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PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

FOR THE CALENDAR YEAR
1959

REPORT NUMBER 37

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PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

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To His Honour,

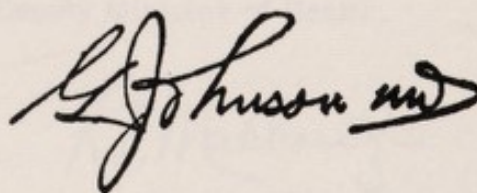
Errick F. Willis, Q. C.,

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 1959.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "G. Johnson" followed by a stylized flourish.

Minister of Health and Public Welfare.

Winnipeg, Manitoba.

February 15, 1960.



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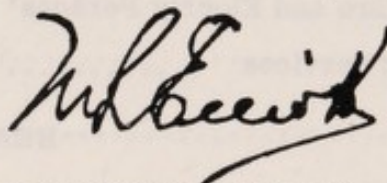
Honourable Doctor George Johnson,

Minister of Health and Public Welfare.

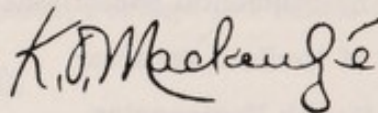
Sir:

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 1959.

Your obedient servants,



Deputy Minister of Health.



Deputy Minister of Public Welfare.

Winnipeg, Manitoba.

February 15, 1960.

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

ANNUAL REPORT, 1959
(Calendar Year)

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MANITOBA DEPARTMENT OF HEALTH AND PUBLIC WELFARE

DIRECTORY OF DEPARTMENTAL OFFICERS

MINISTER

Honourable Dr. George Johnson
Executive Assistant, E.S. MacInnes

DEPUTY MINISTER OF HEALTH

M. R. Elliott, M.D., D. P. H.

DEPUTY MINISTER OF PUBLIC WELFARE

K. O. Mackenzie, B. A., Dip. S. W.

GENERAL ADMINISTRATION

National Health Grants Program, Executive Assistant, C. A. Cameron.
Northern Health Services, Director, P.G.W. Lommerse, M.D., D.P.H., D.I.H.
Administrative Research and Personnel, Personnel Officer, E. J. Mackay.
Supervision of Collections, Supervisor, J. B. Hazell.
Vital Statistics and Records, Recorder, D. W. Matheson.
Health and Welfare Education and Nutrition, Director, Ralph E. Wendeborn,
B. A., B. Paed., M. P. H.
Alternative Care and Elderly Persons' Housing, Director, H. Malcolmson,
M. D., M. P. H.
Rehabilitation Services, Co-Ordinator, W. N. Boyd, B.A., M. S. W.

HEALTH

Section of Environmental Sanitation, Acting Director, L.A. Kay, M.A.Sc., P. Eng.
Public Health Engineering, Director, L. A. Kay, M.A.Sc., P. Eng.
Provincial Sanitary Control Commission, L. A. Kay, M.A.Sc., P. Eng.
Food Control, Director, A. G. McLeod, B.Sc.A.
Industrial Hygiene, Public Health Chemist, W. M. Ward, B.A. (Chem.)
Sanitary Inspectors, Senior Sanitary Inspector, M. Flattery.
Section of Preventive Medical Services, Director, R.M. Creighton, M.D., D.P.H.
Central Tuberculosis Registry, Registrar, Miss J.M. Smith, R.N., P.H.N.
Venereal Disease Control, Acting Director, K. J. Backman, M.D.
Maternal and Child Hygiene, Director, Ella Peters, M.D., M.P.H.
Section of Public Health Nursing Services, Director, Miss J. Williamson, R.N.,
P. H. N.

Section of Provincial Laboratory Services, Bacteriologist and Director,
L. P. Lansdown, M. D.

Section of Extension Health Services, Director, I.M. Cleghorn, M.D., D.P.H.

The Advisory Commission under The Health Services Act, Chairman,
J. D. Adamson, M. D.

Local Health Services, Director, W. Watt, M. D., D.P.H.

Hospitalization, Director, E. R. Rafuse, M. D., H. O. & M.

Dental Services, Director, R. A. Connor, D.D.S., D.D.P.H.

PSYCHIATRY

Provincial Psychiatrist and Medical Superintendent of Psychopathic Hospital,
Winnipeg, E. Johnson, M. D.

Farms' Manager, G. R. Chandler, B.Sc.A.

Hospital for Mental Diseases, Brandon, Medical Superintendent, -
M. E. Bristow, M. D.

Hospital for Mental Diseases, Selkirk, Medical Superintendent, -
R. H. Tavener, M. D.

Manitoba School for Mentally Defective Persons, Portage la Prairie, Medical
Superintendent, H. S. Atkinson, M. D.

PUBLIC WELFARE SERVICES

Director - S. McArton, M. A., Dip. S. W.

Supervisor of Financial Assistance, Miss M. Ferns.

Supervisor of Child Welfare, Miss W. D. Armitage.

Director, Northern Region, Mr. A.C. Mackenzie.

Director, Dauphin Region, Mr. G. S. Simpson.

Director, Brandon Region, Mr. W. A. Sutherland.

Director, Central-Interlake Region, Mrs. D. L. Patterson.

Director, Eastern Region, Mr. J.S.R. Bains.

Winnipeg Mothers' Allowances and Special Assistance Branch, -
Miss E. Thompson.

Winnipeg Child Placement, Miss R. C. Raven.

Broadway Home for Girls, Supervisor, Mrs. E. B. Harrison.

Provincial Allowances Board, Chairman of the Board, -
L. D. McNeill, B.A., L.L.B.

ANNUAL REPORT

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

For Year ended December 31, 1959

Honourable Dr. George Johnson,
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, assistance and co-operation received from the many organizations and groups associating themselves with the various activities conducted in this department.

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.

The development of public services in both the fields of Health and Public Welfare has continued. Special reference is made to the following:-

- (i) The repeal of The Social Assistance Act and the enactment of The Social Allowances Act;
- (ii) The repeal and re-enactment of The Elderly Persons Housing Act and the resultant program of Alternative Care; and
- (iii) The introduction of The Northern Health Services in unorganized territory north of the 53rd Parallel.

These have involved considerable change in the organizational structure of the Divisions of General Administration and Public Welfare. The sincere appreciation of your senior Executive Officers is hereby recorded of the splendid co-operation and support received from the Civil Service Commission, the Treasury Board and all officers and members of the staff of the department in instituting these new programs. The continued success of these new programs as well as all the other services of the department will continue to be based on the co-operation and loyalty of each member and director within the whole Department of Health and Public Welfare and to the excellent leadership of you, our Minister.

The separate Annual Reports of the directors of the several branches of the following divisions of the department are appended and contain detailed information concerning the year's activities:-

- (i) Division of General Administration: including administration of Federal Health Grants, Supervisor of Collections, Vital Statistics and Records, Administrative Research, Health and Welfare Education, Northern Health Services, Alternative Care and Elderly Persons' Housing and Rehabilitation Services;

(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, and Maternal and Child Hygiene;

(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 Public Health Nursing Services; and

(e) 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) Sections of Old Age Assistance; Blind Persons' Allowances; and Disabled Persons' Allowances.

Respectfully submitted,

M. R. ELLIOTT, M.D.,

Deputy Minister of Health.

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

Deputy Minister of Public Welfare.

DIVISION OF GENERAL ADMINISTRATION

National Health Grants Program

Since the introduction of the National Health Grants Program on April 1st, 1948, Manitoba has made, and continues to make, extensive use of the funds provided, as evidenced by the fact that, in the year under review, we have committed for expenditure 87.6% of the \$3,131,654.00 made available to us.

The following table displays the twelve health fields for which the grants-in-aid are made and details the distribution of the Federal allotments and our commitments among those fields.

Health Field (Grant)	Federal Allotments April 1st, 1959 to March 31st, 1960	Project Submission as at December 31st, 1959 (Commitments)
Crippled Children	\$ 28,354.00	\$ 28,354.00
Professional Training	35,354.00	34,480.00
Hospital Construction	1,199,420.00	877,173.00
Venereal Disease Control	28,354.00	28,354.00
Mental Health	366,310.00	357,123.00
Tuberculosis Control	222,706.00	214,775.00
Public Health Research	25,770.00	25,770.00
General Public Health	608,000.00	586,548.00
Cancer Control	183,694.00	183,694.00
Laboratory & Radiological Services	195,000.00	175,936.00
Medical Rehabilitation	55,736.00	55,736.00
Child and Maternal Health	182,956.00	176,280.00
	<u>\$ 3,131,654.00</u>	<u>\$ 2,744,123.00</u>

The following outline indicates briefly the use made of our allotments under the various grants;

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 out-lying areas.

Professional Training Grant: Provided for the training of 98 public health and hospital personnel, at Institutes, Short Courses and Extension Courses.

Hospital Construction Grant: This grant provides for the expansion and renovation of existing hospital buildings and the erection of new ones.

Under the terms and conditions governing the Grant the province is obliged to make a contribution in an amount equal, at least, to that made by the Federal Government.

Between April 1st, and December 31st, 1959, the following Federal grants were made and matched by the Province.

<u>Hospital</u>	<u>Amount</u>
Winnipeg General	\$ 70,224.99
Flin Flon	2,812.50
Winkler	11,625.00
Erickson	16,560.00
Wawanesa	3,891.74
Neepawa	652.98
Riverdale	37,208.34
Reston	12,391.72
Glenboro	7,000.00
Misericordia	142,917.86
Arborg	6,477.50
Birtle	20,000.00
Manitoba School - Portage la Prairie	11,971.92
Psychopathic - Winnipeg	14,900.00
Roseburn	2,875.00
	<u>\$361,509.55</u>

In addition to the above, the following commitments have been made and payment will be forthcoming as construction advances;

<u>Hospital</u>	<u>Amount</u>
Grace	\$ 151,696.92
Riverdale	37,208.33
Psychopathic - Winnipeg	37,000.00
Misericordia	29,916.67
St. Boniface	3,950.00
Winnipeg General	54,911.67
Reston	14,391.61
Children's	66,680.00
Arborg	24,765.83
Glenboro	9,000.00
Birtle	24,000.00
St. Anthony's - The Pas	2,866.66
Manitoba Sanatorium - Ninette	7,339.00
Morris	46,417.00
Erickson	5,520.00
	<u>\$515,663.69</u>

Venereal Disease Control Grant: A "matching" grant assists in extending our program of education, case finding, early diagnosis, contact tracing, treatment and follow-up procedures.

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 is provided for additional staff and equipment required; Post-Graduate Psychiatric Training Program; and various Research projects.

Tuberculosis Control Grant: Used by the Sanatorium Board of Manitoba, in developing and extending their program of rehabilitation, prevention, control

and staff training.

Public Health Research Grant: Used for the financing of the various research studies in the Field of Public Health.

General Public Health Grant: Used to strengthen and improve existing programs and to extend services in various fields which are not covered by specific grants.

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, through payment of salaries, training courses in Laboratory and X-Ray Technology, and assistance in purchasing of equipment for diagnostic units.

Medical Rehabilitation Grant: This grant is providing for 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 children and expectant mothers.

Northern Health Services

This service commenced on April 1, 1959, and provides services to that part of Manitoba North of the 53rd parallel which is unorganized territory, and The Pas. For practical purposes this means all of Northern Manitoba North of the 53rd parallel except Cranberry Portage, Flin Flon and Sherridon. This area previously was administered under the Northern Local Health Unit and the Section of Environmental Sanitation of the Provincial Department of Health and Public Welfare.

Program - At the end of December, 1959, this section was staffed by a Medical Director; Health Educator; 2 Sanitary Inspectors; three nurses; and two stenographers, and there was approved establishment for one more nurse and an engineer. Considerable care was taken to fit the staff in with each other, with medical work in the area, with the other Government Departments in The Pas, and to establish a new administrative relationship with health authorities in Winnipeg.

Travel - The time and distance required for travel in this vast area is a major factor in planning, and entailed a total of over 50,000 miles by all staff in the nine months of 1959.

Meetings - Many meetings with local officials and other interested groups were held in co-operation with related health and welfare officials in several parts of the Area for the purposes of discussing: -

- (i) long-term planning and relationships in all public health needs and community developments;
- (ii) More urgent short-term needs and immediate requirements for the improvement of all aspects of the health and welfare living conditions in the out-lying parts of Northern Manitoba;

and several meetings have been held in Winnipeg with various members of this department, the Indian Health Department, and the Canadian Army.

Terms of Reference - for the implementation of the Northern Health Services were set out under the following channels of conduct:

- 1) To study at first hand the need of the area for an integrated health program in Preventive and Curative fields using all departmental and professional resources available. To report and make recommendations on these matters indicating various degrees of priority of medical needs and to proceed to develop a sound long term program which could be organized and implemented.
- 2) To implement and administer such aspects as may be approved from time to time.
- 3) To administer the movement of urgent cases from remote areas to hospital or other medical facilities. To expedite their discharge from hospital by effecting a close liaison with the attending physician. To organize their transport both on admission and discharge.
- 4) To provide and arrange for the continuation of local health services at The Pas.
- 5) To organize the camps. To use the industrial doctors as deputy medical officers of health.
- 6) To act as a medical referee in hospital cases.
- 7) To co-operate closely with Indian Affairs Health Department and have joint schemes where necessary.

Visitors - Visitors have been taken over the area regularly. These included the Minister, Deputy Ministers, Nursing Supervisor, the Consultant Team, Director of Health Education, the Director of Food Control, the Milk Consultant and a Sanitary Engineer, from the Provincial Department of Health and Public Welfare, all of whom have made valuable contributions.

Results Accomplished - The Pas - A division was made with the Indian Health Nursing Services to divide areas of responsibility. It was agreed that the Province assume responsibility for both Non-treaty and Treaty Indians at Moose Lake, Cedar Lake and Grand Rapids and the Hudson Bay Railway Line. In return the Indian Health Nursing Services would continue to look after Non-treaty Indians at all the other settlements in the area. A division of nursing work was decided upon.

In the town of The Pas, "Well Baby Clinics" were increased to one per week and the previously established pre-school examination program, immunization program, and school physical program carried out. The V.D. program, T.B. program and X-Ray program was intensified as was the Poliomyelitis immunization program. Special attention was given to the fringe areas of The Pas in Nursing Services. Tuberculin testing of all school children took place and X-Ray follow-ups of positive reactors with their families. Pre-natal classes were started when the new building opened in May.

Most of the Sanitation work has consisted in re-assessment of sanitary problems in the settlements in the Northern Health Services area and considerable information was gained.

Considerable time was spent in the milk pasteurization plant and after repeated visits and much help from the Milk Consultant, the bacterial counts were diminished at the end of the year.

The Dairy and Meat Consultant of the Bureau of Food Control on their

Food Survey found conditions satisfactory.

Attention was given to the refuse disposal and an intensified clean-up campaign resulted in cleaner back lanes in the town. The restaurants have improved steadily during the year.

It is intended that an office of Health Education be established for the area which can develop special techniques and films most suitable to the country and these will be made available to the Indian Health Services.

The definition of objectives and priorities for the 1960 program was laid out to gather the information upon which a sound five year plan could be presented to the legislature in a report to be completed by October, 1960, and discussed with the Deputy Minister of Health.

The Minister authorized a fee for service arrangement with the doctors at Manitoba Medical Services rates less 25 per centum for medical indigents. During the latter part of the year much time was spent in organizing this arrangement and in identifying some of the medical indigents.

Churchill - In Churchill re-assessment of the sanitary problems was made in detail and visits have been made there monthly by the medical director and senior sanitary inspector. An intensive clean-up campaign was carried out which was most successful and a survey of the tidal flats made by the nursing staff. E. coli gastroenteritis continued to be a problem at Churchill and a survey was made of approximately 15% of the population during September, in an attempt to localize any carriers. The results of the survey, however, were indefinite but information was gained from the work.

The Northern Health Services was able to take part in the Federal-Provincial Conference on Churchill townsite where it was resolved that a new water supply, improved sanitary services, and better control of buildings was necessary. The conference also decided that further investigation into alternative townsites was necessary.

Hudson Bay Railway Line - Clinics were held for sick people, well babies and immunization at Thicket Portage, Pikwitonei, Gillam, Ilford, Wabowden, Cormorant and Wekusko. At six of the main centres a cache of drugs was established and at Ilford and Wabowden two nurses appointed on a part time basis to help sick people. At the other centres lay-dispensers were established.

At Thicket Portage, an outbreak of Gastroenteritis occurred in June and a detailed epidemiological survey was made. Again no definite results were obtained but the establishment of a cache of drugs and the encouragement of people to obtain early treatment for any diarrhoea prevented completely the occurrence of any new cases. Gastroenteritis continued in other settlements where drugs were not available.

Polio immunization was available at each section house at Lynn Lake and along the Hudson Bay Railway Line by utilizing the C.N.R. freight which stopped sufficient time at each section to immunize the people living there. Two such trips were made in 1959 and on one of these the Federal Engineer and Federal Railway Inspector accompanied our staff to investigate ways in which our services could be complimented.

A T. B. survey of the larger centres was made, and a policy and program was established in regard to fish camps and packing stations in the area. Detailed inspections of a great percentage of the larger fish packing stations were made in the latter part of 1959.

Acknowledgements: - The first nine months of the Northern Health Services

has been one of intense activity, mostly while travelling. Each member of the staff has worked extremely hard and are enthusiastic about a five year plan for the North. Special efforts were made by the staff, already existing here, to co-operate in the establishment of the new service.

The Northern Health Services has had complete support from both the Deputy Minister and the Minister of Health and Public Welfare. Free expression of opinion has been encouraged in every aspect of the work and, notwithstanding the remoteness of the unit from Winnipeg there has at all times been the most sympathetic understanding of our problems.

Administrative Research

The larger portion of the work of this section deals with the maintaining of up-to-date staff records for the Department of Health and Public Welfare. The following data respecting same is hereinunder submitted:

I. Established positions at December 31, 1958 ...	1681
II. Newly established positions during 1959	139
III. Establishment at December 31, 1959	1820
IV. Provisional positions in operation at December 31, 1959..	<u>306</u>
Total number of Positions	<u>2126</u>

The increase in the number of positions in the department is due primarily to an increase in the general level of departmental activity and extension of services available to the general public.

Personnel: - Total employees at December 31, 1959 1940

Staff Turnover: - Hirings during the year 1959 854
 Separations during the year 1959 729

Retirements: During the year 1959, there were nine members of staff officially retired from the Manitoba Civil Service. These included:

- V. P. Dewis, Attendant, Manitoba School-Portage la Prairie, January 31, 1959;
- J. W. Chambers, Attendant, Manitoba School-Portage la Prairie, May 31, 1959;
- M. Skinner, Public Health Nurse, Division of Health, August 31, 1959;
- L. Johnson, Public Health Nurse, Division of Health, November 30, 1959;
- Dr. T. A. Pincock, Provincial Psychiatrist, Division of Psychiatry, August 31, 1959;
- A. Dewar, Institutional Farmer, Hospital for Mental Diseases - Selkirk, September 9, 1959;
- C. Gauld, Institutional Nurse, Hospital for Mental Diseases - Selkirk, December 31, 1959;
- A. Kellie, Attendant, Hospital for Mental Diseases - Brandon, December 31, 1959; and
- M. B. McMurray, Departmental Attorney, Division of Public Welfare, September 29, 1959;

In Memoriam

Mr. William Davies, Division of Health, January 23, 1959;
Mrs. Miriam Garrow, Division of Public Welfare, February 23, 1959;
Mr. C. Ripmeester, Division of Psychiatry, March 17, 1959;
Mrs. F. Rathwell, Division of Psychiatry, April 1, 1959;
Mr. J. W. Morris, Division of Health, April 26, 1959;
Miss M.B. McMurray, Division of Public Welfare, November 23, 1959;
Mr. W. M. Smith, Division of Psychiatry, October 25, 1959;
Dr. W.H. Patterson, Division of Psychiatry, November 17, 1959.

Supervision of Collections

This office is responsible for the collection of maintenance accounts incurred prior to the implementation of the Manitoba Hospital Insurance Plan on July 1, 1958 for:-

- a) patients housed in the three provincial hospitals for care of mentally ill and the training school for Mentally Defective Persons;
- b) indigent patients whose general hospital accounts have been paid by the Province of Manitoba and who are residents of local government districts, unorganized territory, or are transients; and for the current maintenance accounts for patients hospitalized in mental institutions:

- (i) who are the sole responsibility of the Federal Government: Veterans with entitlement; Indians; Eskimos and criminals; and
- (ii) who as residents of Manitoba receive benefit of free minimal hospital services but are charged for other services as outlined hereinafter:

Before the date the plan became effective in Manitoba, pronouncements via radio and literature were released advising that participants in the Manitoba Hospital Services Plan would be eligible for ordinary maintenance in mental institutions without direct cost, but would be directly responsible for:

- (i) Costs of transportation to and from the institution;
- (ii) Actual cost of clothing provided from institutional stores;
- (iii) Actual cost to institution for provision of extra-mural medical services such as dental procedures etcetera; and
- (iv) Any personal comforts provided.

This arrangement for Manitoba residents admitted to mental institutions is exclusive of cases which are the sole responsibility of the Federal government: Veterans with entitlement; Indians; Eskimos; criminals.

In continuing the collection effort on arrears for hospitalization a tactful and sympathetic approach is always maintained: It being felt the peace and tranquility of a patient and his family must be a continuing primary concern. The ability and capacity of the responsible person continues to be the determining factor when settlement of an account is projected.

The following table indicates the collections for the Calendar Year 1959.

Mental Institutions - Collections

Paid by the Federal Government for maintenance of Veterans with entitlement; Indians; Eskimos; and Department of Justice patients	\$ 180,745.93
Paid by individuals on account of arrears at June 30, 1958, prior to inception of the Manitoba Hospital Services Plan, (including an insignificant sum representing transportation costs - cost of clothing and personal comforts provided by the Institutions) ..	348,038.87
Collection - Calendar Year 1958	\$ 528,784.80
Decrease - 1959	695,973.55
	167,188.75

Collections - Maintenance of Indigents in Public Hospitals

In arrears at June 30, 1958, prior to inception of Manitoba Hospital Services Plan	\$ 38,528.19
Collection - Calendar Year 1958	52,752.72
Decrease - 1959	14,224.53

Maintenance Rates: - The Federal Government continues to pay maintenance rates in respect to the 175 veterans, criminals, Indians and Eskimo patients in the Selkirk and Brandon Hospitals for Mental Diseases, and the Manitoba School at Portage la Prairie.

The processing of Commitment Orders and related accounts for the payment to custodians of the cost in whole or in part of the maintenance of the Mental Defectives in homes outside institutions remains a function of the Collection office. At December 31st, 1959, about 135 mentally defective persons were provided for in this way, at an annual cost of around \$90,000.00.

Vital Statistics and Records

In accordance with the provisions of The Vital Statistics Act, the final annual report of the Division of Vital Statistics for the year ended December 31st, 1959, is submitted herewith.

There are fifteen tables embodied in the report. Vital statistics relating to the births, stillbirths, marriages and deaths that have occurred in the Province of Manitoba in 1959 are reported in Tables I to XIII. A comparative statement of the Division's sources of revenue for the years 1955 to 1959 inclusive is given in Table XIV. The detail of the revenue of the Division in 1959 is provided in Table XV.

Population: The 1959 estimated population of Manitoba is 885,000 as of June 1st according to the figure released by the Dominion Bureau of Statistics. The estimated number of males in the Province at that date is 449,700 and the estimated female population is 435,300.

Summary of Births, Marriages, Deaths and other related Statistics:
There were registered during the year 23,016 live births, 6,661 marriages, 7,499 deaths and 302 stillbirths. Also, there were recorded 771 adoptions, 387 legal changes of name, 431 dissolutions of marriage and 2 marriage annulments.

Infant Mortality: There were 631 infant deaths registered in 1959, giving an infant death rate of 27 per thousand live births. This shows marked improvement over the rate of 31 per thousand for the previous year. (Refer to Table VI).

Maternal Mortality: The 1959 maternal mortality rate is the same as that of the previous year. There were 14 maternal deaths registered, giving a rate of 0.6 per thousand live births. In 1958, there were 14 maternal deaths registered for a rate of 0.6 per thousand. (Refer to Table VII).

Certificates Issued: In 1959, the following certificates and licences, etc. were issued:

Birth Certificates	29,339	Paid Searches	31,967
Marriage Certificates	3,182	Marriage Licences	5,382
Death Certificates	2,626	Free Verifications and Certificates	6,616

Revenue: The total revenue for the Division in 1959 was \$73,102.20, which is an increase of \$194.44 from the previous year. This is a return to the trend of 1955, 1956 and 1957 when there were successive revenue increases. Fees collected under The Vital Statistics Act amounted to \$49,967.20 as compared with \$51,390.76 in 1958, a decrease of \$1,423.56. The amount derived from administration of The Marriage Act in 1959 was \$23,135.00 compared to \$21,517.00 in 1958, an increase of \$1,618.00.

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 from the Division on request.

TABLES

Table I

BIRTHS (excluding Stillbirths), MARRIAGES AND DEATHS - MANITOBA, 1959 with rates per 1,000 population

	1959		1958		1957	
	Number	Rate	Number	Rate	Number	Rate
<u>Live Births:-</u>						
White	21,621	26.1	20,648	24.9	21,292	25.7
Indian	1,395	66.5	1,275	60.8	1,272	60.6
All	23,016	27.1	21,923	25.8	22,564	26.5
<u>Marriages:-</u>						
White	6,544	7.9	6,300	7.6	6,494	7.8
Indian (on Reserve) ...	117	5.6	130	6.2	101	4.8
All	6,661	7.8	6,430	7.6	6,595	7.8
<u>Deaths:</u>						
White	7,237	8.7	6,905	8.3	7,072	8.5
Indian	262	12.5	285	13.6	323	15.4
All	7,499	8.8	7,190	8.5	7,395	8.7

Vital Statistics final figures
1956 Final Census Population Figures - 850,040;
White 829,063;
Indian 20,977.

Table II

DEATHS BY AGE, SEX AND RACE - MANITOBA, 1959
(The total at each age group compared with 1958 and 1957.)

	<u>White</u>		<u>Indian</u>		<u>All</u>	<u>All</u>	<u>All</u>
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>1959</u>	<u>1958</u>	<u>1957</u>
	1 sex unknown)						
Under 1 year	300	226	69	35	631	671	725
1 - 4 years	31	31	7	9	78	118	115
5 - 14 years	51	24	6	5	86	78	74
15 - 24 years	71	32	9	4	116	107	139
25 - 44 years	219	140	5	16	380	413	415
45 - 64 years	880	479	17	15	1,391	1,393	1,445
65 - 79 years	1,831	1,126	22	10	2,989	2,823	2,860
80 yrs. & over	935	859	18	15	1,827	1,587	1,622
Not stated	1	-	-	-	1	-	-
	1 sex unknown)						
All	4,319	2,917	153	109	7,499	7,190	7,395

LEADING CAUSES OF DEATH - MANITOBA, 1959

<u>Cause</u>	<u>Number</u>	<u>Percent of Total</u>
1. Heart Disease	2,394	31.9 %
2. Cancer (Malignant Neoplasms)	1,268	16.9
3. Vascular Lesions affecting the Central Nervous System	820	10.9
4. Pneumonias	459	6.1
5. Accidents	424	5.7
6. Hypertensive Disease	184	2.5
7. Birth Injuries (Postnatal Asphyxia & Atelectasis)	159	2.1
8. Arteriosclerosis	147	2.0
9. Congenital Malformations	116	1.5
10. Diabetes Mellitus	99	1.3
All other Causes	1,429	19.1

(See Chart I appended to this report.)

Table III

	<u>Live Births</u>		<u>Deaths</u>		<u>Stillbirths</u>	
	<u>1959</u>	<u>1958</u>	<u>1959</u>	<u>1958</u>	<u>1959</u>	<u>1958</u>
White	21,371	20,375	7,178	6,847	277	279
Half-Breed	250	273	59	58	1	9
Non-Treaty Indian	223	194	35	29	-	1
Treaty Indian	1,172	1,081	227	256	24	25
All	23,016	21,923	7,499	7,190	302	314

TABLE IV

ABBREVIATED LIST OF FIFTY CAUSES

Number of deaths and rates per 100,000 population White and Indian for Manitoba, 1959

Abbreviated List	Detailed List Nos.	Cause Groups	White (Incl. Half-Breed)			Indian			Totals		
			No.	Rate	No.	No.	Rate	No.	Rate	No.	Rate
B 1	001-019	All Tuberculosis	(30)	(3.6)	(13)	(43)	(62.0)	(43)	(5.1)		
B 2	001-008	Tuberculosis of Respiratory System	27	3.3	9	36	42.9	36	4.2		
B 3	010-019	Tuberculosis, Other Forms	3	0.4	4	7	19.1	7	0.8		
B 4	020-029	Syphilis & its Sequelae	9	1.1	-	9	-	9	1.1		
B 5	040	Typhoid Fever	-	-	-	-	-	-	-		
B 6	043	Cholera	-	-	-	-	-	-	-		
B 7	045-048	Dysentery, All Forms	-	-	4	4	19.1	4	0.5		
B 8	050, 051	Scarlet Fever & Streptococcal Sore Throat	1	0.1	-	1	-	1	0.1		
B 9	055	Diphtheria	-	-	-	-	-	-	-		
B 10	056	Whooping Cough	-	-	1	1	4.8	1	0.1		
B 11	057	Meningococcal Infections	1	0.1	2	3	9.5	3	0.4		
B 12	058	Plague	-	-	-	-	-	-	-		
B 13	080	Acute Poliomyelitis	2	0.2	-	2	-	2	0.2		
B 14	084	Smallpox	-	-	-	-	-	-	-		
B 15	085	Measles	-	-	3	3	14.3	3	0.4		
B 16	100-108	Typhus & Other Rickettsial Diseases	-	-	-	-	-	-	-		
B 17	110-117	Malaria	-	-	-	-	-	-	-		
	030-039, 041, 042, 044-049, 052-054, 059-074, 081-083, 086-096, 120-138	All Other Diseases Classified as Infective & Parasitic	26	3.1	5	31	23.8	31	3.6		
B 18	140-205	Malignant Neoplasms, including Neoplasms of Lymphatic & Haematopoietic Tissues	1,251	150.9	17	1,268	81.0	1,268	149.2		
	202, 203, 205 (140-200)	Cancer, excluding Hodgkins' Disease, Leukaemia & Aleukaemia	(1,181)	(142.4)	(17)	(1,198)	(81.0)	(1,198)	(140.9)		
B 19	(201)	Hodgkins' Disease	(12)	(1.4)	-	(12)	-	(12)	(1.4)		
B 20	(204)	Leukaemia & Aleukaemia	(58)	(7.0)	-	(58)	-	(58)	(6.8)		
B 21	210-239	Benign & Unspecified Neoplasms	18	2.2	-	18	-	18	2.1		
B 22	260	Diabetes Mellitus	97	11.7	2	99	9.5	99	11.6		
B 23	290-293	Anaemias	13	1.6	-	13	-	13	1.5		
B 24	330-334	Vascular Lesions affecting Central Nervous System ...	814	98.2	6	820	28.6	820	96.5		
B 25	340	Nonmeningococcal Meningitis	6	0.7	1	7	4.8	7	0.8		
B 26	400-402	Rheumatic Fever	3	0.4	2	5	9.5	5	0.6		
	410-416	Chronic Rheumatic Heart Disease	71	8.6	1	72	4.8	72	8.5		
	420-422	Arteriosclerotic & Degenerative Heart Disease	2,246	270.9	13	2,259	62.0	2,259	265.8		

TABLE IV (Continued)

Abbreviated List	Detailed List Nos.	Cause Groups	White (Incl. Half-Breed)		Indian		Totals	
			No.	Rate	No.	Rate	No.	Rate
B 27	430-434	Other Diseases of the Heart	133	16.0	2	9.5	135	15.9
B 28	440-443	Hypertension with Heart Disease	136	16.4	1	4.8	137	16.1
B 29	444-447	Hypertension without mention of Heart Disease	46	5.5	1	4.8	47	5.5
	(450)	Arteriosclerosis	(144)	(17.4)	(3)	(14.3)	(147)	(17.3)
B 30	480-483	Influenza	81	9.8	6	28.6	87	10.2
B 31	490-493	Pneumonia	402	48.5	29	138.2	431	50.7
B 32	500-502	Bronchitis	53	6.4	5	23.8	58	6.8
B 33	540-541	Ulcer of Stomach & Duodenum	52	6.3	-	-	52	6.1
B 34	550-553	Appendicitis	9	1.1	-	-	9	1.1
B 35	560, 561, 570	Intestinal Obstruction & Hernia	38	4.6	1	4.8	39	4.6
B 36	543, 571, 572	Gastritis, Duodenitis, Enteritis & Colitis except Diarrhoea of the Newborn	24	2.9	33	157.3	57	6.7
B 37	581	Cirrhosis of Liver	44	5.3	2	9.5	46	5.4
B 38	590-594	Nephritis & Nephrosis	53	6.4	3	14.3	56	6.6
B 39	610	Hyperplasia of Prostate	28	3.4	1	4.8	29	3.4
B 40	640-652, 660	Complications of Pregnancy, Childbirth and the Puerperium	13	1.6	1	4.8	14	1.6
B 41	670-689	Congenital Malformations	112	13.5	4	19.1	116	13.6
B 42	760-762	Birth Injuries, Postnatal, Asphyxia & Atelectasis	148	17.9	11	52.4	159	18.7
B 43	763-768	Infections of the Newborn	33	4.0	7	33.4	40	4.7
B 44	769-776	Other Diseases peculiar to Early Infancy and Immaturity Unqualified	110	13.3	7	33.4	117	13.8
B 45	780-795	Senility without mention of Psychosis, ill-defined & unknown causes	49	5.9	24	114.4	73	8.6
B 46	Residual	All Other Diseases	625	75.4	20	95.3	645	75.9
"E" Code	Alternative Classification of Accidents, Poisonings, & Violence (External Causes)							
BE 47	E810-E835	Motor Vehicle Accidents	148	17.9	5	23.8	153	18.0
BE 48	E800-E802	All Other Accidents	243	29.3	28	133.5	271	31.9
	E840-E962							
BE 49	E963, E970-79	Suicide & Self-Inflicted Injury	65	7.8	1	4.8	66	7.8
BE 50	E964-E965, E980-E999	Homicide & Operations of War	4	0.5	-	-	4	0.5
"N" Code	Alternative Classification of Accidents, Poisonings & Violence (Nature of Injury)							
BN 47	N800-N829	Fractures, Head Injuries & Internal Injuries	272	32.8	9	42.9	281	33.1
	N850-N869							
BN 48	N940-N949	Burns	31	3.7	8	38.1	39	4.6
BN 49	N960-N979	Effects of Poisons	31	3.7	2	9.5	33	3.9
BN 50	N830-N848	All other Injuries	126	15.2	14	66.7	140	16.5
	N870-N936, N950-N959, N980-N999.							

TABLE V

DEATHS OF CHILDREN UNDER ONE YEAR OF AGE
BY CAUSE AND AGE - MANITOBA, 1959

	Under 7 Days	7-28 Days	Over 28 Days to 1 Yr.	Under 1 Yr.
<u>WHITE:</u>				
Lower Respiratory (480-3, 490-3, 500-2, 763)	16	8	68	92
Immaturity (774-776)	48	4	1	53
Congenital Malformations (750-759)	40	13	34	87
Birth Injuries (760-761)	78	4	-	82
Asphyxia and Atelectasis (762)	58	1	6	65
Gastro-Intestinal (543, 571-2, 764)	-	-	9	9
Ill-defined (773, 795)	34	2	3	39
Other	30	12	58	100
Totals	304	44	179	527
<u>INDIAN:</u>				
Lower Respiratory (480-3, 490-3, 500-2, 763)	1	4	19	24
Immaturity (774-776)	2	-	-	2
Congenital Malformations (750-759)	3	-	-	3
Birth Injuries (760-761)	4	-	-	4
Asphyxia and Atelectasis (762)	6	-	1	7
Gastro-Intestinal (543, 571-2, 764)	1	1	28	30
Ill-defined (773, 795)	4	-	6	10
Other	1	3	20	24
Totals	22	8	74	104
White and Indian Totals	326	52	253	631

TABLE VI

INFANT MORTALITY

Rate per 1,000 Live Births - Manitoba 1940-1959

1940	51	1950	35
1941	53	1951	33
1942	51	1952	31
1943	55	1953	35
1944	49	1954	29
1945	48	1955	31
1946	47	1956	31
1947	46	1957	32
1948	41	* 1958	31
1949	41	* 1959	27

* Vital Statistics final figures.

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

TABLE VII

CAUSES OF MATERNAL DEATHS - MANITOBA, 1959

	White and Half-Breed	Indian	All
Toxaemias of Pregnancy (642)	1	-	1
Other complications arising from Pregnancy (648)	1	-	1
Abortion (650-652)	1	-	1
Delivery without complication (66)	1	-	1
Delivery with specified complications (670-678)	4	1	5
Complications of the Puerperium (680-689)	5	-	5
Totals	13	1	14
Number per 1,000 Live Births ..	0.6	0.7	0.6

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 1959 is 0.6.

TABLE VIII

DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM - MANITOBA, 1959

	Under 45	45- 64	65- 79	80 & Over	Age Unk.	Male	Female	All
WHITE:								
Rheumatic Fever (400-402)	3	-	-	-	-	1	2	3
Chronic Rheumatic Heart Disease (410-6)	9	31	25	6	-	24	47	71
Arteriosclerotic & Degenerative Heart Disease (420-422)	51	465	1,141	588	1	1,471	775	2,246
Other Diseases of Heart (430-434)	5	9	58	61	-	62	71	133
Hypertensive Disease (440-447)	2	29	104	47	-	91	91	182
Diseases of Arteries (450-456)	3	12	70	100	-	111	74	185
Diseases of Veins & other Diseases of Circulatory System (460-468)	3	19	32	18	-	45	27	72
Associated Conditions:	34	103	447	360	-	461	483	944
Vascular Lesions affecting Central								
Nervous System (330-334)	13	81	384	336	-	401	413	814
Chronic Nephritis (592)	9	8	12	4	-	17	16	33
Diabetes Mellitus (260)	12	14	51	20	-	43	54	97
Total White ...	110	668	1,877	1,180	1	2,266	1,570	3,836
INDIAN:								
Rheumatic Fever (400-402)	2	-	-	-	-	2	-	2
Chronic Rheumatic Heart Disease (410-6)	-	1	-	-	-	-	1	1
Arteriosclerotic & Degenerative Heart Disease (420-422)	-	5	5	3	-	8	5	13
Other Diseases of Heart (430-434)	-	1	-	1	-	2	-	2
Hypertensive Disease (440-447)	-	-	1	1	-	2	-	2
Diseases of Arteries (450-456)	1	-	1	2	-	1	3	4
Diseases of Veins & other Diseases of Circulatory System (460-468)	-	-	1	-	-	1	-	1
Associated Conditions:	2	3	2	3	-	3	7	10
Vascular Lesions affecting Central								
Nervous System (330-334)	1	1	2	2	-	2	4	6
Chronic Nephritis (592)	1	1	-	-	-	-	2	2
Diabetes Mellitus (260)	-	1	-	1	-	1	1	2
Total Indian ...	5	10	10	10	-	19	16	35
Total White and Indian	115	678	1,887	1,190	1	2,285	1,586	3,871

TABLE IX

DEATHS DUE TO MALIGNANT NEOPLASMS SHOWING MAIN SITES -
MANITOBA, 1959

	<u>Under 45</u>	<u>45- 64</u>	<u>65& Over</u>	<u>Male</u>	<u>Female</u>	<u>All</u>
Buccal Cavity & Pharynx (140-148) ..	1	7	11	15	4	19
Digestive Organs & Peritoneum (150-159)	14	135	360	298	211	509
Respiratory System (160-165)	6	64	109	157	22	179
Breast (170)	15	59	40	3	111	114
Uterus (171-174)	8	24	13	-	45	45
Female Genital Organs (175-176) ...	2	16	16	-	34	34
Male Genital Organs (177-179)	3	14	76	93	-	93
Urinary Organs (180-181)	1	17	51	51	18	69
Skin (190-191)	-	6	4	6	4	10
Eye (192)	1	1	5	6	1	7
Brain (193)	15	12	9	22	14	36
Others (194-199)	5	14	26	21	24	45
Neoplasms of Lymphatic & Haematopoietic Tissues (200-205)	36	29	43	59	49	108
Totals	107	398	763	731	537	1,268

TABLE X

DEATHS FROM MALIGNANT NEOPLASMS - MANITOBA, 1959
ACCORDING TO AREA OF RESIDENCE

	<u>Male</u>	<u>Female</u>	<u>All</u>
Brandon	26	20	46
Portage la Prairie	6	6	12
St. Boniface	22	28	50
Winnipeg	264	212	476
St. James	26	14	40
East Kildonan	14	16	30
* Towns & Villages	75	55	130
Urban Municipalities	32	31	63
Rural Municipalities	208	128	336
Local Government Districts ...	28	10	38
Unorganized Territory	7	2	9
Indian Reserve	5	5	10
Outside Manitoba	18	10	28
All	731	537	1,268

* 1,000 plus population

TABLE XI

DEATHS FROM TUBERCULOSIS BY AGE, SEX AND TYPE AMONG
WHITE, HALF-BREEDS AND INDIANS - MANITOBA, 1959

	<u>Under 25</u>		<u>25-64</u>		<u>65 & Over</u>		<u>All</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
<u>WHITE:</u>							
Respiratory (001-008)	-	1	8	2	13	1	25
Other (010-019)	-	-	1	-	1	1	3
<u>HALF-BREED:</u>							
Respiratory (001-008)	-	-	-	-	1	1	2
<u>INDIANS:</u>							
Respiratory (001-008)	2	1	-	3	2	1	9
Other (010-019)	1	1	-	2	-	-	4
Totals ..	3	3	9	7	17	4	43

TABLE XII

DEATHS FROM TUBERCULOSIS ACCORDING TO
AREA OF RESIDENCE - MANITOBA, 1959

	<u>Male</u>	<u>Female</u>	<u>All</u>
Brandon	1	-	1
Portage la Prairie	1	-	1
Winnipeg	14	3	17
Towns & Villages (1,000 plus population)	3	-	3
Urban Municipalities	-	1	1
Rural Municipalities	2	1	3
Local Government Districts	3	-	3
Unorganized Territory	-	3	3
Indian Reserve	3	5	8
Outside Manitoba	2	1	3
Totals	29	14	43

TABLE XIII

NUMBER OF DEATHS DUE TO MOTOR VEHICLE ACCIDENTS
AND OTHER ACCIDENTS - MANITOBA, 1950-1959

<u>YEAR</u>	<u>Motor Vehicle Accidents</u>	<u>Other Accidents</u>	<u>Total Accidents</u>
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	163	301	464
* 1958	138	264	402
* 1959	153	271	424

* 1958 and 1959 Vital Statistics final figures.

