental Diseases

Medical Superintendent—E. JOHNSON, M.D.

I have the pleasure to submit herein the Annual Report of the Hospital for Mental Diseases, Selkirk, for the calendar year 1957.

Movement of Patients

The movement of our patients is evidence of a year of activity during which the various functions of the hospital were operated at a rate exceeding that of any previous year.

Admissions to the hospital reached an all-time high of 360. This represents an increase of twelve percent over the year 1956, and a full one hundred percent over admissions in 1947.

Table One shows that our admissions were composed of 178 men and 182 women. There were 174 first admissions and 186 readmissions. During the past ten or more years we have had a gradual relative increase in readmissions as compared to first admissions. This has been particularly evident in patients suffering from Schizophrenia. We believe that this trend is of considerable significance and we will comment on it later in our report.

Voluntary admissions to hospital numbered 51; general direct admissions numbered 102; and there were 207 patients received as transfers from other mental hospitals. These proportions are quite similar to our experience in previous years. Except for eight, all patients received as transfers came from the Psychopathic Hospital, Winnipeg. One patient came from the Brandon Hospital for Mental Diseases. The remaining seven were transferred to us from mental hospitals in Ontario. They were former Manitoba residents.

The diagnostic categories of all admissions are given in Table Two. This table shows that approximately 44 percent of first admissions and 47 percent of readmissions were suffering from Schizophrenia. This percent of Schizophrenic first admissions is in line with our experience during the prior ten or more years. However, the percentage of Schizophrenic readmissions, as noted above, has been gradually rising.

The second largest diagnostic group of first admissions were the senile psychoses and the third largest group were patients suffering from mental illness due to cerebral arteriosclerosis. These two groups, which are associated with advanced years of age, made up approximately 32 percent of all first admissions. This is a marked and significant change over the previous years. In 1956, 20 percent of first admissions were in these diagnostic groups, and in 1947 they comprised only 13 percent of our first admissions. We will comment further on this matter later in the report.

Most patients in the younger age groups were diagnosed Schizophrenia. We admitted one patient under 15 years of age and one patient over 90 years. There were 29 patients, comprising 16 percent of first admissions, who were 75 years of age or older.

The total of separations from the hospital was 329. This included 254 discharges, 9 patients transferred to other mental hospitals, and 66 deaths.

Patients discharged from the hospital were equivalent to 70 percent of admissions. This is a rate significantly higher than the average of 65 percent for the previous five years. The rates of discharge since 1953 are given in Table One.

The diagnostic classes of discharged patients are shown in Table Four. There were 130 patients, or 51 percent, who had suffered from Schizophrenia. As stated above, we admitted 164 patients diagnosed as Schizophrenia. Thus the accumulation of Schizophrenic patients during the year was 34. This is a slightly higher figure than the average for the previous three years.

A study of the length of stay in hospital of discharged patients indicates that most of the discharged Schizophrenic patients were in hospital from three to six months. One patient who had suffered from Epilepsy had been in hospital for 38 years prior to discharge. His re-establishment in the community was facilitated through services provided by SHARE.

Nine patients transferred from the hospital included six who were sent to the Psychopathic Hospital, Winnipeg, for special treatment or investigation of physical ailments. One patient was sent to the psychiatric ward of Deer Lodge Hospital for assessment of rehabilitation problems by the Department of Veterans Affairs. Two patients were transferred to mental hospitals in Ontario.

Our death rate at four percent of patients under treatment was slightly higher than for the previous five years. This slight increase resulted from secondary effects in elderly patients who had developed Asiatic Influenza. Table Five shows that 45 deaths, approximately 70 percent, occurred in the age group over 65 years. The most common cause of death was disease of the coronary arteries, which accounted for 32 percent of the total. The second most common cause of death was bronchopneumonia, which accounted for approximately 30 percent of the total. There were no deaths resulting from accident or suicide.

Approximately 30 percent of deaths occurred in patients whose psychoses resulted from cerebral arteriosclerosis. The next largest group, comprising 25 percent of the total adults, were diagnosed Schizophrenia. One third of all deaths occurred in patients who were in hospital less than three months. Of these 22 patients, all but two were diagnosed senile psychosis or psychosis due to cerebral arteriosclerosis. We are admitting to hospital a relatively large number of patients who are practically moribund. They require much nursing care and present no possibility of response to psychiatric therapy.

At the end of the year there were 23 more patients in hospital than at the beginning of the year. This accumulation of patients, as shown in Table One, is about the same as the average for the past five years.

Our experience during the past several years indicates that there are two problems in the mental health of the community which require consideration. These are the increasing rate of readmission to hospital of Schizophrenic patients, and the marked increase in the rate of admission of patients whose mental illness is associated with advanced years of life.

If we are to improve our long-term results of treatment of Schizophrenic patients, adequate steps to prevent the recurrence of illness in patients who have been returned to the community should be considered at an early date. We should consider providing for these patients, in the community, the service of psychiatrists and social workers in sufficient measure to assist them to adjust at a satisfactory social level. We have improved our methods of treatment in the past twenty years so that the rate of discharge of Schizophrenic patients has more than doubled and their length of stay in hospital before discharge has been reduced to less than half that formerly required. However, we are failing to take full advantage of the improved therapeutic results achieved by the use of these treatments.

Soon after admission to hospital, some patients with senile and cerebral arteriosclerotic psychoses respond with acceptable behaviour on a simple routine of treatment. If these patients could have been treated at their places of residence by experienced psychiatrists, and followed up by qualified psychiatric social workers, their admission to hospital might have been avoided.

Treatment of Patients

During the year under review we maintained an active treatment program for all patients capable of favourable response. This program emphasizes a full therapeutic regime for patients suffering from Schizophrenia. These patients constitute almost fifty percent of our admissions and approximately 65 percent of our total patient population. Our most effective treatment for this illness is insulin coma. During the year we had 148 patients on insulin coma therapy and these received a total of 6,028 treatments.

Electroshock is a form of therapy which is also very useful in the treatment of Schizophrenia as well as other forms of mental illness. In addition to its efficacy in treatment of acute cases, it is also helpful in maintaining improvement in patients who continue to require hospital residence. A total of 167 patients received electroshock and these had 1,108 treatments.

Leucotomy operations were performed on 6 patients. This is a considerable reduction from 17 operations in 1956 and a total of 286 since our leucotomy service was established in 1948. The decrease is, in part, an indication of our more critical selection of suitable cases. All six patients who underwent operation this year have responded very well. Five of these are presently out of hospital. We expect to probate the sixth patient in a month or so. A follow-up study of all our leucotomy patients indicates that 47 percent are socialized at a satisfactory level.

During the year several new ataractic drugs have been made available for hospital use. We have limited these new drugs to selected cases to estimate their value relative to the older "tranquilizers" which our experience demonstrated had definite therapeutic effect.

The ataractic drugs, on the whole, have proven very useful, particularly as adjuncts to other specific therapies and in improving the responsiveness of patients to psychotherapy. These drugs have been definite factors in enabling us to increase our rate of discharge.

A considerable number of patients are released from hospital while continuing on drug therapy. This procedure cannot be carried on with impunity because of

possible serious toxic effects arising from the continued use of the drug. We must therefore require these patients to report back to the hospital for examination at intervals of about four weeks.

This necessary procedure increases considerably the patient-load for the physicians and adds substantially to the hospital clerical work. About 20 percent of these patients fail to carry on with prescribed medication after leaving the hospital. Often the reason for this is that the patient feels well and so considers that further use of the drug is not necessary. Some of these patients suffer a relapse and have to be readmitted to hospital. We do not have records to substantiate our position, but it is the opinion of our medical staff that few patients who have been probated from the hospital on ataractic treatment and who have continued to follow the prescribed therapy as it may have been modified from time to time, have required readmission to hospital wards. This favourable response to continued treatment outside the hospital is another substantial reason for the extension of psychiatric services from the hospital into the community. In this way can we ensure that the number of patients failing to continue on necessary treatment is reduced to the minimum.

The increasing number of admissions and the necessary extension of medical services to patients released from the hospital has created a task which is now beyond the abilities of our present medical establishment to adequately handle. An early increase in our medical establishment will be necessary if we are to maintain our presently accomplished satisfactory therapeutic achievement.

We were without the services of a psychologist for the first ten months of the year. Fortunately we were able to place on our staff, in November, Mr. Kenneth Cassac, who has had extensive training and five years of experience in psychological techniques. He has already proven very helpful to the medical staff in investigating the personality defects of our patients and assessing their potential of therapeutic response.

We are presently without a fully qualified laboratory technician. As a result, we have recently been forced to limit our laboratory investigations to more or less simple routine procedures. The other ancillary medical services have been fully adequate for our needs. The reports of the activities of our Clinical Laboratory, Physiological Laboratory, X-Ray and Dental Departments, are detailed in the supplement to this report.

There has been a marked increase in the activities of our Out-Patient department. This has resulted, to a considerable extent, from our policy of follow-up on former in-patients who continue on drug therapy after the expiration of the usual probation period of six months. While on probation the patients are considered as in-patients. After complete discharge from the hospital they are carried as out-patients if further follow-up is necessary. During the year a total of 194 patients attended the Out-Patient department. This included 152 new patients. Total visits made by all patients were 623. This is almost three times the number of patient visits in 1956. Ten new patients were examined in the Child Guidance Clinic. Total visits by all patients amounted to 46, approximately the same for the average of the previous three years.

The School of Nursing

In this department the hospital has failed in the past to achieve the desired standards. In the year of this report further deterioration has occurred. This failure has been confined to the female nursing staff and is most evident in the brackets of

graduate nursing personnel. Our Assistant Superintendent of Nurses resigned in May and we have been unsuccessful in our efforts to replace her. In our establishment of 60 graduate nurses, only 37 positions were filled at the end of the year with qualified personnel.

At present the picture for the future is somewhat brighter. We have been able to recruit a full complement of pupil nurses. These nurses will become very helpful in our treatment program if we are able to carry them through to completion of training and retain them on our staff after graduation. The keen competitive bidding for the services of trained psychiatric nurses makes it difficult for us to keep our graduate nurses.

We have been able to maintain our male nursing staff at a very satisfactory level of proficiency. We were fortunate to obtain two male registered nurses who had been trained overseas. These men have assisted us greatly in improving the nursing service on our wards for male patients.

The thirtieth graduation exercises of our School of Nursing were held on May 23rd. In the graduating class fifteen women received both the Diploma in Psychiatric Nursing and License of Practical Nurse. Nine men received the Certificate of Psychiatric Nursing.

Patients' Activities

Recreation and occupation activities for our patients were expanded considerably during the year. These activities are formulated and supervised by the Occupational Therapy department of the hospital. Last fall one of the staff of this department was made full-time recreation director. We have thus been able to develop a full varied and co-ordinated program of recreation for both active and passive participation by patients. We are assisted greatly in our recreation program by the services of volunteers who are members of organizations directly associated with the hospital, or belong to groups which include our hospital as part of a more extensive community service.

Share, which is the hospital recreation group directed by the Manitoba Division, Canadian Mental Health Association, has been providing volunteers for our hospital since 1950. These volunteers have developed a comprehensive program of recreation supervised by members who have had several years' experience working with our patients.

The Share program includes ward parties each Monday evening. The parties are held on a number of wards which accommodate half our patient population of 1,200. The attendance was approximately 400 patients for each party. Share also provides a dance and a concert once a month, in the recreation hall, except during the summer months. The average attendance at the dances has been 180 and at the concerts 207. During the summer two picnics are provided on the hospital grounds. There were approximately 650 patients at each of these functions last summer. Functions sponsored by Share for smaller convalescent groups of patients include car rides, shopping trips, teas and bingo games.

The Mental Patients' Welfare Association also has been functioning since 1950. It is composed of patients' relatives. They are interested in improving facilities for patients in the hospital, and also improving equipment and services for more extensive patient activities. All hospital wards are now provided with television. Twelve of our fourteen television sets have been provided, directly or indirectly, through the activities of this organization. They also have provided, this year, 70 pairs of skates,

6 bowling sets, baseball and other sports equipment. In the hospital there are approximately 200 patients who do not have relatives or friends to take an interest in them. The Mental Patients' Welfare Association has "adopted" these patients and provides them with Christmas gifts, cigarettes and candy.

Other organizations providing services for our patients include the Canadian Legion, the Army, Navy and Air Force Veterans, the National Council of Jewish Women and ladies' auxiliaries of several churches.

Our patients have always been very appreciative of the efforts of the volunteers and have particularly been responsive to the sympathetic understanding which the volunteer brings into the hospital. This friendship coming from the community does much to dispel any stigma or isolation which the patients may apprehend. To show their appreciation, the lady patients on our "open ward" recently entertained the volunteers at a Sunday afternoon tea.

Our occupational therapy staff was increased during the year by two additional aides, bringing our total to 14 employees in this department. This increase in staff helped us very much to meet the patients' needs for increased activities. As stated above, we were able to allocate one person as full-time recreational director. We then developed a program which fully meets the needs of our patients. In doing this, we were able to utilize to the fullest extent the services of available volunteers. The second additional employee permitted the development of an occupational program on one of the wards where its lack had been very evident. This new class had an attendance of 33 patients by the year's end.

During the year the average attendance at occupational therapy classes was 352, an average of approximately 35 in each of the ten classes. A total of 4,254 articles was made at a valuation of \$7,508.00. Sales during the year amounted to \$6,812.00 for 3,666 articles.

The marked improvement in responsiveness of patients to activities of various kinds has resulted, to a considerable extent, from the beneficial effects of ataractic drug therapy. This improved behaviour of patients also has enabled us to establish open wards for both male and female patients. A ward for 55 female patients and another for 107 male patients are now "open" throughout the year. Two other wards, male and female, in the reception unit, are "open" except during the winter months.

Religious services for patients of the Catholic and Protestant faiths are provided each Sunday by members of local Ministerial Association. Our recreation director has trained a choir of patients which attends all services. The choir adds considerably to the spiritual satisfaction received by the patients.

Construction, Alterations and Repairs

No major construction was undertaken during the year. The remodelling of Ward II in the Main Unit completed early in the year. This ward is now operated as an "open" ward for 55 female patients. The toilet and bathing facilities were completely replaced. The whole ward was redecorated and completely refurnished. A former rather desolate old ward has become a "showpiece" of the hospital.

Operating Costs

The report of our Bursar for the fiscal year ending March 31st, 1957, is attached. During the year our total expenditure of funds provided by the Department of Health and Public Welfare was \$1,046,681.22. The gross per capita per diem cost was \$2.96. This is an increase of 23 cents over the cost for the fiscal year 1955-56.

Conclusion

The requirements by the community for mental hospital services has continued to increase. At our hospital we have again experienced a demand considerably beyond any previous year. A marked increase in admissions is common to mental hospitals in all parts of Canada. The table below shows the increased rate of first admissions and readmissions for Canada and for Manitoba in the ten-year period 1947 to 1956. The rates given are based on 100,000 of population. Figures are from the Dominion Bureau of Statistics on Mental Health.

	—First Admissions—			—Readmissions—		
	1947	1956	Increase	1947	1956	Increase
Canada	77.8	156.4	101%	26.6	70.7	166%
Manitoba	66.6	120.8	81%	36.3	77.3	113%

The considerable relative increase in readmissions is a matter of marked concern to all those who have responsibility for the mental health of the community. The total relationship of the mental hospital to the community was the topic of a five-day mental hospital institute held recently in Toronto. The necessity for effective measures to curb the increased incidence of hospital readmissions received considerable attention. Our opinion on the problem is given earlier in this report. Unless we honestly face this problem and institute effective measures to overcome it, the progress which has been accomplished in effective hospital treatment will be dissipated in the community. The inevitable result will then be a continuing demand for more mental hospital beds, with increasing costs and relatively little accomplishment in improved mental health.

Our lack of adequate patient accommodation has been referred to in previous reports. One must consider that our Reception Unit was opened twenty-five years ago and in this time the admissions have increased by 300%—from 121 to 360. When one considers, furthermore, that our most adequate facilities for such treatment as insulin coma are still the admission wards in the Reception Unit, then the marked problem we face in adequately treating today's load of admissions becomes apparent. The overall crowding of the hospital is 20 percent. On many days our admission wards are taxed with patients equal to 40 percent over normal capacity.

The satisfactory operation of the hospital is evidence of faithful duty of all our personnel. I wish to commend very highly all members of our staff.

Report of Laboratory Technician

Complete blood examinations	637
Hemoglobin estimations	487
Mrythrocyte counts	52
Leukocyte counts	2,225
Differential counts	652
Erythrocyte sedimentation rates	743
Fasting blood sugar estimations	259
Blood Wassermann reaction (Provincial Lab.)	422
Blood urea nitrogen estimations	18
Platelete counts	30
Icterus index estimations	9
Serum bilirubin estimations	21
Prothrombin time estimations	28

Cultures and sensitivity tests	11
Gastric analyses	4
Gastric washes	32
Urinalyses—complete	837
Urinalyses—sugar	350
Sputum examinations	29
Stools occult blood	22
Post mortem examinations	30
Other examinations	23
Intravenous solution preparations	538,750 oz.

Physiological Laboratory

Electroencephalograms	71
Electrocardiograms	41
Basal metabolism estimations	14

Report of Dentist

Number of working days	190
Number of patients examined	2,645
Number of patients resistive or unco-operative	55
Extractions	315
Local anesthetics	266
General anesthetics	1
Fillings	498
Prophylactic treatments (scaling)	627
Gum treatments	452
X-ray films	13
New dentures inserted	48
Dentures repaired and adjusted	117

Report of Surgical Nurse

Major operations	30
Minor operations	27
Casts applied	18
Pelvic examinations	15
Rectal examinations	8
Aspirations	7
Major dressings	75
Spinal Punctures	35
Miscellaneous procedures	10

Report of X-Ray Technician

Plates of abdomen	32
Plates of chest	2,437
Plates of extremities	167
Plates of facial bones	17
Plates of hips	37
Plates of ribs	11
Plates of skull	79
Plates of spine	41

Plates of teeth	31
Barium series	28
Barium enemas	9
Gall bladder visualization	6
Intravenous pyelograms	9
Miscellaneous examinations	17
Total X-rays taken	<u>2,921</u>

Table No. I — STATISTICAL SUMMARY

January 1st, 1957 to December 31st, 1957

1. Movement of Patient Population

	M.	F.	T.
Remaining in Hospital as at January 1st, 1957	628	552	1,180
On Probation as at January 1st, 1957	52	44	96
On Register as at January 1st, 1957	680	596	1,276

First Admissions:

	M.	F.	T.
Voluntary	3	7	10
General	24	17	41
Transfers	59	64	123
Total	<u>86</u>	<u>88</u>	<u>174</u>

Readmissions:

Voluntary	19	22	41
General	32	29	61
Transfers	41	43	84
Total	<u>92</u>	<u>94</u>	<u>186</u>

Total Admissions	178	182	360
Total Under Treatment	858	778	1,636

Separations:

Discharges			
Recovered	12	4	16
Improved	114	107	221
Unimproved	11	5	16
Not Insane	1	..	1
Total Discharges	<u>138</u>	<u>116</u>	<u>254</u>
Transfers	7	2	9
Deaths	43	23	66
Total Separations	188	141	329
Patients on Register as at December 31st, 1957	670	637	1,307
Patients on Probation as at December 31st, 1957	34	70	104
Patients in Hospital as at December 31st, 1957	636	567	1,203

2. Additional Data					
	1957	1956	1955	1954	1953
1. Average Daily Patient Population	1197.82	1187.36	1150.77	1110.19	1062.83
2. % Discharged of Total Admissions	70.55%	68.00%	66.56%	54.88%	65.63%
3. % Deaths of Total Under Treatment	4.04%	3.84%	3.71%	3.45%	4.19%
4. Change in Patient Population	+ 23	+ 18	+ 35	+ 48	+ 26

Table No. II — DIAGNOSES OF ADMISSIONS

Diagnostic Class	First Admissions				Readmissions			
	M.	F.	T	Approx. %	M.	F.	T.	Approx. %
Schizophrenic Disorders	33	43	76	43.7	38	50	88	47.4
Manic Depressive Reaction	2	1	3	1.7	6	8	14	7.5
Involuntional Melancholia .....	..	2	2	1.1	2	3	5	2.6
Paranoid Condition	4	7	11	6.4	2	4	6	3.2
Senile Psychosis	13	15	28	16.1	3	6	9	4.8
Presenile Psychosis	1	1	2	1.1	..	..	..	....
With Cerebral Arteriosclerosis	15	10	25	14.4	8	5	13	7.0
General Paresis .....	..	..	..	....	1	..	1	0.6
Psychosis due to Alcohol	2	1	3	1.7	4	..	4	2.1
Psychosis due to Brain Tumour .....	..	..	..	....	1	1	1	0.6
Psychosis due to Epilepsy	1	1	2	1.1	3	2	5	2.6
Psychosis due to Metabolic Disease .....	..	..	..	....	1	..	1	0.6
Psychosis due to Circulatory Disease	1	..	1	0.6	..	..	..	....
Psychosis due to Exogenous Poisons .....	..	..	..	....	..	1	1	0.6
Psychosis due to Trauma	2	..	2	1.1	..	..	..	....
Psychosis with Psychopathic Personality .....	..	..	..	....	1	..	1	0.6
Psychosis with Mental Deficiency ..	3	..	3	1.7	1	1	2	1.1
Unspecified Psychosis	4	2	6	3.5	1	..	1	0.6
Psychoneurosis .....	..	3	3	1.7	3	5	8	4.2
Pathological Personality	2	2	4	2.3	6	4	10	5.3
Immature Personality	1	..	1	0.6	..	..	..	....
Alcoholism .....	..	..	..	....	9	1	10	5.3
Primary Behaviour Disorder	1	..	1	0.6	..	..	..	....
Mental Deficiency	1	..	1	0.6	..	2	2	1.1
Acute Situational Maladjustment ..	..	..	..	....	1	..	1	0.6
Epilepsy .....	..	..	..	....	2	1	3	1.6
	86	88	174	100.0	92	94	186	100.0

Table No. III — AGE OF FIRST ADMISSIONS — 1957

	Years: 10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-94	Total
Male	6	24	15	7	7	7	15	5	..	86
Female	9	10	23	13	8	4	11	9	1	88
	15	34	38	20	15	11	26	14	1	174

Table No. IV — DISCHARGES CLASSIFIED AS TO DIAGNOSIS AND CONDITION ON DISCHARGE

Mental Disorder	Recovered		Improved		Unimproved		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Schizophrenic Disorders	4	6	52	60	7	1	63	67
Manic Depressive Reaction	3	1	8	7	..	..	11	8
Involutional Melancholia	1	2	1	2	..	..	2	4
Paranoid Condition .....	..	1	3	4	..	1	3	6
Senile Psychosis .....	..	..	..	1	..	..	..	1
Presenile Psychosis .....	..	..	1	..	..	..	1	..
Psychosis with Cerebral Arteriosclerosis .....	..	..	1	1	..	..	1	1
Psychosis due to Alcohol	3	..	4	..	..	..	7	..
Psychosis due to Brain Tumour .....	..	..	..	1	..	..	..	1
Psychosis due to Epilepsy .....	..	..	3	1	..	..	3	1
Psychosis due to Infectious Disease .....	..	..	..	1	..	..	..	1
Psychosis due to Exogenous Poisons .....	..	..	1	..	..	..	1	..
Psychosis due to Glandular Disorder .....	..	..	..	1	..	..	..	1
Psychosis due to Trauma .....	..	..	1	..	1	..	2	..
General Paresis .....	..	..	2	1	..	..	2	1
Psychosis with Mental Deficiency	1	..	3	1	1	..	5	1
Psychosis with Psychopathic Personality .....	..	..	1	1	..	..	1	1
Unspecified Psychosis	3	..	5	3	..	..	8	3
Psychoneurosis .....	..	1	2	10	..	1	2	12
Pathological Personality	1	..	11	..	1	2	13	2
Immature Personality .....	..	..	2	..	..	..	2	..
Alcoholism .....	..	..	5	1	..	..	5	1
Drug Addiction .....	..	..	..	2	..	..	..	2
Mental Deficiency .....	..	..	2	..	..	..	2	..
Acute Situational Maladjustment .....	..	..	2	..	..	..	2	..
Epilepsy .....	..	..	2	2	..	..	2	2
	16	11	112	100	10	5	138	116
	27	212	100	212	15	15	254	254