TABLE XIV

REVENUE FROM CERTIFICATES ISSUED BY
DIVISION OF VITAL STATISTICS - 1955 to 1959 inclusive

<u>Sources of Revenues</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
Birth Certificates	\$20,296.25	\$23,242.50	\$23,825.00	\$22,110.75	\$22,004.25
Death Certificates	1,705.50	1,682.25	1,745.25	1,963.50	1,969.50
Marriage Certificates	2,409.00	2,739.75	2,921.25	2,311.50	2,386.50
Paid Searches Made	14,810.25	16,221.75	16,740.00	16,311.75	15,983.25
Marriage Licences	21,292.00	21,347.00	21,958.00	20,537.00	22,340.00
Special Authorizations	835.00	885.00	925.00	980.00	795.00
Late Registrations	1,131.00	1,162.00	1,120.00	1,106.00	964.00
Corrections of Records	954.00	1,071.00	1,121.00	1,144.00	948.00
Legitimations	50.00	41.00	92.00	74.00	91.00
Adoptions	474.00	482.00	552.00	515.00	638.00
Miscellaneous	5,938.93	5,552.36	5,901.03	5,854.26	4,982.70
Totals	\$69,895.93	\$74,426.61	\$76,900.53	\$72,907.76	\$73,102.20

TABLE XV

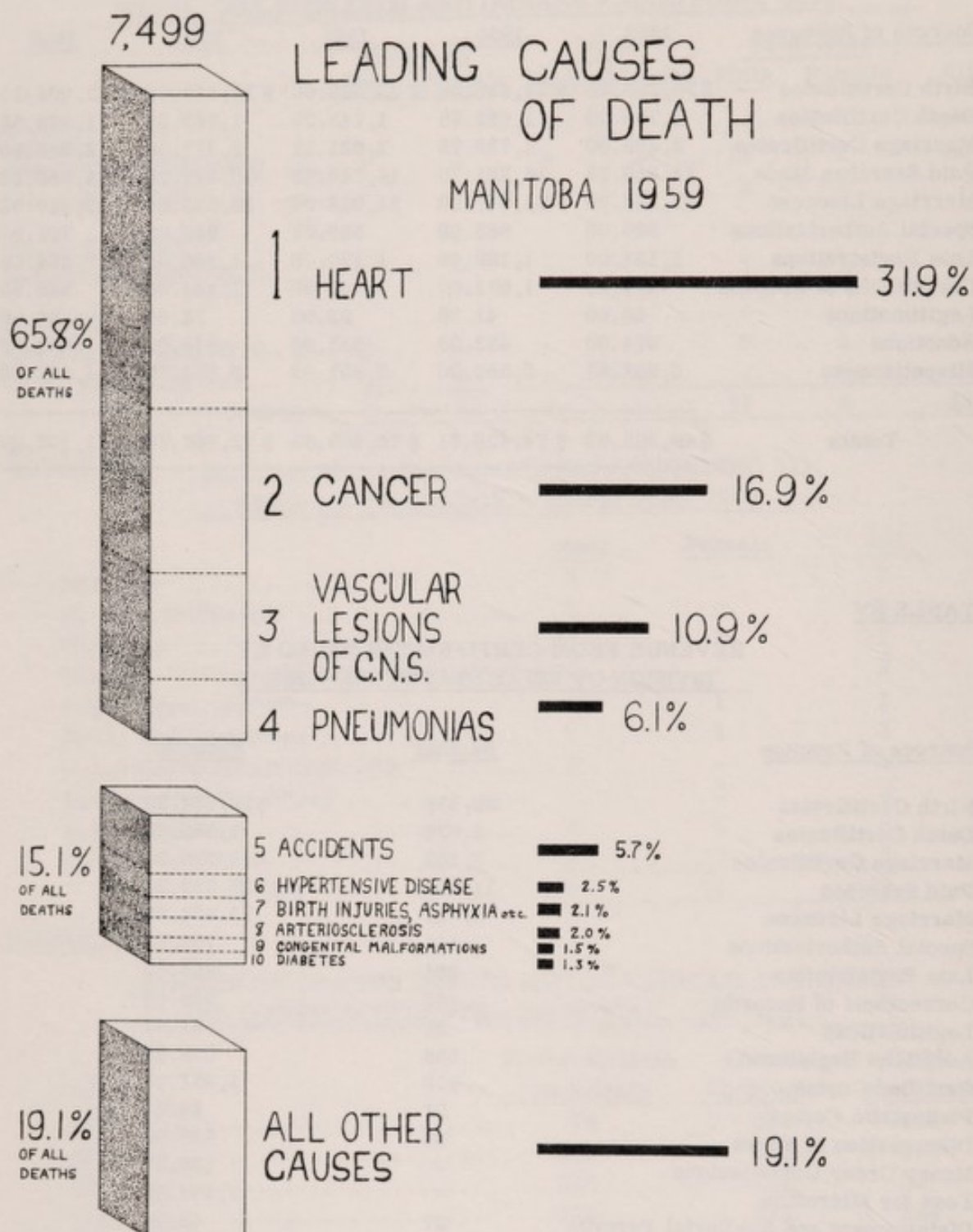
REVENUE FROM CERTIFICATES ISSUED BY
DIVISION OF VITAL STATISTICS - 1959

<u>Sources of Revenue</u>	<u>Number</u>	<u>Revenue</u>
Birth Certificates	29,339	\$22,004.25
Death Certificates	2,626	1,969.50
Marriage Certificates	3,182	2,386.50
Paid Searches	31,967	15,983.25
Marriage Licences	5,382	22,204.00
Special Authorizations	159	795.00
Late Registrations	964	964.00
Corrections of Records	948	948.00
Legitimations	91	91.00
Adoptions Registered	638	638.00
Certified Copies	920	1,351.00
Photostatic Copies	27	44.75
Dispensation of Banns	34	136.00
Money Order Commissions	-	136.27
Fees for Microfilm	-	3,330.80
Disinterment and Re-Burial Permits	21	42.00
Miscellaneous (Actual)	-	77.88
Total		\$73,102.20

CHART I

LEADING CAUSES OF DEATH

MANITOBA 1959



Health and Welfare Education

The solution of today's health problems depends in large measure upon an informed public, motivated to take appropriate individual and group action.

Public Health Education, like epidemiology or engineering, requires and has its own methodology, its special tools and techniques. It is the responsibility of the bureau to offer assistance to all divisions, sections and bureaux in the development of Health Education programs, to make available the necessary tools and to assist in community organization which is necessary for the success of these efforts.

Since private physicians and dentists, teachers, voluntary agencies and professional workers of other government departments are recognized resources, working within the community, both directly and through the Health and Public Welfare Department, services of the bureau are made available to them. The bureau maintains a close liaison with the City of Winnipeg Health Department, Indian Health Services, University Departments, Teacher Training Institutions, other Government departments and voluntary agencies, to co-ordinate their work with that of our department.

Health Education: Liaison is maintained with provincial executives of various organizations, such as Home and School Association, Women's Institutes, Service Clubs, Chambers of Commerce, Church Groups, Youth Organizations, private Doctors and Dentists, Hospitals, schools, industry and voluntary agencies and other lay groups to acquaint them with current programs, problems and resources of the Department. The consultation of our own professional staff and the facilities of the art, information and nutrition sections are also available to them.

Public Relations and Information: This bureau has the responsibility of publicizing department programs on a provincial basis through press, radio and television, assisting in organizing campaigns and special projects, technical papers and brochures, editing of the monthly Health Division Newsletter and assisting the various program directors in the production of posters and pamphlets.

Mass media were utilized extensively to inform the public of recommended health practices and available services. Of significance has been the development of a daily radio series with a private radio station. Plans are under way to make the programs available through at least four other rural stations.

Publications: The bureau maintains an extensive assortment of pamphlets, posters and exhibits, for distribution to the general public, organized groups and professional workers. These materials are obtained from reliable sources such as Information Services Division of National Health and Welfare, Metropolitan Life Insurance Company, professional associations and other agencies. Health materials produced by voluntary agencies also are distributed by the bureau. In addition, a large number of pamphlets and posters have been prepared by the bureau in co-operation with the various divisions of our own Department of Health and Public Welfare.

These publications provide information on preventive health, disease control, safety, child development, dental health, nutrition, sanitation, department services and programs. Materials requested in local health unit areas are distributed directly from the units.

<u>Distribution</u>	<u>1958</u>	<u>1959</u>
Pamphlets	281, 376	425, 479
Posters	16, 255	43, 482

Audio-Visual Aids: The audio-visual aids service is very closely linked with the activities of the bureau as a whole. 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 groups in selecting and using films and materials.

The service is utilized by many professional groups and individuals, such as social workers, child guidance workers, university professors, voluntary agencies, City of Winnipeg Health Department, hospitals, industrial nurses, schools, churches, and numerous lay groups, free of cost except for transportation one way. Our own field staff use these extensively for prenatal classes, child health conferences, sanitation programs and community education generally. Training courses for our own staff and other groups are provided by our film librarian. Close liaison is maintained with the National Film Board and other film libraries, to provide an effective, co-ordinated service to the province as a whole.

1959 Records

	<u>No. Times Shown</u>	<u>Attendance</u>	<u>No. Speakers</u>
Films	4, 562	183, 515	2, 475
Civil Defence Films	314	13, 421	254
Filmstrips	322	8, 551	200

There were 276 projector bookings for 1959 and 137 bookings for screens.

Art Services: Activities of the art department staff comprise a wide variety of projects, including the planning and art work of department publications, the preparation of posters, displays, charts and graphs, and the designing of television graphics. The service this past year has included photography, by way of black and white prints, color slides and 16 mm movies, for various publications and programs. Those services are extended to all branches of the department as well as to other government departments and voluntary agencies.

Printing Service: The bureau offers a printing service to all divisions of the Department of Health and Public Welfare, as well as agencies working in the field of health. During 1959, this section completed 786 jobs, representing 2,493 stencils cut, and 409,343 sheets of paper printed. Thirty bureau, sections or agencies used this service.

Health Educators: The department has establishments for four health educators. The shortage of trained health educators in Canada as a whole, makes recruitment of qualified persons very difficult.

The work of the field health educator's parallels very closely that of central office, except that it takes place at the local level. Health educators assist local health unit staffs with public information programs through press, radio, television, public meetings, distribution of literature, promotion of film usage and annual reports. Consultation is offered to staff members on education methods and materials. Through community organization the health and welfare education programs of local lay organizations are strengthened.

Assistance with educational programs is provided to local voluntary agencies, physicians, dentists, agricultural representatives, home economists

and other professional workers. Special effort is made to assist teachers in developing sound school health programs.

Community health education projects included dental health and nutrition, sanitation, family living, safety and leadership training.

Nutrition Services: During the past year, a number of changes have been made in this aspect of our work. Practical nurses' nutrition education has been transferred to the Bureau of Practical Nursing. All consultant work with hospitals has now been taken over by the Hospital Standards Branch. It is hoped that these changes will permit more intensive efforts toward a public nutrition education program.

Conclusion: It is not possible in a report of this nature to outline in detail the total activities of the bureau. Our primary responsibility is to stimulate an interest in health education on as broad a basis as possible, to motivate and assist groups and individuals in developing and carrying out programs that not only prevent sickness and death, but promote positive health.

Alternative Care and Elderly Persons' Housing

This section commenced operation on November 1, 1959, and during November and December orientation in the new and complex field of Alternative Care has been commenced. It has become evident early that the major contribution that can be made concerns the increasing involvement of Manitoba's communities in the many areas of sickness care which can be organized outside their General Hospitals and Care Institutions. Home care, visiting nurse, housekeeper, foster homes for invalids, etcetera, are examples. Both the Health and Welfare Divisions of the Department have agreed that so far as is possible expanded work in this field should remain a responsibility of the local level Health and Welfare agency or agent.

Liaison has been established with Manitoba's Hospital Survey Board. Their report on acute and chronic medical care facilities will have direct and important consequence on the programmes developed in the Alternative Care area.

The chairman of The Provincial Allowances Board has been depended upon for a review of events in the field of Elderly Persons Housing for the ten months prior to October, 1959, appreciation of which is hereby recorded.

Assistance in the form of grants for Elderly Persons' Housing was first made available by the Provincial Government in the latter part of 1955. At that time the Government announced that as a matter of policy certain grants would be made. This was followed by the passing of The Elderly Persons' Housing Act, which came into force on March 15, 1956.

Housing for elderly persons was generally classified under two headings, namely, Elderly Persons' Housing Units where either one or two elderly persons might have their own individual suites equipped with kitchen and bathroom facilities, and hostels which are meant to provide elderly persons with room and board.

The maximum grants for hostel accommodation were set at \$850.00 per bed for new construction, and \$450.00 per bed for a renovated building, with a limit of 1/3 the total cost in each case. For Elderly Persons' Housing Units, the grants were set at \$500.00 for accommodation for a couple, and \$350.00 for one person, with a limit of 10% of the total cost of construction.

The above grants were increased in 1957 and again in 1959. For hostel

accommodation, the grant for new construction was increased in 1959 to \$1,200.00 per bed, and \$700.00 per bed for a renovated building, with an over-all limit of 1/3 the cost in each case. For separate units for couples and single persons, the grants were increased in 1959 to \$1,667.00 and \$1,400.00 respectively, with an over-all limit of 1/3 the cost. In addition to the increased grants, provision was made for the guarantee by the Provincial Treasurer of the principal and interest of loans made for the purpose of providing Elderly Persons' Housing.

Perhaps the most significant development in this field in 1959 was to make provision in the new Elderly Persons' Housing Act for the supervision of all types of housing, including Nursing Homes and Homes for Infirmary Care for Elderly Persons. The new legislation envisages over-all planning for the whole of the province in the area of care for the elderly persons, outside of those who require active hospital treatment. It is recognized that the setting-up of a well co-ordinated program in the above area will take considerable time, and will have to be carried forward progressively step by step.

The first step is to find out as nearly as possible the number of persons requiring care, either in the form of assisted housing accommodation, domiciliary care, such as boarding homes, or infirmary care, where some nursing services are required. This study is now going forward, as a preliminary to more definite action in the several fields involved.

In the meantime, in those areas where certain types of housing accommodation are obviously needed, local communities are being given every encouragement to proceed with plans for Elderly Persons' Housing, in the form of separate housing units for married couples and single persons, or hostels for boarding home care, depending on the apparent need.

As of November 1st, 1959, appointment of a full-time Director of Alternative Care and of Elderly Persons' Housing was made.

Interest in the provision of housing units appears to be growing throughout the province. The following is a list of the projects which have received assistance since the commencement of the program.

AMOUNT OF ACCOMMODATION PROVIDED BY The Elderly
Persons' Housing Act from its beginning to date:

<u>Name of Institution</u>	<u>Location</u>	<u>Number of Persons provided for</u>	<u>Amount of Grants</u>
Betel Old Folks Home	Gimli	65	\$ 77,412.66
Canadian National Institute for the Blind	Winnipeg	50	42,500.00
Deloraine Senior Citizens' Home ..	Deloraine	17	6,800.00
Glenboro Senior Citizens' Home ..	Glenboro	20	8,000.00
Greenland Home for the Aged and Infirmary	Ste. Anne	13	10,976.69
Home for the Aged Society	Winkler	54	40,006.83
Jewish Old Folks Home of Western Canada	Winnipeg	30	25,500.00
Killarney Senior Citizens' Home ..	Killarney	38	32,000.00
Les Petites Missionnaires of Ste. Joseph	Otterburne	48	40,800.00

<u>Name of Institution</u>	<u>Location</u>	<u>Number of Persons provided for</u>	<u>Amount of Grants</u>
Osborne Home	Neepawa	14	\$ 7,400.00
(6 units for couples)			
(2 units for single person)			
St. James Kiwanis Courts			
Incorporated	St. James	176	88,000.00
(88 units for couples)			
St. Joseph's Home for the Aged ...	Winnipeg	57	48,450.00
Tabor Senior Citizens' Home	Morden	16	8,000.00
(8 units for couples)			
Ukrainian Home for the Aged	Winnipeg	168	67,200.00
	TOTAL - - -	766	\$503,046.18

PROJECTS COMPLETED OR WELL ADVANCED in 1959

<u>Name of Institution</u>	<u>Location</u>	<u>Number of Persons provided for</u>	<u>Established Grant on completion of the Project</u>
Addition to Greenland		13	\$10,000.00
Home for Aged & Infirm	Ste. Anne		
Addition to Home for the Aged	Winkler	16	13,000.00
Fairview Home	Brandon	134	100,000.00
Steinbach Invalid Home	Steinbach	64	40,000.00
Morris Eventide Home	Rosenort	26	20,000.00
Menno Home for the Aged	Grunthal	26	20,000.00
		279	\$203,000.00

Rehabilitation Services

The provincial rehabilitation program formally commenced operation in July 1955. 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, pre-vocational education, vocational training, job placement, related psycho-social adjustment services and follow-up. 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 tuberculosis, the blind, the deaf and those disabled by poliomyelitis. Other disability groups could get little or no service and those who were fortunate enough 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 was recognized that the rehabilitation needs of each disabled person are different and because of this the diversity of services required, made the job of rehabilitation far too large for any one agency or any one government alone to provide successfully. The

combined effort of the entire community was required in order to provide a comprehensive service to all the disabled.

We have in Manitoba four organized rehabilitation agencies which constitute our provincial rehabilitation program. These are: -

- 1) Canadian National Institute for the Blind which is responsible for blind persons and those with visual defects who are in danger of becoming blind unless properly treated. Their program is financed through Community Chest funds, a federal-provincial grant and assistance from the Lions Club. They are concerned with children and adults;
- 2) Workmen's Compensation Board is responsible for adults disabled through industrial accidents. Their program is financed by contributions from industry;
- 3) Sanatorium Board of Manitoba: (a) This Board is concerned with children and adults, and is responsible for the prevention, treatment and rehabilitation of tuberculosis patients, and is financed by a provincial-federal grant and the Annual Christmas Seal campaign; and
(b) It is also concerned with all disability categories in children and adults of Treaty Indians on behalf of the Department of Indian Affairs. The entire program is financed by federal government funds with the exception of tuition costs for vocational training which are met under the federal-provincial vocational training agreement, Schedule "R";
- 4) Society for Crippled Children and Adults of Manitoba is responsible for all physically disabled children and adults that do not come within the scope of the aforementioned agencies with the exception of the following physical disabilities in children: - visual defects, rheumatic hearts and the mental defectives. This program is financed by federal-provincial grants, the Easter Seal campaign and the March of Dimes Campaign. The 1959 budget of this organization amounted to approximately \$450,000. of which forty per cent was made up by federal-provincial grants.

With the exception of the Workmen's Compensation Board program, rehabilitation services are provided only in cases where the disabled person does not have his own resources to meet the costs of the services. Assistance with costs of rehabilitation is provided on the basis of need rather than on a rigid means test. In many instances the cost of rehabilitation services are shared between the disabled person and the agency concerned.

A close working relationship with all government and voluntary resources serving the disabled is maintained, and co-operation received to date from the various resources has been excellent. A good working arrangement has been developed between the four organized rehabilitation agencies and the existing community resources providing rehabilitation services, which has resulted in a better use of the existing resources and a notable elimination of duplication of effort.

Registry: In November, 1956, there was established in the Co-ordinator's Office a central disabled persons' registry, designed for children and adults. The objectives of this registry are to determine the number of disabled in Manitoba requiring rehabilitation services; to determine gaps in services; to determine ways and means of filling these gaps through closer co-ordination of government and voluntary services and the development of new services. At December 31, 1959, the registry contained 7811 files (4600 children and 3311 adults). Four thousand two hundred are now considered inactive. Of the 3711 active at December 31, 1959, 1800 are children and 1911 adults.

In 1959, through the four organized rehabilitation agencies, a total of 3000 persons were given services ranging from a single counselling session to comprehensive medical, social and vocational assessment, treatment, prosthetic appliances, vocational training and job placement.

1959: Case load at January 1, 1959 - adults	1,185
Intake January 1, 1959 to December 31, 1959	500
Cases closed during 1959	525
Active case load at January 1, 1960	1,160
<u>Cases closed:</u> To competitive employment	- 250
To sheltered employment	- 40
To homebound employment	- 50
To self-care	- 60
Not rehabilitated	- 125

Analysis of the 250 cases placed into competitive full-time employment:

Total annual earnings -	\$500,000.
Cost of services for the 250 cases only -	100,000.
Estimated provincial and municipal welfare savings -	62,500.
Estimated annual payment to income tax -	31,000.

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 1959, over 65 persons were trained under the vocational training agreement, Schedule "R" and placed into the type of employment for which they are trained.

Daily numerous cases are encountered where because of severe physical disability, coupled with low academic background, and/or low intelligence, placement in competitive employment is extremely difficult and often impossible.

In 1958 the development of the industrial workshop under the Society for Crippled Children and Adults of Manitoba was witnessed. This workshop is designed to provide vocational evaluation services under simulated working conditions, work conditioning, and sheltered employment. The primary goal of this workshop is to fit the disabled person for competitive employment. During the past year over 175 persons have been accepted by the workshop for assessment. As a result of the assessment some have been moved into vocational training and some directly into competitive employment.

During the past year we have noted a further increase in the establishment of physical medicine facilities in our major active treatment hospitals, and the development of a physical medicine section in the newly established Assiniboine Hospital for long term chronic disabilities. The presence of a physical medicine facility in this type of hospital enables the patients to function at their maximum level and thereby reduce the amount of nursing care which they would otherwise require.

The most important development in 1959 was the government's decision to build a rehabilitation hospital in Winnipeg designed to serve the citizens of Manitoba. Final plans have been completed for this new hospital on which construction will commence around March of 1960. This hospital will be built and

administered by the Sanatorium Board of Manitoba on behalf of the Province of Manitoba. The objectives and functions of the rehabilitation hospital are: -

- (a) To reduce expensive active hospital care, and
- (b) To provide the patient with better and more complete medical care.

Another significant decision by the Government of Manitoba was the approval given to the establishment of a two year School of Physio Therapy and Occupational Therapy under the auspices of the University of Manitoba. This school will commence operation in September 1960 in temporary quarters in the Children's Hospital. When the rehabilitation hospital is completed the school will move into this Hospital in space specially designed for it.

Summary: During 1959, active steps were taken towards the extension of our Home Care Program which is designed to facilitate the care of sick and disabled persons out of hospital who would otherwise need to remain in expensive active treatment beds. A great deal of study has been given to the whole question of alternative care, the results of which will be evidenced in 1960.

During 1959, considerable study has been given to the need for an organized program for the rehabilitation of the mentally ill and mentally retarded. We anticipate that during 1960, concrete plans will be developed designed to provide the more comprehensive range of rehabilitation services which are now available to the physically disabled children and adults of our Province.

The results of our rehabilitation efforts to date indicate clearly that money spent on the rehabilitation of disabled persons is a sound economic investment.

SECTION OF ENVIRONMENTAL SANITATION

Herewith are submitted reports outlining the major activities during the calendar year 1959 of the four sub-divisions of the Section of Environmental Sanitation:

- A. Public Health Engineering
- B. Food Control
- C. Industrial Hygiene
- D. Sanitary Inspectors

Staff: Early in the Fall the section lost the services of Dr. Hugh Malcolmson who has been transferred to the Division of Public Welfare. His leadership and sincere capacity for a realistic approach to the problem of environment will be greatly missed, as will his sympathetic understanding and guidance of each bureau program.

Dr. E. Snell will be available on a part-time basis as medical consultant in industrial hygiene.

The technical staff of the section has increased from that of 1958. The present establishment, including that of the Provincial Sanitary Control Commission, consists of; a Section Director and Chief Engineer, 1; Public Health Engineers, 4; Director of Food Control, 1; Food-Milk Consultants, 2; Public Health Chemist and Chief, Industrial Hygiene, 1; Chemists I, 3; Laboratory Technicians, 2; Senior Sanitary Inspector, 1; Sanitary Inspectors II and III, 5; Bedding and Upholstery Inspector, 1 (part-time).

In addition, some summer staff were recruited to work as an assistant engineer, research assistants and swimming pool inspectors. These men were university undergraduates in medicine and engineering.

Program: Details of the work of the different sub-divisions are contained in the individual reports. Some of the major features of the year were:

Continuation of the Annual Institute for Sanitary Inspectors, the training courses for waterworks and sewage plant operators and the basic course in microbiology for inspectors;

A review of milk pasteurization operations including plant equipment and product bacteriological analyses in the 27 milk pasteurization plants in Manitoba;

A Province-wide survey of the handling of meat, poultry and fish at all levels below that of Federal inspection service;

A technical study of temperature control in frozen food locker plants;

Additional interest in the fluoridation of public water supplies and a reduction in the number of new water works and sewerage system proposals submitted by consultants on behalf of municipalities;

The establishment on a firm basis of the new concept of public bathing facilities in the form of modified swimming pools and artificial lakes;

The publication of the first report on air pollution conditions in the metropolitan Winnipeg area;

A study of the mercury hazard associated with seed treating;

An increase in lead poisoning problems in industry.

It might be appropriate to mention the substantial assistance rendered by the Federal Health Grant system in supporting the wide and varied program of the section, and to acknowledge the co-operation of other branches of the department and allied agencies of the government.

The individual reports follow.

Public Health Engineering

During the year all positions in the bureau were filled. The complete roster consists of the Chief Engineer, one Senior Engineer, two Public Health Engineers, one Assistant Engineer, and one Chemist. The senior engineer is in charge of allocation of projects and special duties and administers the arrangements for the Annual Schools for Waterworks and Sewage Plant Operators.

The two public health engineers and one assistant divide the bulk of the field work between them. One is the engineer for the Provincial Sanitary Control Commission, and, as such, much of his activity deals with stream studies and pollution control measures. The second engineer, in addition to looking after a number of municipal waterworks plants, administers the control of several water fluoridation projects, and also specializes in technical instrumentation. The assistant engineer left for the University of Toronto in September to take post-graduate training in Sanitary Engineering, and is expected to return to duty in May, 1960. Effective service in the pollution control program has been provided with the setting up of a new chemist position.

OUTLINE OF PROGRAM

The development of a public health engineering program is based on two fundamentals - service to the public at large, and the anticipation of environmental conditions which might hazard the health and well-being of citizens. Individual inquiries by telephone, letter and personal visit are given quick and thorough attention. Other matters of community interest come from municipal officials and through the various local health units operating under the local health services. Many inquiries originate from consulting architects and engineers. In addition, the staff keep in step with contemporaries in the neighboring provinces, and also serve on technical committees of the Building Research Division of the National Research Council.

Water Supply: Probably the most important single factor in the promotion of a healthful environment is the provision of safe drinking water, piped under pressure to the individual home. It is interesting to note that from the period 1915 to 1940 there was relatively little activity in the municipal waterworks field. However, since World War II, appreciable progress has been made in the Province of Manitoba (as was indicated in the appendix to the 1958 report). Private water sources are considered with equal care. A free analytical service is provided by the Provincial Laboratory and many citizens take advantage of this to assess the bacterial quality of the home supply and other sources available in tourist or resort areas. In addition, each private water sample submitted is given a screening test for the presence of excessive "nitrate" content which could hazard infants in the first few months of life.

Sewage and Waste Disposal: More and better water sources lead to the complementary program of effective and innocuous waste disposal. In municipalities, all new sewerage systems are required to include adequate sewage treatment facilities. Existing raw sewage outfalls are gradually being reduced in number, as is the total pollutorial load on the larger water courses in the province. A large number of new septic tank-and-field installations are made each year, but these are mainly confined to individual homes. Institutions have found the newer development of sewage lagoons both economical and less troublesome, although

a few installations have been made with septic tank, primary treatment, and chlorinating the effluent for discharge to a river or lake.

Research: In 1959 work was continued on the assessment of self-contained sewerless toilets as a practical expedient. A final report on this project will be available early in 1960. In addition, further studies were carried out with the object of assessing the degrees of effectiveness of bacterial and pollution reduction in sewage lagoons. A report on this work will also be available shortly.

Sanitation: Although the boundaries of the fields of public health engineering and general sanitation can hardly be separated, most of the direct sanitation program is now handled by inspectors of the section and of the various local health units. On the other hand, the engineers are concerned with the development of regulations and administration of codes, the preparation of drawings and pamphlets, and assistance in the training of new staff so that much of their work forms a basis for a more effective general sanitation program. New developments, such as the modified swimming pools, are usually a primary concern of the bureau during the first two or three years. After suitable design criteria and standards have been set up, the administration of such a program is decentralized and placed in the hands of the local health authorities.

It would be impossible to carry out an efficient program without the co-operation of other contemporary groups in this department, the combined effort of which is directed to the common goal of better and safer conditions in home, industry, and travel. In addition, much of the program is organized to fit in with the work of other departments, and in this regard, it would be as well to acknowledge the help and assistance of the Fisheries Branch, Forestry Branch, the Petroleum Engineering Division, the Travel and Publicity Branch, and several other divisions of the Industry and Commerce Department, in addition to the Federal Public Health Engineers and Indian Affairs Branch.

PUBLIC HEALTH ENGINEERING IN MANITOBA

The trend towards the extension of local health services continues, and as a result, the number of direct personal inquiries from individuals continues to decrease. This is a logical development of better service at the local health authority level, and, in turn, leaves more time for the consideration of municipal, industrial and commercial projects which affect the public at large rather than as individuals.

Municipal Water and Sewerage Works: Proposals for municipal water and sewerage works are submitted by consulting engineers and checked in this office on behalf of the Minister on a basis of sound practice and design. Chemical analyses of the proposed water sources are carried out by the Industrial Hygiene Laboratory without charge. Proposals for sewage treatment are checked against the requirements of the Provincial Sanitary Control Commission. In 1959 there was a strong indication that the increase in interest rates on bonds was proving to be a substantial barrier and was slowing down the hitherto rapid expansion of municipal utilities.

Courses, Conferences, Lectures and Talks: The syllabus set by the Western Canada Conference on Water and Sewage is followed in preparing and giving instruction in courses for waterworks and sewage plant operators. Similar courses are run in Alberta and Saskatchewan. A summary of personnel who attended the Manitoba courses since the inception of the scheme in 1955 follows:

	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>	<u>Refresher</u>	<u>Remarks</u>
1955	23	-	-	-	Start of series of courses.
1956	29	25	-	-	Some men attend two or more sessions in one year.
1957	18	14	19	-	
1958	19	16	10	8	Certificates of attendance presented to those completing three years of course.
1959	21	22	16	8	

The engineers also participate in lectures at the Annual Institute of Sanitary Inspectors and prepare papers for the Western Canada Conference. The senior engineer was elected Vice-President of the Conference in 1959. In addition, assistance is given any municipality in the organization of public meetings for the furtherance of community water and sewerage projects.

Sewage and Waste Disposal: The Provincial Sanitary Control Commission, operating from this office, is carefully ensuring the provision of adequate sewage treatment before disposal into surface water courses. Aerobic sewage lagoons are now the commonly-used practice and substantial progress has been made in setting up reasonable design factors for these installations. Considerable detailed work is still required in assessing the effect of additive and primary industrial waste on sewage lagoons. On the other hand, it is now clear that there is no need for minimum or maximum restrictions on the size of sewage lagoons except as dictated by land usage and costs.

Research: Research was continued on the relative effectiveness of aerobic sewage lagooning. This is very important and may well lead to a further development, i. e., lagooning under anaerobic conditions for a much shorter period. The results secured from the investigation of the all-in-one sanitary toilet and self-contained sewage treatment plant are not too promising. It would appear, on a preliminary basis, that there is some possibility of mechanical breakdown which would be a problem in installations in the remote areas of the province. Further developments in the field of patent toilets are likely in the future. One now coming to attention is an electrically-operated faeces incinerator system.

Sanitation: Everyday sanitation is still a very important part of any preventive health program. Slight modifications were made to the plumbing code to enable specific consideration of the requirements and needs of major industries in regard to water supply and drainage piping within the plants. One engineer is a member of the Plumbing Revision Committee of the National Building Code; another a member of the Use and Occupancy Revision Committee.

The bureau continued to co-operate with Forestry Branch in the sampling of public water supplies in the Whiteshell area, and with the Petroleum Engineering Division in regard to the checking of possible land and water pollution by oil and salt waste in the oil fields of the province.

Tentative standards were set up for the design and operation of modified swimming pools and artificial lakes. New regulations were prepared for the Board of Health which made an exception for private pools, but required ministerial approval in principle of all new public bathing premises, and further provided for an annual operating permit to be issued by the local health authority. It is understood that the Industrial Informational Office of the Department of Industry and Commerce will be issuing a brochure on this new development early in 1960.

Provincial Sanitary Control Commission

In accordance with Subsection (1) of Section (21) of The Pollution of Waters Prevention Act the following report is submitted by the Provincial Sanitary Control Commission, covering the period 1 January to 31 December, 1959:

Investigations Conducted by the Commission: During the year investigations were carried on in regard to the sanitary condition of the Burntwood and Grass Rivers, Lake Winnipeg and the Winnipeg River, the Red River, the Souris River, the Whitemud River and the Icelandic River.

Orders and Licences: No orders were made by the commission.

Licences were issued as follows:

(a) In regard to municipal sewage lagoon effluents discharging to various water courses:

- | | |
|-----------------------|-------------------------|
| (i) Town of Gimli | - to Lake Winnipeg |
| (ii) Town of Morris | - to the Red River |
| (iii) Town of Neepawa | - to the Whitemud River |
| (iv) Town of Morden | - to Plum Creek |

(b) In regard to standard sewage plant effluent:

- (i) The Rural Municipality of Charleswood - to the Assiniboine River.

(c) In regard to institutional treated sewage effluent:

- (i) The Treherne Hospital - to the Little Boyne River.

(d) In regard to industrial and commercial outfalls:

(i) The Manitoba Hydro-Electric Board, Selkirk - to the Red River and Cooks Creek.

- (ii) Bison Park Limited - to the Assiniboine River.

- (iii) Souris Producers Limited - to the Souris River.

- (iv) Border Chemical Company Ltd. - to the "Cordite Ditch".

(e) In regard to untreated sewage:

(i) The local Government District of Thompson - to the Burntwood River. Temporary Licence only - pending completion of sewage treatment plant.

Schemes Required and Prepared: 1) The Manitoba Paper Company was asked for an outline for the reduction or elimination of trade wastes in the Pine Falls area. The company replied with a proposal which eliminated all bark wastes from their effluent and would drastically reduce other wood fibre wastes. The scheme was put into effect and we are happy to report that the new equipment is now in operation.

2) The City of Brandon was asked for an outline for the gradual elimination of wastes entering the Assiniboine River from that city. The City Engineer prepared a report for the city which was submitted in December outlining a five year program ending with the complete elimination of raw sewage effluents. No commitment regarding the implementation of this scheme has been received to date from the City Council.

3) A report "Sanitary Survey of the Souris River" was released by the commission during the year.

Administration: No changes in the administration of the commission were made. The composition of the commission remained; Mr. W. J. Johnston, Q. C., Mr. N. Mudry, P. Eng., Members, and Mr. L. A. Kay, P. Eng., Chairman.

The commission held eleven meetings during 1959.

Staff: The staff of the commission includes a Public Health Engineer and a Chemist brought on staff in 1959.

Greater Winnipeg Sanitary District: No additional members were admitted to the Greater Winnipeg Sanitary District during the year 1959, nor were any by-laws of the district ratified by Order-in-Council.

Food Control

The Bureau of Food Control continues to be the authority set up within the Department of Health and Public Welfare to advise, consult, and act upon food safety. The two essential objectives used as a basis for the program and activity in food control have been:-

i) Food must be produced, processed, transported, stored, and offered for sale under acceptable conditions of sanitation by personnel with an understanding of basic public health principles, and,

ii) Food products must be assured safe for consumption, and meet recognized public health standards bacteriologically and chemically.

The main responsibilities are:- firstly, to advise senior departmental personnel on food safety; secondly, to provide advisory and consultant services to all local health authorities; thirdly, to administer that legislation which has not been decentralized to local authorities; and fourthly, to maintain a watching brief on food control, and keep local authorities abreast of new developments and problems.

Staff: The bureau staff consists of the Director who acts as senior milk and food consultant, a Milk Consultant whose duties are specifically related to health aspects of milk pasteurization plants and milk supplies; a Food Consultant responsible for health aspects of food other than milk; and required stenographic services.

Legislation Reference: The responsibility for the Regulations, Part IV under The Public Health Act, rests with the bureau, particularly as it concerns recommendations, consultations, assistance to local authorities, and general administration. The seven divisions include:-

Part IV, Division 1 - Food

Division 2 - Milk and Milk Products

Division 3 - Producers' Markets

Division 4 - Slaughterhouses

Division 5 - Bakeries and Bake Shops

Division 6 - Bottling Plants

Division 7 - Eating Establishments

In addition to the legislation under The Public Health Act the Director is Administrator of The Frozen Food Locker Plant Act and the Regulations made thereunder.

Food and milk control is becoming increasingly technical, and more control problems are being encountered - both bacteriological and chemical. A study and a plan for answering service requests from local health authorities, municipalities, and other authorities has been essential. Closer liaison with our bacteriological and chemical laboratories has been established.

The food additive problem; the increasing numbers of food poisoning outbreaks attributed to bacterial food intoxication and food infection; the increasing numbers of strain resistant micro-organisms encountered; the increasing requests for consideration of food processing operations; and increased transportation and storage problems are a few of the projects undertaken by the technical staff.

The real answer to the majority of these problems has been the study of the particular industry or process on a provincial level, collecting data from other areas, discussing with related industry - all resulting in practical, workable solutions, and enabling clear definitions of policy and programs to be formulated.