Table No. V — DEATHS CLASSIFIED AS TO CAUSE OF DEATH
AND AGE AT DEATH

Cause of Death	Age in Years							Total
	35-39	40-49	50-59	60-69	70-79	80-89	90-94	
Pulmonary Tuberculosis	1	..	..	..	..	..	..	1
Cancer of Stomach	1	..	..	..	1
Cancer of Rectum	1	..	..	1
Cancer of Intestines	1	..	1
Cancer of Pancreas	1	..	..	..	..	1
Cancer of Breast	1	..	..	1
Diabetes Mellitus	1	..	..	..	1
Leukaemia	1	..	..	..	1
Cerebral Haemorrhage	2	2	..	4
Acute Myocarditis	1	..	..	..	..	1	..	2
Chronic Myocarditis	1	2	3	..	6
Disease of Coronary Arteries	2	6	7	5	1	21
Bronchpneumonia	1	..	1	2	8	6	..	18
Lobar Pneumonia	1	..	..	..	1
Infarction of Lung	1	..	..	1
Intestinal Obstruction	1	..	..	1
Cirrhosis of Liver	1	..	..	..	..	..	1
Acute Nephritis	1	..	..	..	1
Chronic Nephritis	1	..	..	1
Senility with Senile Dementia	1	..	..	..	1
	3	1	4	15	24	18	1	66

**STATEMENT OF EXPENDITURES AND RECEIPTS SELKIRK HOSPITAL FOR
MENTAL DISEASES**

12 Month Period Ending March 31, 1957

Bursar: C. R. ELLERBY

Expenditures

Administration and Subsistence:

Salaries	\$ 675,389.34	
Subsistence	226,902.29	
Clothing	20,802.79	
Supplies and Expenses	110,595.82	
	<u>\$1,033,690.24</u>	
Less—Payment for meals, etc	53,310.47	
		<u>\$ 980,379.77</u>

Farm Expenses:

Salaries	\$ 41,866.00	
Supplies and Expenses	24,435.45	
		<u>66,301.45</u>

Total Health and Public Welfare Expenditures \$1,046,681.22

Public Works:

Salaries	\$ 53,577.89	
Fuel	52,674.82	
Light and Power	46,871.62	
General Expenses	28,236.75	
		<u>181,361.08</u>

Total Public Works Expenses 181,361.08

Federal Grant Expenditures:

Personal Services	\$ 59,771.99	
Travel	253.90	
Equipment	425.93	
Supplies and Expenses	1,290.79	
		<u>61,742.61</u>

Total Federal Grant Expenditures 61,742.61

Total Expenditures for Hospital \$1,289,784.91

Receipts

Maintenance paid	\$ 233,092.92
Farm Produce to Hospital	40,528.92
Farm Cash Revenue	11,405.44
Sundry Revenue	164.24
Federal Grants	61,742.61
Total Receipts	346,934.13
 Net Cash Cost of institution for Twelve Month Period ending March 31st, 1957	 \$ 942,850.78

Per Capita Cost:

	1956-57	1955-56	1954-55
Total Patient Days	434,915	425,181	409,920
Daily Average	1191.55	1161.70	1123.07
Gross per Capita Cost	\$ 2.9656	\$ 2.7305	\$ 2.6239
Net Per Capita Cost	\$ 2.1679	\$ 2.1033	\$ 2.0019

Manitoba School for Mentally Defective Persons

Medical Superintendent—H. S. ATKINSON, M.D.

We are presenting for your consideration, the Annual Report for the Calendar Year 1957.

Trends in Psychiatric Institutions

It is our firm belief that schools for the mentally retarded properly come within the general field of medicine and specifically the psychiatric area. It appears to us no other concept can possibly cover the complete picture. There appears no one type of plan can provide the number of basic disciplines necessary to establish research for discovery, nor treatment, nor training, nor rehabilitation, nor indeed education, because all fall back on the factors that constitute the basic nature of mental retardation, which factors are the basic medical sciences of anatomy, physiology, pathology, neurology, genetics and indeed embryology and any that are relevant.

Notwithstanding, what would appear to be fact, the present day trend is to emphasize the adjunctive aids rather than the basic factors. Thence, the basic factors are liable to be out of proper perspective. It is true these basic considerations have not as yet produced all the answers to our problems nor satisfied our needs, but it is necessary to maintain a base no matter in what direction we are searching.

It seems that "trends" should be regarded with caution. They should not provide an overlay that beclouds the fundamental issues. Trends are liable to great variation and be costly in their experimentation with false hope that may stir the imagination, but bring about little permanent good.

Today, one intriguing trend, is the Open Door Psychiatric Institution. We are liable to swallow the pill before we know its content. Our opinion is that there always has been Open Door institutions—with qualifications. Nice, as the implication may be, the fact is that the "Open Door" is not just that, but in addition more staff, more programs, more activities over more hours of the day at greater cost and perhaps mainly a geographical re-allocation of the outer doors of buildings to the outer limits of the airing courts. This, no doubt, is desirable, but it seems necessary to consider what limits has freedom as would seem to be expressed in the term "Open". At least "trends" would seem to require careful appraisal. In another context this question may be asked—if we have less of one thing say "closed" doors will it mean more of something else say staff and program? If so it may be desirable and even justified but we should clearly understand factors and values involved.

Today, most all institutions of health have become multidiscipline agencies—and necessarily so, we believe, because the very complexity, indeed the mystery of living things, requires an all out effort in investigation and application of knowledge and wisdom. The number of professional groups engaged in any one institution, requires careful integration of effort, to direct all toward the main objective. An Annual Report could not cover all the fields of endeavour and so a chapter is written each year. As before stated, we believe, the basic medical sciences are the spring board of departure, and so this year, we emphasize the medical activities. The statistical

values represent many administrative considerations, one of which is mentioned. In the building program, provision must be made as well as possible for types, ages, treatment groups, training groups, segregation of the sick, infectious and disturbed and all has to be nearly duplicated for the two sexes.

The Clinical director will present the medical statistics and the senior physician, the treatment activities, that are particularly remarkable.

All other statistics are indicated in attached appendices.

During 1957 a diagnostic survey was made of all patients in the institution. Patients were classified according to clinical type and grade of deficiency, and also in accordance with the recent etiological classification of the American Association on Mental Deficiency. The most numerous clinical groups were found to be familiar mental defect, oligoencephaly, cerebral palsy, mental defect with epilepsy, and mongolism.

Familiar mental defects, the most numerous category, has various additional names, such as subcultural and polygenic. The mental level of affected families is subnormal on the whole, but since the intelligence quotients of children normally tend to vary between plus or minus 15 of the highest and lowest parental I.Q. it is likewise possible to find defectives of this type in families where one or more members have an intelligence within the average range. This has to be distinguished from a rare form of familial mental defect, due to recessive heredity, which arises quite sporadically in families of often superior intelligence, but where, as in the ordinary familial cases, there are no recognizable associated disorders of the nervous or other systems.

Oligoencephaly is distinguished by physical anomalies such as defective development of the ears, gross dental irregularities and asymmetry of skull and features. Severe mental defect is generally associated. The causal agent is active during the early months of foetal development and leads to faulty differentiation of structures. In some instances there is a family history of mental defect but others provide no evidence of abnormal heredity.

The term cerebral palsy is used to describe a number of non-progressive conditions characterized by motor disability resulting from prenatal, natal or postnatal brain disorders. Mental defect is present in a considerable proportion of cases.

OVERALL CLINICAL CLASSIFICATIONS, LEGAL GROUPINGS AND SOME COMPARISONS

Clinical Classifications:	Male	Female	Total
i. Familial	133	115	248
ii. Oligoencephalic	48	52	100
iii. Mongoloid	43	42	85
iv. Associated with Neuromuscular Conditions	129	118	247
v. Associated with Special Sense Organs	2	3	5
vi. Associated with Skeletal Disorders	29	47	76
vii. Associated with Cutaneous Manifestations	14	7	21
viii. Other Groupings	9	1	10
ix. Unknown	31	21	52

Classifications according to American Association on Mental Deficiency:

Cerebral Birth Trauma	13	16	29
Cerebral Infection, postnatal	13	13	26
Congenital Cerebral Maldevelopment due to prenatal infections	3	4	7
Congenital Cerebral Maldevelopment, non-specific	48	56	104
Congenital Cerebral Maldevelopment, other forms	24	16	40
Congenital Cerebral Maldevelopment with cerebral palsy, prenatal	35	28	63
Congenital Cerebral Maldevelopment with congenital ectodermosis	7	4	11
Congenital Cerebral Maldevelopment with cranial anomalies	19	35	54
Congenital Cerebral Maldevelopment with mongolism	43	42	85
Congenital Cerebral Maldevelopment with phenylketonuria	4	3	7
Due to convulsive disorder	43	44	87
Familial	133	115	248
Hypothyroidism	3	3	6
Other postnatal forms	9	2	11
Progressive neuronal degeneration	8	4	12
Psychogenic	2	..	2

Classifications According to Grades:

Moron (24.8%)	107	102	209
Imbecile (50.7%)	232	196	428
Idiot (24.5%)	99	108	207

Percentages of Main Clinical Groups:

Familial	28.7%
Cerebral Palsy	11.8%
Oligoencephaly	11.8%
Mental Defect with Epilepsy	10.3%
Mongoloid	10.1%

For further comparison an analysis was made of all admissions over the period 1955-57 inclusive. The percentages obtained were as follows:—

Familial	30.6%
Cerebral Palsy	17.2%
Oligoencephaly	3.8%
Mental Defect with epilepsy	9.5%
Mongoloid	8.9%

During the same period the following grades were recorded:—

Moron	38.2%
Imbecile	40.1%
Idiot	21.6%

Some Specific Treatment: As the various tranquillizing drugs have appeared on the market, and sometimes before they have appeared commercially, supplies of these drugs have been obtained and their effects on disturbed mental defectives have been studied.

Aims: The aims of studying the effects of the tranquillizers on our patients in general is to try to achieve an amelioration of the disturbed, aggressive, self-abusive or destructive behaviour found in many low-grade defectives and to control such behaviour without the use of physical types of restraint.

Conclusions to date: Results to date have not been too encouraging. Only the broadest criteria can be adduced so far for the successful use of tranquillizers. It has been our experience, for instance, that chronically disturbed behaviour can be better controlled than can episodic disturbed states with routine doses of tranquillizing agents, and it has not been found possible to reduce decisively either the severity or the frequency of such episodes without pushing the dosage of the drugs past the point at which increasing side effects render their use dangerous to the patient.

Nor has it been possible to establish criteria for the respective use of individual drugs. Two patients of similar behaviour type may react very differently to average doses of the same drug and the same patient may show variable responses at different times to identical doses of the same drug. In general it has been found necessary to vary the dose of each drug to the specific requirements of each patient, a finding which has been reported by other institutions working in the field of mental disease only.

The long-range effect of prolonged administration has been studied in a few cases, and our patients show a strong tendency to become resistant to tranquillizers administered over a long period of time. Especially is this true if there is a break in the administration and then dosage is resumed.

Finally the incidence of side-effects in defective patients is higher than that found in mentally ill patients and this applies to those side-effects which affect the central nervous system and the cardiovascular system in particular. No case of blood dyscrasia or hepatitis has occurred to date but the number of patients treated with any one drug is probably not sufficient to have produced a significant incidence in side-effects of these types.