During 1959 the program of the bureau has included:-

I - The responsibility for advising and assisting local health personnel on bacteriological and chemical analyses; collection and submission of food samples to our laboratories; assisting laboratories by providing technical detail; assisting the laboratories in interpretation of results; and recommending action to be taken by local authorities.

II - The technical responsibility for assuring that local sanitary inspectors have the necessary information to ensure food safety measures are enforced in their respective areas. The bureau provides in-service training, acting as technical consultants, by special training courses, institutes, and assistance during field visits - all designated to make increasingly effective the inspection services at the local level.

III - Acting as departmental representative in liaison with other departments, both provincial and federal, where food safety is concerned.

IV - Bureau personnel serving on advisory boards and committees, and actively co-operating with both technical, and non-technical organizations related to food and milk control. Assistance and co-operation in health education have become increasingly important, and assistance is given in participation at meetings, short courses and related activities.

Milk: Bureau activities in the Health Control of Milk Supplies 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.

Again during 1959 the high standard of milk plant operation has been continued and improved. Special attention has been directed to plant equipment, plant operations, and product bacteriological analyses from the twenty-seven milk pasteurization plants in Manitoba; located at: Brandon, 2; Selkirk, 1; Dauphin, 1; Shoal Lake, 1; Flin Flon, 1; Souris, 1; Greater Winnipeg, 8; Swan River, 1; Killarney, 1; The Pas, 1; Minnedosa, 1; University of Manitoba, 1; Portage la Prairie, 1; Winkler, 1; Provincial Institutions, 5.

During 1959 - seven large milk plants have completed major equipment installations. The installation of high temperature short time pasteurization units, with attendant instrumentation and control has required technical scrutiny to ensure complete health safety. In addition, each individual plant has been assessed on a periodic basis in accordance with continued compliance with the Minister's Certificate of Approval.

Considerable assistance has been provided the five institutional pasteurization plants operated by the Department of Health and Public Welfare, the Department of Attorney-General, and the Sanatorium Board. In co-operation with the Provincial Architect's office plans have been developed for two new pasteurization plants, and one milk house. The floor plan, equipment layout, process flow, and operational technique have been important.

The control procedure, timing and instrumentation checks on high temperature short time units have continued, and have been established on a routine

basis. During September the milk consultant attended a course on "Instrumentation and Controls" at Boise, Idaho, sponsored by the United States Public Health Service. This course was made possible by an 'In-Service Training Federal Health Grant', and the course proved of considerable assistance.

Food: Bureau activities in food, other than milk, have been many and varied. An increased demand for consultant services can be reported, and an increased consumer interest in food safety has been evidenced during the year. The provision of advisory and consultant services on food safety to local authorities has required the majority of time, but it was possible to conduct a number of projects.

The requests for bacteriological and chemical analyses from local authorities have continued to increase, necessitating close liaison with the laboratories. Again during 1959 a watching brief has been maintained on this phase to ensure that it develops into a properly organized service which is related to necessity.

Early in March it was re-emphasized to us that many health problems were being encountered in the handling of meat, poultry, and fish at all levels below the major abattoirs, and other operations controlled by the Federal Authorities. Accordingly, at this time the food consultant undertook a "Province-wide Survey of the Handling of Meat, Poultry and Fish at all Levels Below the Canada Approved Abattoirs and other Federal Inspection Services".

This project includes small abattoirs, slaughterhouses, frozen food locker plants, meat processing plants, retail outlets, and informal meat and poultry traffic. This study is very extensive, thus it is not as yet complete. A Preliminary report has, however, already indicated four main problem areas:-

- i) The processing and marketing of non-Canada Approved poultry;
- ii) Retail handling and display of meat and poultry;
- iii) Transportation of meat and poultry; and
- iv) Slaughterhouse conditions.

It is recorded that the survey has already had considerable impact, and the final results will provide the basis for a review of the legislation, local program planning, and constructive discussions with industry in all these health aspects. Added to this, the establishment of a full time food consultant for field service during 1958 has materially assisted local inspectors.

FROZEN FOOD LOCKER PLANTS

Permits Issued:-

<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
101	96	96	91

Frozen Food Locker Plants have remained an important establishment, particularly in rural areas, serving the communities as frozen food centres both for individual patron storage, and for storage of frozen food for both wholesale and retail outlets. Storage facilities are still provided for twenty-five thousand families throughout the province. One new plant was established during 1959 to replace a plant destroyed by fire earlier in the year.

The Advisory Board under The Frozen Food Locker Plant Act reviewed the existing regulations, and suggested several changes, later incorporated, to bring those regulations into line with existing operations. The Director has remained Administrator of the Act, Member, and Secretary of the Board during the year.

A project entitled "A Technical Study of Temperature Control in Frozen Food Locker Plants" was undertaken during the year. This study had been designed to determine the present effectiveness of storage temperatures, and to provide suitable data for any required legislative change. It should be recorded that the majority of locker plants have now been established over ten years. In the absence of adequate refrigeration equipment service, and attention to certain structural problems, serious difficulties can be encountered with frozen foods.

BOTTLING PLANTS

<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
25	24	25	25

Bottling plants were not a major activity during 1959, and it can be recorded that the legislation directed to these plants has proven effective.

General: A formal in-service training program was continued for the field sanitary inspectors. For 1959 this was in the form of a "Basic Microbiology Short Course" at the Department of Microbiology, University of Manitoba. It can now be recorded that all sanitary inspectors have now attended this course which provided valuable information on general sanitation and food control. It is our intention to continue this course in future years, with special emphasis on specific food industries.

In response to numerous inquiries from local authorities it had been possible to arrange for the Department of Microbiology, University of Manitoba, to undertake "A Bacteriological Study of Cured Meat Products at the Retail Level". This was made possible through usage of Federal Health Grant Funds.

There has been an increased activity by local health authorities in the supervision, and control of restaurants and catering establishments throughout Manitoba. More complete coverage by local authorities, increasing interest, and demands by the general consuming public, and further impact of the changes in liquor legislation have all been major factors in instituting improvements.

During 1959 bureau personnel participated in demonstrations and talks at schools, participated in lectures to school teachers and university classes, and continued to provide approximately five hundred small bacteriological kits to grade IX science classes throughout Manitoba on request. Projects of this nature are effective in providing an introduction to bacteriology, and in conjunction with related studies, providing a better understanding of food control.

Industrial Hygiene

The activities of a Physician-Director, three Chemists and two Laboratory Technicians, each of whom devote part of his time to the work of the bureau are herein recorded. Two of the Chemists are provided under Federal Health Grant. One works principally in the field of Air Pollution and the other principally in Industrial Hygiene. The remaining time of the staff is engaged in activities relating to the Environmental Sanitation Section such as Water and Sewage Analyses, Jamieson Kits, Teaching and Demonstrating, etcetera.

Although all the regular services have been maintained, the type of requests has varied from the usual pattern as will be related below.

EXAMINATION OF MEN IN PRESCRIBED OCCUPATIONS

Industries where there is a recognized health hazard from the inhalation of Silica Dust may, under Public Health Act Regulations, be declared "prescribed"

by the Minister of Health and Public Welfare. All workers in prescribed occupations are obliged to hold a "Subsisting License" which is reissued annually on the basis of a satisfactory chest X-ray. Because the disability arising from Silica dust exposure does not usually become apparent until at least 15-20 years after exposure, the responsibility of maintaining files of annual chest films on exposed workers becomes a heavy one. The issuance of licenses and the maintenance of the X-ray files is carried out by this office. The Workmen's Compensation Board, which acts as the insurance carrier, pays for the annual X-ray surveys.

(1) Miners: Visits were made to Blisset, Lynn Lake and Thompson during 1959 as in previous years. Although the problem of Silicosis in mining operations is very small due to modern dust control measures, there is always the matter of old miners coming in from other provinces.

Table I: Summary of Silicosis Survey - Manitoba 1959 - (Miners)

Mines	New Miners Examined	Old Miners Examined	Total Miners Examined	No. of Certs. Issued	No. of Certs. Refused
H. B. M. & S. (Flin Flon)	127	1,068	1,195	1,195	-
Inco (Thompson)	3	41	44	44	-
Sherritt Gordon (Lynn Lake) *120		151	271	271	-
Patrick Harrison (Thompson) *262		62	324	324	-
San Antonio (Bissett)	47	100	147	147	-
Montgary Exploration (Lac du Bonnet)	9	1	10	10	-
* Not completed TOTAL	186	1,210	1,396	1,396	-

(2) Foundrymen: During 1959 the 16th annual chest X-ray survey of foundrymen was completed. Since employees in this industry generally work many years longer than miners the hazard from dust in their lungs is multiplied by their extra years of exposure and the fact that over age 50 they are prone to the chronic chest conditions typical of that age group. It is important therefore that this annual review be maintained.

Table II: Summary of Silicosis Survey - Manitoba 1959 - (Foundries)

Foundries	New Men Examined	Old Men Examined	Total Men Examined	No. of Certs. Issued	No. of Certs. Refused
Anthes	5	196	201	201	-
Bay Bronze	-	5	5	5	-
Bell's	3	32	35	35	-
C. P. R.	-	7	7	7	-
Canada Iron	4	133	137	137	-
Dominion Foundry	11	75	86	86	-
Manitoba Bridge	14	36	50	50	-
Manitoba Steel	10	103	113	113	-
Monarch	-	33	33	33	-
Osborne	1	2	3	3	-
Northwestern Brass	8	28	36	36	-
Peterson's	4	1	5	5	-
Strong-Scott	1	10	11	11	-
Thor	3	4	7	7	-
Winnipeg Brass	2	14	16	16	-
TOTAL	66	679	745	745	-

Surveys and Consultations: A synopsis of industrial consultations and surveys is given in Tables III and IV. Most of these are initiated by inspectors of the Department of Labor or of Local Health Units.

Table III: Consultations on Industrial Hygiene - 1959

Industry or Agency	No. of Units	Nature of Consultation
Architects	3	Spray booth ventilation, incinerator design, garage ventilation.
Automotive	3	Ventilation.
Bottling Plants	2	Ventilation, Carbon Monoxide.
Canadian Ass'n. of Consumers	1	Carbon Tetrachloride labelling, Flammable cloth, Flammable rugs.
Electronics	1	Cleaning Solvents.
Governmental	11	School room atmosphere, Carbon Tetrachloride substitutes, Spray booths, Dermatitis, Printing Plants, Chromium, Garage ventilation, Post Office ventilation, Air Pollution, Static eliminators, Foundry Dust, Organic Mercury, Arsenic, Poisons, Fungicides.
Lead Processing	3	Lead poisoning.
Light Manufacturing....	3	Respirators, Solvents.
Medical	3	Carbon Monoxide from gasoline stoves, Dust regulations, Detergents.
Mining	1	Dust.
Retail	1	Air Contamination.
Seed Treating	4	Organic Mercury.
Unions	2	Varnish, diesel fumes.
Ventilating	1	Regulations.
TOTAL		39

Lead: Never before have we had so many requests for investigation of industrial lead poisoning. It is probable that the severe winter of 1958-59 with consequent overtaxing of ventilation facilities contributed to this. Some laxity on the part of plant management and lack of inspection staff may have been causes also. Our laboratory serves as a central agency for analyses of lead in biological specimens for hospitals and physicians. Since the analyses is complicated and exacting it seems logical for one agency to do all the tests as they become more proficient and accurate. As a follow-up of last winter's experience, the laboratory is conducting an extensive survey of industries with high lead exposures which will carry on into 1960.

Mercury: For several years, concern has been felt for persons employed in seed treating or related occupations such as inspection and testing. The potential hazard is due to organic mercury used as a disinfectant. Mercury of this type is about ten times more hazardous than metallic mercury. Many requests for information had come from local medical officers and the industry itself. The complex nature of the tests involved precluded anything but a superficial inspection until an additional Chemist joined the staff in May. Since that time he has devoted most of his efforts in assessing this problem which is far greater in terms of exposure and number of people involved than was suspected. This is

mainly due to the extended export trade in seed grain all of which is required to be treated with organic mercurials. Some plants have large year-round operations. Many individual farmers also handle this material. Our first interest was with laboratory technicians engaged in testing seed samples. Significant exposures have been uncovered which will have to be controlled by special ventilation or changes in operation. We are now turning our attention to the many seed treating plants across the province. This is the major single project of our bureau in 1959 and probably in 1960.

Carbon Monoxide: For some reasons not too apparent, the number of complaints regarding problems of exhaust gases from internal combustion engines has been the greatest in the history of our bureau. This involves repair and storage garages for cars, trucks and diesels, truck loading depots, underground parking lots and warehouse and service industries using fork-lift trucks.

Table IV: Plant Surveys and Visits - 1959

Industry	No. of Visits	Occupational Hazards Investigated
Bottling	2	Fork-lift truck exhaust
Clay	4	Air Pollution
Construction	2	Foul air in excavations
Electroplating	1	Ventil Chrome
Flour	1	Air Pollution
Foundry	4	Silica, Carbon Monoxide
Fur	1	Carbon Tetrachloride, Ventilation
Furniture	2	Spray room ventilation
Garage	12	Carbon Monoxide ventilation
Heavy Manufacturing	4	Spray Painting, welding
Insecticide	2	Mercury
Lead	8	Lead, ventilation
Post Office	4	Truck, exhaust
Printing	2	Electroplating, carbon monoxide, lead
Private Residences	2	Carbon Monoxide
Roofing material	2	Air Pollution
Seed	14	Organic mercury
Steam Plant	1	Chromium
Steel	2	Silica
Water Treatment Plant	4	Fluoride dust control
TOTAL	74	

Laboratory and Field Determinations: In Table V are tabulated the individual tests and determinations carried out by the Laboratory Staff. The number of tests in our Air Pollution program has been reduced over the previous year as the emphasis has shifted from a general survey to investigation of local problems. We are now operating twelve stations in the Greater Winnipeg survey instead of the original thirty.

A proposal to erect a sulfuric acid plant within the Greater Winnipeg area resulted in extensive investigation of the potential Air Pollution problem from such an operation. After prolonged negotiations a satisfactory plan of pollution control has been developed. A request from the City of Winnipeg to the Provincial Government regarding smoke abatement and restriction of incinerators is being studied and may result in an extensive testing program in 1960.

Table V: Laboratory and Field Determinations - 1959

ANALYSES AND TESTSIndustrial Hygiene

Stippled Cell Counts	1,018	
Urinary Coproporphyrin	204	
Ventilation	372	
Carbon Monoxide	169	
Lead - in air	68	
Lead - urinary	35	
Mercury - in air	42	
Mercury - urinary	46	
Mercury - other	42	
Dust Counts	11	
Arsenic - (biological specimens)	8	
Oxygen	6	
Carbon Dioxide	4	
Sulfide	7	
Assessment of Oil Burners	5	
Gastric contents	6	
Development tests	18	
Calibration of thermometers	28	
	<u>2,089</u>	2,089

Air Pollution

Dustfall - insoluble	519	
Dustfall - soluble	482	
Dustfall - Ash	774	
Dustfall - pH	54	
Dustfall - Sulfate	6	
Dustfall - Iron Oxides	17	
Dustfall - Gypsum	13	
Calibrations	20	
Dust loading (stacks)	4	
Stack effluents	4	
	<u>1,893</u>	1,893

Water and Sewage

Mineral analyses	3,165	
Fluorides	468	
Biochemical oxygen demand	185	
Sewage	17	
Industrial Wastes	9	
Oil	6	
Microscopic examinations	35	
Soil chlorides	38	
Water Contaminants (gasoline, 2-4, D)	9	
Residual chlorine	49	
Silicofluoride assay	5	
	<u>3,986</u>	3,986

TOTAL 7,968

Determination of Sulfur Dioxide on a routine basis is now part of our program and will be extended as facilities permit since this gas is a handy "indicator" of pollution levels.

During 1959 a detailed report on Air Pollution in Greater Winnipeg for 1957-1958 was completed and published. This has been favorably received by many interested agencies. It will serve as a basis for future studies in this regard.

In all our Air Pollution work we are greatly indebted to Dr. Morris Katz, Occupational Health Division, Ottawa, for his guidance and technical assistance.

In the field of ionizing radiations there is a continued concern for the ever-widening number of sources. Some progress has been made in assessing the problem but it is hoped that new interest sparked by the Minister's Advisory Committee on Radiation and Health, will bring about more definite control arrangements in the near future.

The solution to most Industrial Health Hazards is proper ventilation of the plant atmosphere. We note that architects and design engineers are giving this greater consideration, especially in new plants.

In addition, testing is done on a continuous basis for smoke, sulfur dioxide and hydrogen sulfide in air.

Supplementary Laboratory Activities

Sterilization of needles, syringes, etcetera, for Public Health Nursing Division, for immunization program.

Lectures and demonstrations on Industrial Hygiene to medical students and nurses;

Convention displays on Air Pollution;

Lectures and demonstrations on Water and Sewage Treatment to Water and Sewage Plant Operators' Courses;

Preparation and distribution of Jamieson Kits supplies to local health units and schools (about 500 kits).

Consultations on Water Supply Problems

Municipal Water Supplies - routine	53
- iron	11
- proposed	9
- fluoridation	13
- sulfide	4
Mineral Content (incl. hardness)	49
Laxative affect	6
Affect on Children - General	10
- Nitrate	12
Fluorides	4
Industrial Water Supplies	27
Softening and Clarification	20
Taste and Odor	15
Livestock feeding	13
Corrosion	11
Sewage and Industrial Wastes	6
School Water Supplies	11
Sodium (re: Hypertension)	10
Swimming Pools	8
"Hospital" Water Supplies	8

Sanitary Inspectors

At the commencement of the year we had a field staff of eleven inspectors who were located at Brandon, Roblin, The Pas, Manitou and Winnipeg, carrying a generalized sanitation program, working in areas not covered by local health units.

Sanitary Inspector positions in local health units are filled from available staff in this section. Consequently four inspectors were transferred from this office to local health units in 1959. The two inspectors at The Pas were transferred to the Northern Health Services at the beginning of the fiscal year. One experienced inspector was appointed to our staff November 1st and a Bedding and Upholstery Consultant joined the staff in December.

Three rural municipalities whose sanitation programs were supervised by this office joined local health units during 1959.

The staff has assisted in carrying a very active program in the supervision of restaurants, lunch counters and other eating places. The standard of sanitation has definitely improved largely as a result of the more frequent visits and the effect of the permit system.

As a consequence of reviewing plans and visiting the plants under construction, there were twenty new restaurants that comply with standards and offer excellent facilities to the public. The older lunch rooms are gradually improving and considerable educational effort is continually directed to this end.

The five pasteurization plants under the supervision of this section have consistently produced good quality milk. The laboratory reports have constantly shown low bacterial counts and negative coliform.

Table I - Milk and Food Control

<u>Description</u>	<u>Field Inspections</u>
Fluid Milk Plants	173
Milk Producers	98
Raw Milk - Resazurin Tests	457
Samples for Laboratory	940
Eating Establishments	648
Frozen Food Locker Plants	143
Slaughterhouses	21
Retail Food Stores	83
Bakeries	95
Food Processing Plants	49

Summer Resorts: Children's summer camps, commercial cabins and motels were regularly inspected and where necessary improvements suggested. The chief function of our staff has been to ensure that a potable drinking water supply is available, that food handling practices are safe and satisfactory, the buildings are weatherproof, the surroundings are clean and the disposal of waste will not create a nuisance.

Following our policy of recent years we posted an inspector in the Whiteshell Forest Reserve Area from May until September. He reported an extraordinary increase in the number of campers. The popularity of this method of vacationing has been widespread throughout the province. In the Whiteshell, a relatively new vacation venture, the capacity of the sites allotted to camping were taxed to

the limit. During weekends thousands of holidaymakers motor to West Hawk and Falcon Lakes. Tents of all descriptions are erected, thus, of course, creating difficulties in providing for the safe disposal of wash and other waste waters. The number of toilet facilities became inadequate and there is a further problem of insufficient drinking fountains.

Elsewhere in the province we receive reports that the "roadside" parks are quickly becoming very popular with the increased tourist traffic. These stopping places, however, need considerable improvement.

We wish to record the very willing active co-operation received from the Forestry Branch officials. Their knowledge of the terrain involved in some of the drainage problems and their practical suggestions have been invaluable to this department. With their continued assistance we feel certain during the oncoming summer season many of the difficulties in tourist camp areas will have been eliminated.

The privately-owned motels and cabin grounds have shown considerable improvement in recent years. Our staff has been called upon frequently to assist in this tourist modernization program. A rapidly expanding section of the public is now choosing to live in mobile homes whose size and design vary from those which provide the barest essentials of shelter to the fully modern semi-permanent home. The development of reasonable standards for living rooms and sleeping areas in mobile homes remains a perplexing problem. Regulations have been produced which by controlling the location and disposal of waste from mobile residences have greatly reduced the public health hazard involved. Several municipalities have enacted prohibitive regulations. The production of reasonable structural standards is a very difficult assignment.

Water Supplies, Drainage and Plumbing: In recent years a number of small towns whose sanitation programs are supervised by this section have installed sewerage systems and waterworks. We have encouraged municipalities to accept the responsibility of supervising new plumbing installations. As a consequence several towns now have appointed plumbing inspectors who are familiar with the work involved. Our staff continues to serve as technical consultants in these towns. Where it is not possible to connect to a municipal sewer, the sanitary inspector advised on the construction of the septic tank or other suitable disposal system.

Although the number of actual installations in rural areas showed a decrease, supervision of domestic waste disposal systems continues to represent a large area of activity. The standard septic tank and disposal field continues to give satisfactory service in the majority of installations.

Increased attention to municipal water supplies is evidenced by the number of samples taken on a routine basis. In the areas covered by our inspectors there are now 13 municipal water systems in operation and four under construction for 1960. All of these systems have been sampled on a twice-a-month basis. The results have been uniformly good.

Well Water: Because water is such an every-day necessity it is most essential that it should be readily obtainable. Likewise, the knowledge that it can carry diseases makes it an imperative issue that it be safe and of good quality. Shallow wells unless properly protected can be contaminated from the surface or underground. Many rural schools are dependent upon shallow wells for their drinking water. Whenever possible these wells are sampled and the school trustees advised of the results. During the year we received the usual numerous

requests from homeowners in rural areas to have drinking supplies examined or advice on the treatment of surface waters such as dugouts, lakes or rivers. Table II indicates the work involved in this phase of public health.

Table II - Water Supplies, Drainage and Plumbing

<u>Description</u>	<u>Field Inspections</u>
Wells	292
Surface Waters	42
Municipal Supplies	123
Chlorinating Appliances	52
Water Samples	711
Field Tests - Nitrate	34
Field Tests - O. T.	69
Field Tests - Fluoride	34
Plumbing Systems	424
Septic Tanks and Disposal Fields	343
Modified Septic Systems	25
Municipal Treatment Plants	87

General: The volume of requests for technical information, complaints about alleged insanitary conditions and requests for assistance in the field continue to be demanding. One of the unusual insects reaching this office for identification was a tarantula spider originating in the West Indies. This was discovered in a bunch of bananas at Tisdale.

SECTION OF PREVENTIVE MEDICAL SERVICES

Attached are the reports by the respective directors of the Bureaux of Venereal Disease Control, Maternal and Child Hygiene, Central Tuberculosis Registry, and Public Health Nursing.

Communicable diseases in the province during 1959 show a total of 2,460, as compared to 3,297 in 1958. The communicable disease report for 1959 however, differs to some extent from reports of other years. This is due to the fact that the Dominion Bureau of Statistics at Ottawa issued new report forms to the provinces in which diseases, due to their mildness over the past several years, have been deleted and the reporting of these is no longer necessary, except in epidemics of such diseases. The deletions include Chicken-Pox, Diarrhoea and Enteritis under one year, Erysipelas, Influenza, Measles and Mumps. To the reportable list was added Aseptic Meningitis due to poliomyelitis, coxsackie or ECHO virus; Diarrhoea of the newborn (epidemic); Food Poisoning; and Impetigo of the newborn.

Table I, therefore, shows a comparison of cases, deaths and death rates per 100,000 population for communicable diseases during the years 1958 and 1959, in accordance with this new report form.

The 1958 figures are final but the 1959 figures are preliminary only, while death figures for 1959 are for the first eleven months of the year. The 1959 figures will be revised in the 1960 statistical report, when a true comparison can then be carried out.

Poliomyelitis: With 26 paralytic cases for 1959, the incidence is much lower than during 1958, when 107 paralytic cases were reported. Only two of the 26 cases had the full three doses of Salk vaccine, one of those has leg paralysis, while the other has a slight paralysis of one eye. Doctor Salk states the vaccine only affords protection from paralysis in 90% of cases, and we are therefore bound to have the odd few cases in those fully immunized.

There were two deaths from poliomyelitis during the year - a 29 year old male and a 57 year old male, neither of whom had been vaccinated.

The 26 cases were comprised of 16 males and ten females, with 17 being under six years of age and eight being over 20 years of age. There was only one case in the school age group (i.e. this group received a booster dose during the spring) but this one case had not been immunized. It is felt that the fact of there being no cases in the school age group who had booster doses points out the value of a booster dose two or three years after receiving the series of three doses. It was with similar incidence in mind that our Provincial Government gave these booster doses to all school children within the entire province, who had completed their original three doses by the summer of 1957.

Seventeen of the cases were from Northern Manitoba, while six were from the Dauphin area, with the remaining three from other parts of the province. Eight of the cases were Treaty Indians, with one case being an Eskimo.

With poliomyelitis occurring more and more in adults, and with the death rate being over 50% in the same group, great emphasis was placed in having persons 40 years of age and under, immunized. In the age group 18 to 40 years, it is now estimated 150,000 adults in Manitoba have received the vaccination, which is approximately 50% to 60% of this age group. During the year there were also completed an estimated 15,000 infants and 40,000 pre-schoolers, as well as

145,000 school children receiving the booster doses. When we add this number of infants, pre-schoolers, etcetera, to those who have been vaccinated in previous years, it shows there is a high percentage of completed vaccinations in our population.

Diphtheria: Only two cases occurred in the first ten months of the year, but eight proven cases occurring in two families were reported in November and December. These eight cases were from Carberry and the outbreak was confined to two families. After an intensive investigation, a carrier of the disease was found and has been treated. During the year, two other carriers were found in the Municipality of East St. Paul, but fortunately, only one case occurred from contact with these people. During the last few days of the year, four isolated suspected cases were investigated but at the time of writing, have not been proven. All contacts of both proven and suspected cases were examined and fortunately the disease did not become widespread, due to the co-operation of health officers in the various municipalities concerned.

Diarrhoea of the Newborn: With the change of reporting methods, this disease is only reportable in children under four weeks of age, rather than under one year, as heretofore. The major number of cases during the year has been reported from the northern part of the province, and due to this, an intensive investigation was carried out in the fall of the year. This investigation is to be continued in 1960 and a further report will be given on its completion.

Infectious Hepatitis: The number of cases reported is less than last year, with the disease having been more prevalent in Greater Winnipeg than in other parts of the province. It is with this disease that Gamma Globulin shows a great benefit in prevention, and since cases must be reported before this material will be given out, it has resulted in much better reporting over the past few years.

Aseptic Meningitis: This is the first year we have had this heading and under it are now placed all non-paralytic polio cases, as well as Meningitis due to the Coxsackie virus or the ECHO virus. It would appear that more and more Meningitis due to Coxsackie and ECHO virus are being reported.

Typhoid Fever: With the reporting of eleven cases for the year, this gives us our highest total in any year since 1949. During the summer, two cases were diagnosed and were the result of contacting a carrier while on a trip to Ontario. Two further cases occurring in the fall were the result of contacting a carrier who recently arrived from Poland and was not registered with the province. During December, five cases were reported as the result of a birthday party, where investigation showed a Typhoid carrier, unregistered with the province, had baked a cake. There were also two isolated cases, and investigation is now proceeding. Nine of the cases were from the City of Winnipeg, while two were from the rural area. The two carriers in Manitoba have now been put under partial quarantine, and the Ontario Department of Health are at present investigating the carrier causing the two cases during the past summer. This now gives the province 34 known Typhoid Carriers who are under partial quarantine, six of whom live in the City of Winnipeg, and 28 in other parts of the province.

Rabies: During the year, seven people were given anti-rabies vaccine because they had been bitten by animals proven to have been infected with the disease. None of the seven cases who received the vaccine developed Rabies. Much credit is due to reporting by physicians of such bites and to the Health of Animals branch of the Federal Government, who have given us the greatest of

co-operation. In all, 20 skunks were reported from various parts of the province as being positive for the disease, as well as one cat. This is the first year that a dog has not been reported as positive, and it would appear that dog owners are having their pets immunized to a much greater extent than heretofore.

Biologicals, Insulin and Antibiotics: Table II shows the various types of Biologicals, Insulin and Antibiotics distributed during 1958 and 1959, as well as the amount of each. In the early part of the year, Connaught Laboratories commenced producing Polio Vaccine combined with Diphtheria, Pertussis and Tetanus, or combined with Diphtheria and Tetanus, as well as being combined with Tetanus alone. As can be seen, a large amount of this material was distributed to the practising physicians, and each month of the year seemed to become more popular, both with the medical profession and patients at large. With the manufacture of this material combined with Polio, the original triple and combined vaccine without Polio has fallen in distribution considerably and will likely be less popular as the years go by.

The distribution of Gamma Globulin has fallen considerably during the year, since Infectious Hepatitis and German Measles have been much less than in former years. It is with contacts of these two diseases that this material is used and distribution is confined to familial contacts of Infectious Hepatitis or to pregnant women in the first trimester who have been contacts of German Measles.

As in former years, the distribution of Oral Insulin has increased. This material is used mainly for the control of mild Diabetes in patients 40 years of age and over and the increase is noted by the distribution of 1,099 bottles of oral preparation in 1959, as compared with 470 bottles in 1958. Distribution of Oral Insulin started two years ago, when its value had been proven, and that year only 23 bottles were given out.

Tuberculosis: Table I shows 358 cases reported in 1959, and of these, 59 were Treaty Indians. Since our figures are preliminary only, there is a difference to those shown in the Central Tuberculosis Registry report. Deaths shown are mostly of persons who have had Tuberculosis for many years. The figures shown are also less than the Registry report, since Manitoba has no Eskimos other than a few working at Churchill, and we do not include these in our table, whereas the Registry does so, and also includes Indians from the North West Territories.

Attached is the report of the Central Tuberculosis Registry, as prepared by the Registrar.

With the Bureau of Hospitalization being taken over by the Manitoba Hospital Services Plan, this section was given administration of the inter-provincial agreements for the care of patients suffering from Tuberculosis. The number of patients involved, rate per day, as well as the days accrued by them and monies received and paid out in this connection for 1959 are as follows:

Residents of Other Provinces Treated in Manitoba Sanatoria

<u>Province</u>	<u>No. of Patients</u>	<u>Rate</u>	<u>Days Accrued</u>	<u>Amount Received</u>
Ontario	20	\$7.50	3,017	\$ 21,688.50
Saskatchewan	8	7.20	1,532	10,679.40
Alberta	4	8.00	504	3,792.00
British Columbia	-	8.00	-	-
Quebec	2	7.20	536	3,697.20
Total	<u>34</u>		<u>5,589</u>	<u>\$ 39,857.10</u>

(Above figures are for the period January 1 to November 30, 1959.)

Residents of Manitoba Treated in Sanatoria in Other Provinces

<u>Province</u>	<u>No. of Patients</u>	<u>Rate</u>	<u>Days Accrued</u>	<u>Amount Paid</u>
Ontario	6	\$7.50	864	\$ 6,110.00
Saskatchewan	3	7.20	593	4,107.60
Alberta	-	8.00	-	-
British Columbia	1	8.00	267	1,758.50
Quebec	<u>1</u>	<u>7.20</u>	<u>84</u>	<u>585.90</u>
Total	<u>11</u>		<u>1,808</u>	<u>\$ 12,562.00</u>

(Above figures are for the period January 1 to November 30, 1959).

During the eleven month period mentioned above, the sum of \$52,419.10 was involved, or an average of \$4,765.37 per month.

The daily rates shown above are those now in effect, having been increased on April 1, 1959 for the provinces of Ontario, Saskatchewan, Alberta and Quebec, and on June 1, 1959 for British Columbia.

Rheumatic Fever Program: Two years ago, it was felt that, in order to prevent repeated attacks of this crippling disease, the Department of Health and Public Welfare should enter into an agreement with various municipalities, whereby the cost of Penicillin, which is used in the prevention of Rheumatic Fever, would be shared equally between the department and the municipality where the patient has legal residence. Continued medication is necessary over a period of years and the buying of this antibiotic by families concerned has proved to be a hardship in many cases, due to the financial outlay. Under the program, no one is accepted unless the application comes from the attending physician and no person in Manitoba, suffering from this debilitating disease, need go without prophylactic treatment. In the two year period, 833 patients have been registered and are now receiving free Penicillin tablets. During 1959, we have distributed 1,977 bottles of one-hundred tablets to these patients.

Cancer: During 1958 a survey was commenced by the Manitoba Cancer Treatment and Research Foundation with the practising physicians of the province. As a result of this, the number of cases reported was increased for that year and with a total of 2,543. The survey has continued during this year and we find the number of cases reported to almost parallel that of last year, with 2,550. This is the first year in which we have not found a substantial increase over the previous year. The Cancer Treatment and Research Foundation will be issuing their own annual report for the citizens of Manitoba in the near future.

Medical Services: In the unorganized territory of the province, medical care to residents of the area has always been a problem, since some of the people live many miles from an established medical practice. Agreements have been drawn up between the Department of Health and Public Welfare and the physicians located in or close to unorganized territory, for the doctor to give medical services as well as public health services to these residents. During the year, 13 medical doctors have signed such an agreement with the department.

Emergency Transportation: It is sometimes necessary to transport emergency cases to a hospital or a physician, which in some instances may mean a trip up to 100 miles or more, particularly in the Northern part of the province. This service has frequently been a life saving measure and the person may be

brought in by car, boat, aeroplane, bombadler, or a combination of these, in an effort to bring these patients, who are provincial responsibilities, within reach of medical aid. During 1959, 182 patients were transported, at a cost of \$4,942.25, which has proved less costly than an air ambulance service.

In addition to the above, this section now looks after transportation home from hospitals of indigent patients who are provincial responsibilities, and also funeral accounts for indigents who die in hospital. The following amounts have been paid during 1959:

Transportation home from hospital	-	\$ 4,399.07
Funeral accounts	-	5,681.68

Table I - Cases and Deaths - Communicable Diseases and Cancer - Manitoba - 1958 and *1959

	Total Cases		Indian Cases		Indian Deaths		Total Deaths		Death rates per 100,000 Population	
	1958	*1959	1958	*1959	1958	*1959	1958	*1959	1958	*1959
Brucellosis (Undulant Fever)	17	16	1	-	-	-	-	-	0.0	0.0
xxDiarrhoea of the newborn (epidemic)	388	23	122	4	32	1	62	1	7.0	0.1
Diphtheria	9	10	-	1	-	-	2	-	0.23	0.0
Dysentery - Amoebic	-	-	-	-	-	-	-	-	0.0	0.0
- Bacillary	127	100	10	14	2	2	3	2	0.3	0.2
- Unspecified	-	111	-	22	-	2	-	2	0.0	0.2
Encephalitis, infectious	5	5	-	2	-	-	2	1	0.2	0.1
Food Poisoning - Staphylococcus intoxication	-	2	-	-	-	-	-	-	0.0	0.0
- Salmonella infections	-	5	-	-	-	-	-	-	0.0	0.0
- Unspecified	121	1	1	-	-	-	-	-	0.0	0.0
Hepatitis, infections(including serum hepatitis)	792	657	64	46	-	1	7	7	0.8	0.71
Meningitis, viral or aseptic -										
Due to poliovirus	45	6	3	2	-	-	-	-	0.0	0.0
Due to Coxsackie virus	-	12	-	-	-	-	-	-	0.0	0.0
Due to ECHO virus	-	34	-	1	-	-	-	-	0.0	0.0
Other and unspecified	-	26	-	1	-	-	-	-	0.0	0.0
Meningococcal infections	33	13	1	2	-	2	7	3	0.8	0.3
Pemphigus neonatorum	1	-	-	-	-	-	-	-	0.0	0.0
Pertussis	161	118	2	3	1	1	2	1	0.2	0.1
Poliomyelitis, paralytic	107	26	9	9	1	-	10	2	1.1	0.2
Puerperal Fever	1	-	-	-	-	-	-	-	0.0	0.0
xxxScarlet Fever & Strep Sore Throat	1,001	920	2	7	-	-	-	1	0.0	0.1
Tetanus	2	1	1	-	-	-	-	-	0.0	0.0
Tuberculosis	480	358	123	59	9	10	47	36	5.31	4.06
Tularemia	-	1	-	-	-	-	-	-	0.0	0.0
Typhoid and Paratyphoid Fever	7	11	1	-	-	-	1	-	0.1	0.0
TOTALS	3,297	2,461	341	173	45	19	143	56	16.43	6.32
Cancer	2,543	2,550	-	-	14	13	1,192	1,106	134.69	124.97
Diphtheria Carrier	1	3	-	-	-	-	-	-	-	-
Typhoid Fever Carrier	-	2	-	-	-	-	-	-	-	-

xx- Diarrhoea reported one year and under (for 1958) 1959 figure four weeks and under.

xxx- Scarlet Fever and Septic Sore Throat added together.

* 1959 cases preliminary only-deaths for the first eleven months only.

Population used for 1958 - 870,000.

Population used for 1959 - 885,000.

Table 2 - Biologics Distributed Free in Manitoba
1958 and 1959

Material	1958	1959
Diphtheria Toxoid	1,896 cc.	1,555 cc.
Diphtheria Toxoid and Tetanus Toxoid Combined.....	23,040 cc.	23,652 cc.
Diphtheria Toxoid and Pertussis Vaccine Combined.....	276 cc.	177 cc.
Diphtheria Toxoid, Pertussis Vaccine and Tetanus Toxoid Combined.....	72,221 cc.	44,059 cc.
Gamma Globulin.....	11,214 cc.	5,721 cc.
Pertussis Vaccine.....	279 cc.	213 cc.
Poliomyelitis Vaccine.....	486,000 cc.	388,254 cc.
Diphtheria, Pertussis, Tetanus and Polio Combined.....	-	87,980 cc.
Diphtheria, Tetanus and Polio Combined.....	-	81,980 cc.
Tetanus and Polio Combined.....	-	2,080 cc.
Tetanus Toxoid	4,308 cc.	3,313 cc.
Tetanus Toxoid and Typhoid Paratyphoid Vaccine Combined.....	15,062 cc.	13,505 cc.
Typhoid Paratyphoid Vaccine.....	3,248 cc.	3,970 cc.
Smallpox Vaccine (Points).....	67,768	70,790
Schick Test (25 Person packages).....	549	413
Tuberculin Patch Tests.....	1,137	900
Diphtheria Antitoxin-Prophylactic pkgs..	58	84
Treatment pkgs....	37	51
Tetanus Antitoxin-Prophylactic pkgs....	6,435	5,922
Treatment pkgs.....	59	47
Scarlet Fever Antitoxin-Prophylactic pkgs.	6	14
Treatment pkgs.....	6	10
Silver Nitrate-Tins of 2 capsules each....	4,729	6,096

Insulin Distributed in 1959

Units	Zinc Crystal 400	800	Prot. Zinc 400	800	NPH 400	800	Globin 400	800	Lente 400	800	Bottles of Oral Insulin
Packages	1867	550	4424	1142	2068	1675	282	213	394	880	1099

Total number of persons in Manitoba receiving insulin all or part of 1959 - 528

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.

Penicillin and Sulpha tablets distributed under our Rheumatic Fever Prevention Program during 1959 - 1,977 bottles of 100 tablets.

Number of patients approved to date to receive these tablets under the Rheumatic Fever Prevention Program - 833.

Central Tuberculosis Registry

The following is the statistical report on tuberculosis from the Central Tuberculosis Registry for the twelve-month period from January 1st to December 31st, 1959. For purposes of comparison the figures are also shown for the previous year. It must be remembered that the figures for 1959 are only preliminary and may be altered to some extent but those for 1958 are final.