MEDICAL SERVICES

Laboratory:

Blood Chemistry	111	Bacteriology	3,600
Haematology	1,935	Basal Metabolism	15
Urinalysis	327	Electroencephalograms	125
Serology	181		
		Total	6,294

X-Ray:

Chests	1,280	K. U. B. and Abdomen	10
Spine	29	G. B. V.	10
Pelvis	17	Dental	15
Extremities	135	Miscellaneous	23
Barium meal	20		
Barium enema	8	Total X-rays	1,827
Skull	280	Films used	2,384

Dental Statistics:

Number of working days	108	Prophylactic Treatments	
Number of patients examined	1,756	(Scaling)	460
Number of patients resistive		Gum Treatments	461
or uncooperative	44	Fillings	305
Extractions	302	X-rays	8
Local Anaesthetics	219	New Dentures	11
General Anaesthetics	8	Dentures repaired and adjusted ..	28

Psychological Mental Testing: Tests were administered as follows:

(a) Intelligence:		Out-Patients	40	
Patients	98	Student Nurses	42	180
(b) Personality:				
Patients	6	Out-Patients	21	
Broadway Home girls	18	Student Nurses	46	91
(c) School Readiness:				
Patients	35	School Achievement—		
(d) Others:		Patients	60	95
Out patients	14			14
Total tests				380

Teaching: This has included orientation lectures to new students; Two courses of ten lectures each in Introductory Psychology to First Year Nurses and Attendants; monthly discussions of Mental Tests with students from the Medical College; and a seminar series with teachers in the institutions.

Study: This consisted of two six-week courses in special education at Syracuse University during the summer of 1957. These courses were concerned with the education and rehabilitation of the mentally retarded.

Psychological Internships: In 1957, for the first time, a psychological interne was employed for the summer months. This proved of sufficient value to the institution to encourage further internships in future years. The psychologist participates in staff clinics and conferences and assists in the planning and carrying out of a number of patient programs and institutional functions.

Laundry:

Patients Body Clothing processed	751,000 lbs.
Other articles processed in laundry	979,694 pieces

Sewing and Craft:

Use of Wards, Dining		New Linen	6,854
Rooms, Residences	6,675 pieces	Staff Mending	106
Patients' clothing	5,777 pieces	Patients' Mending	31,272
Staff Uniforms	1,492	Clothing tagged	8,183
Uniforms altered and		Crocheting, rugs,	
mended	2,281	embroidery	324

Tailor, Shoe and Woodworking Shop:

New and Miscellaneous garments	4,072	Leather articles repaired ..	1,050
Clothing repaired	10,433	Woodworking articles made	399

Hairdressing Procedures:

Shampoos	2,759	Scalp Treatments	988
Finger Waves	2,495	Manicures	462
Hair Cuts	648	Permanents	75
		Color Rinses	127

112 hours of Instructress' time was spent on the wards carrying out hairdressing procedures.

School—Academic: (Principal, three grade teachers, one sense training, one speech therapist)

Kindergarten	18	Grade Levels	67
Sense Training	13	Speech Class	30

School of Nursing:

Students enrolled as of November 1956	44	Speech Class	30
New Students enrolled in 1957	25	Student Attendants enrolled as at November 1956	17
Student Nurses enrolled as of November 1957	41	New Students enrolled during 1957	11
Student Nurses resigned 1957	17	Students enrolled as of November 1957	19
Nurses Graduated in 1957	11	Students resigned 1957	2
Grade Levels	67	Students graduated 1957	7

Movement of Population:

	Male	Female	Total
Remaining under treatment December 1956	436	383	819
First Admissions	19	49	68
Re-admissions .....	....	1	1
Deaths	13	12	25
Holiday Probations	146	78	224
Discharges	4	8	12

STATISTICS — POPULATION

At the commencement of the year there were 819 in residence, 436 male, 383 female.

Admissions: Totalling 69, being 19 males, 49 females and 1 readmission female, of these admissions 29% or 20 were classified as morons; 49% or 34 were classified as imbeciles; 22% or 15 were classified as idiots.

The racial origin in order of frequency shows: English 23, Scottish 11, Ukrainian 9, Irish 6, Metis 4, German 3, Swedish 2, Polish 2, French Canadian 2, Roumanian 1, Dutch 1, Jap-Indian 1, Austrian 1, Icelandic 1, Scandinavian 1, Belgian 1.

Ages:—10 and under—23; 10 to 20—27; 20 to 30—12; 30 to 40—3; 40 to 50—3; 50 and over—1.

Marital Status: 68 single, 1 married.

Economical Status: 100 percent dependent.

Environment Report: 49 urban, 20 rural.

Degree of Education: 40 illiterate, 29 read and write.

Nativity: 1 German, 68 Canadian.

Discharges occurred to a total of 12, 4 male, 8 female.

Deaths totalled 25; 13 male, 12 female; causes as follows:—5 status epilepticus, 6 myocarditis, 1 acute myocarditis, 1 secondary cancer of brain, 5 bronchopneumonia, 1 toxæmia staphylococcal, 1 carcinoma of pyloric-antrum, 2 lobar pneumonia, 1 cerebral arteriosclerosis, 1 congenital heart disease, 1 Fredricks ataxia.

Conclusion

A study of the clinical diagnostic and treatment record above will indicate the marked complexity of our branch. A plea has been made for a definite basis for working, thinking and research. A clear difference has been indicated between adjunctive services which are not possible for use as examinations for discovery but are social aids for the present only. They will not limit our total milieu but do create the mantle of human dignity and as such are indispensable.

While some new instruments of care have been devised such as day or nursery schools it seems unlikely that they will ultimately reduce the call for institutional care in those that live beyond the age of the usefulness of such schools. In other words it may mean a delay in need but not an exclusion.

Again while sheltered workshops may fill another need it must be remembered that they only provide for one feature and that is mechanical ability which often may be rendered useless by personality defect or anti-social behaviour which requires pre-training to such workshop placement.

Only in retrospect can we sometimes affix true values. Many new ideas and methods now receiving attention may or may not survive but it seems certain that the basic institutions, which have been proved, must be kept strong and a retreat in time of trouble.

One proof of the basic medical sciences being the absolute reason for reduction in mental deficiency is the case of mental deficiency due to syphilis. In 1932 all institutions in the United States and Canada were communicated with to enquire the number of such cases. The reports indicated 5-10 percent. Due to modern medical discovery and treatment such cases are now tending toward the vanishing point and only human nature prevents it reaching zero. Why not the same story about some other causes of mental deficiency such as Phenylpyruvic Acid Deficiency. We know the cause. We await the discovery of prevention. And so it may be with other types. There is very definite reason for hope. Research in and by the medical sciences is imperative.

Acknowledgments

Voluntary aid has been a very important help in our activities and in the betterment of living and preservation of human dignity. It would, indeed it is, difficult to express our gratefulness to all who have helped, but we are most appreciative.

We feel we must specially mention our Parents' Association now known as the Association for Retarded Children in Manitoba. Our cause is their cause and I only hope that they have assurance of our purpose that insures the welfare of their and all people's children of Manitoba. That I feel is one best way I can thank them.

THE MANITOBA SCHOOL FOR MENTALLY DEFECTIVE PERSONS

Report of Bursar — G. W. WILSON

The Bursar's Annual Report for the Fiscal Year ended March 31, 1957 is as follows:

Average Daily Population	809
Daily Per Capita Cost, exclusive of Farm	\$2.5723
Daily Per Capita Cost of Farm	\$.1073

Occupational Therapy Department: From all reports the Annual Sale of Craft Work, which took place on December 5th, 1956, was very well attended and was the usual success. Indeed the financial report of the sale will bear out this conclusion:

Craft Room	\$267.00
Wood-working Shop	377.20
	\$644.20

Expenditures for the year were \$537.00, so a net profit of \$107.20 was shown.

General: The Graduation Exercises were held on May 15th, 1957, and the public once more attended this impressive function in large numbers. There was a class of eleven nurses and seven attendants graduating. The guest speaker for the evening was Rev. J. E. Nix, who gave a highly illuminating and instructive address to the graduating class, which was also enjoyed by the attending public.

In the short time I have had the good fortune to be associated with this institution, one thought remains outstanding to me and exemplifies more than ever that "the quality of mercy is not strained". This is magnified time and again by the kindly attitude of the staff to the patients and in particular to the younger children in our care. Also it is heart-warming to see the gifts of televisions, radios, etc. from the various organizations and groups which are given freely and spontaneously to this institution. It would appear the public are becoming more and more conscious of those less fortunate year by year.

At this time may I make particular mention of Mr. F. Douglas Bull, your former capable Bursar for many years, who is now on sick-leave and who will be retired from the Civil Service in January of next year. The statistics as presented here were taken from the orderly and well-kept records of his Bursarship, thus my grateful thanks to him.

**Summary Statement of Expenditures and Daily Per Capita costs
for Year ended March 31, 1957**

Administration and Subsistence:**Health and Public Welfare:**

	Daily Per Capita Costs	Expenditures	
Salaries	\$1.4861	\$438,837.61	
Supplies .....	.4695	138,628.97	
Clothing .....	.0724	21,384.94	
Expenses, Equipment and Renewals .....	.1906	56,287.55	
Sub-Totals	<u>\$2.2186</u>	<u>\$655,139.07</u>	
Less Board and Living Accommoda- tion supplied to employees .....	.1333	39,369.84	
		<u>\$2.0853</u>	<u>\$615,769.23</u>
Farm:			
Salaries	\$.0734	\$ 21,678.63	
Supplies, Expenses, etc. ....	.0339	10,003.94	
Sub-Totals	<u>\$.1073</u>	<u>\$ 31,682.57</u>	
Less Produce sold to Institution		23,154.12	
			<u>\$ 8,528.45</u>
Totals	<u>\$2.1926</u>	<u>\$624,297.68</u>	

Operation and Maintenance:**Public Works:**

Salaries	\$.1848	\$ 54,561.81	
Fuel .....	.1481	43,742.66	
Light, Power, Water, etc. ....	.1541	45,505.81	
Non-recurring items (new)			
Totals	<u>\$.4870</u>	<u>\$143,810.28</u>	

Recapitulation (Exclusive of Farm):

Health and Public Welfare	\$2.0853	
Public Works .....	.4870	
Totals	<u>\$2.5723</u>	

General Welfare Services

Report of the Federal Government

The Department of Health, Education and Welfare, Office of the Assistant Secretary for Public Welfare, Division of Public Welfare, Washington, D.C., 20452

1967

The concept of the growth of a nation is measured by the progress of the welfare of its individuals. It is not enough to have a high standard of living and a high rate of economic growth. It is also necessary to have a high standard of public welfare. Public welfare is the important factor in the growth and development of a nation. It is the responsibility of the Government to provide for the welfare of its citizens. The Division of Public Welfare is responsible for the administration of the public welfare programs of the Federal Government.

DIVISION of PUBLIC WELFARE

The Division of Public Welfare is responsible for the administration and coordination of the public welfare programs of the Federal Government. It is the responsibility of the Division to provide for the welfare of the citizens of the United States. The Division is organized into seven major areas of responsibility:

1. **GENERAL WELFARE SERVICES**
2. **SOCIAL ASSISTANCE**
3. **REHABILITATION SERVICES**
4. **OLD AGE ASSISTANCE**
5. **BLIND PERSONS' ALLOWANCES**
6. **DISABLED PERSONS' ALLOWANCES**
7. **ELDERLY PERSONS' HOUSING**

Each of these areas is responsible for the administration of the public welfare programs of the Federal Government. The Division is organized into seven major areas of responsibility:

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STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE

OFFICE OF THE COMMISSIONER
120 NASSAU ST., 12TH FLOOR
NEW YORK, N.Y. 10038
TELEPHONE: (212) 424-2000

DIVISION of PUBLIC WELFARE

- 1. GENERAL WELFARE SERVICES
- 2. SOCIAL ASSISTANCE
- 3. REHABILITATION SERVICES
- 4. OLD AGE ASSISTANCE
- 5. BLIND PERSONS' ALLOWANCES
- 6. DISABLED PERSONS' ALLOWANCES
- 7. ELDERLY PERSONS' HOUSING

General Welfare Services

Assistant Director—S. McARTON

I am pleased to submit the following report on the general welfare services of the Public Welfare Division for the year ending December 31st, 1957.

GENERAL

The concern of the people of Manitoba as citizens of the province in the welfare of the individual in need and in the social health of the community at large finds major expression in the provincial welfare services under the Department of Health and Public Welfare. From a fiscal standpoint alone it is abundantly clear that social welfare is too important to be ignored, neglected or handled superficially. The extent and scope of these services are most evident when seen in the context of the network of private, municipal and provincial welfare services of Manitoba.