Table I - Central Tuberculosis Registry

	1958 - Reported as:				1959 - Reported as:			
	Treaty*Eski-				Treaty*Eski-			
	Whites	Indians	mos	Total	Whites	Indians	mos	Total
Total tuberculous patients carried in Registry File Dec. 31st..	2754	1204	402	4360	2526	1203	415	4144
Re-infection type.....	2659	1135	339	4133	2414	1135	336	3885
Primary type.....	95	69	63	227	112	68	79	259
New cases of tuberculosis diagnosed in Manitoba.....	340	142		482	277	88		365
Re-infection type.....	313	126		439	256	78		334
Primary Type.....	27	16		43	21	10		31
Of these, the number of active cases.....	239	92		331	196	62		258
No. admitted to Sanatoria.....	166	80		246	153	57		210
No. of new diagnoses counted upon notification of death.....	6	2		8	7	4		11

*Treaty Indians and Eskimos are wards of the Dominion Government

Table II - Classification of New Active Tuberculosis

By Extent of Disease	1958			1959		
	Whites	Indians	Total	Whites	Indians	Total
Primary tuberculosis	27	16	43	21	10	31
Minimal tuberculosis	53	32	85	45	21	67
Moderately advanced tuberculosis...	39	15	54	46	11	57
Far advanced tuberculosis	40	9	49	31	7	38
Pulmonary tuberculosis, extent not stated	5	1	6	-	-	-
Tuberculous pleurisy	20	5	25	15	3	18
Non-pulmonary tuberculosis	55	14	69	38	10	48
Total.....	239	92	331	196	62	229

By Age Group and Sex	1958						1959					
	Whites			Indians			Whites			Indians		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 - 9	19	21	40	16	15	31	13	10	23	12	5	17
10-19.....	17	16	33	10	14	24	11	17	28	6	7	13
20-29.....	15	25	40	8	10	18	26	19	45	2	11	13
30-39.....	21	12	33	1	3	4	11	15	26	1	5	6
40-49.....	14	11	25	2	2	4	8	7	15	1	1	2
50-59.....	10	8	18	1	1	2	13	3	16	2	4	6
60-69.....	8	8	16	3	3	6	15	6	21	1	2	3
70 and over	13	11	24	1	1	2	17	4	21	1	-	1
Age not stated	5	5	10	-	1	1	1	1	2	1	-	1
	122	117	239	42	50	92	115	82	197	27	35	62

Table III - Clinics and Surveys

	<u>1958</u>	<u>Eski-</u>			<u>1959</u>	<u>Eski-</u>		
	<u>Whites</u>	<u>Indians</u>	<u>mos</u>	<u>Total</u>	<u>Whites</u>	<u>Indians</u>	<u>mos</u>	<u>Total</u>
Total X-Rayed at Clinics and Surveys.....	130,823	16,081	818	147,722	72,694	15,348	878	88,920
Stationary Clinics....	8,217	169	6	8,392	8,157	302	-	8,459
Travelling Clinics....	1,807	67	-	1,874	1,353	63	-	1,416
Surveys.....	120,799	15,845	812	137,456	63,184	14,983	878	79,045
Total No. Tuberculin Tested.....	11,045				81,749			
New Diagnoses of Tuberculosis.....	201	75		276	175	35	-	210
Stationary Clinics....	126	27		153	129	22	-	151
Travelling Clinics....	8	1		9	5	-	-	5
Surveys.....	67	47		114	41	13	-	54
Old Tuberculous Patients Reviewed.....	4,025	1,086		5,111	3,941	1,120	-	5,061
Stationary Clinics....	3,072	46		3,118	3,136	107	-	3,243
Travelling Clinics....	240	11		251	245	6	-	251
Surveys.....	713	1,029		1,742	560	1,007	-	1,567
No. of contacts examined at clinics.....	4,335	47		4,382	3,104	52	-	3,156
Stationary Clinics....	3,102	23		3,125	3,029	35	-	3,064
Surveys.....	1,233	24		1,257	75	17	-	92

Table IV - Institutional Statistics

	<u>1958</u>	<u>Treaty</u>	<u>Eski-</u>		<u>1959</u>	<u>Treaty</u>	<u>Eski-</u>	
	<u>Whites</u>	<u>Indians</u>	<u>mos</u>	<u>Total</u>	<u>Whites</u>	<u>Indians</u>	<u>mos</u>	<u>Total</u>
Patients in Sanatoria as at December 31st...	379	273	147	799	315	225	74	614
No. of patients admitted to Sanatoria.....	667	401	131	1,199	463	264	64	791
Of these, the number found to be tuberculous.....	507	223	58	788	342	212	46	600
<u>First Admissions:</u>								
Primary type of tuberculosis	14	14	20	48	18	16	6	40
Minimal pulmonary tuberculosis.....	55	36	18	109	43	33	19	95
Moderately advanced pulmonary tuberculosis.....	52	27	7	86	50	18	4	72
Far advanced pulmonary tuberculosis.....	44	7	4	55	34	10	2	46
Tuberculous pleurisy....	23	5	-	28	15	4	1	20
Non-pulmonary tuberculosis.....	36	18	-	54	28	11	3	42
Total.....	224	107	49	380	188	92	35	315

Table IV - Institutional Statistics (Cont'd.)

	1958				1959			
	Whites	Treaty Indians	Eskimos	Total	Whites	Treaty Indians	Eskimos	Total
<u>Re-admissions:</u>								
Primary type of tuberculosis.....	3	2	2	7	1	2	-	3
Minimal pulmonary tuberculosis.....	31	32	4	67	29	24	2	55
Moderately advanced tuberculosis.....	46	22	2	70	42	26	5	73
Far advanced pulmonary tuberculosis.....	50	10	-	60	36	8	-	44
Tuberculous pleurisy..	4	2	-	6	-	-	-	-
Non-pulmonary tuberculosis.....	17	12	-	29	9	16	2	27
Total.....	151	80	8	239	117	76	9	202
Number of patients admitted for review....	132	36	1	169	37	44	2	83
Number of tuberculous patients transferred....	183	140	51	374	161	168	42	371
Number of patients discharged from Sanatoria..	744	431	182	1,357	535	322	135	992
Of these, number of tuberculous patients discharged.....	562	252	109	923	402	230	80	712
Discharged with inactive tuberculosis.....	208	176	103	487	192	150	77	419
Discharged with active improved tuberculosis...	176	27	3	206	133	25	1	159
Discharged with active unimproved tuberculosis...	28	8	2	38	22	3	-	25
Discharged dead.....	23	6	-	29	22	9	-	31
Total.....	435	217	108	760	369	187	78	634
Discharged after review..	127	35	1	163	33	43	2	78
Number discharged against medical advice...	46	27	-	73	57	12	-	69

Central Tuberculosis Registry

The figures reviewed concerning tuberculosis deaths indicate that the threat to life by this disease has been greatly reduced. However, the same cannot be said about the threat of tuberculosis to health.

The extent of the tuberculosis problem and the effectiveness of control measures is more accurately reflected in the persons ill with the disease. The morbidity rate has not reduced in proportion to the mortality rate.

When reviewing 1959 statistics it is noted that there has been a gradual decrease in morbidity rate, yet 50% of the new diagnoses are still in the moderately advanced and far advanced stages of the disease.

The tendency has been to underestimate the continued need for control measures, yet it is the undiagnosed case who is spreading his disease.

It is also noted that the 1959 report shows a reduction in the number of beds occupied. This is due to the newer methods of treatment. Patients are being discharged from Sanatoria earlier in their treatment to continue treatment at home. This presents a challenge to the workers in the field as these patients require closer medical and nursing supervision on their return home.

As of January 1, 1959, the Sanatorium Board of Manitoba offered the tuberculin test at surveys to all people irrespective of age. Those with tuberculin positive reactions were x-rayed and all over the age of forty, regardless of tuberculin reaction, were also encouraged to have a chest x-ray. The information gained through these tuberculin records is not only for immediate information but is a benefit from a long term epidemiological point of view.

The total control program has made much progress in lessening the incidence of tuberculosis, but we must not relinquish the search for the undiagnosed case and our health teaching must be such that the patient seeks early treatment.

Venereal Disease Control

Submitted herewith is the Annual Report of the Bureau of Venereal Disease Control for the year ending December 31st, 1959.

Activities

A. Administration Office: Activities in this office include:- the collection of data, tabulation of statistics and preparation of reports; the preservation of case records; the supervision of case-holding and contact-tracing throughout the province; the distribution of drugs, mainly penicillin, specimen containers and literature; the recording of all purchases and expenditures; the provision of a consultative service to physicians throughout the Province; forwarding information to police on places and conditions facilitating spread of venereal disease; co-operating with other provinces on control measures.

B. Clinic: The program carried out in the clinic, St. Boniface Hospital, includes:- examining, diagnosing and treating; interviewing patients regarding contacts; contact-tracing and investigation; case-holding to detect relapse early; demonstrations given, senior medical students and nurses from various hospitals and Department of Health and Public Welfare and the University of Manitoba; consultative service for private physicians; distribution of lay and professional literature; nurse assistance for examinations and treatments of venereal disease two mornings a week at Detention Homes for Girls; collecting data on unsavory conditions facilitating spread of venereal disease; maintaining records and forwarding information to central office; referrals are made to various agencies that may assist in rehabilitation.

Remarks: During 1959 there were 45 cases of syphilis reported which establishes a new all time low record. Examinations revealed no syphilis in women apprehended and detained in police station, gaol or detention homes. There were 74,941 blood specimens examined for syphilis, which have proven to be an effective dragnet for finding hidden cases.

There were 1636 cases of gonorrhoea reported being an increase of 274 over last year. Gonorrhoea shows a consistent stubbornness here as elsewhere in resisting control efforts. Some reasons are presented herewith. No dragnet exists for finding hidden cases. Over one half of all women with the disease have no idea of being infected. Treatment is so effective and rapid that the fear of acquiring gonorrhoea is for many not much of a deterrent to promiscuity. Contact investigation is almost the only method of finding hidden cases. This is complicated by the fact that all information must be kept strictly confidential and information is often inadequate or erroneous and occasionally mischievous. Some patients or contacts are transients and others change residence frequently. Some acquire gonorrhoea several times a year and each time reported as a separate case. Complications have however declined dramatically.

A consistent and relentless drive continues to find cases and contacts. Vigorous epidemiological methods are used to bring contacts and lapsed cases under medical care. Of all cases of venereal disease reported 38% were discovered through contact investigation; 46 per centum of clinic patients.

Contact investigation is carried out by the two nurses in greater Winnipeg; by local health unit staff in their respective areas, and in the rest of the province through the administration office utilizing any means considered most effective e.g. local health officer, physician, departmental health nurse or by mail direct to individual concerned.

Lay education continues through the Bureau of Health and Welfare Education, this bureau co-operating. Compulsory premarital blood testing for syphilis is of greater educational value than case finding. Every year a few cases are still being found by this means.

The Government clinic holds morning, afternoon and evening clinics on Mondays and Thursdays of each week. On other days an occasional patient receives medical attention by the hospital staff.

Laboratory services are available without cost to all physicians. Antibiotics are supplied free of cost to physicians outside of greater Winnipeg for every officially reported case as are specimen and mailing containers to any physician upon request. Physicians along the fringe of northern unorganized territories, where venereal disease is relatively high, receive payment of a nominal fee for treating indigent patients.

Information is obtained from patients on places and conditions facilitating the spread of venereal disease. This is forwarded weekly to the police who consider it valuable information. There was no evidence of any organized call-girl racket. The only bawdy house reported was closed after operating for three days. The two females and three male procurers were apprehended and sentenced to gaol.

Table I - Gonorrhoea and Syphilis - Reported Cases, Adult by Sex and Marital Status, Children by Sex - Manitoba, 1959

Adults (18 years and over)						
Status	Gonorrhoea			Syphilis		
	Male	Female	Total	Male	Female	Total
Married	205	116	321	13	8	21
Single	771	253	1024	16	1	17
Widowed	5	19	24	2	2	4
Divorced or Separated	89	100	189	1	1	2
Total	1070	488	1558	32	12	44
Children						
0 - 17 years	23	55	78	1	0	1
Grand Total	1093	543	1636	33	12	45

Table II - Gonorrhoea and Syphilis - Reported Cases by Age Groups, Manitoba 1959

Age Group	Gonorrhoea				Syphilis			
	Male	Female	Total	% of Total	Male	Female	Total	% of Total
Under 1 yr.	1	0	1	0.06	0	0	0	0
1 - 4 yrs.	1	1	2	0.12	0	0	0	0
5 - 8 yrs.	0	1	1	0.06	0	0	0	0
9 - 13 yrs.	0	1	1	0.06	0	0	0	0
14 - 17 yrs.	21	52	73	4.5	1	0	1	2.2
18 - 19 yrs.	98	98	196	12.0	0	0	0	0
20 - 29 yrs.	646	257	903	55.1	5	2	7	15.6
30 - 39 yrs.	223	82	305	18.7	9	0	9	20.0
40 - 49 yrs.	67	28	95	5.8	6	5	11	24.4
50 - 59 yrs.	28	23	51	3.1	5	3	8	17.8
60 yrs. and over ..	8	0	8	0.5	7	2	9	20.0
Total	1093	543	1636	100.00	33	12	45	100.0

Table III - Syphilis - Reported Cases, Tabulated According to Type of Syphilis
Manitoba, 1959

Type of Syphilis	Adults - 18 yrs. & over			Children - 17 yrs. & under			GRAND TOTAL
	Male	Female	Total	Male	Female	Total	
Primary	6	1	7	0	0	0	7
Secondary.....	2	0	2	0	0	0	2
Latent	19	9	28	1	0	1	29
Neurosyphilis...	1	1	2	0	0	0	2
Cardiovascular..	4	1	5	0	0	0	5
Other Tertiary..	0	0	0	0	0	0	0
Congenital	0	0	0	0	0	0	0
Total.....	32	12	44	1	0	1	45

Table IV - Syphilis - Reported Cases, Tabulated as "Primary", "Secondary" and "Other" Syphilis - Manitoba 1950 to 1959.

Gonorrhoea - 1950 to 1959										
Syphilis	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Primary	13	11	12	11	10	14	12	21	8	7
Secondary.....	6	9	4	6	11	1	5	9	2	2
Other	216	150	100	75	71	86	76	64	48	36
Total.....	235	170	116	92	92	101	93	94	58	45
Gonorrhoea.....	1316	1285	1291	1270	1390	1215	1348	1226	1362	1636

Table V - Alleged Contacts to Venereal Disease, Tabulated According to Results of Examination, Manitoba, 1959

Results	Contact Named by:			% of	
	Armed Services	All Other Sources	Total	Total	
Positive Gonorrhoea.....	41	589	630	54.6	
Positive Syphilis	0	5	5	0.4	
Positive Both	0	0	0	0	
Negative	14	165	179	15.5	
Not Located and Insufficient Information	44	296	340	29.5	
Total.....	99	1055	1154	100.0	

Table VI - Gonorrhoea and Syphilis in Children 14 to 17 years of Age, Manitoba 1950 - 1959

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
<u>Gonorrhoea</u>										
Male	12	13	12	14	16	11	14	7	17	21
Female.....	34	34	31	34	51	44	46	30	51	52
Total.....	46	47	43	48	67	55	60	37	68	73
<u>Syphilis</u>										
Male.....	1	0	0	1	1	0	1	0	1	1
Female.....	3	1	1	1	0	0	0	1	0	0
Total.....	4	1	1	2	1	0	1	1	1	1
Total V.D..	50	48	44	50	68	55	61	38	69	74

Manitoba Government Clinic - St. Boniface O. P. D.

Number of Patients Cared for - 1959:

	Carried over from 1958	Admissions 1959	Total
Syphilis.....	44	19	63
Gonorrhoea.....	97	775	872
Non-Gonorrhoea Urethritis.....	19	141	160
Miscellaneous Infection.....	78	426	504
No Pathological Condition	99	784	883
Total.....	337	2,145	2,482

Detention Homes and Gaols:

Patients treated in detention homes and gaols were as follows:

Gonorrhoea.....	204
Syphilis.....	4
Non-Specific Infection..	<u>6</u>
Total.....	214

Maternal and Child Hygiene

Prenatal Education: An active program of prenatal education was carried on in 1959. Two institutes on prenatal education for registered nurses were held, the first in April and the second in August, with a total registration of 50 nurses.

The majority were members of the Public Health Nursing services of the Provincial and City of Winnipeg Health Departments, and the others represented the Victorian Order of Nurses, Indian Health Services, urban and rural hospitals.

As at December 31, 1959 prenatal classes were being given at 47 centres, an increase of 6 centres over the previous year.

There has been a steady increase in the number of women attending classes from year to year and in 1958 between 1,500 - 1,600 expectant mothers registered for classes - about 7% - 8% of all expectant mothers. The number for 1959 is not yet known.

Further extension of a prenatal teaching program is dependent on the preparation of more nurses for this type of teaching.

Assistance in organizing new teaching centres was given through a Federal Health Grant by providing equipment, teaching material and reference books.

Maternal and Newborn Care in Hospitals: This bureau has continued to assist hospitals by visiting hospitals and meeting with administrative and supervising nursing personnel. The needs of hospitals in connection with maternity and newborn services were discussed and recommendations made in most instances regarding methods of improving physical facilities, and procedures and techniques pertaining to the care of the mother and baby. Detailed recommendations were made in letters to the chairmen of hospital boards so that they could be considered and acted upon at subsequent board meetings.

All plans for new hospital construction or additions to existing hospitals have been studied and discussed with the architect concerned.

Maternal Mortality: During the year 1959, 14 maternal deaths were reported - a maternal mortality rate of 0.6. Of these, 11 were white, 2 were Metis, and 1 was a treaty Indian. Four of the white women lived in urban centres and 7 in rural communities. The three Indian women lived in Indian settlements in fairly remote areas.

All deaths, except two, occurred in hospital; seven in urban and five in rural hospitals. One woman died at home three weeks after confinement, of a pulmonary embolus and one Indian woman who had been confined at home died of haemorrhage on the plane en route to hospital.

The causes of death in order of frequency were:

Haemorrhage	5
Pulmonary embolus	3
Toxemia	3
Infection	2
Other	1

Every Maternal death is a tragic event involving mainly young women between 20-35 years of age and leaving in their wake broken family units. The majority of these deaths are preventable if early and adequate medical care is received. There is no cause for complacency when we review our maternal mortality statistics.

Infant Mortality: The final figures on infant mortality for 1958 did not show any appreciable change from the preceding 3 years. However, the preliminary figures for 1959 indicate a substantial decrease, with an Infant Mortality Rate of 25.3 per 1,000 live births. The Infant Mortality rate for white babies is 22.2 which is the same as the preliminary figures for 1958 and for Indian babies the rate is 77.1 (1958 - 106.0) per 1,000 live births.

Respiratory infections, gastroenteritis, and other communicable diseases account for about one third of all infant deaths (24% white infant deaths and 67% Indian infant deaths in 1958). It is apparent that the mortality rate due to these causes could be substantially reduced by preventive measures and early and effective treatment.

In certain areas of the province the stillbirth and infant mortality rate is very much higher than the rate for the whole province. Consideration is being given to providing prenatal medical care in local health unit areas where private medical care is not easily available. This is a field of maternal care not included in the program of the Department of Health and Public Welfare.

It is felt that this would provide an important service to a group of expectant mothers who otherwise do not have adequate prenatal supervision because of distance, indifference, ignorance or possibly a combination of these factors.

Maternity Homes and Child Caring Institutions: In 1959 permits were issued to 2 maternity homes and 6 child caring institutions. The maternity home at Rivers will be closed on completion of the new hospital.

The Church Home for Girls is licensed as a maternity home. The patients are admitted to hospital for delivery but are discharged to the home after a few days for convalescence.

The child caring institutions are either boarding schools or boarding homes for girls and boys from rural areas who require suitable living accommodation with proper supervision while attending school.

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

Day Nurseries: During the year 1959, 14 day nurseries received permits to operate through this bureau. These day nurseries are located in municipalities which do not have local by-laws.

Routine inspections are also carried out by personnel of this department.

PUBLIC HEALTH NURSING SERVICES

The Annual Report of the Public Health Nursing Section for the year ending December 31, 1959, is submitted herewith.

Public health nursing is a field of specialization within both professional nursing and the broad area of organized public health practice. It utilizes the philosophy, content and methods of public health and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family centered basis for individuals and groups, at home, at work, at school and in public health centres. Public health nursing interweaves its services with those of other health and allied workers and participates in the planning and implementation of community health programs. Like any other public service, public health nursing grows out of socio-economic and the cultural patterns of the world in which it functions. Today it must adapt itself to a changing society, to automatization, to rapid cultural changes, to the stresses and strains of cold war, to family mobility and suburbanization.

The Public Health Nursing Section is responsible for developing and maintaining a high quality of organized public health nursing service for the people of Manitoba. The function of the section is:

1. ADMINISTRATIVE - including recruitment, orientation and assignment of nursing staff;
2. CONSULTATION AND SUPERVISION - (a) to field nurses assigned to local health units; (b) to Homes and Institutions for Aged and Infirm Persons;
3. to provide direct nursing service in special areas, i.e., tuberculosis control, crippled children and adults, venereal disease control; and a generalized public health nursing program in specified geographical areas;
4. DEVELOPMENT OF EDUCATIONAL PROGRAMS-
 - (1) orientation for new staff,
 - (2) in-service education for all staff,
 - (3) affiliation programs for undergraduate students
 - (4) administration and supervision of Practical Nursing courses including registration and licensing.

Administration of Public Health Nursing

Expanding health programs, increased hospital services and the trend toward Home Care programs has given rise to a shortage of nursing personnel, in hospitals and in public health agencies. The acute shortage of nurses and the large turnover in staff each year creates a major problem in administration. Every effort has been made to recruit suitable nurses to the field of public health nursing and to maintain a full nursing staff in local health units. It is interesting to note that almost one third of the nurses taken on staff during 1959 came from outside Manitoba as follows: Ontario, 4; British Isles, 1; Nova Scotia, 2; Saskatchewan, 3; Quebec, 1; British Columbia, 2; U.S.A., 1.

As of December 31, 1959 there were ninety-one nurses on staff as compared to seventy-seven a year ago. Seventy-four of the nurses are assigned to local health units and seventeen to central office. The existing eight vacancies will be filled by January 15, 1960.

Public Health Nursing Staff:

Number of nurses on staff December 31, 1958.....	77
Number of appointments to staff during 1959.....	38
Number of resignations from staff during 1959.....	27
Number of vacancies as of December 31, 1959.....	8
Total number of nurses on staff as of Dec.31, 1959...	91
Number of nurses superannuated during 1959.....	2

Distribution of Nursing Staff:

Central office.....	17
Local health units	74

Boarding Homes and Institutions for the Aged and Infirm

Supervision of these institutions has continued as in previous years, with guidance and help given as required. Community interest and concern for the welfare of our senior citizens continues to increase as evidenced by the establishment of new homes and institutions. However, with this increase the problem of adequate staffing becomes even greater. Very few of the present operators of these institutions are registered nurses, practical nurses, or people who have had previous experience in caring for older people. This gives rise to a need for careful interpretation of the regulations covering housing, nursing care, diet, exercise, recreation and rehabilitation of the elderly person.

Where institutions are located in local health unit areas it is comparatively easy to provide the necessary supervision and guidance, but in other areas, with only one nurse available on a part time basis it has been difficult to meet all the needs expressed by the operators and boards of directors of these homes and institutions.

The announcement last year of increased government grants for the construction of buildings for the aged, and the new legislation covering hospitalization was an indication to many persons and organizations that there would be a need for more accommodation for elderly persons. Accordingly many requests were made for grants for this purpose. A committee was appointed by the Deputy Minister of Health to review these applications and approve the grants, consisting of the Senior Sanitary Inspector, the Nutritionist, and Director of Nursing.

An up-to-date directory of all homes and institutions for the aged and infirm approved by the City of Winnipeg and the province is maintained in the Public Health Nursing Section.

Number of homes and Institutions in Local Health Unit areas.....	20
Number of Homes and Institutions outside Local Health Unit areas.	7
Total.....	<u>27</u>

Direct Nursing Service in Special Areas

Tuberculosis Control: In Manitoba, as in many other parts of Canada and the United States the phenomenal changes in the treatment of tuberculosis that have resulted from developments in antimicrobial therapy have caused an equally phenomenal lowering of the tuberculosis death rate. The morbidity rates are declining also but much more slowly. The scarcity of hospital beds for the tuberculous patient which was of such great concern to all of us for so long, no longer exists. Patients are hospitalized for a shorter period of time and are usually dismissed after they have learned how to care for themselves properly and after their disease process has been stabilized under a good regimen of daily

hospital living. Early dismissal from hospital has increased the public health nurse's case load as it is her responsibility to supervise the regimen of home care and to assist in the rehabilitation program. Always high on the priority list, tuberculosis as a cause of serious, long term, crippling illness is a major concern to all public health nurses and must remain a number one activity in our generalized public health nursing services.

Through the services of our public health nursing consultant, 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.

Patients in St. Boniface Sanatorium, Manitoba Sanatorium, as well as those admitted to the Central Tuberculosis Clinic are visited. Purpose of these visits is to help the patient accept his diagnosis and his need for treatment, as well as to discuss the welfare of those left at home. Information is exchanged as to patients' contacts, their names, ages, also to the need for medical and nursing supervision and where same is available free of cost. If the family is in need of financial assistance, referral is made to possible sources of assistance. These visits help to alleviate the patients' worries and the information is exchanged to the patient, to the family and to the community, which indirectly is a support to the patient participating in the treatment of his disease.

Much time is spent reviewing the nursing records of patients from areas not served by the local health units. Close check is required so that patients and contacts are informed as to where accessible travelling clinics are to be held. Also letters are written encouraging patients to follow medical recommendations in reporting for review, etcetera. Information is often given to the public health nurse in the field as to the need of a home visit.

Early in the new year, a meeting with the medical directors, and the Chief radiographer, was held to plan the year's schedule for travelling clinics and surveys to meet the need of each community. This entails complete over-all study of previous year's new diagnoses, plus the long term incidence of tuberculosis in each municipality.

Assistance is also given to the medical director and survey director when planning special tuberculin and chest x-ray surveys as the need arises.

Sixteen new members of the public health nursing staff visited the Central Tuberculosis Registry for orientation to the tuberculosis control program.

Four groups of students from the Winnipeg General Hospital visited the Registry as part of a tour of the Central Tuberculosis Clinic. An opportunity is given to present to these students something of the functions of the Registry and the public health nurse in the tuberculosis control program.

The public health nurse assigned to tuberculosis work in areas outside of local health units assisted at Tuberculosis Clinics held at Winkler, Altona, St. Lazare, Crane River, Alonsa, Vita, Somerset, Carman, Roblin, Binscarth and Fisher Branch. A total of three hundred and nine home visits were made to tuberculosis patients and contacts living in these districts.

Venereal Disease Control: A nursing consultant and one other experienced public health nurse is assigned to this special area of service with office and clinical facilities in the Out-Patient Department of St. Boniface Hospital. The consultant nurse is responsible for nursing administration and supervision at the venereal disease clinic, preparation and assistance at all clinics, interviewing

and registering patients, home visits to patients and contacts and education of patients, student nurses and staff nurses. The other nurse in addition to her work at the clinic assists with the venereal disease program at the Manitoba Home for Girls and the Home of the Good Shepherd.

Contact tracing remains one of the major problems because:

1. People move so frequently or have no fixed address;
2. Erroneous, insufficient, and occasionally mischievous information is given; and
3. They are not at home when visit is made and do not always respond to notes left requesting them to contact the clinic.

Total number of contacts' names received 682

Located..... 583

Positive for Gonorrhoea..... 379

Positive for Syphilis..... 1

Throughout the year the staff has endeavoured to do some health education work with the patient. This is done by passing out literature and by informal discussion not only on venereal disease but other health subjects pertaining to the individual patient and to his or her family needs. From these interviews patients are referred to other clinics in the Out-Patient Department, to other public health services, and to social agencies.

It is difficult to make an evaluation on direct Venereal Disease health education. There are some times when it seems almost futile. Then again there are times when we rejoice a little, because we feel that some particular individual progress has been made.

The practice of having student nurses from St. Boniface Hospital in the Out-Patient Department for a two week period, as part of their education, has continued throughout the year. The average number present at one time is four. While in the Out-Patient Department each nurse observes and assists at one afternoon and one evening clinic.

On alternate Fridays an informal class is held for both instruction and discussion on the Provincial Venereal Disease program. These discussions invariably lead to other public health services which are apart from the Out-Patient Department. In each group of nurses there are always one or two who appear keenly interested in public health nursing and at the time think that after their graduation Public Health will be their goal. As well as their Out-Patient Department experience, sixty-nine students accompanied the nurse on home visits, or observed at the institutions. Eight students from Grace Hospital observed at the clinic. A class was held for fifteen students from Victoria Hospital who visited the Out-Patient Department on a non-clinic day, and a class was also given to sixty-five Misericordia Hospital students.

During the year four student nurses from the university received concurrent and block field experience at the Venereal Disease clinic and twenty-three new staff nurses observed at the clinic and were introduced to the Venereal Disease control program.

Crippled Children and Adults in Areas Outside Local Health Units: The nurse assigned to this work receives referrals and requests for visits from: Society for Crippled Children and Adults; Bureau of Rehabilitation Services, hospitals, private physicians, local school boards, teachers and individuals in the community. She also assists part time health officers at immunization clinics and visits school children re communicable disease control and does screening tests upon special request.

There are at present over 650 cases on the active register. Ninety-two were added during the past year of which fifty-eight were examined by private physicians or clinics and received the necessary treatment.

674 home visits were made.

Generalized Public Health Nursing Service in Grahamdale and the Village of Brooklands

One public health nurse is assigned on a full time basis to the Grahamdale Nursing Station where the program includes bedside nursing in addition to public health.

The Village of Brooklands receives nursing service on the basis of three days a week.

In these two districts during the past year, 936 home visits were made; 743 school children were examined and 3,080 children were immunized against communicable disease.

The following is a more detailed report of the work done:

Health Supervision in Schools September 1, 1958 to December 15, 1959

	<u>Brooklands</u>	<u>Grahamdale</u>	<u>Total</u>
Classroom Inspections	134	-	134
Number of Re-inspections	1,126	-	1,126
Number of Treatments	995	-	995
Number of interviews with teachers.	943	32	975
Number of classroom talks.....	--	34	34
Number of first examinations	660	96	756
Subsequent examinations	276	459	735
Number of visits made for the purpose of giving health instruction and demonstration.....	969	285	1,254

Immunization Clinics were held in Municipalities of Assiniboia, Macdonald, Strathclair, Grey and Winchester; Village of Brooklands; Local Government Districts of Armstrong, Fisher, Grahamdale and Siglunes.

Classification of Services rendered: Assisted physicians with immunization of pupils and pre-school children to protect them against communicable disease.....4,756

Combined Diphtheria, Pertussis, Tetanus and Polio..4,583

Smallpox..... 173

Educational Programs

Public Health Nursing Education: The fundamental need for continuing education for everyone has long been recognized by the Division of Public Health Nursing. It is felt that an in-service education program assists in conserving nursing manpower in that it points the way to better use of the nurses' knowledge, skills and abilities. It assists in the solution of many problems faced by the nursing staff as they attempt to keep up with the rapid pace of medical, scientific and sociological changes. It is believed that an effective in-service education program provides a stimulus to every worker and encourages each person to feel that he is a member of a team working towards the goal of the department - better patient care and optimum health for the people of Manitoba.

In-service education programs for the nursing staff continue to be

developed around four areas of personnel needs:

- 1 - their need for an introduction to their jobs;
- 2 - for training in both the manual and behavioral skills associated with their jobs;
- 3 - for development of leadership and management abilities; and
- 4 - for continuing investigation for the real potentialities of their jobs.

Programs for the regular staff in-service education conferences are planned jointly by the educational director, field nursing consultants and director. They are planned to meet a specific need or goal, for example, with the recent introduction of new legislation governing social assistance the Minister of Health and Public Welfare was invited to interpret these services to the members of the nursing staff attending the conference in Winnipeg. For the remainder of the 1959-60 staff conferences the theme will be centered around the organization and planning of public health nursing service in the community. These programs are geared to stimulate individual interests, freedom of thought and active participation by members of the staff. The attendance at these conferences has been very gratifying, which, no doubt, indicates individual interest as well as the interest of the medical director in seeing that his nursing staff are free to attend.

To supplement the work of the local education program, articles of interest which have appeared in a variety of professional magazines have been mimeographed and distributed to the staff. Assistance has also been given to the unit staffs in their selection of books for their libraries and health education material for specific projects, health talks and other matters.

A very interesting article entitled "The Complex Role of the Public Health Nurse" was written by the educational director and appeared in the October issue of the Division of Health Newsletter. From the number of requests for additional copies of this edition, one might assume that our staff as a whole is interested in all aspects of the Mental Health program.

In June the senior nurses and nursing consultants attended a five day institute on Nursing Supervision. This institute was planned jointly by the School of Nursing Education, University of Manitoba and the Directors of the various public health nursing agencies and was conducted by Mrs. Ruth Cummings, Professor at Harvard University. The groups of thirty-seven senior nurses from the Manitoba Department of Health and Public Welfare, the Winnipeg Health Department and the Victorian Order of Nurses express appreciation for the assistance provided them through the institute and the inspiration afforded by the program. A similar institute is anticipated for 1960.

Eight staff nurses are presently on leave attending university. Seven of these girls received bursaries and are registered in the diploma course in Public Health Nursing at the University of Manitoba. One other is taking her course in public health in England.

Field Training Programs:

Graduate Students: Concurrent and block field experience continues to be offered to students enrolled in the School of Nursing, University of Manitoba. Every effort is made to ensure a satisfactory experience for both the student and student adviser. A few changes have been made in the program; the students are being encouraged to take more responsibility in selecting the families they wish to visit. The student adviser is used as a consultant and teacher, while the resources of the health unit and the community become the student's workshop. The field-coordinator for the University of Manitoba takes over the responsibility for

group discussions, using the students' daily narrative reports as one of her tools to help the students use a problem-solving approach to situations encountered in public health.

Due to the change of senior nurse personnel in local health units a half-day conference was held for field nursing consultants and student advisers, early in September. The philosophy, objectives and goals of field observation and practice for graduate students were discussed. At the request of the student adviser an interim conference is being planned for early in the new year at which time student evaluation reports will be discussed.

<u>Graduate Students</u>	<u>No. of Students Concurrent Block</u>			
<u>University of Manitoba</u>				
School of Nursing - Public Health				7 for
Nursing.....	5	for	12 wks.	6 wks.
School of Nursing - Ward Teaching and	3	for	2 days	
Supervision.....	12	for	2 days	
Indian Health Services- Observed at				
Selkirk Local Health Unit.....	6	for	1/2 day	

Undergraduate Students: Early in 1959 affiliation contracts were signed with the Brandon General Hospital and the Misericordia Hospital providing two weeks of field experience for senior nursing students.

<u>Summary:</u>	<u>No. of Students</u>	<u>Period of Observation</u>
Brandon General Hospital.....	30	2 weeks
Dauphin General Hospital.....	4	1 week
Grace Hospital.....	40	2 weeks
Misericordia Hospital.....	38	2 weeks
St. Boniface Hospital.....	69	1 day
Victoria Hospital.....	4	1 week

Through this approach the public health nurses have brought students into close 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 relationship between hospitals, health departments and the community will be increased.

<u>Lectures given by Director and Nursing Consultants</u>	
Total number of lectures re public health nursing education.....	24
7 Hospital Schools of Nursing.....	14
Medical Students.....	1
Faculty of Education, University of Manitoba.	2
Faculty of Nursing Education.....	2
Indian and Metis.....	1
Teacher Training Summer School.....	4

Practical Nursing Training

The following report has been prepared by the Registrar-Consultant for Practical Nurses:

	Central School	St. Boniface Hospital	Brandon Hospital for Mental Diseases	Manitoba School Portage	Selkirk Hospital for Mental Diseases	Total
Students enrolled in 1959	83	48	10	14	27	182
Students who withdrew in 1959	13	10	7	16	20	66
Students who completed the course	45	31	7	10	4	97
Students who became Licensed Practical Nurses	46	33	6	10	3	98

Result of National League for Nursing practical nurse licensing examinations, 1959:

111 students of Manitoba course.....	13 failures
11 students other than Manitoba course.....	0 failures
16 Licensed Practical Nurses.....	0 failures
Total <u>138</u> - Passed 90.58%	Total <u>13</u> - Failures 9.42%

Licensed Practical Nurses Statistics

Licensed in 1959

Manitoba approved course.....98)	- 109
Equivalent approved course.....11)	
Licenses renewed in 1959.....	1075 Total Issued.....1,184
Licensed Practical Nurses active in Manitoba.....	989
Licensed Practical Nurses active outside Manitoba.....	195

The Licensed Practical Nurses Act was amended this year so that commencing January 1, 1960 a Permit as a Provisional Practical Nurse will be issued to persons completing qualifications for licensure (i.e. graduates of an approved Practical Nurse course, waiting to sit for Licensing examination).

Student Practical Nurse Program: This year besides the usual correspondence regarding the Manitoba Practical Nurse program a Director of Nursing Education from Montreal, Quebec, spent one week with us to obtain help in establishing a similar program.

Both the St. Boniface School for Practical Nurses and the Central School for Practical Nurses increased their teaching facilities this year. This accounts for the larger student enrolment. The steadily increasing demand for nurses makes it imperative that suitable applicants be attracted to this field. Therefore, a continuing publicity campaign is essential. Last spring newspaper and radio publicity was arranged through the Bureau of Health and Welfare

Education with gratifying results. It is hoped that a co-operative publicity campaign may be arranged in 1960 to attract desirable candidates to both professional and vocational schools of nursing.

The revised curriculum has been approved and is now in use.

Central School for Practical Nurses: There are three practical nurse instructors, one for each classroom and one in the field.

Previously the junior nutritionist assigned to the Bureau of Health and Welfare Education conducted the Nutrition and Homemaking course at all Practical Nurse Schools. The program has developed to the extent that a full term nutrition instructor cannot serve all Practical Nurse schools. Therefore, this Fall an additional nutritionist joined the staff of the Central School and assisted in the teaching in the three other Practical Nurse Schools at the two hospitals for mental diseases and the Manitoba School.

As the Winnipeg General Hospital has closed its Pediatric Department, other arrangements are being made for pediatric clinical experience for practical nurse students assigned to this hospital. Arrangements have also been made for the practical nurse students to affiliate at Ninette Sanatorium rather than at the Assiniboine Hospital which is now being partially converted from a Tuberculosis Sanatorium to a hospital for patients with long term illnesses. Portage la Prairie General Hospital has signed affiliation agreements with the Central School and will receive practical nurse students for clinical experience.

During the past year it has been impossible to meet all the demands for public health nursing service and certain priorities have had to be established, and an earnest attempt made to concentrate upon those activities that are most apt to make a difference in the total health of the people.

SECTION OF PROVINCIAL LABORATORY SERVICES

Herewith is submitted a report of laboratory services for the period January 1, 1959, to December 31, 1959. The table below shows the number and details of specimens examined by the staff of the Provincial Laboratory during the year.

Water samples	12,774
Swab rinse tests.....	458
Milk and milk products	10,319
Serological tests for Syphilis.....	85,227
Treponema Pallidum Immobilization tests	521
Examinations for Gonococci; smears, cultures	3,117
Examinations for tuberculosis, including smears, cultures and animal inoculations	2,021
Specimens examined for typhoid, paratyphoid and other pathogenic micro-organisms	1,460
Agglutination tests for typhoid, paratyphoid, undulant fever and tularemia	3,270
Nose and throat swabs for diphtheria	975
Nose and throat swabs for haemolytic streptococci.....	774
Special examinations for staphylococci including phage typing	1,365
Tests for sensitivity to antibiotics	7,371
General bacteriological specimens (blood cultures, streptococcal grouping, exudates, sterility control, etcetera)	2,261
Heterophile antibody	904
Serological examinations for rheumatic diseases	2,622
Miscellaneous examinations (biochemistry, hematology, colloidal gold, etcetera)	637

Sanitary Bacteriology: The examination of milk products and water in the Province of Manitoba is carried on chiefly at the Provincial Laboratory and to a lesser extent at the laboratory of the Brandon Hospital for Mental Diseases and at the Laboratory and X-ray Unit at Dauphin. At the Provincial Laboratory, examination of waters from modified swimming pools and from wading pools in the City of Winnipeg has in the past year accounted for a marked increase in the work load of this section of the laboratory. Since the recent introduction of modified swimming pools in Manitoba, the laboratory has worked in co-operation with the Bureau of Public Health Engineering in trying to insure the safety of the water in these often crowded pools. This department also worked closely with the City of Winnipeg Health Department in their investigation during the past summer to determine the possible presence of gross contamination in the many small wading pools scattered throughout the city. The Virus Laboratory also assisted in these examinations. The sanitary condition of the water in most of our bathing beach resorts was also periodically examined and as a result of the attention that was focused on the bathing sites in the province, the number of individual water samples examined in 1959 was up 50% over the preceding calendar year. In addition to this, bacteriological control of eating establishments in the province is also being looked into by the Bureau of Food Control and the local health units. This involves the taking of swab rinse samples from eating utensils in restaurants and other public eating establishments and the necessary follow-up procedures in

the laboratory to detect the presence of contaminating organisms. The increase in the number of specimens does not in itself accurately reflect the increased amount of work done by the laboratory because all water specimens now are examined by a tube dilution test to determine the most probable number of coliform organisms present in 100 cc. of sample. This test, called the M. P. N., involves the examination of from 9 to 25 cultures from each specimen, depending on the purity or pollution of the specimen. Because the investigation of the sanitary conditions of provincial eating establishments by bacteriological procedures is now only just getting under way, it is anticipated that the volume of work from swab rinse tests alone will increase progressively in the next few years. The presence of modified swimming pools which are practically unique in Manitoba and seem to be increasing in number and popularity every year indicates that we can also expect an increasing work load from these examinations.

This year 10,319 examinations were made on milk and milk products and 12,774 on water and ice.

Syphilis Serology: This year 85,227 examinations of blood and spinal fluid were examined for syphilis. Because as many as three separate examinations may have to be performed on a single specimen, a considerable amount of work is involved in handling this number of specimens, especially when one considers the great complexity of work involved in doing the Treponema Pallidum Immobilization test when it is indicated. This test is a special examination reserved to eliminate the false results that may occur when only the standard serological tests for syphilis are employed. In the past year there has been a need to employ the Treponema Pallidum Immobilization test on an increasing number of specimens.

Non-Syphilis Serology: The tests performed by this section of the laboratory remained essentially the same this year as in the previous year. Briefly, they include the latex flocculation test for the diagnosis of rheumatoid arthritis, the cold agglutination test for cases suspected of having a primary atypical pneumonia and the widal and B. abortus agglutinations for the detection of enteric fevers and brucellosis. The heterophile antibody test is also done here as an aid in the confirmation of an entity often difficult to diagnose, known as infectious mononucleosis which occurs among young people. Toward the latter half of this year we were called upon to perform an increasing number of antistreptolysin "O" tests which, along with the C. reactive protein tests, are employed by physicians to detect active and chronic cases of rheumatic fever. It might be noted that the cost of the reagents used in this test have greatly increased in the past year and that these tests therefore, have resulted in substantial increase in expense to the laboratory.

Enteric Diseases: During the past year there was a total of fourteen separate isolations of salmonella typhi made from cases and carriers in the province, six of which occurred during an outbreak of typhoid fever in Winnipeg towards the end of December. In addition, a great many stools were examined from the immediate contacts of these cases and from individuals who had attended a Christmas party at which those ill had evidently become infected. There was also an increase in the number of isolations of enteric organisms hitherto rarely found in this area. Some of the latter bacteria encountered were Salmonella kentucky, Salmonella manhattan and Salmonella oranienburg. E.coli enteritis in infants continued to be a problem, and the majority of isolations came from Fort Churchill and The Pas. Organisms causing bacillary dysentery (Flexneri

2 and 3) were also isolated from The Pas area. There were also several isolations of Dysentery bacilli, from the Winnipeg area. Outbreaks of food poisoning continued to be brought to the attention of the laboratory by the Bureau of Food Control and appropriate examinations were done to determine their cause. From examining the lists of reportable enteric infections for the year, it is obvious that bacillary dysentery and pathogenic E. coli infections are appearing in increasing frequency north of parallel 53.

In September of this year, a gastro-enteritis carrier survey was conducted by Dr. P. Lommerse in the Churchill area. The Provincial Laboratory participated in this survey by examining the collected stool specimens for pathogenic E. coli.

Staphylococcal Infections: The laboratory has continued this year to isolate and identify pathogenic strains of staphylococci. The use of phage typing has been restricted to pathogenic staphylococci isolated from hospitalized patients. Again this year this section assisted the Faculty of Science at the University of Manitoba in techniques related to the phage typing of staphylococci isolated from cases of animal infection.

Streptococci: This year our chief technician worked on a project in cooperation with four Winnipeg pediatricians to determine the sensitivity of haemolytic streptococci isolated from infections in children to an oral penicillin preparation. This project necessitated the examination of well over 150 individual swabs for hemolytic streptococci. All organisms that showed hemolysis on a blood plate were examined for soluble hemolysin and those organisms which produced hemolysin were then grouped by Lancefield's method.

Diphtheria: In the spring of this year, three isolations of diphtheria were made from specimens submitted from the Kildonan-St. Paul Local Health Unit. In November, three more isolations were made from the City of Winnipeg and eight isolations from the Carberry area. Due to the necessary examination of immediate contacts, many school classrooms of students had to be individually examined, as was the case when diphtheria occurred in one individual at Portage la Prairie and another at Selkirk. In the latter instance nearly 200 swabs were received during the last week of the year.

Virus Diseases: The laboratory investigation of these diseases is carried out in the Virus Laboratory in the Winnipeg General Hospital under the direction of Dr. J. C. Wilt. The Director of the Provincial Laboratory acts as co-director of the Virus Laboratory. This year, the Provincial Laboratory assisted Dr. J. A. Hildes and Dr. Wilt in a survey of the prevalence of complement fixing antibodies against psittacosis in the Canadian Arctic. In this regard, the Provincial Laboratory performed serological tests for syphilis, tularemia and brucellosis on the collected specimens. It is anticipated that the Virus Laboratory will assist in the coming year in the sanitary survey of swimming and wading pools in the province.

Rheumatic diseases: There is an increasing interest on the part of physicians in rheumatic fever, rheumatoid arthritis and allied diseases and as a consequence, the laboratory has had a greater demand put upon it for tests used in their detection. These diseases have severe disabling effects in their chronic stages; rheumatic fever resulting in valvular heart disease and rheumatoid arthritis resulting in crippling joint deformities. The tests employed at the Provincial Laboratory are designed to assist the physician in the early detection of these diseases before permanent disability might occur. In the past year a

latex flocculation test has been adopted as the principle screen test for the detection of an abnormal protein fraction that is present in the blood of patients with rheumatoid arthritis. There has been a steadily increasing demand for the antistreptolysin "O" test which is used to detect antibodies to the beta haemolytic streptococcus present in cases of rheumatic fever.

Technicians: In August of this year the Provincial Laboratory had the pleasure of graduating its third class of medical technicians in as many years. There were six technicians in this class. Earlier in the year we were pleased to learn that a member of our second graduating class had received the award for the highest academic standing in Manitoba in the examinations set by the Canadian Society of Laboratory Technologists. At the present time the Provincial Laboratory has seven senior and six junior student technicians in the process of training. We wish to express our appreciation for the assistance given to us in the apprentice training of our technicians by the Winnipeg General, Deer Lodge and Concordia Hospitals.

SECTION OF EXTENSION HEALTH SERVICES

The reports of the various bureaux under this section have been prepared by the respective directors. The Dauphin Local Health Unit and Laboratory and X-Ray Unit was enlarged on October 1, 1959, by including the Town of Grandview, the Village of Winnipegosis, and the Rural Municipalities of Mossey River and Grandview. This brought an additional rural population of 6,104 persons under full time health services. A Substation of the Laboratory and X-Ray Unit was opened in the Grandview Hospital with a trained Laboratory and X-Ray Medical Technician in charge. A second technician was added to the main Unit in Dauphin. This Unit now serves 23,913 persons.

The Portage la Prairie Local Health Unit and Laboratory and X-Ray Unit was also enlarged on October 1, 1959, by including the Town of Carberry and the Rural Municipality of North Cypress. The Laboratory and X-Ray Substation was opened in the Carberry Hospital with a Combined Laboratory and X-Ray Medical Technician in charge. A Health Unit office was opened in the downtown area in Carberry with a Public Health Nurse in charge. A second Sanitary Inspector was also added to this Unit. 3,829 more persons now receive service in this area.

The thirteen Local Health Units in operation now provide full time health services to some 411,793 persons outside the City of Winnipeg, or 70% of the population of the Province exclusive of the City of Winnipeg and Indian Reserves. The five Laboratory and X-Ray Units in operation now give service to some 139,177 persons in rural areas.

Again this year, we are happy to report that the supply of nurses has practically met all requirements and the nursing establishments in all local health units are filled at the end of the year, with one exception. It is hoped that this vacancy in the Northern Local Health Unit will be filled very soon after the new year. The report of the Director of the Bureau of Public Health Nursing is attached.

All establishments for Sanitary Inspectors in the Local Health Units are filled. Additional Inspectors were added to the Portage, Selkirk, and Stonewall Local Health Units during the year.

The Medical Directors of the Neepawa and Red River Local Health Units are on leave of absence obtaining their Diploma in Public Health degree at the School of Hygiene, University of Toronto. They will return to their units in May, 1960. The Medical Directors establishments in all Local Health Units are filled.

The report of the Bureaux of Laboratory and X-Ray Units, and Medical Care, administered directly through this section follows herewith:

Laboratory and X-Ray Units

The providing of prepaid laboratory and x-ray services, which has been in operation since 1947, has continued to show popularity in the rural Local Health Unit areas and requests to set up these services have also been received from many other areas not now in Local Health Units. The service has been extended as rapidly as trained personnel has become available. Eleven combined Medical Technicians were graduated from our two-year training school. Due to the

increasing volume of work, new establishments were set up, one each for Hamiota, Portage, Selkirk, and Dauphin. Routine visits monthly, or when necessary, were made to all Laboratory and X-Ray Units and Substations by our Chief X-Ray Technician and his assistant. Personal supervision was given along with technical x-ray instruction to the staff of the units. Laboratory supervision has been provided, as in previous years, by the Director of the Provincial Laboratory and his senior staff.

Consultant radiological services have been supplied by radiologists under contract, stationed in Brandon, Dauphin, and Winnipeg. They visit all units and substations except Portage on regular days each week, and read all x-ray films. They are also available for consultation with the practising physicians in the area, and see patients by appointment. The Portage Unit is visited once a week by a private radiological clinic in Winnipeg.

In order to avail themselves of the service provided by these units, the residents of the municipalities included in the area obtain an identification card which is supplied by the Department of Health and Public Welfare. This card is presented along with a written requisition from their own doctor to the unit office. The work requested is carried out and the report given to the private physician.

Electrocardiograph tracings during the year were read as usual by private consultants, and the reports forwarded back to the units. Emergency reports were also telephoned directly to the private physician.

No major x-ray equipment was purchased during the year. Fluoroscopic timers were installed on all machines in the units. Radiographic cones were supplied to Selkirk and Dauphin, and special cones for the three portable machines in Portage la Prairie, Dauphin, and Selkirk. Special protective machines are on order for the wall-mounted cassette holders for all laboratory and x-ray units, and high speed intensifying screens were installed in all cassettes throughout the service.

All x-ray machines were checked during the year by the Physicist of the Manitoba Cancer Foundation, and research in regard to the fluoroscopic radiation output of each machine. All units were found to be not producing radiation in excess of the recommended safety limits. All technicians employed in laboratory and x-ray units wear radiation badges, and also those persons who operate our portable equipment in medical nursing units in laboratory and x-ray units, or areas.

The Department of Health and Public Welfare X-Ray Training School at Portage la Prairie has now been listed as an approved school of training by the Canadian Society of Radiological Technicians as of May 1, 1959. The school is now affiliated with two general hospital x-ray departments in Winnipeg, and also with the Manitoba Clinic. The senior students will spend four months each in the affiliated departments. Lectures in theory and practical instruction are given in Portage la Prairie.

The volume of work carried out in the five units has gain increased. The following table gives a summary of the work carried out during the calendar year, 1959:

<u>X-Ray Examinations</u>	<u>Dauphin</u>	<u>Selkirk</u>	<u>Virden</u>	<u>Neepawa</u>	<u>Portage</u>	<u>Total</u>
Indoor Patients	2,978	3,573	3,311	3,438	3,825	17,125
Outdoor Patients	2,635	3,306	3,714	3,391	2,811	15,857
Total Examinations	5,613	6,879	7,025	6,829	6,636	32,982

Laboratory Examinations

	<u>Dauphin</u>	<u>Selkirk</u>	<u>Virden</u>	<u>Neepawa</u>	<u>Portage</u>	<u>Total</u>
Indoor Patients	9,149	10,576	9,944	8,514	17,969	56,152
Outdoor Patients	4,072	5,537	9,880	5,325	11,110	37,924
Total Examinations	13,221	16,113	19,824	13,839	29,079	94,076

MEDICAL CARE DISTRICTS

The provision 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 qualified medical practitioner to provide medical care for the residents of the area on the basis of a salary, a capitation fee, or a schedule of fees for services rendered, paid by the municipality to the physician. Before the second reading of any by-law, the area of the district or any alteration has to be approved by the Minister of Health and Public Welfare. The standard contract has also to be approved between the municipality and the physician. Nine physicians were practising in Medical Care Districts during the year. Three municipalities, namely the Rural Municipality of Daly, Town of Rivers and Rural Municipality of Woodlands repealed their Medical Care By-Law following a vote of the residents. Provision is made under the Act that where a municipality is already participating in a local health unit and a laboratory and x-ray unit, and also has a medical care district, a grant of fifty cents per capita is made towards the cost of the medical care district. Four municipalities qualify at the end of the year for this grant, namely, the Rural Municipalities of Harrison, Blanshard, Saskatchewan, and the Town of Rapid City.

The Advisory Commission

under The Health Services Act

There were four regular meetings of the commission held during the year: January 7th, March 17th, May 20th and September 3rd. In addition one executive meeting was held on February 5th.

Membership: The membership of the Advisory Commission at December 31st, 1959 was as follows:

Representing the Manitoba Division of the Canadian Medical Association:

Dr. Charles H. A. Walton - Winnipeg; Dr. John E. Hudson - Hamiota; and Dr. F. G. Allison - Winnipeg;

Representing the Union of Manitoba Municipalities:

Mr. Lawrence Smith - Portage la Prairie; Mr. Charles N. Argue - Mather, Mr. D. F. Rose - Bunclody P. O. (Whitewater);

Representing the Associated Hospitals of Manitoba:

Mr. John Gardner - Dauphin;

Citizen Representatives appointed by the Minister:

Dr. J. D. Adamson - Winnipeg; Mr. Gilbert H. Grant - Souris, and Mr. J. E. Ramsden - Dauphin;

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

Dr. M. R. Elliott - Deputy Minister of Health; Dr. I. M. Cleghorn - Director of Health.

Local Health Services: On the request of the respective local advisory boards, the municipal councils and the recommendation of the Advisory Commission to the Minister of Health and Public Welfare, extension of boundaries of two local health units was approved and all the necessary steps taken for their inclusion in the units as follows, effective October 1, 1959:

<u>Name of Unit</u>	<u>New Territory Added</u>
Dauphin - Local Health Unit No. 3	Rural Municipality of Grandview; Rural Municipality of Mossey River; Town of Grandview; Village of Winnipegosis.
Portage la Prairie - Local Health Unit No. 14	Rural Municipality of North Cypress; Town of Carberry.

Laboratory and X-Ray Services: Extension of two unit boundaries was approved and became operative October 1, 1959:

<u>Name of Unit</u>	<u>New Territory Added</u>
Dauphin - Laboratory and X-Ray Unit No. 3	Rural Municipality of Grandview; Town of Grandview; Rural Municipality of Mossey River; Village of Winnipegosis.
Portage la Prairie - Laboratory and X-Ray Unit No. 14	Rural Municipality of North Cypress; Town of Carberry.

A summary of the several matters relating to hospitalization presented for consideration of the Commission and its resulting recommendations to the Minister of Health and Public Welfare is submitted herewith:

<u>Particulars:</u>	<u>Recommendation to the Minister:</u>
<u>Name of Unit or Hospital District and Number:</u>	<u>Baldur Medical-Nursing Unit District, No. 16-A:</u>
Proposed enlargement of hospital facilities of unit at Baldur.	Approval of Supplementary Scheme with the proviso the Governing Board endeavor to include those parts of Rural Municipality of Argyle and Strathcona not included in any hospital district;
	<u>Vita Hospital District No. 28</u>
(a) Scheme, including Agreement between Governing Board and the United Church of Canada to form hospital district with existing facilities on rental basis and option of purchase;	Approval of Schemes and Agreement forming part thereof - No money By-law required.
(b) Governing Board membership increased from six to seven by adding one member to Local Government District of Stuartburn.	Approval for Regulations to be established amending original Regulation in respect to membership of Governing Board.
	<u>Portage Hospital District No. 18</u>
Request for increased hospital facilities and expansion of hospital.	Approval of application be deferred for at least one year and then only further considered should need be indicated.

Name of Unit or Hospital
District, and Number:

Particulars

Request for increased hospital facilities and expansion of hospital.

Request for increased hospital facilities.

Request for increased hospital facilities.

(a) Request to build Medical-Nursing Unit at Minitonas:

(b) Local Administrative Committee memberships increased from six to eight members.

Review of hospital facilities for whole area and increase for unit at Somerset or Treherne.

Extension of hospital facilities.

(a) Request for extension of hospital facilities at Morris; and
(b) acquiring of lands for future enlargement of unit at Emerson, and provision to borrow necessary funds.

Recommendation to the Minister:

Steinbach Hospital District, No. 27:

Approval of application be deferred for at least one year and then only further considered should need be indicated.

Grandview Hospital District No. 3-B:
Approval of application be deferred for at least one year and then only further considered should need be indicated.

Minnedosa Hospital District No. 8:
Approval of application be deferred for at least one year and then only further considered should need be indicated.

Swan River Hospital District No. 1:
No unit be constructed at Minitonas because of nearness to District Hospital at Swan River, improved transportation facilities; and previous experience throughout province re operation of small units economically;
Approval for Regulation to be established amending original Regulation in respect to membership of Local Administrative Committee.

Notre Dame and Swan Lake Medical-Nursing Unit Districts; Victoria-S. Norfolk Hospital Districts, Nos. 19B, 19C, 19A, respectively:

Request be given no further consideration until such time as the local problems re location can be overcome and need indicated.

Stonewall-Rockwood Medical-Nursing Unit Districts No. 16-B, and 26-B, respectively:

Approval of Supplementary Scheme.

Morris Hospital District No. 25:
Approval of drafting Supplementary Scheme with the proviso that when additional construction is considered for Emerson it be again submitted to Commission for further consideration and subsequent recommendation to Minister.

Name of Unit or Hospital
District and Number:

Siglunes, McCreary, Gilbert Plains, and
Desalaberry Medical-Nursing Unit Dis-
tricts, Nos. 34-A, 5-A, 3 and 27-A, res-
pectively: Altona Hospital District No. 24:

Particulars

Request for increased hospital
facilities.

Recommendation to the Minister

The respective Governing Boards be re-
quested to prepare plans or Supplement-
ary Schemes for further consideration of
the Commission and subsequent recom-
mendation to the Minister.

Request for proposed expansion and
renovation of present hospital.

Dauphin General Hospital:

Approval be given to hospital board at
Dauphin provided the plan can be
financed.

Request for conversion of: (a)
domestic staff quarters to provide for
ambulatory patient accommodation;
(b) 4-bed public ward to post-anaesthe-
sia room; and (c) 2-bed ward to out-
patient treatment room.

Selkirk Hospital District No. 31:

Approval of conversion, as outlined in
proposal: Provided accommodation is
declared suitable for patients by Federal
Department of Health Inspector.

Due to the fact the Manitoba Hospital Survey Board, under the Director-
ship of Dr. J. W. Willard, of Ottawa, Canada, is presently conducting a study
of hospital resources and requirements in Manitoba in relation to the Manitoba
Hospital Insurance Plan, it has been agreed that no new submissions for in-
creased hospital facilities will be placed before The Advisory Commission for
study until such time as the report of the Survey Board has been filed with the
Minister of Health and Public Welfare and receives approval of Government.
This policy has to some extent curtailed the activities of the Commission and
will continue to do so for a further indefinite period.

Legislation: There were no important amendments to The Health Services
Act submitted for consideration of the Manitoba Legislature. However there
were very minor amendments made due to its relationship to other legislation
and these are listed in Chapter 58 of the 1959 Statutes of Manitoba (second session)
being The Statute Law Amendment Act.

Appreciation: A special vote of thanks is recorded to the members of The
Advisory Commission who also formed the Special Hospitals Investigating Com-
mittee. These members were required to make a number of visits to rural areas
throughout the year and submit their reports and recommendations for further
study of the commission. I commend their untiring and loyal efforts to you.

Local Health Services

Presented herewith, is the Annual Report of the Bureau of Local Health
Services for the calendar year, 1959.

Continued progress has been maintained throughout 1959, in all local health
units, and increased activity has again been noted in most phases of unit work,
due in part to an improvement in the supply of trained personnel. At the end of
the year, all local health unit positions for medical directors, sanitary inspectors,

and office stenographers were filled, and only a few public health nursing positions were vacant. There has, however, been a considerable turnover in the nursing and office staff during the year, which has necessitated the maintenance of a continuous in-service training program.

The Annual Institute for Medical Directors was held in April and followed by two Regional Meetings at Brandon in June and December. The director and staff of the Public Health Nursing Section have continued during 1959, an in-service training program of regular staff meetings and regional conferences for all local health unit nurses, with special instructional courses for senior nurses and prenatal class teaching. The Section of Environmental Sanitation conducted the Annual Institute for Sanitary Inspectors at the University of Manitoba in the spring of this year, and during the summer, half of the sanitary inspectors completed a basic bacteriology course at the university, by arrangement with the Bureau of Food and Milk Control. It is hoped that in 1960, the various in-service training programs will be continued and in some instances improved, to meet the challenge of ever-changing activity within the Public Health Service.

Special mention may be made here of the close liaison and excellent co-operation, with several Government departments such as the Department of Education in regard to school construction and school environmental sanitation; the Liquor Control Commission in regard to joint inspection and issuing of licences concerning food eating establishments and liquor outlets, and the Food and Drug Division, Dominion of Canada in regard to joint inspection of food processing plants such as bakeshops, slaughterhouses, etcetera.

As mentioned in the previous annual report, new activities and new phases of operation are continuously being added to local health unit service as the Public Health Program of the province develops. The Poliomyelitis Immunization Program which commenced with the original field trials in 1954, has now become an established routine, and during 1959, this program was stepped up, by the decision to give booster or augmenting doses to all children immunized prior to June, 1957, and by the continuing immunization project for adults between the ages of 20 to 40 years. Prenatal Instruction Classes have been expanded in all units, consistent with the supply of trained staff, and it is hoped to continue this expansion until all unit offices and substations can make this service available to the residents of the province. Increased demands for mental health and child guidance services and clinics have been experienced in all local health units, and in some areas progress has been made in the establishment of special classes for retarded children. The need for a Community Mental Health Service is becoming more and more evident, and it is to be hoped that present plans and ideas will come to reality within the next few years with expansion of city and suburban services to cover the whole province. A new Welfare and Elderly Persons' Service is in process of development, and it is hoped in 1960 to fully utilize available local health unit staff, throughout the province, as this new service goes into operation.

As a result of the many new programs being developed and changing concepts of service within the realm of Public Health, a Consultant Team was formed within the department in 1959, to assess the programs and activities of all local health units. This team, consisting of the Director of Nursing Services, Director of Health Education, Consultant Sanitarian, and Director of Local Health Services, visited all units to study and ascertain at first hand, all phases of unit activity. This study and investigation will be continued in the coming year, and by the end

of 1960, it is hoped to present a suggested program of Public Health activity embodying modern concepts and practises to meet the needs and demands of our province.

Efforts were made in 1959, to fulfill where possible, the requests of residents for local health unit service, but unfortunately units can only be expanded, and services provided, consistent with the supply of trained public health personnel. During 1959, the Portage local health unit was expanded to provide service for an additional 3,900 residents by inclusion of the Town of Carberry and the Rural Municipality of North Cypress into the unit. The Dauphin local health unit was also expanded on October 1st, to include the Rural Municipality of Grandview, Rural Municipality of Mossey River, Town of Grandview, and Village of Winnipegosis with an additional population of 6,255.

The population served by existing local health units and the full time staff employed are indicated by the following table:

Unit	Population Served	Medical Directors	Public Health Nurses	Sanitary Inspectors	Clerical Staff
Brandon	32,091	1	6	3	2
Dauphin	24,064	1	5	1	2
Portage	28,798	1	6	2	3
Selkirk	32,396	1	8	3	3
Swan Valley	16,792	1	4	1	1
Red River	22,528	1	5	1	2
St. Boniface	43,701	1	7	3	3
St. James	76,989	2	11	4	5
Stonewall	21,322	1	5	2	1
Neepawa	24,633	1	5	2	2
Virden	21,900	1	5	1	1
Northern	19,574	1	3	1	1
Kildonan	47,156	1	7	2	3

In addition to the above full-time staff, practising physicians are employed to assist in clinics, school and immunization programs in the following local health units: St. James, St. Boniface, Kildonan, Selkirk, Portage la Prairie, Neepawa, Dauphin, and Brandon.

At the present time, the Medical Directors of the Neepawa and Red River local health units are on leave of absence, studying at the School of Hygiene, Toronto, for the Diploma in Public Health. In their absence, the local practising physicians of these areas are providing medical coverage, conducting baby clinics, school examinations, and immunization clinics as necessary.

The following is a general summary of the work of all local health units during 1959.

Communicable Disease Control: To control and prevent the spread of communicable diseases, every local health unit maintains a continuous two-phase program, as part of their day-to-day work.

(1) All local health units receive notification of various communicable diseases from local medical practitioners, school teachers, parents and residents of the area, and by a process of visiting, quarantine, isolation and education, attempt to keep communicable disease to a minimum. The medical directors, public health nurses, and sanitary inspectors all take part in the investigations of reported diseases, and the medical director is available to all practising

physicians for consultation and diagnostic visiting. During 1959, 473 home visits were made by unit staff members to investigate reported cases, and the medical directors were called into consultation, or made diagnostic visits on 173 occasions.

(2) Diseases such as smallpox, diphtheria, whooping cough, tetanus and poliomyelitis can be modified or completely prevented by modern immunization procedures. Such immunization is offered on a continuous basis, in all local health units, at organized child health clinics, at all schools, and in local unit offices and substations. When the need arises, special immunization against such diseases as typhoid, measles, influenza, infectious jaundice, and tuberculosis is readily made available.

Immunizations Carried Out During the Year, 1959

	<u>First Vaccinations</u>	<u>Revaccinations</u>	<u>Total</u>
Smallpox	8,872	10,515	19,387
	<u>Initial Series</u>	<u>Augmenting</u>	<u>Total</u>
Whooping cough, diphtheria and tetanus	4,946 (3 doses)	10,163	15,109
Diphtheria and tetanus	2,763 (3 doses)	14,133	16,896
Poliomyelitis	20,331 (3 doses)	38,750	59,081
Diphtheria, whooping cough, tetanus and 'polio	5,254 (3 doses)		5,254
Diphtheria, Tetanus and 'polio		7,594	7,594
Typhoid	162	35	197
B. C. G.	26		26

During this program, 121 children and adults received schick tests to determine their immunity to diphtheria, 396 children and adults were tuberculin tested to ascertain their exposure to tuberculosis, and 46 contacts of cases of infectious jaundice were given preventive injections of gamma globulin.

Venereal Disease Control: In the City of Winnipeg, and in the suburban local health unit areas, control of venereal disease is exercised by the Director of Venereal Disease Control and his staff, through the Provincial Venereal Disease Clinic at St. Boniface Hospital. In the rural areas of the province, the director utilizes the staff of local health units to investigate and locate cases and contacts, and follow-up where necessary to see that treatment is obtained. To facilitate treatment, all local health units carry treatment drugs for free distribution to practising physicians.

During 1959, 75 contacts of venereal disease were notified to local health units. One hundred sixty-seven field visits were made by unit staff members in locating 51 of these contacts, and following them for treatment, mainly through local practitioners.

Tuberculosis Control: Under guidance of the Sanatorium Board of Manitoba, all local health units, provide a continuous tuberculosis supervision program, for the residents of the area. All cases of tuberculosis and known contacts are notified to the respective local health unit by the Central Tuberculosis Registry, and home visits are made by unit staff members to insure that these cases and contacts are carrying out recommended procedures and are being x-rayed and examined regularly. Local health unit staff assist in conducting regular chest x-ray and examination clinics and also help with the organization of mass tuberculin testing and mass x-ray surveys. During 1959, a total of 2,141 field visits were made in supervising 1,044 cases of Tuberculosis with their household and family contacts. Eighty-three large plate x-ray clinics were held in the ten rural units with an attendance of 1,962 residents. In the three suburban units, all cases of tuberculosis and their contacts are handled through the Central Tuberculosis Clinic.

Maternal and Child Hygiene: All local health units offer a two-fold program of advice, demonstration and supervision to expectant and new mothers.

(1) In all unit offices and in many unit substations, special lectures and instruction classes are offered to advise expectant mothers on infant and maternal nutrition, infant care, clothing, etcetera, and physical exercises, aimed at relaxing and improving muscle tone are demonstrated by the nursing staff, to assist the mother in the childbirth and postnatal period. Five hundred two prenatal instruction classes were held during the year in the 13 local health units and were attended by 4,264 expectant mothers.

(2) Birth notifications are received at the local health unit from local practitioners, hospitals, and the Recorder of Vital Statistics, and as soon as possible, the unit nursing staff make home visits, to advise and assist the new mother, and outline the services of baby clinics and immunization available at the local health unit. During 1959, a total of 1,160 expectant and 6,033 new mothers were admitted to service, and a total of 6,922 home visits were made to advise and assist with the new babies.

Infant Hygiene: All local health units have developed a very popular service of "Well Baby Clinics", to assist mothers with infants and young children. These clinics are conducted at the most accessible points in the unit areas, on a regular weekly or monthly basis. In 1959, the 13 local health units conducted a total of 2,315 clinics at 143 different health centres. The purpose of these clinics is to supervise the physical and emotional development of babies and pre-school children; observe their growth and weight measurements; give advice on nutrition; feeding habits; emotional traits, and general care; hold medical examinations to advise as to defects and need for treatment, and give immunizations and vaccinations against communicable disease.

During the year, 11,998 infants (under one year of age) were admitted for individual service, and 25,308 attended the "Well Baby Clinics". Medical examinations were conducted on 2,315 infants and 320 of these were found to have defects and were referred for treatment to private physicians. In providing services in the home and in following up correction of defects, a total of 8,007 home visits were made by the nursing staff.

Pre-School Hygiene: Children between the ages of one to six years receive similar service to infants at all Child Health Clinics, and efforts are made to have pre-school children return regularly, to maintain their level of immunity by augmenting injections. In addition, special school beginner clinics are conducted

in all local health units, so that this age group may have a medical examination to have any defects detected and corrected by the family physician before commencing school. Over the year, 17,464 pre-school children have received individual attention. At the 2,315 "Well Baby Clinics", a total of 30,859 visits were made for examination, advice or immunization, while 6,979 were visited in their homes by the nursing staff in giving additional service. Medical examinations were conducted on 1,038 children at clinics or office consultations and 151 were referred for treatment of various defects.

School Hygiene: Each local health unit endeavors to provide a similar program of medical inspection, examination and immunization for all school children in the unit area. In the larger suburban schools, examinations are conducted by grades, whereas in the smaller rural schools, examinations may be done on complete classrooms or on several grades in the room, at one visit. At the present time, the unit medical directors, are completing annual medical examinations on pupils in Grade I and in the leaving grades, X, XI, or XII. The nursing staff are inspecting grades in between such as four and seven, and when considered necessary, a child in any grade is referred by nurse or teacher for examination when the doctor is present. The nursing staff make appointments for parents to be present at school medical examinations, when defects found can be drawn to their attention. If parents do not attend, defects are notified by the nursing staff at a follow-up home visit.

All school children, from school beginners to Grade XII are offered continuous immunization and vaccination against diphtheria, tetanus, poliomyelitis and smallpox, to maintain their immunity at a high level. The success of this program would seem to be indicated by the very low incidence of these diseases.

The local health unit staff members, doctors, nurses and sanitary inspectors are also available to assist teachers with the school health education, and are often utilized to give lectures, classroom talks, film showings and sanitation demonstrations. The sanitary inspector conducts a routine general sanitation inspection in schools, covering lighting, heating and ventilation, water supply, drinking facilities, toilet facilities, etcetera, and unsatisfactory conditions found are reported to the school inspector.

A few highlights of the school health service are summarized below.

Children inspected by nursing staff	32,520
Children examined by medical staff	12,055
Parents present at medical examinations	4,236
Number of children with defects	5,528
Home visits by nursing staff	5,949
Home visits and consultations by medical staff	1,350

Adult Health: Local health units, render service to adults usually at the request of the practising physician and often on an educational basis. 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 (i. e. a diabetic) until he or relatives are able to follow routine treatment procedures. This service has been slowly increasing over the years, as residents become aware of local health unit facilities and local practitioners increasingly use the services of the public health nurse. In 1959, a total of 3,208 adults received individual service at their homes or at the unit offices. The nursing staff made a total of 3,720 home visits to adults, while 645 adults visited the unit offices for medical consultations and 35 house calls were made by the medical staff.

Crippled Children: With the formation of the Society for Crippled Children and Adults of Manitoba, treatment is now available to all crippled children throughout the province. Local health units keep a register of all children with crippling conditions within the area, and assist the society in organizing and conducting diagnostic and therapy clinics, held usually at the unit health centres. As the society has developed, however, more and more of the assessment and treatment work has been conducted in the Winnipeg area, by transporting patients to central clinics and hospitals, and in 1959, only four clinics were held in unit areas with an attendance of 127 cases. In arranging these clinics and in following up cases, the unit staff made a total of 322 home visits.

Mental Health: The development of mental health clinics and child guidance services for the province, as a whole, has been greatly restricted by the lack of trained personnel. In the suburban local health units and in the rural units of Selkirk, Portage la Prairie and Brandon, where large mental institutions are located, services of this nature have been provided by the Provincial Psychiatrist, the staffs of hospitals for mental diseases, and the Child Guidance Clinic of Greater Winnipeg. In the other rural areas of the province, however, mental health clinic services have been very limited. At the present time, a training project is under way to train some of the highly skilled psychiatrists and other workers necessary for development of a proper mental health clinic program, and it is hoped that in the very near future, this service will be available through local health units to all areas of the province. During the year, 14 child guidance clinics were held in rural units, to review and follow up previous cases and assess and advise 63 new admissions. In organizing and conducting this service the staff made a total of 501 home visits.

Health Education: This is a continuous program carried out daily by all members of the staff and covers all phases of local health unit work and all services rendered by the unit. Many methods of health education are employed, as summarized below, and each unit keeps on hand for free distribution, a varied assortment of posters, pamphlets and booklets on many aspects of health.

Lectures and talks given	299
Films and filmstrips shown	412
Attendance at lectures and film showings	9,328
Newspaper releases	67
Radio talks given	5
Exhibits displayed at Fairs	12

Sanitation: Each local health unit, under the Regulations to The Public Health Act and Local Health By-laws, provides complete sanitation services for the area of its responsibility. A broad program of general sanitation and food and milk control is carried on, involving supervision and inspections of the many different methods of sewage disposal, plumbing and drainage installations, methods of garbage collection and waste disposal, investigations of insanitary conditions in private and public premises, supervision of industrial premises, offensive trades, reported nuisances, tourist and industrial camps, school sanitation, pest control, etcetera. Close observation is made on all food and milk handling establishments and samples of water, milk and milk products are collected routinely for laboratory analysis.

The following tabulation indicates some of the highlights of the service rendered by the local health unit sanitary inspector staff.

(a) General Sanitation

Field visits regarding sewage disposal	1,836
Field visits regarding plumbing and drainage	1,739
Field visits regarding insanitary conditions	1,823
Inspection visits to public premises	574
Inspection visits to industrial premises, offensive trades	352
Inspection visits to camps, tourist resorts, swimming places	450
Inspection visits to schools	994
Inspection visits to waste disposal grounds	400
Field visits to municipal and private watersupplies, wells, water carriers	2,755
Investigations and follow-up visits regarding nuisances	3,166
Field visits to control rodents and insect pests	464
Office interviews on general sanitation	4,644

(b) Food and Milk Control

Visits and inspections to raw milk producers	414
Visits and inspections to milk plants	594
Visits and inspections to locker plants	215
Visits and inspections to restaurants	3,284
Visits and inspections to slaughterhouses	176
Visits and inspections to bottling plants	121
Visits and inspections to groceries, bakeshops, fishplants, unclassified food stores	1,173

(c) Laboratory Analysis

Water samples collected for bacterial analysis	5,730
Water samples collected for chemical analysis	1,867
Water samples collected for nitrate analysis	1,327
Water samples collected for fluorine analysis	129
Milk samples collected - raw	4,336
Milk samples collected - pasteurized	4,766
Miscellaneous food, blood, swabs, and other samples collected	542

Administration: Each local health unit is supervised by an Advisory Board, appointed annually by the Minister of Health and Public Welfare. The members of the Advisory Boards are appointed from the councils of participating municipalities, towns and villages, and from interested citizens of the area. These Advisory Boards are responsible for the development of local policies, and supervision of all local health unit activities and expenditures. Three of the larger units, Virden, Selkirk and Neepawa have found it advisable to appoint smaller executive committees which meet on alternative months or oftener at the call of the Board Chairman.

During 1959, the 13 local health unit advisory boards held a total of 104 meetings, while the executive committees met on 35 occasions.

Hospitalization

During the year the responsibilities of the Bureau of Hospitalization were transferred to the Manitoba Hospital Services Plan.

PRIVATE HOSPITALS

Calendar Year Ended December 31, 1958

Summary of Staff, Bed Capacity and Bed Complement

Hospital	Type of Hospital	Classification:	Staff:				Medical				Bed Capacity				Classification of Bed Complement			
			Physio-therapist	Lib'n.	Lab. cert'd.	Radiology cert'd.	All Other	Total Staff	Crib	Baas't's.	Total Beds	Baas't's.	Crib	Total	Medicine	Surgery	Obstetrics	Children
Association Hosp.	Pte.		1	-	-	2	2.5	11	25	23	-	23	-	-	23	-	-	-
Kelsey Hospital	"		1	-	-	-	-	-	-	-	10	1	1	1	7	2	1	-
San Antonio Gold Mines	"		.5	-	-	-	-	.5	2.5	4	2	4	2	1	1	-	2	1
Sherritt Gordon	"		.5	-	-	.5	-	2.5	8	11	4	4	11	4	4	3	2	2
Shriners	"		3	12	3	-	.5	43.5	63.5	50	-	50	-	-	-	-	-	50
Snow Lake	"		.5	3	-	-	-	1	4.5	10	2	10	2	2	6	-	3	1
Thompson Plant	"		.5	-	-	-	-	4	6	19	2	19	2	5	5	3	2	2
TOTAL			7	32.5	4	1	.5	1	63.5	115	127	11	127	11	46	8	10	56

MOVEMENT OF POPULATION AND ALLIED INFORMATION

Patient Days of All Patients Hospitalized During the Year 1958

Hospital	In Hospital beginning of the year			Admission during the year			Total care		Deaths		In Hospital at the		Death Rate
	Adults & Children	Newborn	Total	Adults & Children	Newborn	Total	During the year	Total	During the year	During the year	end of the year	Total	
Association Hospital	15	-	15	746	-	746	761	761	738	6	17	761	0.806
Kelsey	6	-	6	123	2	125	131	122	122	2	5	129	1.612
San Antonio Gold Mines	3	3	6	71	29	100	106	73	73	1	-	74	1.351
Sherritt Gordon	7	1	8	404	59	463	471	406	406	3	2	411	0.733
Shriners Hospital	46	-	46	229	-	229	275	232	232	-	43	275	nil
Snow Lake	-	-	-	78	20	98	98	78	78	-	-	78	nil
Thompson Plant	-	-	-	149	-	149	149	147	147	-	2	149	nil
TOTAL	77	4	81	1,800	110	1,910	1,991	1,796	1,796	12	69	1,877	

PATIENT DAYS

Total Patient days during the current year:

Hospital	In Private Wards	In Semi-Private Wards	Standard		Total Adults	Adults & Children	
			Wards	Children		Newborn	
Association Hospital	-	-	7,479	7,479	-	8,711	89.088
Kelsey	-	-	910	910	10	7,709	24.93
San Antonio Gold Mines	-	-	203	203	99	2,594	13.904
Sherritt Gordon	-	-	2,080	2,080	282	5,048	113.972
Shriners Hospital	-	-	18,220	18,220	-	84,362	99.855
Snow Lake	-	265	-	265	97	3,397	7.26
Thompson Plant	-	-	952	952	-	6,435	13.727
TOTAL	-	265	29,844	30,109	488		

In July, 1959, the Red Cross Nursing Service on the Hudson's Bay Line was withdrawn due to the fact this program is now covered by the Northern Health Services project. However, at the same time, it was agreed that The Canadian Red Cross Society (Manitoba Branch) would establish an outpost nursing service in the Waterhen area of Northern Manitoba with the Provincial Government of Manitoba sharing fifty per centum (50%) of the cost in accordance with the previous agreement.