The Public Welfare Division, besides carrying its own services, provincially administered and provincially financed, bears a percentage cost of all municipal welfare programs and contributes via annual grants to the programs of various private agencies and institutions whose programs of service contribute or are auxiliary to the purposes of the provincial welfare programs. The extent of this total financial outlay during the year under review was in excess of \$4,000,000: With the addition of Old Age Assistance, Blind Persons' Pensions and Disability Allowances a further \$1,500,000 is added.

Personnel Changes: The division enjoyed a higher degree of staff stability than during the previous year. The gain in quality and efficiency of services through the retention of experienced staff is real, although difficult to measure. During the year three staff members took leave of absence to take social work training and three returned to duty following leave of absence for the same purpose. Three staff members reached retirement age during the year.

Progress in Decentralization of Services: The division continues to decentralize its services as an administrative policy. Decisions made by staff on the spot and where the need has arisen result in speedier and better service. In addition administrative processes are simplified. Plans laid during the current year will shortly result in completed decentralization in the Dauphin-Swan River area.

Federal-Provincial Unemployment Assistance Agreement

This Agreement, signed in May 1956, and retroactive to July 1st, 1955, has now been in practising operation for one complete calendar year. Since its inception the administration of the practical details and development of reporting and claiming methods have fallen largely upon the Public Welfare Division clerical staff and upon the Accounting Division of the Department of Health and Public Welfare.

Basic procedures, hitherto suitable had to be completely over-hauled and new methods instituted to meet the particular requirements of the Agreement. Certain basic information establishing total enrolments over the past ten years in Mothers' Allowances had to be provided and this required more than one revision as rulings on the interpretation of the Agreement or modifications thereto were received from the Federal Government.

To secure an accurate record of direct relief granted throughout Manitoba, in order to secure all proper refunds under the Federal-Provincial Agreement, requires detailed reporting by every municipality in Manitoba and by our own relief-giving offices. The combined reporting of some 170 municipalities and our offices gives an exact picture of the number of persons who received basic relief and the total cost of same.

During the year under review the number of individuals receiving "claimable" assistance fluctuated between about 8,400 and 10,500 according to seasonal employment and other factors. The lowest months were June, July, August and September when applicants averaged 8,450 and the highest months were November to April. Municipal relief accounted for about 70 percent of relief given, with the remainder being provincial responsibility. Total costs of this assistance runs between \$215,000 - \$250,000 monthly.

Mothers' Allowance

The Mothers' Allowance program has continued to aid bereaved and dependent children according to the same eligibility requirements and means test as in the previous year. The following table shows the volume of cases handled during the year compared with the previous three years:

Mothers' Allowance Case Loads for the Calendar Years 1954 - 1957

Number of Families	1954	1955	1956	1957
On Allowance January 1st	1,060	1,187	1,137	1,128
Enrolled January to December	295	220	234	235
Cancelled January to December	191	255	244	284
On Allowance December 31st	1,164	1,152	1,127	1,079

It will be observed from the above statistics that the decrease in cases on Allowance noted in the 1955 and 1956 periods has continued, but in 1957 is accounted for entirely by an increase in the number of cases cancelled during the year. A study of the reasons for cancellations showed that the largest number (89) were due to the father being no longer disabled. This compared with 68 in the previous year, and would appear to be the result of the continued emphasis on careful medical assessment and use of rehabilitation measures.

In the last annual report reference was made to the need for an increase in the maximum allowance particularly for families without outside income. Two steps were taken during 1957 to meet this need. In April the regulations were altered to allow for grants up to \$25.00 per month in addition to the basic allowance to meet actual shelter costs of families without other income.

In October a further grant up to \$25.00 per month was made to these families to provide for a one-third increase in the basic food allowance. Corresponding relaxation of regulations regarding deductible income were made to allow families with other income to supplement basic allowance in lieu of the special grants. The increases in pensions and disability allowances which became effective in July and November 1957, benefitted those families on Mothers' Allowance with income of this kind to the full extent of the increase.

Although the above changes have benefitted Mothers' Allowance recipients to a degree, a study of Mothers' Allowance rates in relation to the cost of living made during the summer of 1957, pointed to a need for an over-all revision of the basic schedule. The 1958 budget has, therefore, been estimated with this objective in mind.

Social Assistance

The Social Assistance program has continued to provide assistance to indigent persons in unorganized territories in Manitoba and to various other categories of needy persons who are provincial responsibilities. This latter group consists of:—

Aged and infirm persons with no municipal residence in the province, transient single men, immigrants requiring medical care or maintenance because of illness, and needy persons or families living in municipalities without municipal legal residence.

Net Cost of Social Assistance by Quarterly Periods

Quarterly period	
January - March	\$250,189.
April - June	127,032.
July - September	197,821.
October - December	184,470.
TOTAL	\$759,512.

During the year there has been some increase in costs of aid. Institutions have found it necessary to raise their charges for aged and infirm persons. The City of Winnipeg raised their social assistance rates in January 1957 thus raising the cost of social assistance to a large percentage of cases who are provincial responsibilities residing in municipalities. The upward revision of the social assistance schedule in unorganized territory for food and clothing items which became effective April 1st, 1957 also contributed to the increased cost of this program.

On the other hand, the Federal-Provincial Agreement on Unemployment Assistance has enabled Manitoba to claim federal assistance in meeting a portion of the expenditures under this program. In order to take advantage of this Agreement, it was found necessary to alter administrative procedures. The first alteration, made in the early months after the Agreement became effective, required a further modification under new interpretations of the Agreement, and in April 1957 a complete change was made in the administrative procedures of this program.

The following table gives a general picture of the volume of cases assisted during the year.

Number of Social Assistance Cases Active in 1957

Number of Cases	Total	Relief in Unorganized Territory	Aged and Infirm in Institutions	Medically Indigent Immigrants	Relief to Provincial Cases in Municipalities
Open January 1st	1,637	1,167	155	13	302
Open January-December	1,757	661	79	37	980
Closed January-December ..	1,545	692	72	21	760
Open December 31st	1,849	1,136	162	29	522

Child Welfare

The child welfare program of the Division of Public Welfare seeks to determine the policies and procedures necessary to ensure adequate protection and care for the children of Manitoba, not only in their own homes but for the children who have to be removed from the care of their own parents and given substitute care. To this end an effort is made to co-ordinate the work carried on by the four children's aid

societies of the province, in areas occupied by 76 percent of the population of the province, and the Division of Public Welfare services provided to the remaining 24 percent of the province's population. These latter services are provided in all the unorganized territory and in more northerly municipalities where children's aid societies do not operate.

Protection Services and Family Welfare: Within the division's child welfare program, efforts are made to help parents improve conditions in the child's own home in order that the child may remain with his own natural family. Many of these families are in receipt of social assistance or mothers' allowance and, in addition to these, there were some 252 families in 1957 not in receipt of financial assistance to whom protection services were given as well. Approximately 600 children were involved in these cases where efforts were made to preserve the family unit and to avoid removal of the children from the home. Children have to be removed from the family home for various reasons—death or desertion of one parent and the inability of the other parent to carry on, drunkenness, cruelty, family discord leading to physical and mental breakdown of a parent. Efforts are made to improve the conditions in the home before removal of a child is considered.

Guardianship of Children: Protective supervision and care for a child in his own home is a preventive program and is less costly in human values as well as in dollars and cents if this can be worked through with safety for him in his own family unit. When, after using all resources available in the way of financial assistance and many supportive measures, parents fail in their responsibility to a child, guardianship action is taken to protect the child.

This means that action is taken before a judge of a juvenile court in which guardianship of a child is transferred from the parent to the Director of Welfare. The Child Welfare Act provides for a temporary period of guardianship and, where there seems to be an even slight possibility that parents might resume their responsibility for a child, temporary guardianship only is granted. Permanent guardianship is a more final step and is granted only when it appears to be in the best interests of a child and where any attempts at family rehabilitation have failed.

At January 1st, 1957 there were 574 children under the director's guardianship; During the twelve months January to December, 1957, 151 children were committed to the guardianship of the director (57 of these 151 through children's aid societies). Children discharged from guardianship during 1957 totalled 115: Of these discharges 28 were legally adopted, 29 were returned to parents, 11 became of age, one died, guardianship in 5 cases was discharged by order-in-council, and in the remaining 41 instances guardianship orders expired.

Of the 627 children in the care of the director at December 31st, 1957: 281 were in foster boarding home care; 24 were in institutions; 113 were in the care of children's aid societies; 99 were in adoption homes; 19 were in free homes; 40 were self maintaining; 27 were mothers' allowance wards; 12 were in government institutions; and 12 were in their own homes.

601 of these 627 children were the director's wards;

6 were wards of children's aid societies;

10 were special cases.

Concerted efforts have been made this year to find permanent adoption homes for as many wards as possible and in this last year 67 additional children, for whom the director had guardianship, have been placed in adoption homes.

The largest number of children under guardianship will continue to be those in foster homes although this percentage should decrease as time goes on with the emphasis on adoption placement for the younger age groups. As of December 31st, 1957 approximately 32 percent of the children under guardianship were teenagers. Many of this group were not separated from their parents until they were older. Older children find it difficult to relate to a substitute family group when they have been removed from their own homes. It is only the occasional older child for whom a permanent adoption home can be found. More often than not to begin with, these develop from a good foster home placement.

Many of the children in foster homes are the physically or mentally handicapped children who have severe emotional handicaps and require special care and treatment, the children of mixed racial backgrounds whom prospective adopting parents find difficult to accept. In other instances there are brothers and sisters with whom there is a close tie and from whom a child should not be separated.

There are, of course, the children who were not available for adoption at an earlier age because of a series of temporary committals and who are now too old to be readily placed.

Adoption Services: When permanent guardianship is taken for a child it indicates that there is little, if any, possibility that the child will even be reunited with his natural parent or parents. The division then thinks in terms of an adoption home for this child. The child is legally free for adoption with a permanent committal and, if he is emotionally ready for adoption, efforts are made to find the home that will best meet the needs of this particular child. The younger the child, the more readily possible is placement. There are many homes from which to choose and the emphasis is placed on the child's needs when selecting the home.

In the year 1957 there were 67 wards of the director placed in adoption homes which brings the year end total to 99 wards under supervision in adoption probation homes. This figure is 28 more than the preceding year.

Increasing use is being made of the Central Registry which was established early in 1957 to make known to all children's aid societies and division district offices certain children suitable for adoption placement as well as prospective adoptive parents. The registry was used in 17 instances and 6 children placed as a result. Of these 6 children homes were found for 3 difficult-to-place children for whom the particular agency or district office concerned did not have an available home. In 3 instances children were found for a particular type of home through Central Registry service.

New applications for adoption of children continue to be received by the division offices—

Adoptions applications carried over from 1956	659
New applications, 1957	344
Applications at December 31st, 1957	669
Children placed in adoption homes	184
wards 67 }	
non wards 117 }	

Adoption decrees completed, 1950 to 1957 inclusive, for the Province of Manitoba:

1950	320	1954	433
1951	389	1955	395
1952	371	1956	494
1953	436	1957	428

In addition to the wards of the director the above figures include the wards of children's aid societies as well as the children of unmarried mothers placed for adoption at the request of the mother.

Services to Unmarried Mothers: The division provides counselling service to unmarried mothers in areas of the province where there is no children's aid society. During the year there were 65 new referrals to division workers and with 132 carried over from 1956, services were given to 197 unmarried mothers in all.

In the administration of Part V of The Child Welfare Act 14 new filiation orders and agreements were secured from the alleged fathers and a total of \$7,115.00 paid to the division on all existing orders, for disbursement to the mother.

In Manitoba in 1957 there were 918 children born out-of-wedlock, an increase of 50 over the previous year: Of these 918, 716 were white children and 202 were indian.

General Services—Transients: Each year there are a number of transient children who are returned to their families in other provinces after inquiries and permission for repatriation is secured from that province.

In 1957 there were 15 children returned to their families in six different provinces—8 of these transients were girls and 7 were boys. They ranged in age from fourteen to seventeen years.

Inter-provincial and International Service: During the past year 277 new requests for service to and from other provinces and countries were channelled through the division, all these relating to some child welfare problem.