A report reviewing the functions and activities of The Manitoba Hospital Services Plan program is being tabled separately.

Dental Services

The first duty of health professions is to prevent disease. Dental caries, malocclusions, and periodontal diseases -- the triad of dental ills -- are major health problems and conventional approaches based on treatment alone are at best temporary expedients. Of all chronic disorders, tooth decay presents the greatest challenge since it is unquestionably the most prevalent chronic disease affecting mankind. With this in mind there is an increasingly greater recognition by public health administrators that programs designed to safeguard and advance total health are seriously deficient until they contain more than token dental health measures.

A concentrated dental public health program based primarily on prevention rather than treatment is an absolute necessity if any improvement in the dental health of our population is to be obtained. The only way we can ever achieve a people in the Province of Manitoba who are dentally healthy is by pointing out to them what preventive measures are available and attempting to motivate them in the use of such measures. This cannot be accomplished by dental personnel alone but must be a combined effort by all public health workers. Treatment of dental defects is of course a necessity, but treatment wherever possible, should be pointed at pre-school and younger age groups -- to attempt to catch up with the tremendous backlog of dental defects is not only physically but economically impossible.

The great hope for improved dental health lies in a program of dental education in which the central theme is prevention.

Mobile Clinics: The following is a record of the activities of our mobile clinics during 1959:-

Number of clinic days	598
Number of schools	81
Number of children examined	4, 199
Number of children treated	2, 964
Number of children completed	2, 426
Number of children not requiring treatment	701
Extractions Deciduous Teeth	1, 634
Extractions Permanent Teeth	340
Number of Amalgam Fillings	14, 491
Number of Cements	4, 504
Number of Silicate Fillings	1, 006
Number of Prophylaxis and other treatment	109

The above figures show an increase in the number of clinic days and treatment provided in comparison with 1958. Our regular staff consisted of two clinical dentists with assistance from eight dentists employed on a limited daily basis.

It was extremely difficult to employ a dentist on a daily basis, and although we were fortunate in securing the services of four new graduates in June, all but one left us after a couple of months' employment.

One of the main reasons for our increase in treatment services was that we organized clinics in the northern area of the province during the summer months, making July and August two of the busiest months of the year. In the past, these two months have been looked upon as normally slack periods. We are hopeful that as of April 1st, 1960, we will be able to employ two additional clinical dentists on a full-time basis.

Dental clinics were held at the following locations during the year: Otterburne; Brookdale; Fort Churchill; Milltown; Riverton; Steinbach; Churchill; Huron; Clear Creek; Hanover Municipality; Wabowden; Poplarfield; Hagland; Niverville; Gillam; Fisher Branch; Siglunes Municipality; Binscarth; Thicket-Portage; Ashern; Gypsumville; Foxwarren; Snow Lake; Marne; Rathwell; Victoria Beach; Thompson; Beatty; Chatfield; Grand Marais; Elie; Eriksdale; St. Elizabeth; Beaconia; New Rosedale; Onanole; St. Pierre.

In areas where there was a possibility of older children receiving dental care by family dentists, we concentrated our attention on Grade I, Grade II and a certain number of pre-schoolers. In isolated areas, we attempted to give service to all age groups.

Whenever feasible or possible, our dental hygienist carried out a pre-clinical examination of children. Authorization forms plus dental health educational material were sent home to parents. Classroom talks and meetings with teachers were also held.

In order to qualify for dental care, a municipality or town, village or some voluntary organization in said town must agree to sponsor clinic and are assessed \$25.00 per dental operating day for treatment supplied.

A pre-school program was inaugurated in the Town of Dauphin, in the Dauphin local health unit. This program was organized by the director and staff of the unit. Parents on an appointment basis, brought their pre-school children to the local health unit for examination by our hygienist, with conditions recorded by an assistant. Various dental conditions were pointed out to the parents at chairside with the recommendation that any defects be corrected by the family dentist. Parents were given a form and, if for any reason they could not obtain dental care for their child, the signed form was to be returned to the local health unit. Whenever possible, we will set up a clinic sponsored by a local organization, at which their child's dental needs will be given attention. At the conclusion of the examination our health educator then discussed ways and means of preventing dental defects with the parents.

The program was remarkably successful and the attendance excellent. It is hoped to extend this type of pre-school service to other areas of the province during 1960.

This is a truly preventive program and as our staff is augmented, we expect to include pre-school children in all our clinics.

Established Clinics: In addition to the aforementioned mobile clinics, the following are the number and location of the "Established" clinics, plus treatment provided:

	West Kildonan	East & North Kildonan	St. James	Fort Garry	Portage la Prairie
No. of clinic days	50	116	27	35	40
Children treated	530	690	225	362	212
Extractions-Deciduous	212	645	109	120	139
Extractions-Permanent	98	73	12	10	53
Number of Amalgams	265	284	301	398	208
Number of Cements	44	159	61	12	104
Number of Silicates	60	0	15	0	0
Prophylaxis and other treatment	240	231	30	186	12

The "Established" clinics are part of the local health unit program in the above-named areas but, in addition, are sponsored and assisted financially by municipalities, voluntary organizations, or a combination of both. Treatment is limited in the main, to Grade I, and if sufficient time and money is available, a certain number of Grade II are included. Limited emergency treatment is provided. All children in grades to be cared for are examined and parents notified with the suggestion that care be provided by the family dentist. Those who request treatment by the clinic are screened, whereby children from indigent or low income families receive priority in care provided. Dental health education is carried on in conjunction with the clinic.

Health Education

During the year, an attempt was made with our limited staff, to intensify our dental health program. In the main, this important part of our program was carried out by our dental hygienist, and as of September 1st, by our newly appointed dental health educator (student). Children receive a pre-clinical examination with consent cards and dental health educational material sent home to parents. Discussions were held with teachers along with classroom talks with children. Dental health educational kits were provided to teachers of schools visited with approximately 400 sent on request, to teachers from all over the province. These kits are very complete, containing factual information suitable for certain age groups, visual aids and plaster models of deciduous and permanent teeth. Greater emphasis was placed on aiding the teacher who plays such an important part in any dental public health program.

Conferences were held with the directors and public health nurses of the various local health units. The directors of units, Director of Nursing, supervisors, and the public health nurses as a whole are realizing what an important part they play in the furthering of dental health and in general, gave strong support to our program.

Talks were given to various lay and professional groups with home and school association stressed. An exhibit was presented at the annual meeting of the Manitoba Dental Association, the Manitoba Teachers' Association, the Manitoba Women's Institute and at the Brandon Fair. Through these contacts and many others, thousands of pamphlets, posters, etcetera, were disseminated throughout the province.

The third annual "Dental Health Week" was held from October 24th to October 31st, inclusive, under the co-sponsorship of the Dental Public Health Committee of the Manitoba Dental Association and the Department of Health and Public Welfare. Prevention, rather than treatment, was stressed in our efforts,

and information was brought to the attention of the public, using such media as press, radio, television, posters, bill-boards, 840,000 milk cartons, 50,000 place mats for use in restaurants, etcetera. An innovation was our poster and essay contest conducted by age groups, from Grades I to IX in all schools in Manitoba. Kits, containing information re the contest and other pertinent dental health educational material were sent to 6,400 teachers in the province. The province was divided into seven regions with a practising dentist acting as chairman in each region. Suitable prizes were distributed to winners of each of the three groups in each region.

Months of planning and effort went into making this project a success. It is felt however, by the committee, that an active program must be carried on throughout the year and not be dropped once "Dental Health Week" is over. It has also been recommended that "Dental Health Week" should be a national effort. The Provincial Department of Education gave their approval to this entire program and assisted us in our organization of schools.

The Dental Public Health Committee of the Manitoba Dental Association will, as of January, 1960, hold regular monthly meetings. A plan has been formulated which we hope to follow. This plan includes the dental profession as well as allied professional and lay groups.

Our film and film strip library was extensively used throughout the year by professional and lay groups.

Number of dental health films shown	163
Number of speakers	74
Number in attendance	13,443
Number of dental health filmstrips	32
Number of speakers	14
Number in attendance	943

The dental health program of the province is basically one of dental health education. Thus very close co-operation was continued with the Section of Health and Welfare Education. This will not be gone into in detail -- suffice to say "Dental Health" is one of the primary interests of this section.

PSYCHIATRIC SERVICES

Submitted herewith is a summary of The Annual Report of the Division of Psychiatric Services for the calendar year 1959. The special activities of the Psychopathic Hospital, the hospitals for mental diseases at Brandon and Selkirk and the Manitoba School for Mental Defectives are dealt with separately.

Movement of Patients in the Mental Hospitals

Statistical Summary

	<u>Men</u>	<u>Women</u>	<u>Total</u> <u>1959</u>	<u>Total</u> <u>1958</u>
Total on register December 31, 1958.....	1569	1547	3116	3083
On Parole, or otherwise absent	87	112	199	218
Remaining in hospital December 31, 1958..	1482	1435	2917	2865
<u>Admissions</u>				
Psychopathic Hospital.....	305	303	608	651
Brandon Hosp. for Mental Diseases...	204	191	395	386
Selkirk Hosp. for Mental Diseases....	160	161	321	334
Less transfers from Psychopathic Hospital to Brandon and Selkirk Hosp. .	119	121	240	262
Total Admissions.....	550	534	1084	1109
Total Under Treatment.....	2032	1969	4001	3974
<u>Separations</u>				
Discharges - exclusive of transfers from Psychopathic Hospital.				
Psychopathic Hospital.....	177	180	357	383
Brandon Hosp. for Mental Diseases...	146	177	323	309
Selkirk Hosp. for Mental Diseases....	119	117	236	248
Total Discharges.....	442	474	916	940
<u>Deaths:</u>	103	74	177	135
Total Separations.....	545	548	1093	1075
Remaining in hospital December 31, 1959...	1487	1421	2908	2917
On Parole or otherwise absent.....	105	110	215	199
Total on register December 13, 1959.....	1592	1531	3123	3116

The statistical summary presents some details which are worthy of note. The significance, if any, of these details cannot at this time be established. There was a decrease of 25 patients in total admissions in each of the three institutions in 1959, as compared to 1958. In each of the three mental hospitals there was a slight increase in the number of first admissions and a correspondingly greater decrease in the number of readmissions. The increase in first admissions was probably less in degree than the increase in the total population of the province. We can, on this basis, assume that the rate of first admissions during the year had decreased as compared to 1958, while there was an absolute decrease in the number of readmissions.

In the past 15 years the increase in total admissions had given us considerable concern and we had been particularly disturbed by the mounting rate of increase in readmissions. We have therefore been utilizing to the utmost our

limited physical and personnel resources to maintain within the community those patients who have, at very considerable cost, been successfully treated in hospital and returned to the community: That this mobilization of resources for increased community effort has not noticeably decreased our therapeutic results in the hospitals is evidenced by the fact that discharge rates have been maintained at very satisfactory level.

The table, given below, sets out in some detail the points emphasized in the foregoing narrative:-

Total Admissions and Discharges 1950-1959 in Psychiatric Hospitals

Year	Admissions	Change from		Discharges	Percentage		Pts. in Residence	Change from	
		Prev. Yr.			Adm's. Discharged			Prev. Yr.	
1950	827	+	3	657	79.4		2668	+	2
1951	857	+	30	745	86.9		2692	+	24
1952	872	+	15	669	76.7		2735	+	43
1953	879	+	7	663	77.0		2795	+	60
1954	891	+	12	696	78.1		2844	+	49
1955	939	+	48	784	83.4		2852	+	8
1956	1041	+	2	915	87.8		2854	+	2
1957	1070	+	29	894	83.5		2865	+	9
1958	1109	+	39	940	84.6		2917	+	52
1959	1084	-	25	916	84.5		2908	-	9

In the three mental hospitals there were 177 deaths during the year. This is equivalent to a rate of 4.45 per hundred under treatment and compares to an average rate of 4.17 for the previous ten years. For some years we have maintained a death rate lower than that for any other province and considerably below the rate for all mental hospitals in Canada which was 5.28 for the 8 years up to 1957.

The foregoing is evidence of a continuing program of active therapy and adequate general care of the patients in the provincial hospitals for mental diseases.

The increasing number of admissions, the progressive advance of the total patient probations, the mounting costs of maintaining patients in hospitals and the failure of former hospital patients to remain satisfactorily adjusted in the community, have given grave concern. During the past three decades the advances in physical and chemical forms of treatment and the improved techniques in psychotherapy have enabled us to double the rate of discharge of patients suffering from the functional psychoses and to reduce their hospital stay by two thirds. However these advantages have been lost to a considerable extent by the failure of these patients to maintain their improvement when returned to the community. The very satisfactory results which have been attained in other centres by the development of an adequate psychiatric social service in the community encourage us to expand our services outside the hospitals. These psychiatric social activities should be directed from the psychiatric hospitals and co-ordinate with those of the local health units to utilize and improve all aspects of mental health, including that of mental deficiency.

The Schools for Mental Defectives

Facilities and Construction at Manitoba School: The provision of adequate facilities for the care and training of mental defectives continues to progress very satisfactorily. There is now accommodation for 1012 at the Manitoba School in

Portage la Prairie. This represents an increase of accommodation of almost 100 percent in the past twelve years. However there is still a list of urgent cases awaiting admission. Plans are presently underway for an extension to the Infirmary Unit, which will provide 190 additional beds. It is anticipated that this wing will be completed in 1961; following which, further expansion is planned to meet the immediate needs at the Manitoba School, and this will be supplemented by facilities in Winnipeg to care for mentally retarded children under the age of 6 years.

Statistics - Manitoba School: As at January 1st, 1959, there were 512 male and 461 female, a total of 973 residents in the Manitoba School at Portage la Prairie. There were 79 admissions and 40 separations, leaving an increase of 39 for the year. The number on the register at the end of the year was 1012.

Other Institutional Facilities: Early in the year plans were undertaken to convert a section of the St. Boniface Sanatorium for the care and training of defective children up to six years of age. The St. Amant Ward was opened in May for patient occupancy. This ward has been very effectively remodelled. There is now accommodation for fifty-five children, with the possibility for increase to sixty. There are two well-equipped rooms to provide play facilities, a class room for teaching, a dining room and a nursery. The ward is airy, has extensive window space and has been beautifully decorated. The first children to be admitted were those originally under the care of Madame St. Amant in her home at Transcona. These children had, in the meantime, been cared for in the Hospice Taché.

Training and Rehabilitation: Recently a director of Education and Training was appointed for the Manitoba School. Under her direction there will be some re-organizing of the training program to hasten the preparation of girls and boys for rehabilitation in the community. The rehabilitation program is tied in with the physical facilities of the Broadway Home for Girls and the personnel centred there. During the year under review four boys from The Manitoba School were probated to the custody of the Division of Public Welfare and placed at work in the community under the supervision of the social workers of the Broadway Home.

Psychiatric Services for School Children: The Child Guidance Clinic of Greater Winnipeg provides a mental health facility for the school children of Winnipeg School Division No. 1 and for five other adjacent school districts who have agreed to utilize the clinic services. Any child attending any school in these school divisions is eligible for referral. In the 1958-59 school year there were 83,181 children registered in the schools. During this year the Clinic had 2977 new referrals and there were 1673 children carried forward from prior referrals for continuing assistance in the various departments of the clinic.

The services provided and the number of children involved in each are set out below:

Department	New Cases	Previously Known Cases	Total
Psychology.....	1503	214	1717
Reading.....	196	88	284
Speech and Hearing.....	643	207	850
Visiting Teacher.....	1894	1251	3145
Psychiatry.....	55	12	67

In addition to the activities set out in the above table, 2613 children were included in group testing and screening programs.

The clinic is financed from three sources, namely, by the school districts involved in the program, by funds from the Federal Mental Health Grant and by the Provincial Department of Health and Public Welfare.

The number of children eligible for referral has almost doubled since the clinic was re-organized in 1951. There is only one psychiatrist on the staff and much of his time is required for administration purposes. The total staff of the clinic includes thirty field workers made up of psychologists, social workers and speech and hearing therapists. These staff members frequently encounter problems requiring psychiatric advice. In addition there are approximately one hundred children per year who require specific psychiatric treatment. The present case load of the clinic could advantageously use the services of two additional psychiatrists specially trained in children's problems.

There continues to be expansion of classroom facilities and an increased number of teachers in the community for the education of the retarded children with an intelligence rating below fifty percent of normal. These are sponsored by School Districts, branches of the Retarded Children's Association of Manitoba and by the Kinsmen Club of Winnipeg. In the Kinsmen School there was an enrolment in 1959 of one hundred and seventy children in the ten class rooms.

General: Our most urgent needs are being met or plans made for their alleviation by:

Selkirk: (1) The recreational hall under construction at the Selkirk Hospital for Mental Diseases will provide adequate recreation and social facilities for a patient population up to 1500. The facilities of the hall will enable the expansion of the activities program to round out the total therapeutic effort of the hospital. The ability to keep the patient occupied mentally and physically is essential for the best treatment results; and

(2) The proposed new unit will take care of the present crowding of wards and will meet immediate future needs.

Brandon: The present crowding of the wards, equivalent to approximately 25 percent of the hospital's capacity, requires consideration in determining plans for new construction at either Brandon, or elsewhere, in the province.

Manitoba School: The plans underway and contemplated, for expansion of facilities, appear adequate to meet our present needs.

Community Psychiatric Service: Our present efforts to provide some community psychiatric care and treatment should be intensified, and preliminary steps for the acquisition of necessary personnel is receiving attention. A wide-spread community psychiatric program is the present basis for improvement of the overall mental health of the people; for a reduction of the increasing demand for hospital beds; For the more facile return of patients from hospital to the community, and for the more effective maintenance of former patients in their domestic, economic and social life.

The retirement of Doctor T. A. Pincock as Director of Psychiatric Services for the Province of Manitoba at August 31, 1959, is a real loss to the department and to those whom he served with wholehearted devotion. His untiring efforts and leadership in the development of a high standard mental health program on a province-wide basis has been an inspiration to all those associated with him.

Dr. Stuart Schultz, Medical Superintendent at Brandon Hospital for Mental Diseases, retired on June 30, 1959, after spending thirty-three years on the staff of the hospital, seventeen of which were as Medical Superintendent. His name, too, will be synonymous with many improvements at the hospital during his many years at Brandon.

Details respecting the four institutions in this division are appended hereto, as well as that of the Farms' Manager in charge of farms attached to the three larger institutions located at Brandon, Selkirk and Portage la Prairie.

Farms Management

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

In addition to the 4013.17 acres of land constituting the total acreage of the three institutional farms, additional pieces of property are rented at Brandon from the Department of Mines and Natural Resources and Doctor T. Blight. All land is utilized for hospital sites, roads and the production of food stuffs for institutional use. In order to produce milk and pork a large percentage of the farms is required for pastures and to grow feed and fodder for the livestock herds. A number of patient work groups assist in the fields, gardens, grounds and barns. Our objective being-not only to grow as much of the food stuffs as possible for use in the Institutions-but also to provide healthful occupation for as many individual patients, and patient work groups as are found fitted for the various jobs.

The estimated value of the potatoes, vegetables, milk, pork and pork products supplied by the farms, at prices below current wholesale rates, would amount to \$205,953.93. The surplus livestock, etcetera sold outside the institutions netted a revenue of \$26,118.51 - making the total \$232,072.44 for the calendar year 1959. Livestock feed and fodder, including the milk and under-sized and low grade vegetables fed to the stock, is not included in this figure.

Land Use - The amount of land used for the production of field crops, vegetable gardens, etcetera, due chiefly to the variation in soil types, varies greatly at each institution. The spacious grounds and roadways, are also included in the total acreages --

	<u>Total Farm Acreages</u>			
	<u>Brandon</u>	<u>Selkirk</u>	<u>Portage</u>	<u>Totals</u>
Potatoes and Gardens.....	114	49	72	235
Field Crops	527	430	311	1268
Hay and Pasture.....	1152	691	311.58	2154.58
Hospital sites, roads, undeveloped land, etcetera.....	207	187.89	80.70	474.49
<u>Total Acreage.....</u>	<u>2000</u>	<u>1357.89</u>	<u>775.28</u>	<u>4133.17</u>

(The total acreage at Brandon includes 120 acres rented from the Department of Mines and Natural Resources.)

Field Crops and Gardens: The success or failure of any farming operation hinges primarily on weather conditions. Other factors, of course, such as insect damage and various plant diseases can also take an unpredictable toll of garden and field crops.

The extremely low moisture reserve in the spring of 1959 in the Brandon area resulted in very slow germination of garden seeds, as well as growth of hay and pasture fields. The heavy rains in May and early June however revived the growth and improved the crop outlook immensely. In the Selkirk area the situation was the reverse and it was so wet it was impossible to get the field crops and gardens planted until late spring. With more generally favorable conditions prevailing throughout most of the summer, however, crops thrived and just prior to harvest time the prospects for an exceptionally good crop on all the institutional farms were excellent.

To ensure that vegetables will keep in storage it is necessary to allow them

to mature before harvesting. The exceptionally wet September - with very little sunshine - not only slowed down maturity but left the fields, in the heavy soil regions, too wet to proceed with the harvesting. Continuing heavy rains throughout October in both the Selkirk and Portage districts, and the unseasonable exceptionally heavy snow fall on October 7th in the Brandon area, meant that the machinery normally used to harvest potatoes and vegetable crops could not travel on the fields. All the vegetable crops that could be salvaged were harvested by tedious hand labour. Approximately 50% of the potato crops at Selkirk and Portage could not be harvested and only a small portion of the root crops at Selkirk could be salvaged due to the extremely wet field conditions. Some threshing was carried out after snow covered the stooks at the Portage Farm but, it being felt that too much wet grain would not keep, the remainder of the sheaves are being used as livestock feed.

Grain and Forage Crops Produced

	Brandon	Selkirk	Portage	Totals
Oats-bus.	14145	13800	6306	34,251
Barley-bus.	1860	--	--	1,860
Ensilage-ton	334	340	392	1,066
Hay-ton	317	320	70	707
Oat Sheaves-ton	---	--	86	86
Sweet Clover-ton.....	38	--	--	38
Potatoes-bus.	13301 1/2	4422	3006	20,729 1/2

Staple Vegetables Supplied to the Institutions

Beets-lbs.	24700	12922	16290	53,912
Cabbage-lbs.	67045	16323	32745	116,113
Carrots-lbs.	46300	13445	24385	84,130
Onions-lbs.	17995	9217	10660	37,872
Parsnips-lbs.	8940	1615	1700	12,255
Potatoes-bus.	6144	4370	4397	14,911
Turnips-lbs.	31075	5151	8910	45,136

	Brandon	Selkirk	Portage	Totals
Returns from Sale of Vegetables....	\$618.00	-	-	\$618.00

Over 84 ton of seasonal vegetables were also produced and supplied to the Institutions - with any surplus low grade or under-sized vegetables being fed, as in the past, to the livestock.

Grounds: The institutional grounds were maintained as in past years. Patient work groups assisted with the maintenance and a great deal of pleasure and interest was derived from the results. The numerous flower beds set out in the spring, with their colorful blooms, made a great show throughout the summer months. Numerous bouquets and pot plants from the greenhouses and flower beds set out for the purpose, were also supplied to the hospital wards.

LIVESTOCK

Holstein Cattle: The large herds of Holstein cattle at each institution not only supply the fluid milk requirements but are also a great source of high quality breeding stock for farmers throughout Manitoba. In our breeding programs over the years the best blood lines that could be obtained in Canada have been used. This has resulted in the building up of three of the best Holstein dairy herds in this Province. The herd at the Selkirk Farm is receiving national

recognition early in 1960 when it will be presented with the "Master Breeders Shield", the highest honour the Holstein world can offer. This shield is presented by the Holstein-Friesian Association of Canada.

The milk from these herds is all used in the institutions as fluid milk, with the exception of the portion required for the feeding of young calves and pigs.

During the year 262 head of cattle were sold - 135 young bull calves to farmers to be raised for veal or beef; 9 registered bulls and 48 cows and heifers for breeding stock, and 70 head to the Packers - made up of bull calves, cows and heifers not considered sound enough to be used for breeding purposes.

Yorkshire Hogs: Yorkshire hogs are raised at the Brandon and Selkirk farms. The breeding program set up is to have baby pigs arriving every month of the year, the reason being to supply the institutions with the required pork freshly slaughtered. All pigs raised at Brandon are used either for breeding stock or to supply the pork and pork products required by the institution. At Selkirk, however, when the hospital's requirements are met, those pigs not required for breeding stock are sold on the market. All old breeding stock from both farms is sold for slaughter to the packing plants. There is no accommodation for the raising of hogs at the Portage Farm.

Livestock and Machinery - Production, Sales and Inventory

Cattle and Milk Production

	Brandon	Selkirk	Portage	Totals
Returns from Sale of Cattle.....	\$ 9511.33	\$ 6575.03	\$ 3731.22	\$ 19,817.58
Milk and Cream to Institutions-lbs. 1,226,400	1,079,552	805,070	3,111,022	
Milk Fed to Stock.....	200,990	60,057	83,220	344,267
Total Production.....	1,427,390	1,139,609	888,290	3,455,289

Inventory - December 31, 1959

No. Head on Hand.....	247	205	163	615
Inventory Value.....	\$45,290.00	\$39,300.00	\$27,960.00	\$112,550.00

Horses: Inventory - December 31, 1959

No. of Horses.....	12	5	4	21
Inventory Value.....	\$960.00	\$500.00	\$400.00	\$1,860.00

Hog and Pork Production:

Returns from Sale of Hogs....	\$517.98	\$5782.95	- -	\$6,300.93
Pork supplied to Institutions-lbs.	63,048	36,486	- -	99,534

Inventory - December 31, 1959

No. of Hogs on Hand	278	174	- -	452
Inventory Value	\$7900.00	\$6270.00	- -	\$14,170.00

Machinery: Inventory - December 31, 1959

Inventory Value.....	\$28,890.00	\$24,807.00	\$16,836.25	\$70,533.25
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Total Inventory Values - December 31, 1959

	Brandon	Selkirk	Portage	Totals
Grain and Feed.....	\$8,888.50	\$11,794.20	\$2,977.00	\$23,659.70
Vegetables	6,913.60	2,629.92	1,783.10	11,326.62
Livestock	54,150.00	46,070.00	28,360.00	128,580.00
Machinery, etc.....	28,890.00	24,807.00	16,836.25	70,533.25
Totals.....	\$98,842.10	\$85,301.12	\$49,956.35	\$234,099.57

Machinery: It has been found necessary to speed up field operations due to the shorter work week in an effort to get the work completed on time. The trend, therefore, has been toward further mechanization. A swather and combine was purchased at both the Brandon and Selkirk Farms, thus both these farms were able to harvest their grain crops before the wet weather set in. This also made more patient work groups available to concentrate on harvesting the potato and staple vegetable crops. On a normal harvest season, therefore, the farms will be enabled to harvest both crops at the same time.

As in the past, all machinery considered uneconomical to repair or rebuild is traded in on more modern equipment.

Farm Buildings: The maintenance of all farm buildings, as in the past, has been carried out by the Department of Public Works maintenance staffs.

Brandon: A new Milk House has been constructed at this farm and work commenced on a new Pasteurizing Plant.

Selkirk: The farm buildings at this institution are urgently in need of extensive repairing and painting.

Portage: A combination Horse and Loose-housing Barn was built at this farm during the year; the Work Shop and Implement Shed was moved to the new farm site and an addition has been added to the old Milk House and it is being converted into a new Pasteurizing Plant.

Psychopathic Hospital - Winnipeg

Movement of Patients - Statistical Summary

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Total 1958</u>
Remaining in hospital, December 31st, 1958	18	17	35	32
<u>Admissions:</u>				
Total for year	305	303	608	651
First Admissions	200	158	358	366
Re-admissions	102	138	240	276
Transfers from other mental hospitals	3	7	10	9
<u>Form of Admissions:</u>				
General	205	216	421	465
Voluntary	34	5	39	61
Commitment and Warrant to Apprehend	59	70	129	97
Retaken from Probation	4	5	9	19
Transfers from Mental Hospitals	3	7	10	9
Total patients under care	323	320	643	683
Average Daily Patient Population			35.4	34.12
Average duration of stay in days			21.2	18.2
<u>Separations:</u>				
Total separations during the year	302	303	605	648
<u>Discharges:</u>				
as "Recovered"	7	1	8	7
"Much Improved"	24	6	30	11
"Improved"	132	139	371	297
"Unimproved"	14	34	48	68
Transfers and Returns to Mental Hospitals	119	121	240	263
Transfers and Returns to Manitoba School	2	2	4	2
Deaths	4	0	4	3
Remaining in hospital, December 31, 1959	21	17	38	37

Total admissions showed a decrease of 43 from last year, equal to 7.7 percent. This is the first decrease since 1955, but is not considered as necessarily significant of any change in the trend of mental illness. Most of the decrease occurred in the group of re-admissions. First admissions were down only by eight patients. All transfers came from the Hospital for Mental Diseases at Selkirk and Brandon and were patients requiring specialized treatment not available at those hospitals. Admissions on a "General" or a "Voluntary" basis equalled 75 percent of the total as compared with 80 percent last year.

The diagnostic classifications of all admissions give a general breakdown into 444 with psychoses, 41 with psychoneuroses and 120 with non-psychotic types of behaviour disturbance. The schizophrenic psychoses totalled 200, or 33 percent of all admissions, the affective disorders numbered 84, or 14 percent of the total, and psychoses associated with advanced years of life numbered 82 or 13 percent. Alcoholism accounted for 71 admissions or 11 percent. These groups are all quite similar to last year's experience. Greater Winnipeg was

the residence of 518 admissions, approximately 85 percent of the total.

The total of discharges was 457: Of these 298 or 65 percent were released to their own control or to relatives or friends; of the remainder, 44 were discharged to hospitals or nursing homes, ten to police authorities and four to Alcoholics Anonymous.

There were four deaths during the year. The cause of death in all four cases was disease of the heart. These patients were in hospital from seven to 19 days prior to death.

Out-Patient Services: This service is operated by all four members of the hospital medical staff. During the year there were 286 new patients seen and 378 old patients. The total of 664 patients was made up of 592 adults and 72 children: Of the adults 324 were male and 268 female. There were 47 male children and 25 female. Interviews totalled 2,467.

The sources of referral of adults and children and the diagnostic classifications of the adult out-patients are shown in the two tables below.

OUT-PATIENT SUMMARY

<u>REFERRING AGENCIES</u>	<u>ADULTS</u>	<u>CHILDREN</u>
<u>Government Health and Welfare Departments:</u>		
Health and Public Welfare (Provincial)	13	7
City Health and Welfare Department	9	0
Rural Local Health Units	0	30
Disability Allowances Board	20	0
<u>Agencies:</u>		
Children's Aid Society of Winnipeg	14	4
Children's Aid Society of Eastern Manitoba	3	0
Family Bureau	7	0
Child Guidance Clinic	0	1
<u>Hospitals:</u>		
Winnipeg General Hospital	5	0
Other Hospitals	10	0
<u>Court:</u>		
Adult Court	76	0
Juvenile Court	2	0
Penal Institutions	3	0
<u>Rural School Districts</u>	0	13
<u>Private Physicians</u>	35	5
<u>Alcoholics Anonymous</u>	11	0
<u>Miscellaneous</u>	74	12
<u>Unreferred</u>	<u>310</u>	<u>0</u>
	592	72

TREATMENT SERVICES

The treatment program is based on rather intensive psychotherapy with the added support now available with ataraxic and anti-depressant drugs. The latter are relatively new and so far give promise of considerable value in the psychotic and psychoneurotic depressions.

An active electro-shock program is maintained. During the year there was a total of 1,479 treatments administered to 106 patients. This group was made up of 79 in-patients and 27 out-patients.

Social Service Department: Throughout the year we had two full time social workers. For the past three months we have had an additional part-time worker. Included in the work of the Social Service Department were 312 patient histories, 230 home visits and 115 interviews related to rehabilitation of patients.

Clinical Psychology: For the greater part of the year under review this department of the hospital has been operated by one partly trained psychologist. The scope of work has therefore been limited. We presently have on a bursary a trainee who will qualify for his Ph.D. next spring. We also have an application from another psychologist who could qualify for the M.A. degree with one year of training. The prospects for a qualified staff are therefore much brighter than they have been in the past. During 1959 a total of 649 tests were performed.

Accommodation: Early in the year the new wing of the hospital was made available for patient occupancy, providing accommodation for 38 patients. This did not permit any expansion of hospital services because the old section of the hospital had to be evacuated to permit remodelling. However, the move into the new section did provide facilities for much improved services for the patients. Each of the two wards has adequate day room space and on the main floor there is a large recreation room, while in the basement there are facilities for increased occupational therapy. We were thus able to expand our activities program. This was accomplished by the assistance received from volunteer groups organized by the Canadian Mental Health Association, Manitoba Division, SHARE. The original group of volunteers, composed of undergraduates from United College, is now assisted by a group from the Councilettes of the National Council of Jewish Women and another group from the Garden City Branch of B'Nai B'rith. Two evening and one afternoon program are provided each week.

The remodelling of the old section of the hospital is progressing satisfactorily. There will then be accommodation for 56 with adequate means for the segregation of patients. We are hopeful that we will then be able to adopt an "open door" policy for at least half of the patient population.

Brandon Hospital for Mental Diseases

Submitted herewith is The Annual Report of the Brandon Hospital for Mental Diseases for the calendar year 1959.

Statistical

Movement of Patients: On December 31, 1959, there were 1,617 patients in residence and 118 on probationary discharge or otherwise absent, a total of 1,735 on our hospital books.

During the year there were 395 new and re-admissions, and 21 returned from probation, making a total of 416: Of these admissions, 184 were first admissions, 128 re-admissions, and 83 transfers from other Manitoba mental hospitals; of the transfer admissions, 48 had had at least one previous admission. Complete discharge for the year numbered 323, and deaths 91.

Age Distribution:

Under fifteen years	2	50 - 59 years	57
15 - 19 years	22	60 - 69 years	40
20 - 29 years	52	70 - 79 years	36
30 - 39 years	88	80 - 89 years	24
40 - 49 years	72	90 and over	1
		Unknown	1

Nativity of all Admissions:

Canada	72.6%	United States	3.0%
United Kingdom	10.8%	Miscellaneous	13.6%

Average Daily Population - 1949 - 1959:

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	1958	1,651	Increase	14
1953	1,668	Increase	23	1959	1,630	Decrease	21
1954	1,689	Increase	21				

Discharges: Three hundred twenty-three patients were discharged from hospital books (complete discharge on leaving hospital, transfer to another mental hospital, or complete discharge after six months' probation).

Condition on Discharge

	<u>Number</u>	<u>Percent</u>		<u>Number</u>	<u>Percent</u>
Recovered	53	16.4	Unimproved	11	3.4
Much Improved	158	48.9	Non-psychotic	40	12.4
Improved	61	18.9			

Deaths: During the year there were 91 deaths: forty-eight male and 43 female. Causes of death: One from causes associated with mental illness, and 90 from intercurrent and concurrent affections; 58.2 percent of our deaths were 70 years and over.

Accommodation: (a) Out-Patient and Child Guidance Clinic: The addition to the clinic has been completed and put into use. The clinic is a very attractive and functional unit, and at present the facilities are adequate. (b) Hospital In-Patient: There is still over-crowding in the hospital. The rated bed capacity

of the hospital is 1,317; while through various means of adjustment the hospital has been able to care for a daily average patient population of more than 1,600. During the past ten years this average has varied from a low of 1,620 to a high of 1,689 and this over-crowding has added to the responsibilities of the staff in caring for patients.

Educational Program

Graduates 1959

Combined Course in Practical and Psychiatric Nursing: three years 7
(Graduates receive a License in Practical Nursing and a Diploma in Psychiatric Nursing; Students in training are affiliating at the Winnipeg General Hospital and Maternity Pavilion, and the Brandon Sanatorium).

Course in Psychiatric Nursing for male students: three-year course 6
(Graduates receive a Diploma in Psychiatric Nursing).

Post-Graduate Courses:

(a) for Registered Nurses: six-months leading to Diploma in Psychiatric Nursing 6

(b) for Licensed Practical Nurses: eighteen-month course leading to Diploma in Psychiatric Nursing 1

Psychiatric affiliation for student nurses: twelve-weeks 52
from: Children's Hospital, Winnipeg; Victoria General Hospital, Winnipeg; Brandon, and Dauphin General Hospitals.

Medical Laboratory Technology Courses: two years 8
(Graduates receive Manitoba Diploma and are eligible to write examinations for registration with Canadian Society of Laboratory Technology. Seven students accepted in 1959 for training. Optional instruction in "typing" was introduced and six students availed themselves of this training with success; Senior and Junior students successfully completed training in fundamental First-Aid and were presented with Diplomas from St. John's Ambulance and Provincial Civil Defence Co-ordinator).

Clinical Division

A: Out-Patient Department

Summary of Year's Work: During 1959 - 807 patients were treated - Itemized as follows:

	<u>New Cases</u>	<u>Cases Carried from 1958</u>	<u>TOTAL</u>	<u>Cases Admitted to Hospital</u>
Adults	240	146	386	67
Children	247	174	421	3
	487	320	807	70
<u>Sources of Referral:</u>	<u>Medical</u>	<u>Social Agencies</u>	<u>Schools</u>	<u>Others</u>
	321	169	86	231

These include all the in-patients referred for follow-up care after probation from the hospital. A total of 2,031 individual tests in 760 interviews and

four group-testing sessions were carried out by the Clinical Psychologist. He also took part in psychotherapy with children including play therapy.

Travelling Child Guidance Clinics were held in Virden and Dauphin on request from the respective Local Health Units.

Highlights:

Open Wards: In the spring, another male ward was made open, there now being ten "Open" wards. At present, plans are being considered to re-arrange two male wards, on one of which it is anticipated that 50 beds for geriatric patients can be made open, at least during the summer months.

Research: (a) "Evaluation of Treatments": The first paper on Absolute Rates of Discharge, obtained on an annual basis, was completed and sent to Ottawa for study. This dealt with discharged from Brandon Hospital for Mental Diseases for 1958. The data required for a similar report on 1959 discharges is almost complete, and this report will be prepared early in 1960. Formal request has been made that this study be extended to include all three provincial mental hospitals; (b) "Cohort Follow-Up Study on Discharged Patients, Brandon Hospital for Mental Diseases, 1953 - 1957": The Social Worker has completed most of the visits required by this study, and has succeeded in obtaining reliable information in all but a very few cases. The report on this initial study is scheduled for completion prior to March 1, 1960. Formal application has been made for extension of the work, so that discharges for 1958, 1959, etcetera, may be followed, and also to allow us to obtain five-year follow-up data on each year, as it becomes available; and (c) The third statistical study was completed and the report published in the Canadian Medical Association Journal. "Follow-Up Study on 311 Cases of Pre-Frontal Leucotomy", Schultz, Stuart; Henderson, A. L., C.M.A.J. Dec. 1, 1959.

The Candian Mental Health Association has continued to show active and practical interest in the work of the hospital. Forty-four volunteers visit the hospital regularly. 2,916 gifts were received during the Christmas Season, including 1,280 gifts from 43 centres outside the City of Brandon. Two television sets, for the use of patients, were contributed by the association.

Televisions and Radios: There are in the hospital at present, for patient enjoyment, 42 radios, and 19 television sets.

Social Events: During the year, five Birthday and Tea Parties were provided for the male and female patients, by interested ladies' organizations of Brandon.

Subscriptions to six magazines were supplied by three women's institute groups of Manitoba.

B: In-Patients

Open Wards: In the spring, an additional male ward was made "Open", and at present the Open wards are East II, East III, Ward 3, Ward 7, West A, West II, West III, Ward 2, Ward 4, East Colony.

Leave Pass: This policy has been continued with satisfaction to patients and relatives. Leave Pass is very valuable in maintaining or renewing contacts between the patients, and their relatives and communities. Hospital staff are enthusiastic about the Leave Pass, the desire being to use it as freely and for as extended periods as are feasible clinically and administratively.

Painting Class: Painting Classes are held once weekly in the Main Building and in the Psychiatric Institute. During "Mental Health Week", paintings

were on display in the hospital.

Male Psychiatric Institute: During the year 204 patients were admitted. One hundred thirty-one patients were discharged, 40 being admitted prior to 1959, and 91 being admitted during 1959. Seventy-two patients were transferred to the "Continued" service, 22 being admitted prior to 1959, and 50 admitted during 1959. Four patients were transferred to other mental hospitals. Six Epileptics were admitted. There were two deaths on the service during the year. West II was made an "Open" ward on April 6, 1959. Ward Occupational Therapy was instituted on November 8, 1959.

Female Psychiatric Institute: During the year 169 patients were admitted. One hundred thirty-four patients were discharged, 47 being admitted prior to 1959, and 87 being admitted in 1959. Fifty-six patients were transferred to the "Continued" service; of which 23 were admitted prior to 1959, and 31 admitted during the year. Three patients were transferred to other mental hospitals. During the year one patient died. There were six Epileptics admitted.

Staff Conference: There were 773 cases presented in staff conference during 1959, a decrease of 19 cases over 1958: Of these 399 were new cases (including 133 cases having one or more previous admissions), and 17 were probationary returns. Sixteen cases were discharged as non-psychotic following conference, 25 others were kept for a period of observation only, and 362 received active psychiatric therapy. Ten patients were transferred to other mental hospitals, four being presented for this purpose, five being transferred following their admission conference. One patient was to be transferred but expired before this could be done. One patient was transferred to a nursing home.

Tuberculosis: On December 31, 1958, there were 31 patients on the Tuberculosis wards, receiving active treatment: Of these, 16 were female and 15 were male. On December 31, 1959, there were 23 patients receiving active treatment, 15 female and eight male. During the year, 29 patients received active treatment for tuberculosis. There were two deaths.

During 1959 there were 11 new admissions to the Tuberculosis ward, five female and six male: Of these, three cases were new admissions to hospital, two re-admissions and six cases were from wards in the hospital; of the eight cases from this hospital, six were picked up by the tuberculosis re-check system, and two were picked up because of clinical findings.

Laboratory

Seventeen papers on "Advances in Medical Technology" were presented by the Laboratory staff to Medical Technologists and Doctors; six laboratory staff meetings were held in 1959; two staff technicians attended the Hematology Work Shop sponsored by the Manitoba Branch, Canadian Society of Medical Technologists, Winnipeg; Consultations were provided for 245 patients; two clinical-pathological conferences were conducted; a paper was presented on "Electrophoresis" to Brandon and District Medical Groups; and a paper on "Clinical and Laboratory Diagnosis of Jaundice" was presented to the Medical Staff of Brandon General Hospital. In addition, 239 Autopsies were performed, 116 of these being complete. Number of Autopsies performed in the hospital amounts to 82.4% of total deaths.

Radiology: During 1959, all lectures and demonstrations were given at Portage la Prairie, Manitoba, to the students enrolled at Brandon for laboratory technological training.

Extract and Work of the Laboratory: (Summarized)

<u>Department</u>	<u>Examinations</u>	<u>Units</u>
Hematology	16,807	23,594
Urinalysis	6,418	9,951
Miscellaneous	4,771	8,034
Bio-Chemistry	6,164	21,139
Diagnostic Bacteriology	18,970	25,792
Sanitary Bacteriology	33,327	24,347
Histo-Pathology	<u>19,530</u>	<u>26,402</u>
TOTAL	<u>105,987</u>	<u>139,259</u>

In March, 1959, a Chest Survey of West B Pavilion was done. 156 films were taken on patients and staff. One active case of Tuberculosis was discovered. In May, 1959, 117 Chest X-Rays were done on staff and patients, as recommended by the Medical Superintendent.

In June, 1959, for a period of three days, a total of nearly 1,900 chest films were taken, including the patient population, and 70 percent of the staff. This system of mass radiography proved satisfactory, and no new cases were reported as a result of the survey.

Following is a detailed report of work done during 1959:

Chest	1,603	Facial Bones and Jaw	23
Ribs and Sternum	10	K.U.B. and Abdomen	35
Shoulder and Clavicle	21	I.V.P.	10
Extremities	162	G.B.V.	29
Cervical Spine	8	Barium Meal	55
Dorsal Spine	256	Barium Enema	19
Lumbar Spine	31	Operations	5
Sacrum and Coccyx	2	Dentals	4
Pelvis and Hips	63	Miscellaneous	2
Skull	47		
Sinuses and Mastoids	16	TOTAL WORK	2,401

The number of films used during 1959 was 3,512

Electroencephalograph: No research projects were undertaken in 1959. One normal control case for departmental use was done. A new Buffington photic stimulator was received and put into operation in September.

The breakdown of cases is as follows:

	<u>1959</u>	<u>1958</u>
In-patients	50	66
Out-patients - Physicians of Brandon and District	81	84
- Child Guidance Clinic	35	38
- Adult Out-patient Department	25	31
- Cases referred from Court	<u>3</u>	<u>9</u>
TOTAL	<u>194</u>	<u>228</u>

Dental Department: The cost per patient sitting for 1959 was \$4.38. No new dental equipment was received. The work done is summarized below:

Number of visits to Dental Clinic (Patient sittings)	3,004
Number of patients refusing treatment	10
Number of resistive patients	10
Number of Extractions	587
Number of local anaesthetics	1,424
Number of prophylaxes	1,452
Number of fillings, (all types: amalgam, Silicate, cement, pulp cap)	1,196
Number of root Canal Treatments	8
Number of x-ray films	254
Number of dentures	51
Number of denture repairs	16
Number of bacteriological tests	4
Number of biopsies	1
Number of jaw fractures	1

Illness of Staff: During the year, sick staff were treated at the hospital by resident staff physicians. There were 844 consultations for minor illnesses; and 22 male, and 52 female staff were hospitalized in the sick staff quarters in North Unit.

Summary of Therapies

	Male Unit	Female Unit	No. of Pts.	No. of Treatments
1. <u>Insulin Therapy</u>				
No. of Patients	52	48	100	
No. of Treatments	2,473	2,163		4,636
2. <u>Electric Shock Therapy</u>				
No. of Patients	69	121	305	
No. of Treatments	702	1,239		2,817
3. <u>Drug Therapy</u>				
Chlorpromazine	33	55	414	
Nozinan	17	26	284	
Reserpine	6	0	195	
Trilafon	39	25	254	
Stelazine	35	51	342	
Other Psychiatric Drugs	40	61	115	
4. <u>Occupational Therapy</u>				
Formal Classes	152	228	652	
On the Ward O. T.	3	20	112	
5. <u>Group Psycho Therapy</u>	59	48	107	
6. <u>Painting Classes</u>	60	114	208	

Surgical Report: Sterile Ward Supplies from Operating Room Central Supply Room 89,545

Teaching students aseptic technique and methods of sterilization; and Keeping Immunization Records.

Anaesthetics:

Local	88
Intravenous combined with general	50
Spinal	3
Major Operations	45
Minor Operations	30
Delivery	-
Tooth Extractions	-
Fracture Bandage	8
Application and Removal of casts	23
Aspirations	3
Lumbar Puncture	5
Sternal Puncture	-
Blood Transfusions	11

Examinations:

Cystoscopy	9
Pelvic	3
Ear, Eye, Throat	78
Physical	98
Consultations	834
Laryngeoscopy	2
Bronchoscopy	3
Oesophagoscopy	2
Sigmoidoscopy	3

Treatment:

Eye, nose, throat, approx.	35
General Dressings	194
Penicillin given	25
I.V. and other injections	33
Varicose Veins	-

Specific Treatment for Syphilis:

Lumbar Punctures	37
Penicillin Treatment for T.P.I. positive patients	4

Combined Immunization:

Typhoid-Tetanus Course (persons)	1,610
Typhoid Course "	357
Schick Test "	15
Mantoux Test "	191
B.C.G. "	32
Smallpox "	9
Tetanus - Antitoxin "	7
Tetanus - Toxoid "	4
Polio 1st and 2nd dose (staff) per.	101
3rd dose (staff) persons	282

Research and Publications

(a) Papers Published:

1. Preliminary Report on the Use of Sodium Succinate in Schizophrenia. Payne, P., Man. Med. Rev. March 1959.
2. Trifluoperazine in Treatment of the Acutely Ill Psychotic. A Preliminary Report. Payne, P., C.M.A.J. 81, July 1, 1959.
3. Follow-Up Study on 311 Cases of Pre-Frontal Leucotomy. Schultz, Stuart; Henderson, A. L., C.M.A.J. Dec. 1, 1959.
4. Experience with Anabolic Steroid (Deladumone) Therapy for Decubitus Ulcers. Forster, W.; Henderson, A. L., Current Therapy Research Vol. 1, No. 3. Nov. 1959.

(b) Papers Submitted for Publication or in Preparation:

1. Controlled Trial of Vesprin. Payne, P. Accepted for publication in Manitoba Medical Review.
2. Report on the use of Tofranil with Depressed Patients. Schlichther, W.
3. Absolute Rates of Discharge Obtained for a Hospital on an Annual Basis. Bristow, M. E.; Henderson, A. L. (First draft submitted to Ottawa for review).
4. Placebos and their Effect on Drug Treatment of Psychotic Patients. Schlichther, W.; Henderson, A. L.
5. A Controlled Trial of Two Tonics in Elderly Psychotics - Ritonic and L-Glutavite. Schlichther, W.; Hildebrand, N.; Henderson, A. L.

(c) Projects in Progress or Planned for 1960:

1. A Study of Erythrocyte Fragility in Schizophrenic and non-Schizophrenic Patients. Hoare, R.
2. A Combined Biochemical and Clinical Study of Glutathione and Serum Globulin Levels in Various Psychiatric Diagnostic Categories. Schlichther, W.; Hoare, R.
3. A Study of the Relation between Aldosterone Excretion and Different Mental Conditions. Schlichther, W.; Hoare, R.
4. Clinical Trials of Mellaril. Schlichther, W. et al.
5. Clinical Trials of Nardil. Schlichther, W. et al.
6. Continuation of Evaluation of Treatment to give Annual Absolute Rates of Discharge for the whole Provincial Mental Hospital System. Johnson, E. et al.
7. Continuation of Cohort Study of Discharged Patients, Brandon Hospital for Mental Diseases. Bristow, M. E.; Harris, A. A.; Henderson, A. L.

Drug Donations: Drug donations to this hospital for use in clinical trials continue to make a substantial contribution to our treatment program. For the fiscal year 1958-59 we estimate the purchase price of these donations would have amounted to over \$10,000.00.

Public Relations and Education

Mental Health Week: In co-operation with CKX-TV., The Brandon Sun and the Canadian Mental Health Association, the hospital's work was well presented to the public. A film taken at the hospital was shown on T.V., and over 20 articles and pictures appeared in the Brandon Daily Sun. Open House Day at the hospital was most successful, with over 250 visitors in attendance.

Educational Addresses: On two occasions during 1959, members of the Brandon and District Medical Society attended dinner meetings at this hospital. On both occasions, members of the hospital staff presented papers designed to improve the liaison between the hospital and the general practitioners in this area. Several members of the staff addressed seventeen groups in and around Brandon; they included M. E. Bristow, M.D.; N. Hildebrand, B.A.; P. Payne, M.D.; D. Verinder, M.D.; R. Hoare, Ph.D.; A. A. Harris, M.A.; W. Schlichther, M.D. and A. L. Henderson, B.Sc.

Activity and Recreational Therapy

(a) Activity Therapy: Six hundred fifty-two patients attended formal Occupational Classes. In addition, a large number of patients was employed on the Farm, in the Kitchens, in the Laundry, and in different Maintenance Shops.

Continued progress is made in the department toward the well-being of the patient population. Cash Sales for the year were \$18,406.44 and Institutional Sales totalled \$10,483.40.

The class work included instruction and supervision to patients from:

The Male Psychiatric Institute	149 patients
The Female Psychiatric Institute	228 patients
The Female Continued Service.....	154 patients
The Female Disturbed Service	50 patients
The Beauty Parlor (Female patients)	44 patients
The Paint Shop	)
The Tailor Shop	)
The Male Continued Service	) 27 patients
The Cobbler Shop	)
Total patient population under direction	<u>652</u>

(b) Recreational Therapy: A year-round Recreational Therapy program plays an important part in the 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 780 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 960 patients were actively entertained outside of the buildings on this afternoon; 210 patients with staff supervision, enjoyed the annual outing at Riding Mountain National Park, an outstanding feature of the day being a cruise on Clear Lake; movies were held weekly throughout the year and were well attended. Dances were held bi-monthly during the fall and winter months. Whist Drives held on alternate weeks were very popular; 16 entertainments were presented in the Auditorium, four by patients and staff, six by the Canadian Legion Band, and one by each of the following: Musicians' Association; Southminster Church; Shilo Varieties; Lion's Club Band; Earl Oxford Students; and the Mennonite Service Group; 80 patients attended the Winter Fair, and 220 patients attended the Manitoba Provincial Exhibition; and the

Christmas Concert, with a cast of 73 patients, was presented on three nights. The third night was open to the public, and about 275 people attended.

(c) Music: The Hospital Orchestra continues to make progress under the leadership of Mr. A. L. Henderson. Staff members assist with the orchestra. Instruments played are trumpet, saxophone, clarinet, piano, violins, accordian and guitars. The orchestra plays at all Patients' Dances and on the wards. Record players purchased through the Federal Health Grant are used extensively on the wards.

A choir of patients, formed primarily for the Christmas Concert, received very favourable comment.

Hospital Maintenance Services

(a) Upholstery Shop: During 1959 there were 1,134 articles constructed for the hospital. These included a wide field such as bus seats, blinds, cupboards, cutlery boxes, chests of drawers. A number of repairs were carried out including 1,455 articles, such as wheel chairs, chairs, tables, stretchers, and floor rugs.

A storage mattress shed was built during the months of September and October.

(b) Laundry: A total of 1,846,920 pieces were laundered during the year. This is an increase of 109,639 pieces over 1958, and an increase of 12% in three years.

We are at present employing 18 female and 33 male patients in addition to our staff of 12. The Laundry operated on a 44-hour week during 1959. The staff were split into two shifts on weekends. The patients work approximately 39 hours a week, and much of the success of our Laundry operations must be attributed to these patients.

(c) Housekeeping Department: During the year 1959 - 9,551 new articles were made and 2,812 articles repaired in Sewing Room, Number I with the assistance of four patients; Sewing Room, Number II is responsible for making uniforms for staff, dresses and slips and other wearing apparel for patients. This unit is also assisted by four patients; Sewing Room, Number III is responsible for supervision of hospital linens. During the year 362,741 pieces were received from the laundry and 19,665 pieces repaired. In addition, 124 small pieces were made. The unit is assisted by five patients.

(d) Dietary Department: The acting dietitian has continued to give excellent service in this department, and also has carried on general supervision of the Housekeeping Department. Special diets are prepared for 65 - 69 patients, and 90 patients receive high caloric drinks, as ordered by staff physicians.

BURSAR'S REPORT - For Fiscal Year Ended March 31, 1959.

Total gross expenditures (including Federal Health Grants), amounted to \$1,970,229.58.

Net costs were \$1,841,484.29, an increase of \$169,800.06 over the previous year.

Annual per-capita Cost	\$	1,118.7633	Daily per-capita Cost	3.0651
Previous Year		1,018.6983	Previous Year	2.7909
Increase		100.0650	Increase	.2742

Daily Per-Capita Costs Detailed by Sub-Departments

	1958-59	1957-58	Incr. or Decr.
<u>Health and Public Welfare:</u>			
Administration and Subsistence	\$ 2.5752	\$ 2.3275	Incr. \$.2477
Farm	.0473	.0199	Incr. .0274
Public Works	.3856	.3590	Incr. .0266
Federal Health Grants	.0570	.0845	Decr. .0275
	<u>\$ 3.0651</u>	<u>\$ 2.7909</u>	<u>Incr. \$.2742</u>

General Maintenance and Repair were given careful attention. These included specific services to the Laundry, Women's Pavillion, Nurses' Residence, Psychiatric Institute, Farm Buildings, Main Hospital Building, Colony Building, Main Stores Building, Trades Building, Power House, Out-Patient Clinic Building, Skating and Curling Rink, and Doctors' residence in the area south of the Psychiatric Institute. Detailed reporting of renovations and miscellaneous services to these several buildings on the grounds at Brandon are contained in The Annual Report of the Chief Engineer of the Brandon Hospital for Mental Diseases addressed to the Department of Public Works.

Table No. I - Movement of Patients - January 1, 1959 to December 31, 1959

	Male	Female	Total
Remaining Under Treatment at December 31, 1958	827	810	1,637
On Probationary Discharge or otherwise absent	44	73	117
Total on Books as at December 31, 1958	871	883	1,754
<u>First Admissions:</u>			
General Admissions	48	43	91
Voluntary Admissions	22	20	42
Other Sources	31	20	51
	101	83	184
<u>Readmissions:</u>			
General Admissions	14	22	36
Voluntary Admissions	10	25	35
Other Sources	34	23	57
	58	70	128
<u>Transfer Admissions:</u>			
From Psycho and other			
Manitoba Hospitals	45	38	83
(From probation - 8 males and 13 females)	204	191	395
	1,075	1,074	2,149
<u>Discharges and Transfer Discharges:</u>			
As recovered	26	27	53
As much improved	69	89	158
As improved	17	44	61
As unimproved	5	6	11
Without psychosis	29	11	40
	146	177	323
Died	48	43	91
Total Number Discharged and Died During the year 1959	194	220	414
Remaining on Books as at December 31, 1959	881	854	1,735
Remaining Under Treatment December 31, 1959	818	799	1,617
On Probationary Discharge or Otherwise Absent	63	55	118
Total on Books as at December 31, 1959	881	854	1,735

Table No. 2 - To Diagnosis of Mental Diseases - 1959

	Male	Female	Total	Percent
<u>Psychoses Due to Alcohol</u>	9	1	10	2.7%
<u>Psychosis with Cerebral Arteriosclerosis</u>	11	6	17	4.3%
<u>Psychoses Due to Other Demonstrable Etiology</u>			4	1.0%
Epilepsy (clouded and deteriorated)	1	2		
Acute toxic reaction	1	0		
<u>Psychoneuroses</u>			33	8.4%
Hysteria	0	1		
Reactive depression	13	7		
Anxiety symptoms	0	2		
Other types	2	8		
<u>Manic Depressive Psychoses</u>			42	10.6%
Manic	4	3		
Depressive	9	21		
Other	2	3		
<u>Involucional Psychoses</u>	2	17	19	4.9%
<u>Schizophrenia</u>			177	45.4%
Simple type	3	8		
Hebephrenic type	7	9		
Catatonic type	12	10		
Paranoid type	49	45		
Other types	19	15		
<u>Senile and Pre-Senile Psychoses</u>			25	6.3%
Senile psychosis	13	9		
Pre-senile psychosis with Alzheimer's Disease ..	2	1		
<u>Paranoia and Paranoid Conditions</u>	5	2	7	1.9%
<u>Psychoses with Mental Deficiency</u>	2	2	4	1.0%
<u>Other and Unspecified Psychoses</u>			4	1.0%
Undiagnosed psychosis	2	1		
Puerperium Psychosis	0	1		
	168	174	342	87.5%
<u>Without Psychoses or Mental Disorder</u>			53	12.5%
Depilepsy	2	2		
Alcoholism	10	0		
Mental Deficiency	5	1		
Senility	2	3		
Drug Addiction	0	3		
Pathological Personality	4	1		
Non-psychotic - for observation only	4	3		
Behaviour disorders	3	1		
Arteriosclerosis	6	3		
	36	17		
Total Admissions for the Year 1959			395	100.0%

Table No. 4 - Psychoses of Patients Discharged - 1959

	Recovered		Much Improved		Improved		Unimproved		Total
	M	F	M	F	M	F	M	F	
Involitional Melancholia	-	4	1	6	-	1	-	-	12
Psychoses Due to Alcohol	6	-	3	-	-	-	-	-	9
Psychoses with Other Demonstrable Etiology ...									4
Due to convulsive disorder - recovered from									
psychotic episode	-	2	1	-	-	-	-	-	
Organic Brain disease	-	-	-	-	-	1	-	-	
Psychoneuroses									34
Hysteria	-	-	-	-	-	1	-	-	
Reactive depression	5	5	7	2	1	3	-	-	
Anxiety	-	-	-	1	-	-	-	-	
Other	-	2	2	3	-	2	-	-	
Psychosis with Cerebral Arteriosclerosis	-	2	-	-	-	1	-	-	3
Manic Depressive Psychosis									31
Manic	3	2	1	2	-	3	-	-	
Depressed	2	6	3	6	-	1	-	-	
Mixed	-	-	-	1	-	1	-	-	
Schizophrenia									172
Simple	-	-	2	3	1	6	1	-	
Hebephrenic	-	-	8	5	2	1	-	-	
Catatonic	-	1	13	20	1	7	-	2	
Paranoid	5	1	18	30	9	11	4	3	
Other	3	1	5	5	-	4	-	-	
Paranoia and Paranoid Condition	1	-	5	4	1	-	-	1	12
Senile and Pre-Senile Psychoses	-	-	-	-	2	1	-	-	3
Psychoses with Mental Deficiency	1	1	-	1	-	-	-	-	3
Other and Unspecified Psychoses	-	-	-	-	-	-	-	-	0
Total of Psychotic Discharges	26	27	69	89	17	44	5	6	283
Total Discharged Without Psychosis									40
Total Complete Discharges for 1959									323

Selkirk Hospital for Mental Diseases

Submitted herein is the Annual Report of the Hospital for Mental Diseases, Selkirk, for the year ending December 31st, 1959.

Introduction: The concept of mental hospital care is in a process of continuous development. This makes imperative a progressive reorientation by staff and administration. This is seen particularly in the movement away from the custodial approach and toward an active treatment program on all wards and extension of services into the community.

It is believed, on good evidence, that the latter approach leads to the rehabilitation of many "chronic" patients, often leads to earlier treatment, and obviates many admissions.

Activities of the mental hospital are predicated by the belief that anything that happens to a patient will influence him. Therefore, all the hospital activities are treatment activities. Aspects of hospital function will be reported below under headings of:

- (a) Movement of patients - to cover the statistical factors and comments thereon;
- (b) Intramural activities - to cover activities related to the care and treatment of admitted patients;
- (c) Extramural activities - to cover activities related to rehabilitation, out-patients and community services;
- (d) Miscellaneous - to cover construction, costs, etcetera;
- (e) Conclusions and recommendations; and
- (f) Appendixes and tables.

Movement of Patients

The reported movement of patients is indicative of a high degree of activity in all hospital departments.

Admissions - to hospital numbered 321, composed of 160 men and 161 women. First admissions were 162, readmissions 159. This represents a drop in admissions of 13 from last year. This does not necessarily represent a true decrease of demand for admission. For many months the hospital was crowded to the extent that we could admit only emergencies and replacements for discharges. Probably, if admission beds had been freely available, the rate would have increased.

Voluntary admissions totalled 50 (16%), to closely parallel the rate of last year. Direct admissions were 104 and transfers 167. Transfers were: 156 from the Psychopathic Hospital, Winnipeg; three from the Brandon Hospital for Mental Diseases; three from the Manitoba School for Mentally Defective Persons, Portage la Prairie; five from other Canadian provinces.

The diagnostic pattern of admissions (Table III) shows little significant change. Schizophrenia, and particularly readmissions of Schizophrenia, continues to be a problem of increasing importance. Readmissions of this group represent 58% of all readmissions, whereas this group represents 37% of all first admissions. This indicates that although our "in hospital" treatment results for Schizophrenia are good, that we have not solved the problem of maintaining their health thereafter. It seems unlikely that we will do so until we have the facilities for adequate rehabilitation and follow-up.

Disorders associated with aging continue to account for about 27% of first admissions. These cases represent organic disease of the brain, which is by nature usually irreversible. Most of these cases require life-long care once admitted.

Separations - from hospital totalled 318, made up of 222 discharges, 14 transfers and 82 deaths.

Discharges represented 69% of total admissions. This is a decrease from last year, but about three percent higher than the previous five-year average. There were discharged 133 Schizophrenics, equal to 60% of all discharges and representing 88% of admitted patients in this class. This is almost identical with the experience of the previous year and once again points out the efficiency of "in hospital" treatment.

Transfers represented seven patients transferred to other hospitals for administrative reasons, and seven transferred for investigation or treatment of physical illness requiring specialized techniques of investigation.

Deaths amounted to 82 or 4.98% of total patients under care. This is less than the Canadian average, but is an increase over our rate for many years. It represents the outcome of our aging hospital population and the result of a high admission rate of aged persons. Heart disease (50%) and pneumonia (28%) were the major causes. There were two deaths from suicide. One of these occurred in hospital and one while a patient was at home, on pass. One other patient died from exposure to the elements while at home with relatives.

Hospital stay - continued to be of approximately the same length of time per patient as in the previous year. The average daily patient population continued to rise, reaching 1,246.33. The net change in population at year end was -12. This continues to leave us with 1,231 patients in hospital, a normal capacity of 1,005, and an overcrowding of 23%.

Intramural Services

Medical Services - staff: During the year, our medical staff has fluctuated considerably, including the transfer of Doctor Edward Johnson, Medical Superintendent, to his new post as Director of Psychiatric Services. Dr. R. H. Tavener assumed the superintendency, and Doctor Klimczynski became Assistant Superintendent.

It is expected that, in the coming year, we will have several trained persons returning to the hospital as the early fruits of our participation in the "resident" training program. This will allow us to develop to a greater extent the therapeutic program which is necessary.

Medical Services - treatment: Treatment services have continued on an active level and embrace all recognized therapeutic tools. A total of 97 patients were given 3,863 insulin treatments. This treatment remains a cornerstone in the treatment of acute Schizophrenic illness. One hundred fifty-one patients received 1,310 electro-convulsive treatments. This treatment remains specific for the treatment of psychotic depressions and certain disturbed states.

Drug therapy has continued to expand. Ataractic drugs are of extensive use and are directly responsible for many discharges, maintenance of health after discharge, and also for the improvement of other patients. The development of depression-relieving chemicals has been matched by an increased use of these.

Psychotherapy has been more extensively employed in its various forms.

Individual psychotherapy has been extended to selected patients. Small group therapy has seen more extensive use, particularly in our Reception Building. Large group therapy has continued.

Investigation and treatment of organic illnesses in our patients has been carried out in our Infirmary Unit. Consultation services are available for surgical procedures and specialized examinations such as electroencephalography and electrocardiography. Procedures requiring major surgical or X-ray equipment not possible on ordinary machines, are arranged through the Psychopathic Hospital in Winnipeg. Specialist areas of investigation or treatment can be arranged via the services of the Winnipeg General Hospital, which has always been most co-operative in seeing patients that we send for examination.

Other treatment measures involving nursing personnel, occupational therapy, are extensive. As they are carried out under medical direction but involve other personnel, they will be mentioned under those services.

Nursing Services - staff: Most positions on our nursing staff are filled. However, many positions are filled with nurses-in-training or nurse aides. There is a decided shortage of well qualified persons capable of assuming senior or supervisory responsibility. Our female nursing staff is particularly vulnerable to loss of qualified persons because of marriage.

Nursing Services - operation: These services operate under the difficulty of a low staff-patient ratio compared to hospitals in general. In addition, as nursing techniques in psychiatry become more complex, the need for more highly qualified people becomes more evident. In spite of this, our nursing personnel have continued to assist our therapeutic program at a high level of endeavour.

Particularly significant has been the participation of nurses in group techniques, remotivation therapy and rehabilitation groups. These methods are quite rewarding in assisting patients to readjust. Their use is as yet restricted because of lack of adequate personnel in numbers and training to carry them out.

Nursing Services - training: We continue to experience a shortage of qualified nursing instructresses. One of our instructresses is on leave of absence for further training. Our school is presently run by one instructress, with several nurses assisting part-time, along with their other duties. This situation cannot continue; however, we have indications of obtaining some qualified help in the new year.

In spite of difficulties, the training program has been maintained. At present we have 83 student psychiatric nurses in our school. In addition, we provide an undergraduate, twelve-week, affiliation course for nurses from the Grace Hospital in Winnipeg. This course began in July, 1959, and so far has processed 24 nurses and is expected to continue at the rate of seven to nine for each twelve-week period.

It has been necessary for us to accept some responsibility for the training of registered nurses in psychiatric principles and practice. As a result, we are offering an eight-month rotating experience for registered nurses. At present we are providing this in-service training for four registered nurses. This facet of training is expected to increase as its availability becomes known. Although this program adds to our load of teaching responsibility, it has some advantage in that these persons are of considerable service to us during their eight months.

Occupational Therapy: Organized activities continue to play a large part in the development of purposefulness in the lives of our patients. Activities are supervised or operated by our occupational therapy staff. Handicraft and manual outlet shops are run on a daily basis with an average attendance of 337 patients.

In addition, the staff of this department supervises the job placement of patients in work situations throughout the hospital, so that the job and the patient's ability to benefit from work are continuously gauged.

An extensive recreational program with organized concerts, socials, sports, is in daily continuance. Also, this staff co-ordinates and assists those groups of volunteers visiting the hospital, as noted below in this report.

During the year the products of the occupational therapy shops resulted in sales of \$6,240.00. There are 1,747 items on hand estimated at a value of \$3,895.00. The prime purpose of these sales is to refinance the occupational therapy department for expenditures on materials and goods.

Volunteers: Our extensive social and recreational program is only possible through the continued and growing assistance from groups and individuals.

The Canadian Mental Health Association, Manitoba Division of "Share", continues to be of invaluable assistance. This group during the year sponsored: 50 weekly ward parties which involved about 300 patients each; two picnics for about 700 patients each; eight concerts for about 200 patients each; a Christmas party for about 500 patients; Christmas gifts for all patients in hospital; and were of considerable assistance in helping us to obtain recreation equipment, T. V. sets for our wards, etcetera.

The Mental Patients' Welfare Association sponsored two concerts for approximately 150 patients each and were helpful as usual in donations for specific needs of some of our wards in supplying needed material.

The National Council of Jewish Women sponsored 28 afternoon visits and also a wiener roast, two afternoon teas and numerous other social events for groups of ladies.

The Canadian Legion and Army, Navy and Air Force Veterans, and the Imperial Veterans, were again active in visiting and providing holiday gifts and concerts for veterans and their dependents, and other of our patients.

Many individuals and groups, too numerous to report here, showed their interest in our patients in various practical ways.

It is most encouraging to our staff to see the kindness and energy implicit in the many tasks these groups and persons undertake. Their value to our hospital cannot be overestimated.

Patients' Assembly: This organization came into being last year and has continued to actively represent our patients in hospital matters. The many useful suggestions from this group have confirmed our confidence in it.

Other Services: Details of the operation of other intramural services such as X-ray, Dental, Laboratory, Operating Room, are appended as supplements to this report. All these departments continued to give praiseworthy service. Our secretarial staff is much overburdened due to increased stenographic work which inevitably increases with increased hospital activity and increased contact with the community at large.

Extramural Services

Out-Patient Department: During the year our out-patient services continued to expand. In 1958, total visits to this department were 1,239. In 1959, there were 271 patients on continued care from previous years, and 213 new patients; 27 of these were children. The total number of visits was 2,343. This represents an increase of nearly 100 per centum from the previous year and is roughly four times the number of visits made two years ago.

Most forms of therapy are available to out-patients. Of particular note is the number of persons maintaining an adequate adjustment in the community because of efforts with a combination of psychotherapy and ataractic drugs. Between 200 and 300 persons were treated by these methods whereas without such help a majority would require hospital care. The expenditure of time and drugs in this area is very economical when compared to costs of hospitalization. In addition, it is more socially profitable to have an individual living at home, working and self-reliant.

We may expect out-patient services to continue to grow. Treatment of such nature is available to many who would otherwise delay and worsen.

Consultations - are available to local practitioners and the local health unit. Requests for this service are increasing, particularly for patients admitted to the Selkirk General Hospital.

Rehabilitation: Our Social Service Worker is our main resource for rehabilitation services. She is in constant liaison with social agencies, and the Unemployment Insurance Commission, arranging work, assistance and training for discharged patients. In addition, during the year she made 809 visits to patients in their homes for follow-up care. It will be noticed that this number of visits has not changed from last year, although the patient load has increased. This means that the maximum load for our worker has been reached and surpassed for even minimum follow-up of patients.

It would appear that if we are to provide a comprehensive rehabilitation service, adequate follow-up and social services, a marked increase in social worker staff would be necessary. Our present efforts along these lines are maximal for staff available, but are quite inadequate to meet the demand.

Educational Activities: There is a necessity for the dissemination of knowledge in regard to mental health. Only by educating others in the sphere of healthy living can we hope to decrease the phenomenal load of mental ill health in our community. Only by training and interesting others can we provide the necessary recruits to our staff.

Recognizing the need we attempted to meet it in part - as commitments allowed - by: 1. Responding to numerous requests to speak at or participate in programs for home and school associations, nursing meetings, and business organizations; 2. Providing brief orientation sessions for groups of nurses, social workers, and students of psychology; 3. Co-operating with the local Ministerial Association in a guidance course in pastoral counselling; 4. Continuing to participate in the training of undergraduate, and particularly post-graduate, medical students, in psychiatric techniques and philosophy.

Three of our doctors have appointments on the teaching staff of the University of Manitoba.

It should not go unrecognized that the greater part of these teaching activities were undertaken in time outside of working hours and at the expense of what would normally be considered free time for our staff.

Publications - as an indication of staff activity and outside recognition of their ability, members of our staff have had several scientific papers published and apparently well received.

Miscellaneous Information

Construction of a new recreational hall was undertaken. This will replace the antiquated structure previously in use. It will be of much value in forwarding our activities program.

Maintenance and repair has been carried on satisfactorily.

Operating costs continued to rise. The per diem cost for the fiscal year was \$3,4088. Details of expenditure are given in our Bursar's report which is appended hereto.

Laboratory

Blood Examinations:	4,882
Pleural Fluids - miscellaneous examinations	8
Cerebrospinal Fluid Examinations:	44
Urine Examinations:	1,892
Sputum Examinations:	97
Gastro-Intestinal Examinations:	49
Other Examinations:	54
Intravenous Solutions	426,750 cc.
<u>Physiological Laboratory:</u>	
Electrocardiograms	52
Electroencephalograms	107
<u>X-Ray Services:</u>	
Plates developed	2,906
Barium Enemas	15
Gall Bladder Visualization	5
Intravenous Pyelograms	6
<u>Surgical Services:</u>	
Major Operations	4
Minor Operations	40
Orthopaedic and Casts Applied	29
Major Dressings	35
Pelvic Examinations	18
Rectal Examinations	4
Miscellaneous	20
<u>Psychological Tests:</u>	
Intelligence & Personality Status, complete,	on 29 patients
<u>Dental Services:</u>	
Number of patients examined	2,449
Number of patients resistive or unco-operative	61
Extractions	384
Local Anesthetics	256
General Anesthetics	1
Fillings	553
Prophylactic Treatments (Scaling)	524
Gum Treatments	364
X-ray films	13
New dentures inserted	35
Dentures repaired	74
Dentures adjusted	95

Table No. I - Statistical Summary

January 1st, 1959 to December 31st, 1959

1. <u>Movement of Patient Population</u>	<u>M.</u>	<u>F.</u>	<u>T.</u>
Remaining in Hospital as at January 1st, 1959	637	606	1,243
On Probation as at January 1st, 1959	43	39	82
On Register as at January 1st, 1959	680	645	1,325

First Admissions:

	<u>M.</u>	<u>F.</u>	<u>T.</u>
Voluntary	8	4	12
General	32	13	45
Transfers	52	53	105
Total	92	70	162

Readmissions:

Voluntary	9	29	38
General	32	27	59
Transfers	27	35	62
Total	68	91	159

Total Admissions	160	161	321
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Total Under Treatment	840	806	1,646
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Separations:

Discharges -					
Recovered	2	2	4		
Improved	100	105	205		
Unimproved	9	4	13		
Total Discharges	111	111	222		
Transfers	8	6	14		
Deaths	51	31	82		
Total Separations	170	148	318		
Patients on Register as at December 31st, 1959	670	658	1,328		
Patients on Probation as at December 31st, 1959	42	55	97		
Patients in Hospital as at December 31st, 1959	628	603	1,231		

2. Additional Data

	<u>1959</u>	<u>1958</u>	<u>1957</u>	<u>1956</u>	<u>1955</u>
Average Daily Patient Population	1,246.33	1,223.26	1,197.82	1,187.36	1,150.77
% Discharged of Total Admissions	69.16%	74.25%	70.55%	68.00%	66.56%
% Deaths of Total Under Treatment	4.98%	3.96%	4.04%	2.84%	3.71%
Change in Patient Population	-12	/40	/23	/18	/35

Table No. II - Diagnosis of Admissions

Diagnosis	First Admissions				Readmissions			
	M.	F.	T.	Approx. %	M.	F.	T.	Approx. %
Schizophrenia	32	27	59	36.3	38	54	92	57.8
Manic Depressive	1	2	3	1.8	6	8	14	8.8
Involuntional	1	5	6	3.7	1	6	7	4.4
Paranoid Condition	2	2	4	2.5	3	1	4	2.5
Senile Psychosis	17	14	31	19.0	1	2	3	1.8
Pre-Senile	1	2	3	1.8	-	-	-	-
Psychosis with Cerebral Arteriosclerosis	5	5	10	6.1	-	1	1	0.6
Psychosis due to Alcohol	3	1	4	2.5	-	-	-	-
Psychosis due to Epilepsy	1	1	2	1.2	-	1	1	0.6
Psychosis due to Disease of Nervous System	1	-	1	0.6	-	-	-	-
Psychosis with Mental Deficiency	3	2	5	3.0	4	3	7	4.4
Psychosis with Psychopathic Personality	-	-	-	-	2	-	2	1.2
General Paresis	2	-	2	1.2	-	-	-	-
Unspecified Psychosis	4	1	5	3.0	3	-	3	1.8
Psychoneurosis	1	-	1	0.6	-	2	2	1.2
Pathological Personality	4	-	4	2.5	1	6	7	4.4
Immature Personality	1	3	4	2.5	-	3	3	1.8
Chronic Alcoholism	6	-	6	3.6	8	1	9	5.7
Primary Behaviour Disorder	1	-	1	0.6	-	-	-	-
Mental Deficiency	2	2	4	2.5	-	1	1	0.6
Epilepsy	4	3	7	4.0	1	2	3	1.8
Totals	92	70	162	100.0	68	91	159	100.0

Conclusions and Recommendations

A successful year of active treatment has been accomplished because of the faithfulness to duty and the desire to help our patients, shown by all hospital personnel.