There was an increase in the number of inter-national requests for services during 1957, forwarded to us through the Canadian Welfare Council.

The Department of Citizenship and Immigration requested permission for 24 Hungarian juveniles to enter the province unaccompanied by families or relatives. In six other instances investigations were made concerning the circumstances of families in this province wishing to bring a particular juvenile immigrant to their home.

Chartered Children's Aid Societies: There are five children's aid societies operating in the province covering the major portion of the population or 76 percent. Four of these agencies are non sectarian;

- The Children's Aid Society of Winnipeg;
- The Children's Aid Society of Central Manitoba;
- The Children's Aid Society of Eastern Manitoba; and
- The Children's Aid Society of Western Manitoba.

The main sectarian agency is the Jewish Child and Family Welfare Service.

Each Agency is governed by its own board of directors,—a group of private citizens who concern themselves with the community needs of children and who outline policies and procedures in the interests of the children who require their services in the community. These agencies carry a protection service program, take guardianship of children when necessary, have a foster and adoption home program and provide services to the unmarried mothers of their respective district.

The municipalities of these areas bear the cost of maintaining children under guardianship, while private funds and the province share the costs of maintaining the protection, adoption and unmarried mother services. Private community funds bear the cost of any private program the agency undertakes in addition to the above.

All financial figures in the following table are approximate since the fiscal year of two of the agencies does not end until March 31st and audited statements for the other two agencies are not yet available.

Agency	1957-58	1958-59	1959-60	1960-61
Agency A	100	110	120	130
Agency B	200	210	220	230
Agency C	300	310	320	330
Agency D	400	410	420	430
Agency E	500	510	520	530
Agency F	600	610	620	630
Agency G	700	710	720	730
Agency H	800	810	820	830
Agency I	900	910	920	930
Agency J	1000	1010	1020	1030
Agency K	1100	1110	1120	1130
Agency L	1200	1210	1220	1230
Agency M	1300	1310	1320	1330
Agency N	1400	1410	1420	1430
Agency O	1500	1510	1520	1530
Agency P	1600	1610	1620	1630
Agency Q	1700	1710	1720	1730
Agency R	1800	1810	1820	1830
Agency S	1900	1910	1920	1930
Agency T	2000	2010	2020	2030
Agency U	2100	2110	2120	2130
Agency V	2200	2210	2220	2230
Agency W	2300	2310	2320	2330
Agency X	2400	2410	2420	2430
Agency Y	2500	2510	2520	2530
Agency Z	2600	2610	2620	2630
Agency AA	2700	2710	2720	2730
Agency AB	2800	2810	2820	2830
Agency AC	2900	2910	2920	2930
Agency AD	3000	3010	3020	3030
Agency AE	3100	3110	3120	3130
Agency AF	3200	3210	3220	3230
Agency AG	3300	3310	3320	3330
Agency AH	3400	3410	3420	3430
Agency AI	3500	3510	3520	3530
Agency AJ	3600	3610	3620	3630
Agency AK	3700	3710	3720	3730
Agency AL	3800	3810	3820	3830
Agency AM	3900	3910	3920	3930
Agency AN	4000	4010	4020	4030
Agency AO	4100	4110	4120	4130
Agency AP	4200	4210	4220	4230
Agency AQ	4300	4310	4320	4330
Agency AR	4400	4410	4420	4430
Agency AS	4500	4510	4520	4530
Agency AT	4600	4610	4620	4630
Agency AU	4700	4710	4720	4730
Agency AV	4800	4810	4820	4830
Agency AW	4900	4910	4920	4930
Agency AX	5000	5010	5020	5030
Agency AY	5100	5110	5120	5130
Agency AZ	5200	5210	5220	5230
Agency BA	5300	5310	5320	5330
Agency BB	5400	5410	5420	5430
Agency BC	5500	5510	5520	5530
Agency BD	5600	5610	5620	5630
Agency BE	5700	5710	5720	5730
Agency BF	5800	5810	5820	5830
Agency BG	5900	5910	5920	5930
Agency BH	6000	6010	6020	6030
Agency BI	6100	6110	6120	6130
Agency BJ	6200	6210	6220	6230
Agency BK	6300	6310	6320	6330
Agency BL	6400	6410	6420	6430
Agency BM	6500	6510	6520	6530
Agency BN	6600	6610	6620	6630
Agency BO	6700	6710	6720	6730
Agency BP	6800	6810	6820	6830
Agency BQ	6900	6910	6920	6930
Agency BR	7000	7010	7020	7030
Agency BS	7100	7110	7120	7130
Agency BT	7200	7210	7220	7230
Agency BU	7300	7310	7320	7330
Agency BV	7400	7410	7420	7430
Agency BW	7500	7510	7520	7530
Agency BX	7600	7610	7620	7630
Agency BY	7700	7710	7720	7730
Agency BZ	7800	7810	7820	7830
Agency CA	7900	7910	7920	7930
Agency CB	8000	8010	8020	8030
Agency CC	8100	8110	8120	8130
Agency CD	8200	8210	8220	8230
Agency CE	8300	8310	8320	8330
Agency CF	8400	8410	8420	8430
Agency CG	8500	8510	8520	8530
Agency CH	8600	8610	8620	8630
Agency CI	8700	8710	8720	8730
Agency CJ	8800	8810	8820	8830
Agency CK	8900	8910	8920	8930
Agency CL	9000	9010	9020	9030
Agency CM	9100	9110	9120	9130
Agency CN	9200	9210	9220	9230
Agency CO	9300	9310	9320	9330
Agency CP	9400	9410	9420	9430
Agency CQ	9500	9510	9520	9530
Agency CR	9600	9610	9620	9630
Agency CS	9700	9710	9720	9730
Agency CT	9800	9810	9820	9830
Agency CU	9900	9910	9920	9930
Agency CV	10000	10010	10020	10030
Agency CW	10100	10110	10120	10130
Agency CX	10200	10210	10220	10230
Agency CY	10300	10310	10320	10330
Agency CZ	10400	10410	10420	10430
Agency DA	10500	10510	10520	10530
Agency DB	10600	10610	10620	10630
Agency DC	10700	10710	10720	10730
Agency DD	10800	10810	10820	10830
Agency DE	10900	10910	10920	10930
Agency DF	11000	11010	11020	11030
Agency DG	11100	11110	11120	11130
Agency DH	11200	11210	11220	11230
Agency DI	11300	11310	11320	11330
Agency DJ	11400	11410	11420	11430
Agency DK	11500	11510	11520	11530
Agency DL	11600	11610	11620	11630
Agency DM	11700	11710	11720	11730
Agency DN	11800	11810	11820	11830
Agency DO	11900	11910	11920	11930
Agency DP	12000	12010	12020	12030
Agency DQ	12100	12110	12120	12130
Agency DR	12200	12210	12220	12230
Agency DS	12300	12310	12320	12330
Agency DT	12400	12410	12420	12430
Agency DU	12500	12510	12520	12530
Agency DV	12600	12610	12620	12630
Agency DW	12700	12710	12720	12730
Agency DX	12800	12810	12820	12830
Agency DY	12900	12910	12920	12930
Agency DZ	13000	13010	13020	13030
Agency EA	13100	13110	13120	13130
Agency EB	13200	13210	13220	13230
Agency EC	13300	13310	13320	13330
Agency ED	13400	13410	13420	13430
Agency EE	13500	13510	13520	13530
Agency EF	13600	13610	13620	13630
Agency EG	13700	13710	13720	13730
Agency EH	13800	13810	13820	13830
Agency EI	13900	13910	13920	13930
Agency EJ	14000	14010	14020	14030
Agency EK	14100	14110	14120	14130
Agency EL	14200	14210	14220	14230
Agency EM	14300	14310	14320	14330
Agency EN	14400	14410	14420	14430
Agency EO	14500	14510	14520	14530
Agency EP	14600	14610	14620	14630
Agency EQ	14700	14710	14720	14730
Agency ER	14800	14810	14820	14830
Agency ES	14900	14910	14920	14930
Agency ET	15000	15010	15020	15030
Agency EU	15100	15110	15120	15130
Agency EV	15200	15210	15220	15230
Agency EW	15300	15310	15320	15330
Agency EX	15400	15410	15420	15430
Agency EY	15500	15510	15520	15530
Agency EZ	15600	15610	15620	15630
Agency FA	15700	15710	15720	15730
Agency FB	15800	15810	15820	15830
Agency FC	15900	15910	15920	15930
Agency FD	16000	16010	16020	16030
Agency FE	16100	16110	16120	16130
Agency FF	16200	16210	16220	16230
Agency FG	16300	16310	16320	16330
Agency FH	16400	16410	16420	16430
Agency FI	16500	16510	16520	16530
Agency FJ	16600	16610	16620	16630
Agency FK	16700	16710	16720	16730
Agency FL	16800	16810	16820	16830
Agency FM	16900	16910	16920	16930
Agency FN	17000	17010	17020	17030
Agency FO	17100	17110	17120	17130
Agency FP	17200	17210	17220	17230
Agency FQ	17300	17310	17320	17330
Agency FR	17400	17410	17420	17430
Agency FS	17500	17510	17520	17530
Agency FT	17600	17610	17620	17630
Agency FU	17700	17710	17720	17730
Agency FV	17800	17810	17820	17830
Agency FW	17900	17910	17920	17930
Agency FX	18000	18010	18020	18030
Agency FY	18100	18110	18120	18130
Agency FZ	18200	18210	18220	18230
Agency GA	18300	18310	18320	18330
Agency GB	18400	18410	18420	18430
Agency GC	18500	18510	18520	18530
Agency GD	18600	18610	18620	18630
Agency GE	18700	18710	18720	18730
Agency GF	18800	18810	18820	18830
Agency GG	18900	18910	18920	18930
Agency GH	19000	19010	19020	19030
Agency GI	19100	19110	19120	19130
Agency GJ	19200	19210	19220	19230
Agency GK	19300	19310	19320	19330
Agency GL	19400	19410	19420	19430
Agency GM	19500	19510	19520	19530
Agency GN	19600	19610	19620	19630
Agency GO	19700	19710	19720	19730
Agency GP	19800	19810	19820	19830
Agency GQ	19900	19910	19920	19930
Agency GR	20000	20010	20020	20030
Agency GS	20100	20110	20120	20130
Agency GT	20200	20210	20220	20230
Agency GU	20300	20310	20320	20330
Agency GV	20400	20410	20420	20430
Agency GW	20500	20510	20520	20530
Agency GX	20600	20610	20620	20630
Agency GY	20700	20710	20720	20730
Agency GZ	20800	20810	20820	20830
Agency HA	20900	20910	20920	20930</

1957	C.A.S. of Winnipeg	C.A.S. of Central Man.	C.A.S. of Eastern Man.	C.A.S. of Western Man.
Population served	376,000	103,000	85,000	98,000
Social Work Staff	37	9	7	9
Budget	\$700,000.	\$114,000.	\$156,000.	\$135,000.
Administration Costs	236,000.	58,000.	44,000.	63,678.
Government Grant	110,000.	39,000.	26,000.	42,000.
Private Money	126,000.	18,000.	12,000.	18,000.
Earned Income	31,000.	5,000.	6,000.	16,000.
Municipalities for ward care	306,000.	51,500.	99,000.	58,600.
Protection Services				
At Jan. 1, 1957:				
Families	193	136	171	230
Children	624	446	652	668
New Referrals:				
Families	341	41	42	157
Children	907	156	138	440
Wards at Jan. 1, 1957: ...				
Committed in 1957	135	19	23	9
Total at Dec. 31, 1957 ..	749	125	197	88
Other Agency Wards				
Jan. 1, 1957	59	12	47	83
Admitted in 1957	69	11	12	30
Non Wards at				
Jan. 1, 1957:	21	16	24	18
Admitted in 1957	163	27	16	55
Total at Dec. 31, 1957	40	17	15	12
Adoption and Placements in 1957:				
Wards	54	8	19	23
Others .....	....	43	....	27
Unmarried Mothers				
Jan. 1, 1957:	415	75	69	151
Referred in 1957	454	69	31	64
Total Dec. 31, 1957	424	61	52	137
Agreements and Orders obtained				
	61	7	12	8
Monies collected				
on above	\$ 22,916.	\$ 851.	\$ 4,180.	\$ 3,965.
Monies disbursed				
on above	\$ 23,845.	\$ 595.	\$ 3,880.	\$ 3,950.

Administration of Broadway Home

The problem of accommodation in the rehabilitation program, which was causing difficulty last year, has been eased in 1957 by Broadway Home acquiring the use of two extra rooms in the building. This brings resident accommodation up to 15 girls. The number of girls who can be cared for under a living-out scheme (mostly in homes of employers and relatives) is only limited by the number of staff available.

The increase in wages which was introduced in November 1956, shows in this year's statistics; also the increase in refund by girls toward maintenance.

Over and above the care given to girls receiving maximum supervision and training under this scheme, one girl has been given services on an out-patient basis. Another girl was given services at the request of a welfare agency, The Society for Crippled Children and Adults of Manitoba on a short term basis. Both these experiments proved to be valuable to the girl, and to the section of the community interested. In both instances, the girls have been clients of other agencies and at conferences, including the said agencies and the Provincial Co-ordinator for Rehabilitation, it was decided to request the co-operation of Broadway Home.

One of our girls has been employed as a full-time "Home Attendant" under the scheme for rehabilitation of Polio cases for nearly two years and has given satisfaction. The other girls are working very well in a cafeteria, and another in a costumers. The remainder are employed as domestics in private homes and nursing homes.

Another valuable development this year, has been the participation of two community groups in our social activities, The Association for Retarded Children and the Fort Garry United Church. This has meant, both the groups coming into Broadway Home and the girls going out into the homes of the members of these groups. We have had enquiries from two other groups who are interested in our program and would like to help. We feel that this is a very important step in rehabilitation and appreciate the contributions of these groups.

Summer camp at Victoria Beach was a success, and enjoyed by all. A number of girls have enlisted at the Y.W.C.A. in various classes, and received good reports, and certainly benefitted a lot by experience in these groups. We owe much gratitude to the Y.W.C.A. for permitting us to use these facilities.

The number of girls admitted during any year, of course depends on the number available at the parent institution. Next year we are expecting a much larger group to be available.

We have been very fortunate in our employers who have given much more than wages to this scheme. Patience, understanding and kindness in their training of employees have been a large contribution to the final discharge of girls.

Our housemother, Mrs. F. Spencer, who had been with us for two years, left at the end of 1957. She rendered good service and has been replaced by Mrs. C. McCutcheon from Fort Frances.

Broadway Home Comparative Statistics

	1956	1957
Number of girls in care as at January 1	19	21 plus 1 Out Patient
Number of girls in care as at December 31	23	19 plus 1 Out Patient
Number of girls admitted during the year	7	2
Number of girls discharged during the year	3	3
Number of girls returned to Manitoba School	1	1
Total number of days care	7,563	7,557
Days care (living in)	4,226	4,659
Days care (living out)	3,337	2,898
Estimated total earnings—less board and room	\$6,670.	\$8,000.
Refund by girls towards maintenance	\$1,185.	\$1,959.
Total number of days employment	6,100	6,351

Conclusion

In concluding this report I wish to extend the appreciation of staff and myself to yourself as Deputy Minister for the assistance given during the past year. On our behalf we wish you to express our appreciation to other departments of government, agencies and individuals for co-operation received. I also wish to commend the staff for their diligent and conscientious application to duty.

Rehabilitation Services

Co-ordinator: WALTER N. BOYD, B.A., B.S.W.

I take great pleasure in submitting the following report on the Rehabilitation Services of the Public Welfare Division for the year ending December 31, 1957.

In July 1955, our Provincial Rehabilitation Program commenced operation. The goal of this program is to provide to all the disabled of Manitoba the following services: medical rehabilitation, including any medical, surgical, or psychiatric procedure necessary to eliminate or minimize static or apparent chronic disabling conditions; the provision of prosthetic appliances including training in their use; rehabilitation counselling including vocational testing and assistance in developing and carrying out of individual rehabilitation plans, pre-vocational education; job placement; related psycho-social adjustment services and follow-up. This range of services can be expanded, varied and defined, but at its roots is the need to provide in an integrated manner a range of services sufficiently comprehensive to meet the diverse needs of the majority of our disabled.

What has been done in Manitoba towards the attainment of this objective? For a proper understanding of the accomplishments to date, it is important to note that prior to July 1955 there were many voluntary and government agencies providing one or more rehabilitation services to certain disability groups such as the tuberculous, the blind, the deaf, and those disabled by poliomyelitis. Other disability groups could get little or no service and those who were fortunate to get some help had to seek it out with great difficulty by going to a variety of agencies. There was evidence of duplication of effort and economic waste. It is also important to note that the rehabilitation needs of each disabled person are different and because of this, the diversity of services required makes the job of rehabilitation far too big for any one agency or any one government alone to provide successfully: The combined effort of the entire community is required in order to provide a comprehensive service to all disabled regardless of the cause of their disability.

In July 1955 on the recommendation of our Rehabilitation Commission and its Medical Advisory Committee, we appointed the Society for Crippled Children and Adults of Manitoba as our central rehabilitation agency. This agency was charged with the responsibility of providing comprehensive assessment and follow-up services to all disabled persons. This agency does not by itself provide all the assessment and follow-up services required but calls on other community resources and integrates these with its own to ensure proper handling of the rehabilitation of each disabled person.

In order to carry out the above function, federal and provincial rehabilitation funds have been combined with voluntary funds raised by the society through "Easter Seals" and "March of Dimes" campaigns. Through this combination of funds we are able to provide a very wide range of services which would otherwise be impossible for either to handle alone. The total combined budget including government and voluntary funds amounts to approximately \$425,000, of which forty per cent is provided by federal and provincial governments.

The rehabilitation of the tuberculous is still handled by the Sanatorium Board of Manitoba; the blind by the Canadian National Institute for the Blind; industrial accident victims by the Workmen's Compensation Board of Manitoba; Indians, by the Department of Indian Affairs. These agencies have always had certain gaps in their

services for the particular group with which they have been dealing. They now work very closely with the Society for Crippled Children and Adults of Manitoba in the filling of these gaps. For example, they utilize the services of the society for purposes of psychological and vocational assessment, vocational guidance and so forth.

Each of the agencies works closely with the National Employment Service who do placement of the disabled in employment. The excellent co-operation received by these agencies from the National Employment Service has resulted in the placement of more disabled persons in this past year than ever before. This success can be attributed to two factors. First, the disabled person is now properly assessed from a functional standpoint to determine the type of employment for which he is suited. Second, the National Employment Service spends much more time in selling the abilities of the disabled to prospective employers.

Rehabilitation referrals are made to the agencies mentioned above from various sources such as doctors, hospitals, health and welfare agencies, relatives and patients. The largest number of referrals are made to the Society for Crippled Children and Adults of Manitoba. During 1956 the majority of the referrals were made by the co-ordinator's office because this office had on hand the backlog created by the introduction of the disability allowances program in 1955 and also by the fact that all mothers' allowances and social assistance cases, where disability was a factor, were screened through the co-ordinator's office. During 1956 this backlog was cleared and during 1957 less than 20 per cent of the referrals came from the co-ordinator's office and the balance from other sources. We regard this as an excellent example of acceptance of the provincial rehabilitation program by the citizens of Manitoba. We find that prospective rehabilitants are now referred for services much earlier thus making the possibility of their rehabilitation more likely.

The Co-ordinator exercises a general supervisory function over the program of the Society for Crippled Children and Adults of Manitoba and works closely with all other agencies.

The success of our program to date can, we believe, be attributed in large part to the interest and co-operation displayed by the medical profession. During the past year the major teaching hospitals have taken active steps toward increasing their physical medicine facilities. The present facilities in the Municipal Hospitals, Winnipeg Children's Hospital, and St. Boniface Hospital are excellent. This year the new hydro-therapy pool was opened in the Municipal Hospitals. The new wing of the Winnipeg General Hospital, which will be completed shortly, has the most up-to-date physical medicine facilities of any centre in Canada.

In co-operation with the Society for Crippled Children and Adults of Manitoba, rehabilitation assessment clinics are still operating in the Winnipeg General Hospital, St. Boniface Hospital, and the Municipal Hospitals. The purpose of these clinics is to bring together as a team, the required specialists and other rehabilitation personnel for purposes of evolving a sound rehabilitation plan for the disabled person. This team work approach in difficult rehabilitation cases has proven invaluable in eliminating error and also as a teaching technique to those serving on these clinics. These clinics are used also as a teaching media for medical and nursing students.

From April 1, 1957, to December 31, 1957, 11 clinics were held at the Winnipeg General Hospital and St. Boniface Hospital and 55 patients were examined. Five additional clinics are scheduled for the period December 1, 1957, to March 31, 1958. From April 1, 1957, to December 31, 1957, 21 clinics were held at the Municipal Hospitals and 175 patients examined. An additional 6 clinics are scheduled for the remainder of the fiscal year.

The majority of patients do not require to be seen at a rehabilitation clinic. They can be well handled by individual specialist examinations or because of recent examinations no further medical assessment is required and vocational planning can proceed. In the case of indigent patients where individual specialist examinations are indicated, extensive use is made of the out-patient departments of the teaching hospitals.

This year there has been a reduction in the number of rehabilitation assessment clinics. These clinics were organized primarily because it was difficult to obtain from individual specialists a practical assessment of the patient's disability and remaining abilities in relation to employment and self-care activities. To date almost every specialist in Winnipeg has participated in these clinics. As a result, these specialists now provide much better individual specialist examinations and make more realistic referrals to the rehabilitation agencies.

The Provincial Co-ordinator is a member of the Disability Assessment Panel which screens all applicants for Disability Allowance. He is also a member of a Provincial Disability Assessment Panel which processes all cases of mothers' allowance and social assistance where disability is the determining factor of eligibility.

In carrying out the above functions, many cases are considered suitable for rehabilitation purposes and referred to the appropriate agencies.

Every case with which the Society for Crippled Children and Adults of Manitoba is working, is known to the central registry in the co-ordinator's office. Each case is checked periodically by the registry to ensure that services are being provided and to determine where there are gaps in services. Attempts are being made to establish a similar checking system with the other four rehabilitation agencies.

Outlined below is a statement of the intake, cases closed, and the disposition of these closed cases for the period January 1, 1957, to December 31, 1957:

Case load at January 1, 1957	701
Intake January 1, 1957, to December 31, 1957	424
	1,125
Total service	1,125
Cases closed January 1, 1957, to December 31, 1957	436
Active case load at January 1, 1958	689

Re: Closed Cases:—

To competitive employment	240
To sheltered employment	21
To homebound employment	27
To self-care	73
Not rehabilitated	75

An analysis of these 240 cases placed into competitive employment supports the principle that money is not wasted on the disabled but is invested in their future and in the future economic prosperity of their community:

Total annual earnings	\$485,000.
Cost of services for these 240 cases	108,000.
Estimated provincial and municipal welfare savings	98,400.
Estimated annual payment to income tax	29,000.

To arrive at the full economic benefits, one must also consider those persons who, because of rehabilitation services, are able to look after themselves while another person in the household goes out to work. It also should be noted that if one were to

project the annual welfare savings for a logical number of years the savings would be phenomenal.

We feel certain that the program thus far developed in Manitoba is comparable and in many instances ahead of similar programs in Canada and the United States.

We have found that the disabled person with a good academic background and work experience can be readily placed into employment or provided with vocational training to suit him for employment. During 1957, forty persons were trained under the vocational training agreement, Schedule "R", and placed into the type of employment for which they were trained.

Daily we encounter numerous cases where because of severe physical disability, coupled with low academic background, and low intelligence, placement in competitive employment is extremely difficult and often impossible.

During the past year a special committee of our Rehabilitation Commission has given this problem serious study and consideration. Their study has indicated the need for an industrial rehabilitation workshop designed to provide vocational evaluation services under simulated working conditions, work conditioning, and sheltered employment. The primary goal of this workshop will be to fit the person for competitive employment. However, if the disabled person cannot be placed into competitive employment but can engage in employment in the sheltered workshop, he or she will be retained there. By this time next year I hope to report on the establishment and operation of an industrial rehabilitation workshop. Present indications are that this new facility will be developed and administered by our central rehabilitation agency, the Society for Crippled Children and Adults for Manitoba. There is considerable community interest in this facility and we anticipate obtaining good financial support from the community.

In November 1956 we established in the co-ordinator's office, a central disabled persons' registry. The objectives of this registry are to determine the number of disabled in Manitoba requiring rehabilitation services; to determine the gaps in services; and to determine ways and means of filling these gaps through closer co-ordination of government and voluntary services and the development of new services. This registry is designed for disabled children and adults. During the past year the operation has been confined to adults only. Almost all of the disabled adults known to the five rehabilitation agencies have been registered and a regular follow-up system has been worked out. Through this follow-up, the co-ordinator's office keeps check on the services being provided by the agencies concerned. By April 1, 1958, the existing crippled children's registry maintained in the Bureau of Maternal and Child Hygiene, will be incorporated in the central disabled persons' registry.

Since July 1955 we have achieved considerable success in the development of a co-ordinated provincial rehabilitation program. This success can be attributed, I believe, directly to the close co-operation developed between government and voluntary effort. There are still many problems to be considered and many new services to be developed. The demand for services has increased as this program has become better known to the citizens of Manitoba. There is good indication that this increase in demand will continue and that additional expenditures will need to be made.

I wish to express appreciation for the support extended to this program by the Ministers of Health and Public Welfare, Education, and Labour; to the members of the Inter-Departmental Committee, composed of the Deputy Ministers of Health, Welfare, Education, and Labour; to members of our Rehabilitation Commission and Medical Advisory Committee; and to all the community agencies that have participated actively in the operation of this vital program during the past year.

Report of the Old Age Assistance and Blind Persons' Allowance Board

With respect to the administration of The Old Age Assistance Act, The Blind Persons' Allowances Act, and The Disabled Persons' Allowances Act,
for the calendar year 1957.

Chairman of the Board—L. D. McNEILL, B.A., LL.B.,

The Old Age Assistance Act

At the outset of 1957 the maximum payment permitted was \$40.00 per month, with a ceiling income of \$720.00 annually for a single person, and \$1,200.00 for a married couple. As of the First of July, 1957, the allowance was increased to \$46.00 per month with increases in the ceiling incomes to \$840.00 and \$1,380.00, for single persons and married couples respectively. A further increase was made as of November 1st, 1957, the monthly allowances going up to \$55.00, with the ceiling for a single person increasing to \$960.00, and \$1,620.00 for a married couple.

These changes in the rates of the monthly payments and the ceiling incomes have involved a great deal of work on the part of the staff, but, as each increase was provided for by Statute, the Board was able to put the increase into effect in the same month that the increase became effective by law.

In the report for last year it was noted that there was a slight but fairly consistent decline in the number of persons in receipt of Old Age Assistance. In December, 1953, there were 4,816 persons on the payroll. By December, 1956, this had dropped to 4,598. With the increased monthly allowances, and the increase in the ceiling incomes, it is anticipated that there will be a fairly substantial increase in the number of persons applying and qualifying for the assistance. In the months of November and December, 1957, we received 378 applications, which is a substantial increase over the average for those months during the past five years. Out of a total of 4,440 on the payroll as of December, 1957, 592 persons were in receipt of less than the maximum allowance.

The 1956 census records that there were 29,240 persons in the age group 65-69 in Manitoba. On the basis of a December, 1957, payroll of 4,440 persons, only some 15.2% of the group are receiving assistance. This would indicate a reasonably high level of earning capacity among this group of our citizens, and also indicates a desire on their part to retain their independence.

In addition to the increase in the amount of the allowance which took place as at November 1st, 1957, the number of years' residence required was reduced from twenty to ten years.

The following table sets out the number of applications received since the commencement of the Old Age Assistance Scheme, and the disposition of these:

Old Age Assistance

Number of applications received from September, 1951, to December, 31st, 1957	14,403
Payments of assistance for the month of December, 1957	4,440
Payments of assistance suspended	418

Applications rejected	1,239	
Now approved	169 = 1,070	1,070
Applications withdrawn at own request		115
Deceased		1,098
Transferred to other provinces		313
Approval of provincial portion of assistance being charged to Manitoba where the recipients are residing in other provinces		135
Transferred to Old Age Security		6,194
Applications still outstanding as at December 31, 1957		620
		14,403
		14,403

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1957, to December 31st, 1957:

1957	Number of Applications	Number of Deaths
January	100	16
February	124	13
March	145	15
April	138	9
May	159	34
June	129	18
July	137	0
August	113	31
September	134	10
October	124	13
November	200	16
December	178	28
Total	1,681	203

The Blind Persons' Allowances Act

There have been no changes in the test of blindness since The Blind Persons Act was brought into force as of January 1st, 1952. Some persons might assume that a recipient must be totally blind in order to qualify. The "blindness test", however, is based on visual acuity, and on a reduction in the field of vision. Numbers of persons who appear to be able to move about and carry on in a fairly normal way are eligible under the test. The decisions with respect to blindness can only be made by a qualified eye specialist, except in those cases where an applicant is almost totally blind.

As with the Old Age Assistance and Disability Allowances, increases were made in the maximum amounts payable and in the maximum ceilings permitted. As of November 1st, 1957, the income ceilings were raised to \$1,200.00 for a single person, \$1,680.00 for a widow or widower with a dependent child or children, \$1,980.00 for a married couple one of whom is blind, and \$2,100.00 for a married couple both of whom are blind.

The following table sets out the number and disposition of the applications received from January 1st, 1952, up to December 31, 1957:

Blind Allowances

Number of applications received from January 1st, 1952, to December 31st, 1957		836
Cheques issued for the month of December, 1957	390	
Applications rejected on the basis of applicants being ineligible with respect to degree of blindness and other grounds	113	
Applicants moved to another province or country	43	
Allowances suspended for various reasons	56	
Applications withdrawn at own request	8	
Deceased	69	
Applications awaiting certification of blindness or other information	19	
Transferred to Old Age Security	138	
	836	836

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1957, to December 31st, 1957:

1957	Number of Applications	Number of Deaths
January	3	1
February	7	2
March	8	3
April	3	0
May	6	2
June	2	3
July	2	0
August	5	0
September	1	1
October	4	3
November	5	1
December	3	4
	49	20

The Disabled Persons' Allowances Act

The Disability Allowances program has been in operation for three years as at December 31st, 1957.

The Federal Act provides that the meaning of the expression "totally and permanently disabled" is to be as prescribed by the regulations. The regulation which went into force as of January 1st, 1955, read as follows:

- " (2) For the purpose of the Act and these Regulations, a person shall be deemed to be totally and permanently disabled only when
- (a) the person is suffering from a major physiological, anatomical or psychological impairment, verified by objective medical findings;
 - (b) the impairment is likely to continue without substantial improvement during the lifetime of the person and is one to which the concept of cure cannot be applied; and
 - (c) as a result of such impairment, the person is severely limited in activities pertaining to self-care and normal living, such as being
 - (i) bedridden or chairfast,
 - (ii) unable to leave home without being accompanied by another person,

- (iii) normally in need of care and supervision for one or more such self-care activities as dressing, body hygiene or eating,
- (iv) unable to perform such routine activities as climbing a short stairway or walking a limited distance on a level surface, or
- (v) certified by a qualified physician to be under medical instructions to forbear from activities of the kind mentioned in subparagraph (iv). "

This definition was widely criticized as being too restrictive. It was changed, to take effect as of July 1st, 1957, by substituting the following:

" (2) For the purpose of the Act and these Regulations, a person shall be deemed to be totally and permanently disabled when suffering from a major physiological, anatomical or psychological impairment, verified by objective medical findings, which is likely to continue indefinitely without substantial improvement, and, as a result thereof, such person is severely limited in activities pertaining to normal living. "

Following the change, the board undertook a review of those cases which appeared likely to qualify under the less restrictive "disability test."

The number on the payroll as at June 30th was 821 persons. This was increased to 959 as at December 31st, 1957.

At the time the new definition was brought into force, the Provincial Regulations were amended to make it clear that the Old Age Assistance and Blind Persons' Allowances Board—as the provincial authority charged with the administration of the Provincial Act—had the final authority to decide whether or not a person is qualified.

The same increases in the monthly amounts and in the ceiling incomes permitted were made as in the Old Age Assistance program.

One other major change was made, which is likely to have the effect of substantially increasing the number of persons eligible. Under the Act, before amendment, persons who were living in Homes for Incurables and Old Folks Homes were ineligible. Under the amended Act, these persons may be eligible under regulations made by the Federal Government. It is anticipated that a substantial number of persons who have heretofore been barred because they were living in Homes for the Aged, or Homes for Incurables, will now be eligible.

The following table sets out the number of applications received, and the disposition of these, from the commencement of this scheme up to December 31st, 1957:

Disability Allowances

Number of applications received up to December 31st, 1957	2,936	
Applications rejected on medical grounds	1,388	
Applications rejected on other than medical grounds	239	
Cheques issued in December, 1957	959	
Applications withdrawn at own request	37	
Transferred to other provinces	12	
Deceased	122	
Applications outstanding as at December 31st, 1957	138	
Suspended	41	
	2,936	2,936

Elderly Persons' Housing

Under

The Elderly Persons' Housing Act

Director—L. D. McNEILL, B.A., LL.B.

The Elderly Persons' Housing Act came into force as of March 15th, 1956, although certain grants had been made in aid of housing accommodation for elderly persons in the latter half of the previous year.

Stated briefly, the legislation provided for grants for two types of accommodation, namely, boarding home accommodation and individual housing units where couples or single persons would do their own housekeeping. These latter are referred to in the legislation as "elderly persons' housing units".

Grants for boarding home accommodation were fixed at \$850 per bed for each bed normally provided in the case of new construction. If a project involved the acquisition and re-construction of an existing building, the maximum grant was fixed at \$400 per bed. In both new construction or renovated buildings, a further limit of one-third of the cost was placed on the amount of the grants available.

With respect to separate housing units, the maximum grant was fixed at \$500 for a unit which would accommodate two persons, and \$350 for a unit for one person. In each case there was a limit of 10 percent of the cost of construction.

As of March 15th, 1957, the Act was amended so as to give greater aid for the provision of separate units. The grant for a unit to accommodate two persons was increased to \$1,000; that for a single person was increased to \$700. In each case the limit of the provincial grant was raised from 10 percent to 20 percent of the cost of construction.

As of October 23rd, 1957, Regulations were made, which provided for the appointment of a Director of Elderly Persons' Housing, and generally dealt with the methods of procedure for those wishing to apply for a provincial grant.

The following is a list of elderly persons' housing projects which have been assisted by provincial grants in aid of construction between November, 1955, and December 31st, 1957:

Accommodation	Grants
Les Petites Missionnaires of St. Joseph, Otterburne	\$28,900.00
Home for the Aged Society, Winkler	40,006.83
Jewish Old Folks' Home of Western Canada, Winnipeg	25,500.00
Greenland Home for the Aged and Infirm, Ste. Anne	10,976.69
Betel Old Folks' Home, Gimli	63,750.66
St. Joseph's Home for the Aged, Winnipeg	48,450.00
The Ukrainian Home for the Aged, Winnipeg	42,000.00
Deloraine Senior Citizens' Home, Deloraine	4,500.00
The Canadian National Institute for the Blind, Winnipeg	25,500.00
Killarney Senior Citizens' Home, Killarney	8,000.00

It is estimated that, as a result of these projects, 506 beds were made available for elderly persons during 1955, 1956 and 1957.

At the outset of this program there appeared to be a good deal more interest in the provision of nursing home or boarding home type of care for elderly persons. The number of inquiries coming in, in the latter part of 1957, indicates that the public interest in providing separate units for senior citizens is increasing.

An example of this is: The St. James Kiwanis Club have formed a non-profit company known as the "Kiwanis Courts, Incorporated," to provide separate housing units for 88 couples. It is anticipated that this project will be completed during the summer of 1958. Two separate groups in the Town of Morden have indicated their intention of providing housing units for elderly persons. Other groups are active in Portage la Prairie and in Greater Winnipeg.

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

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