Our therapeutic results are encouraging. However, there are several areas of concern, particularly emphasized in the readmission rates for Schizophrenics and in the growing demand for community services. In addition, we feel concern over the continued over-crowding in the hospital.

It would appear that the short-term answer to some of these problems lies in the area of provision of adequate accommodation and staff for in-patient services. The long-term solution cannot be reached until provision is made for a marked extension of psychiatric services into the community.

Table III - Discharges Classified as to Diagnosis
and Condition of Discharge

	<u>Recovered</u>			<u>Improved</u>			<u>Unimproved</u>			<u>Total</u>		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia	-	2	2	56	72	128	2	1	3	58	75	133
Manic Depressive	-	-	-	2	1	3	-	-	-	2	1	3
Paranoid Condition	-	-	-	10	6	16	1	-	1	11	6	17
Involuntional	-	-	-	1	3	4	-	-	-	1	3	4
Psychosis due to Alcohol	2	-	2	4	1	5	-	-	-	6	1	7
Psychosis with Cerebral Arteriosclerosis	-	-	-	2	1	3	-	-	-	2	1	3
Psychosis with Epilepsy	-	-	-	1	1	2	-	-	-	1	1	2
Psychosis with Pathological Personality	-	-	-	1	-	1	-	-	-	1	-	1
Psychosis due to Disease of the Nervous System	-	-	-	1	-	1	-	-	-	1	-	1
Psychosis with Mental Deficiency	-	-	-	2	2	4	-	-	-	2	2	4
General Paresis	-	-	-	-	-	-	-	1	1	-	1	1
Pre-Senile	-	-	-	-	2	2	-	-	-	-	2	2
Unspecified Psychosis	-	-	-	4	2	6	-	-	-	4	2	6
Psychoneurosis	-	-	-	2	3	5	-	1	1	2	4	6
Pathological Personality	-	-	-	2	5	7	2	1	3	4	6	10
Chronic Alcoholism	-	-	-	8	2	10	2	-	2	10	2	12
Immature Personality	-	-	-	1	2	3	1	-	1	2	2	4
Primary Behaviour Disorder	-	-	-	1	-	1	-	-	-	1	-	1
Post Traumatic Personality	-	-	-	1	-	1	-	-	-	1	-	1
Epilepsy	-	-	-	1	2	3	1	-	1	2	2	4
Totals	2	2	4	100	105	205	9	4	13	111	111	222

Selkirk Hospital for Mental Diseases
Bursar's Statement of Expenditures and Receipts
Twelve Month Period ending March 31st, 1959.

Expenditures:

Administration and Subsistence

Salaries	\$	855,104.19	
Subsistence		265,086.25	
Clothing		21,068.69	
Supplies and Expenses		124,390.15	
		<u>1,265,649.28</u>	
Less - Payment for meals, etcetera		<u>57,883.66</u>	\$ 1,207,765.62

Farm Expenses:

Salaries	\$	49,814.35	
Supplies and Expenses		<u>25,136.56</u>	\$ <u>74,950.91</u>

<u>Total Health and Public Welfare Expenditures:</u>	\$	1,282,716.53
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Public Works:

Salaries	\$ 66,958.57	
Fuel	46,378.17	
Light and Power	44,100.66	
General Expenses	33,756.88	
Total Public Works Expenditures:		\$ 191,194.28

Federal Grant Expenditures:

Personal Services	\$ 57,156.00	
Travel	362.15	
Equipment	156.55	
Supplies	755.64	
Total Federal Grant Expenditures:		\$ 58,430.34

TOTAL Expenditures for Hospital \$ 1,532,341.15

Receipts:

Maintenance paid	\$ 218,425.65	
Farm Produce to Hospital	42,412.18	
Farm Cash Revenue	11,487.82	
Sundry Revenue	104.07	
Federal Grants	58,430.34	
Total Receipts		\$ 330,860.06

Net Cash Cost of Institution for

Twelve Month Period ending March 31st, 1959 \$ 1,201,481.09

Summary of Expenses

Health and Public Welfare	\$1,282,716.53	
Add - Decrease in Inventory	1,348.75	
		\$1,284,065.28
Public Works	\$ 191,194.28	
	1,872.77	
		193,067.05
Federal Grant Expenditures		58,430.34
Net Expenditures of Institution for		
Year ending March 31st, 1959		\$1,535,562.67

Per Capita Cost

	1958-59	1957-58	1956-57
Total Patient Days	449,524	439,146	434,915
Daily Average	1231.56	1203.14	1191.55
Gross Per Capita Cost	\$3.4088	\$3.1975	\$2.9656
Net Per Capita Cost	\$2.6722	\$2.2772	\$2.1679

Analysis of Per Capita Cost

	1958-59	1957-58	1956-57
Salaries	\$1.9022	\$1.7315	\$1.5529
Subsistence	0.5897	.5423	.5217
Clothing	0.0469	.0381	.0478
General Expenses	0.2767	.2750	.2543
Board Value	0.1287	.1244	.1226
Farm	0.1667	.1526	.1525
Power House Salaries	0.1489	.1437	.1232
Power House - Fuel	0.1032	.1122	.1211
Power House - Expenses	0.1732	.1744	.1727
Federal Grant Expenditures	0.1300	.1521	.1420
Total Per Capita Cost	\$3.4088	\$3.1975	\$2.9656

Manitoba School for Mentally Defective Persons

The Annual Report for the calendar year 1959 is herein submitted.

General Maintenance

This has proceeded steadily according to plan. More exterior lighting and school fencing have been particular items designed for patient safety and ease in supervision and control. We are gradually adding to and remodelling our power services and fire prevention equipment. A new power tunnel from Power House to the Atkinson Building is a major improvement and we hope the nucleus of a tunnel system.

Additions have been added to the Power House for two additional boilers. The old milk house has been remodelled and enlarged to take care of our total milk processing. The old pasteurizing area in the stores building will be added to our meat handling facilities which was greatly needed.

Public Relations

We enjoy a large and generous public support by voluntary aid. This has been won by the efforts of the staff on behalf of the children. We in turn have striven to give the public the best in service and a return interest on their investment. One of our best endeavours perhaps has been taking our resident trainees out into the community and presenting evidence of their training in stage presentations of calisthenics, music and drama. The Christmas Pageant is shown to hundreds of citizens. There were four showings in 1959. Each year we prepare a musical drama. It is a royalty production. It is of high school level and staged with costume, scenery, colored flood lighting and organ and piano accompaniment. This year we had the honour to present parts of our Spring Festival as it is called on the stage at the Winnipeg Auditorium. Our "show" comprising a cast of sixty also travelled to Oakville and Winkler and were received by large audiences with praise - and enjoyment.

The modern concept of the "Open Door" policy in mental institutions may have merit. At least we are taking our young people out amongst the people of Manitoba. There can be no doubt of who and what they are - or can accomplish.

A Fallacy -- Needing Correction

We find a generally held "opinion" by a great many people distressing and believe a deterrent to understanding and hence progress. So little general knowledge exists as to the exact fact that we feel it should be repeated - and repeated - that for a great many to mention mental deficiency means idiocy with its hopeless features and circumstance of rejection following.

The facts are:

(a) Only 5 per centum of all retardates are to be classed as idiots. They seldom reproduce their kind.

(b) Only 20 per centum of all retardates are imbeciles or middle grade. Their rate of reproduction is very low. They are generally industrious, quiet and likeable.

(c) 75 per centum of all retardates are high grade, borderline or difficult to determine. These constitute the core of the problem of retardation in all

terms. They are the ones for which, training or retraining, socialization and rehabilitation are our great concern. Their numbers make it impossible to institutionalize all. They must be "processed" to keep as many usefully, gainfully and happily adjusted in the community as possible. Only a full scale training program will accomplish this. Only specially qualified, trained - and dedicated devoted teachers can apply the method. Everyone in an institution should be a teacher no matter in what capacity. This ideal may never be attained in human affairs but its principle is undoubted and where there is no such vision there is no future.

Conclusion

The care, protection and training of mental retardates are highly complex. Research to-day is most promising and the only road to discovery. Because of medical research and discovery we to-day have only an occasional admission of a once common type. We specifically refer to retardation due to congenital syphilis. The discovery of penicillin made this possible. What about future discoveries in connection with dozens of other diseases we know cause retardation. Should we give up hope? For them it has always been a matter of sacrifice of the present generation that ensured their survival. For such a principle many millions of men have died. Surely we are asking not too much to continue our efforts and with increasing tempo to the end that in future generations we shall have fewer unfortunate little ones.

To the staff, and to all who have given us support both material and spiritual so generously and from the heart, we hope they will have a full measure of return satisfaction in knowing of the good they have done. Surely they have said by these acts:

"It is not what our children are to-day
It is what they mean to us for all time."

The General Statistics and the Bursar's Financial Report for the fiscal year ending March 31st, 1959 is herewith appended.

General Statistics

1. Movement of Population

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Remaining under treatment December 31, 1958	512	461	973
First Admissions	45	29	74
Re-admissions	5	-	5
Deaths	12	8	20
Transfers out	2	2	4
Discharges	13	3	16
Holiday probations	216	135	351
Remaining under treatment as at Dec. 31, 1959	535	477	1012

The racial origin in order of frequency shows: English 15, Scotch 11, French Canadian 11, Ukrainian 10, Metis 7, German 4, Dutch 3, Polish 2, Danish 1, Norwegian 1, Belgian 1, Czechoslovakian 1, Irish 1, Swedish 1.

AGES: 10 and under - 25; 11 to 20 - 34; 21 to 30 - 9; 31 to 40 - 7; 41 to 50 - 2; 51 to 60 - 1; 61 and over 1.

Marital Status: 77 single, 2 married

Environment Report: 44 Urban, 35 Rural

Degree of Education: 63 Illiterate, 16 read and write

Nativity: 77 Canadian, 1 Greece, 1 Austria

Economical Status: 100% Dependent

Deaths: Total 20 -- 12 male, 8 female.

2. Clinical

A. Dental

Number of working days 72

Number of patients examined .. 1951

Number of patients resistive

or unco-operative 49

Extractions 490

Local Anaesthetics 11

Prophylactic Treatment -

scaled and polished 489

Gum Treatments 586

C. Laboratory Examinations .. 2277

Haematology 788

Blood Chemistry 21

Urinalysis 336

Fillings 385

X-Rays 29

Dentures - new, repaired

or adjusted 71

Bridge..... 1

B. X-Ray

Total X-Rays 2052

Films used 2688

Serology 176

Bacteriology 884

Basal Metabolism 12

Electroencephalograms 60

D. Psychological Services

(1) Mental Testing: Tests were administered as follows:

To:	Intelligence	Aptitude	Personality	Reading Readiness and Number Concept
Patients	238	-	160	375
Out-patients	58	5	24	-
Student Nurses	23	23	-	-
Totals	319	28	184	375

(2) Teaching: Course in Introductory Psychology to first year students;
Monthly discussions of Mental Testing with Medical Students;
Participation in one day seminars with visiting groups.

Research: Carried out a project for Riker Laboratories on the drug
Deanol in co-operation with Medical College and University of
Manitoba.

3. Maintenance Services

A. Laundry:

Patients body clothing processed 1,062,065 lbs.

Other articles processed in laundry 1,955,279 pieces

<u>B. Sewing and Mending:</u>	
Items for wards, dining rooms, etc.	3453
Patients clothing	5167
Staff uniforms (new)	1034
Staff uniforms altered and mended	3606
Items new linen made	7225
Staff mending (uniforms)	115
Patients mending	40172
<u>C. Tailor and Shoe Shop:</u>	
Articles made and repaired	17785

4. School Training

<u>A. Woodworking:</u>	
Number of Woodworking articles made	298
<u>B. Craft and Fancy Work:</u>	
Crocheting, rugs, embroidery, knitting and weaving	219
<u>C. Hairdressing Procedures:</u>	
Number of parlour procedures	13198
Ward applied procedures	51
<u>D. Domestic Science Classes</u>	
Number of classes	32
Hours of instruction	96
<u>E. Academic School:</u>	

<u>Category:</u>	<u>Boys</u>	<u>Girls</u>	<u>Totals</u>
Trainable	20	17	37
Primary	10	12	22
Elementary	14	5	19
Advanced	3	8	11
Rehabilitation	-	12	12
Nursery	7	-	7
Craft	-	13	13
Band	19	24	43
			164

5. Staff School of Psychiatric Nursing and Licensed Practical Nursing

Number of student nurses enrolled - 1959	19
Number of student nurses resigned	21
Number of student nurses graduated	10
Number of students in School as at Dec. 31st, 1959	29
Psychiatric Diploma Course (L.P.N.)	2
Psychiatric Diploma Course L.P.N. resigned	1
Number of male students enrolled 1959	19
Number of male students resigned	4
Number of male students in school as at Dec. 31st, 1959	25

BURSAR'S FINANCIAL REPORT
For fiscal year 1958 - 1959

I submit herewith the Bursar's Annual Report for the fiscal year ending March 31st, 1959. The report is compiled in the usual manner and I trust will be easily followed.

Population: We have had an average daily population of 922 during the past year and this figure shows an increase of 87 over the preceding year. Our patient population as of this date stands at 1012.

Daily per capita costs, exclusive of farm	\$3.1133
Daily per capita costs of farm	.1228
Daily per capita costs re Health Grant Project	.3640
Total daily per capita cost, inclusive	<u>\$3.6001</u>

The above total shows an overall increase in per capita costs of 11.5 cents. This increase is due to price rise in meats, food items, cleaning supplies, clothing, etcetera. Salaries also show an increase over last year.

Occupational Therapy: The Annual Sale of Craft Work was held on November 26, 1958 and as usual was very well attended. A total of \$693.25 was realized from this sale. Expenditures for the year relating to the Occupational Therapy Department were \$662.87 so a profit of \$30.38 was shown.

Again we have been favored by many substantial gifts from various organizations, such as radios, toys, monies, and equipment. The ARCM repeated with their very sizable gift of money to provide bus rides for our patients during the summer season and also at Christmas. Our patients now regard these bus rides as one of the most delightful occasions at The Manitoba School and look forward to them with eager anticipation.

SUMMARY OF PER CAPITA COSTS
For year ended March 31, 1959

	<u>YEARLY</u>	<u>DAILY</u>	
<u>Health and Public Welfare:</u>			
<u>Administration and Subsistence:</u>			
Salaries	691.0545	1.8933	
Supplies	196.2240	.5376	
Clothing	25.9880	.0712	
Expenses, equipment and renewals	82.9280	.2272	
	<u>996.1945</u>	<u>2.7293</u>	
Less Board and Living accommodation supplied to employees	<u>46.1360</u>	<u>.1264</u>	
	950.0585		2.6029
<u>Farm:</u>			
Salaries	29.5650	.0810	
Supplies, expenses, etc.	<u>15.2570</u>	<u>.0418</u>	
	44.8220		.1228
TOTALS	<u>994.8805</u>		<u>2.7257</u>
<u>Public Works:</u>			
<u>Operation and Maintenance:</u>			
Salaries	68.3645	.1873	
Fuel	51.1730	.1402	
Light, Power and Water and Supplies	<u>66.7585</u>	<u>.1829</u>	
	186.2960		.5104
<u>Recapitulation (Exclusive of Farm):</u>			
Health and Public Welfare	950.0585		2.6029
Public Works	186.2960		.5104
TOTALS	<u>1136.3545</u>		<u>3.1133</u>
<u>Project 606-5-14:</u>			
Salaries	132.3125		.3625
Expenses	<u>.5475</u>		<u>.0015</u>
TOTALS	<u>132.8600</u>		<u>.3640</u>

GENERAL WELFARE SERVICES

Submitted herewith is a report on the general welfare services of the Public Welfare Division for the year ending December 31st.

Purposes and Methods

Public welfare services are concerned with the well-being of families and individuals, seeking to restore such when it is lost and to bolster and strengthen when it is weakened and threatened.

Because welfare needs arise from many causes and from many combinations of causes a constructive welfare program is, in fact, many programs and must be flanked by many auxiliary or supportive services. In addition an effective welfare service must avail itself of every usable resource in the community, the province and the nation at large.

A welfare program is therefore not just a financial assistance program although many welfare needs arise from a financial lack and can be served through the granting of financial aid. Short term financial assistance accompanied by rehabilitation services is better for society, the economy and the individual or family than is long term financial dependency. Training and employment are better than continuing aid. Rebuilding a family is better than letting them fall apart or being forced to separate them.

The records of the Welfare Division contain evidence of many cases where thoughtful and understanding work moved a family from dependency to financial independence restoring their confidence, initiative and pride. Records contain many instances of children restored to their parents or given parentage by others. There are many other instances where success could have been achieved had the resources of time and skill been available.

Any true assessment of the success of a provincial welfare service should be measured on a case by case basis and against the concept of the overall objectives of the division. Both success and failures should be marked out along with reason why success was achieved in one instance and unrealizable in another.

In this way gaps in services and weaknesses in facilities may be marked out and remedied. It is increasingly obvious that an effective service must be well-rounded and that money and time may be lost or used to a non-constructive purpose if there is a weak link in the chain of resources. Health services, educational services, after-treatment of the offender, employment opportunities, protection services to children, housing for the elderly and infirm, special training for the retarded and the handicapped, special attention to the marginal community and the marginal group - these are all accessories to the achievement of the aims and purposes of a welfare division.

In addition to its own basic tax-supported welfare services the Government through the Public Welfare Division through the medium of grants and consultative service, assists and stimulates the work of many private agencies operating in various specialized fields. Among these are the children's aid societies, the Society for Crippled Children and Adults and many others to a total of some 60 organizations receiving grants exceeding \$400,000.00 per year.

Federal-Provincial Unemployment Assistance Agreement

The above agreement has been in operation since July 1st, 1955. Under its

provisions the province may recover from the Federal Government 50% of the cost of relief granted by municipalities or directly by the Public Welfare Division. Certain kinds of relief assistance are excluded under the agreement and these include child welfare costs, health costs and burial costs.

The method by which this rebate is claimed involves a detailed record of the amount granted in each individual case. This requires that each municipality as well as our district offices must record and report their monthly grants. Some 185 cities, towns, villages and rural municipalities report regularly and these are checked and consolidated by the Accounting Branch of the division.

Claims filed during the calendar year indicate that the number of individuals in Manitoba receiving "claimable" assistance fluctuated between 13,000 in the summer months and as high as 16,000 in the winter season. The cost of this assistance varied from about \$400,000.00 a month to a high of about \$436,000.00.

Rebates to Municipalities: The division administers The Social Assistance Act under which the province refunds to municipalities a percentage of all their social assistance and child welfare costs. These costs include medical care, optical care, dental care, prescribed drugs and burial costs. The minimum which a municipality may receive is 40 percent of their total welfare bill but in the case of money spent on persons receiving Old Age Assistance, Old Age Security, Blind Pension or Disability Pension a flat 80 percent is refunded. It is estimated that in 1959 the total welfare bill of all municipalities will total about \$3,900,000.00 and that they will recover from the province in the neighborhood of about \$2,425,000.00. This program as well as the Federal-Provincial Unemployment Assistance program requires the co-operation of municipal officials and we are pleased to report that this co-operation has been forthcoming this year as in the past years.

Financial Assistance Services

The enactment of new legislation known as The Social Allowances Act marked the year 1959 as a milestone for Social Welfare in Manitoba. One of the main features of this legislation is its attempt to cover all types of persons in need and to provide for all the basic necessities of such persons.

Although no part of the new Act was proclaimed before the end of 1959 administrative preparation for this event was a major activity during the last half of the year. One task in this connection was the completion of the transfer of the Mothers' Allowance cases from a separate accounting system to the Social Assistance system. Mention was made of the first stages of this transfer in the 1958 Annual Report and we can now report completion of this task by December 31st, 1959, at which time the records showed approximately 1,100 cases in pay under Mothers' Allowance eligibility and Social Assistance accounting procedure.

In addition to this category the regular Social Assistance program was carried as in former years under the following three broad categories:-

- (1) General relief in unorganized territory.
- (2) Institutional care of the Aged & Infirm without legal residence in a Manitoba municipality.
- (3) Reimbursement to municipalities for aid given to persons living in municipalities without legal residence.

In addition aid was extended to two new categories:-

- (1) Certified mental defectives in boarding care;

- (2) Polio cases requiring special assistance in order to live in their own homes as an alternative to hospital care.

In all categories described above emphasis was placed on prevention of social breakdown and on rehabilitation to self-support wherever possible. One example of the emphasis on rehabilitation was the extension of the aid to transient single men from the usual temporary board and lodging to include medical aid and transportation to jobs in remote areas when such aid was considered rehabilitative.

The following statistical tables will indicate the volume and the cost of needs met by the financial assistance services during 1958 as compared to the previous year:-

TABLE I

Financial Assistance Case Load September 30, 1958 and 1959

	<u>1958</u>	<u>1959</u>
General Assistance in unorganized territory		
(family units)	913	993
Aged & Infirm (individuals)	170	170
Mental Defectives (individuals)	-	53
Polio Home Care (family units)	-	33
Mothers' Allowance (family units)	1,321	1,368
Medically Indigent Immigrants	44	-
Reimbursement to Municipalities for:		
Non Residents (family units)	819	1,011
Single transient men (individuals)	<u>137</u>	<u>215</u>
TOTAL	<u>3,404</u>	<u>3,843</u>

TABLE II

Monthly Cost of Social Assistance & Mothers' Allowance 1958 and 1959

<u>Month</u>	<u>1958</u>	<u>C o s t</u>	<u>1959</u>
January	\$ 189,382.00	\$	289,953.00
February	185,893.00		269,053.00
March	306,384.00		414,894.00
April	126,135.00		188,950.00
May	153,222.00		227,008.00
June	208,010.00		242,608.00
July	194,874.00		252,378.00
August	201,857.00		229,500.00
September	202,940.00		244,220.00
October	228,771.00		255,756.00
November	239,732.00		267,808.00
December	<u>234,951.00</u>		<u>262,969.00</u>
TOTAL	<u>\$ 2,472,151.00</u>		<u>\$ 3,145,097.00</u>

Child Welfare

The focus of any sound Child Welfare Program is the child himself, and to ensure the welfare of the children of Manitoba many departments, agencies, services and individuals are called upon to work together toward this end.

THE CHILD

Regional offices	Children's Aid	Jewish Child	Children's Aid	Children's Aid	Children's Aid
Public Welfare Division	Society of Winnipeg	and Family	Society of Eastern Manitoba	Society of Central Manitoba	Society of Western Manitoba

SOCIAL WORK STAFFS

Parents	Foster Parents	Adoptive Parents	Relatives	Friends	
Treatment Institutions	Schools	Churches	Clubs	Clinics	Community
Doctors	Nurses	Teachers	Groupleaders	Legal Services	

Protection Services: In an effort to retain for the child his inherent right to his own parents and his own home, Child Welfare Services provide a Family and Protection service. Through casework with families, practical assistance when necessary, community services available, attempts are made to safeguard the home in which poor family conditions and relationships are reported.

Within the province in 1959 the Public Welfare Division through its Regional offices extended these services to some 630 children of 252 families over and above the families in receipt of social allowances where instances of child neglect were reported.

In addition the four chartered children's aid societies worked with some 4,500 children from 1,575 families in an effort to preserve the family unit.

Guardianship Services: For many reasons, in numbers of families, it is not possible to prevent a family breakdown and for the protection of the children guardianship action is necessary. Through the Juvenile Courts these children are made wards of the Director of Public Welfare or one of the children's aid societies.

In 1959 guardianship of the director was extended to 174 children and to 215 children by the children's aid societies, through the courts.

Wards: At December 31st, 1959 there were 1,931 wards in the care of the director and the children's aid societies in Manitoba.

Of the 738 wards of the director:

- 377 were in foster homes,
- 19 were in treatment institutions,
- 180 were in the care of children's aid societies,
- 162 were in free and adoption probation homes.

Of the 1,193 wards of children's aid societies:

768 were in foster homes,

93 were in treatment institutions,

332 were in free and adoption probation homes.

Foster Homes: When a child needs a foster home every effort is made to find the best possible home to meet the needs of the particular child. Careful study and selection of homes is required both for temporary and longer care of many children. Foster parents are the bulwark of a child care program and the community owes much to the efforts and devotion of this group.

More demands are made today on foster parents and the community services to children than ever before. The children in foster homes are for the most part the older age groups with their more complex problems, or they are the physically, mentally and emotionally handicapped children for whom special care is required.

While persistent efforts are made to find permanent homes for children there were 1,145 wards in foster homes as of December 31st, 1959. An encouraging trend here, however, is the progressive decrease in the numbers of wards under six years of age in foster homes. Adoption placements for these children continue to show an increase.

Treatment Institutions: Manitoba is fortunate to have several institutions which offer a treatment service to children who, because of emotional disturbances are unable to accept family living.

Care in a group living situation for a period of time, together with skilful help and supervision, enables many children to adjust more readily to family life again, whether it be back in their own homes or in a foster or adoption home.

At December 31st, 1959 there were 19 wards of director and 93 wards of children's aid societies receiving care in these institutions.

Adoption Homes: Again this year there is an increase in the numbers of children for whom the division and the children's aid societies were able to find satisfactory adoption homes. Emphasis will continue to be placed in this area of the Child Welfare program and it is satisfying to note how the co-operative efforts of the division's Regional offices and children's aid societies are resulting in additional adoption placements.

In 1959 there were 163 adoption placements made by the division and 188 by the children's aid societies, or a total of 351. This is an increase of 39 children over 1958 and several of these were the "difficult-to-place" children.

Adoption Decrees: Our report last year referred to the concentrated effort that was being made to clear up the backlog of incomplete adoptions where the legal checking was holding up the issuing of the decree.

The substantial reduction in this backlog was reflected in the number of adoption decrees granted in 1958 and we are pleased to be able to report that the legal checking of adoptions is now current. The number of decrees granted in 1959 includes any remainder of the backlog.

Adoption decree completed 1955-1959 inclusive, for the Province of Manitoba:

1955.....	395	1958.....	712
1956.....	494	1959.....	591
1957.....	428		

Unmarried Parents: There was a decrease in the numbers of unmarried mothers referred to the division's Regional offices and to the children's aid societies in 1959.

Unmarried Parents' - Cases

	Division Public Welfare			Children's Aid Societies		
	1957	1958	1959	1957	1958	1959
Cases Active at Dec. 31	126	138	-	669	503	-
Cases Referred	-	79	51	-	610	657
TOTALS	126	217	51	669	1,113	657

There was a slight decrease in illegitimate births in Manitoba in 1959, a total of 1,078 as compared to 1,098 in 1958 based on 11 months figures. However, the proportion of White to Indian and part Indian varies more widely.

In 1958 illegitimate births to Whites - 853

In 1959 illegitimate births to Whites - 775 (a decrease of 78)

In 1958 illegitimate births to Indian and part Indian - 245

In 1959 illegitimate births to Indian and part Indian - 303 (an increase of 58)

An interesting trend is noted in the affiliation orders and agreements approved by the director under the provisions of The Child Welfare Act. The number of orders and agreements obtained increased slightly in 1959, to 48 from 45 in 1958, and there was a slight increase in the monies received and disbursed, \$29,497.00 in 1959 from \$28,558.00 in 1958.

More children born out of wedlock are being placed for adoption and at an earlier age. Orders and agreements tend now to cover confinement expenses only with a provision for maintenance of the baby to the date of adoption placement. Also more orders tend to be for a lump settlement rather than payment over a longer period of time.

Inter Provincial Relationships:

Wards: The inter provincial communications in the interests of children continue to be a constructive and worthwhile service.

As a result of the co-operative efforts of Child Welfare departments across Canada 23 wards of the director and children's aid societies are continuing to live with foster parents who have moved from Manitoba to other provinces. There are 21 wards of other provinces living in Manitoba under the supervision of child caring agencies.

Transients: Each year a number of children from other provinces are found transient in Manitoba and are returned to their families through the Child Welfare departments of the different provinces.

In 1959 there were 15 of these children returned to six different provinces. These children range in age from ten years to seventeen years, with boys numbering 11 and girls 4.

Other: Some 205 referrals for service were received in 1959 from other provinces. These covered custody reports, the repatriation of transient children, requests for reports concerning protection of children, international child welfare situations and correspondence relating to unmarried parents.

Divisional Reorganization

When it became apparent that certain major sections of The Social Allowances Act would be implemented early in 1960 the division, with the co-operation of the Organization and Methods Division of the Treasury Board and the Civil Service Commission, began a study and reorganization of the Public Welfare Division. All aspects of policy and procedure were examined towards eliminating waste and time-lags and towards greater flexibility in policy. In

addition policy was developed for the new programs and this was translated into regulations and manual directives. The principles of decentralization and direct services to the client were maintained.

The new programs involved substantial staff additions and these in turn required extensive personnel recruitment and staff in-training program.

Difficulties presented themselves in estimating the numbers of persons who, as recipients of pensions or Old Age Security payments might apply for help to meet the cost of basic necessities and only a most expensive survey would have produced a reliable estimate. Using available information certain estimates were made and planning proceeded on this basis. At the same time the organization of the division itself was structured to permit quick adjustments to meet any unforeseen element in the volume of applications.

NORTHERN REGION

The Northern Region is the area between the fifty-third parallel and the Northwest Territories and is largely unorganized territory. Living in this vast territory is a population of 42,000. The economy is highly diversified, engaging the residents in occupations such as mining and smelting, lumbering, trapping, hunting, tourist trade, transportation. In addition to this there is the grain shipping port of Churchill and the army defence camp at Fort Churchill. A large section of the population, engaged in the new development projects in the north, such as power, highways and railroads, have a mobility which creates its own problems. The population is found in incorporated towns, industrial townsites, defence camp, Eskimo village, easy access settlements and bush settlements. The Indian population continues to be harrassed by its own problems. In recent years the move has been away from the isolated villages into towns and villages which are closer to the rail line and to the highways. Many of the Indian villages in isolated areas are disappearing since the population can no longer be supported from the proceeds of fishing and hunting. However, many still depend on this way of life for a living and still have alternate seasons of comparative prosperity and privation.

All the programs of the division are carried in the Northern Region, and it is necessary for it to be as self-contained as possible. It is obvious that the social workers employed here must be fully acquainted with the resources available throughout the area and there must be time to travel. Modern methods of travel and communication such as those provided by the airplane, bombardier and two-way radio are used to advantage in cutting down the obstacles of time and space. Standard methods of travel are also used. Resource persons in all the areas throughout the north are essential and a good liaison must be maintained with them, and with other agencies.

A new health service program was set up in 1959 to operate out of The Pas to cover all districts in the north with the exception of Flin Flon, Cranberry-Portage and Sherridon. These three places form a separate local health unit in themselves. The staff of the Northern Health Service has been increased with nurses, sanitary inspectors, health engineer and health educator circulating throughout the north bringing to the attention of the Public Welfare Division more and more cases. This has put many extra demands on our limited staff.

During 1959 a probation officer was appointed and located in Flin Flon by the Attorney-General's department to serve the north. This relieved the social

work staff of the responsibility formerly carried in dealing with juvenile offenders.

Last fall the Minister and the Deputy Ministers of Health and Public Welfare toured about half the northern area by air accompanied by the Regional Director of Welfare. It gave the minister and deputy minister an opportunity to see the extent of the area being served and gave them a first hand acquaintance with many of the problems involved. The emphasis in the north is on change.

The Northern Region is responsible for a general welfare program involving financial assistance and child and family welfare.

At December 31st, 1959 the caseload was 604. Three hundred and eighty-two of these cases were related to financial assistance and the balance of 222 were related to child and family welfare. There were 59 wards and 13 children under apprehension, 48 foster homes, 77 adoption applications and homes. Seventeen unmarried mothers were being provided with service. The social allowances' caseload is quite large in relation to the proportion of cases carried. Throughout 1959 there was an average monthly intake of 35 cases and an outgo of 25 cases.

To cover the Northern Region we have at present two offices. One is located in the town of Flin Flon and the other in The Pas. The Pas office has been made into a district office with a social work staff of supervisor and two social workers. The regional office is located in Flin Flon (the largest concentrated population in the north) and is responsible for the administration of the programs throughout the Northern Region. Much time and thought have gone toward preparing for the new social allowances' program and has involved matters of staff, space and equipment, discussion of responsibilities in relationship with other agencies. Assessment of future needs has been the major problem during 1959. It is not known at the present time what our future needs will be when new areas and towns are opened, but there is no doubt that the work responsibility will increase and new ways and means will need consideration to meet the increased need.

There is need for an increased emphasis on child and family welfare programs, rehabilitation and integration of the Indian population. In larger industrial areas like Thompson and Flin Flon there is little or no financial assistance required but our child and family welfare programs must be geared to meet the need. More and more referrals are being made as people become more and more aware of government services. During 1959, we obtained the services of the Resident Administrator of the newly-formed Local Government District of Churchill. The administrator has taken the responsibility for issuing emergency assistance on our behalf and reports regularly to the regional office. Regular contacts are maintained by correspondence and 'phone and reviews are conducted during regular visits of the social work staff.

DAUPHIN REGION

The Dauphin Regional Office provides service in an area of some 7,000 square miles. Within this region are 15 rural municipalities, eight villages, three towns and a considerable area of unorganized territory. The population is roughly 65,000. The region is bounded on the west by the Province of Saskatchewan, on the east by Lake Winnipegosis and the northern part of Lake Manitoba, on the south by Riding Mountain National Park and on the north by the 53rd parallel. The two main commercial centres are Dauphin and Swan River and it is in

these towns that our two district offices are located. The primary industry is farming, but there are a number of lesser industries including fishing and trapping which provide a somewhat precarious and unpredictable livelihood. I wish particularly to acknowledge the exceptional effort put forth by the social work staff which maintained service at a reasonable level during the period of acute staff shortage. A similar acknowledgment is due to the very excellent clerical staff whose skills and dependability have always been one of the main strengths of this office.

The number of active cases at the beginning and end of the calendar year was as follows:

Active Cases - Dauphin Region				
	Dauphin		Swan River	
	1. 1. 1959	31. 12. 1959	1. 1. 1959	31. 12. 1959
Financial Assistance	350	346	141	115
Child Welfare	235	249	123	109
Other Categories	15	23	46	17
TOTALS	600	618	310	241

The caseload has been a very active one, as indicated by the number of cases which were opened during the year as follows:

Cases Opened During Year - 1959

	Region	Dauphin	Swan River
Financial Assistance		192	90
Child Welfare		111	43
Other Categories		46	32
TOTALS	514	349	165

While a full breakdown of the categories of cases carried in this region is not provided, we do provide service in all of the various programs carried by this division as there is no children's aid society in the district. This is the only office in our division which continues to provide juvenile probation services. The probation services at Dauphin have been somewhat limited but at Swan River we have provided services for every juvenile who appeared before the court in that area during the year. A total of ten juveniles were placed on probation to our office there.

The most noticeable change in the financial caseload during the year was the reduction in our unemployment relief cases from a total of 35 at the beginning of the year (a peak figure for the past few years) to 17 at the end of the year. This reduction was due largely to a relatively good winter fishing season in parts of our unorganized territory and some increases in pulp-cutting operations during the last part of the year.

The total number of wards and Absolute Decrees for Adoption issued in the region was as follows:

Wards and Absolute Adoptions - 1959

	Dauphin	Swan River	Totals
Wards at January 1 - 1959	79	37	116
Wards at December 31 - 1959	83	32	115
Wards Committed to Director	11	10	21
Absolute Decrees of Adoption Issued	26	5	31

The relatively high number of decrees issued reflects in part the catching-up of a backlog on the part of the division's legal branch. Six children were placed for adoption at Dauphin (three being wards, and three non-wards). Two children were placed for adoption at Swan River during the year (one ward and one non-ward). Twenty-seven new adoption applications were received during the year in the region and 15 adoption applications were approved.

One occurrence at Dauphin worthy of note was a fire at the St. Paul's Home for Aged. This necessitated a temporary replacement of 26 elderly persons during a period of several weeks when repairs were being made to the home. One of our workers provided a considerable amount of assistance with these arrangements both for our own clients in the home and for those being paid for by municipalities.

Another occurrence worthy of mention, although not within the responsibilities carried by this office, was the setting up of a youth club at Dauphin by one member of our staff in co-operation with an R. C. M. P. officer. This project was set up specifically for teenage boys who have been in some difficulty with the law. It has received a considerable amount of support from local organizations and seems to be providing a much needed service. This is being done on the worker's own time and is a good illustration of the kind of initiative on the part of staff which has enabled us to continue providing valuable services despite severe staff shortage problems.

BRANDON REGION

Late in 1959 the two districts of Brandon and Portage la Prairie were amalgamated. The region serves southwestern Manitoba being an area of some 15,000 square miles. Offices are established at Brandon and Portage la Prairie.

Because the amalgamation occurred late in the year separate reports are provided from the former district offices of Brandon and Portage.

Brandon District Office: This office has jurisdiction over 36 municipalities in the southwest corner of the province, plus the unorganized territory south of the Riding Mountain National Park. This territory comprises approximately 10,000 square miles and had a population according to the 1956 census of 109,224 people. The office has been staffed by one social worker and one clerical person. It can readily be realized that distance does not allow as great a service to clients as is desired, but an effort has been made to keep in as close contact as possible by visiting and by correspondence.

The program mainly involves assistance in the form of Mothers' Allowance and Social Assistance but there are other requests made such as investigations of application for the Old Age and Blind Persons Allowances Board. Correspondence is carried on between provinces and municipalities regarding those in need of assistance and, in some cases, arrangements must be made for repatriation of families to and from other provinces, or, it might be that, if repatriation is not considered feasible or advisable, the granting of assistance may be the solution to their problem.

Care is given to the aged and infirm, in some cases paid for entirely and in others their Old Age Pension supplemented, in nursing homes, institutions and private homes. At times this is paid through the municipality so co-operation and good relationship must at all times be maintained with those in authority from provincial to municipal levels.

There are many enquiries made for whom no case is opened but in 1959

28 new applications for Mothers' Allowance were dealt with, 20 of whom were enrolled on allowances, and 33 cases were closed or transferred to other districts. Twenty-seven new social assistance cases were dealt with and disposal given to 39 cases. One immigrant case was dealt with and four new aged and infirm persons cared for and three cases closed.

Thus the year 1959 has been a busy one, staff having been involved also in planning and arranging for the expansion of the program under The Social Allowances Act. There has been a greater amount of decentralization of work and this has meant a great deal more work and responsibility for the district office and worker.

Portage District Office: This district serves a geographic area which could be described as Central Southern Manitoba.

There is a wide variance in the economy of the district. In the southern area there are many small industries and generally fairly prosperous farming. In the northern part farm land is poor and fishing is the main seasonal source of income for most families. In the area on the edge of Lake Manitoba especially, livelihood is mainly on an existence basis.

The total caseload has remained fairly stable with an over-all increase of ten cases in the first ten months. This would appear to be mainly in the "Mothers' Allowance" caseload, with other classifications varying little over the year.

The administrative work load has been heavy in the past year. During the third quarter transference of all Mothers' Allowance cases to Social Assistance accounting procedures was accomplished. Our staff then began the task of transferring about 80 Mothers' Allowance cases to the Central-Interlake Region. This was made necessary due to the reorganization of regions in preparation for the proclamation of the Social Allowances legislation. This involved many hours of concentrated effort and considerable after hours' work on the part of our staff.

This year as in years past we have received excellent co-operation from the Children's Aid Society of Central Manitoba. Most of our 12 wards are placed in foster homes under supervision of the children's aid staff.

Increasingly, we have received the co-operation of municipal officials. We have been asked by many secretary-treasurers for suggested financial assistance rates and for guidance in administration of assistance. We feel that we have been partly successful in reaching the understanding that co-operation between our office and the individual municipality is a basic necessity.

Our staff worked diligently and unselfishly in trying to maintain a good standard of performance. They must be commended for this, as without their sincere effort a high standard of service could not be attained.

CENTRAL-INTERLAKE REGION

During the past year, this regional office has provided welfare services in the Interlake area, plus the municipalities of Charleswood and Assiniboia and carried a generalized program of financial assistance and child welfare services. There is no children's aid society family service agency or probation service in the area and our workers are called on to give casework service with many welfare problems which in an urban area would be dealt with by a specialized social agency.

Towards the end of the year, the area covered by the regional office was extended to cover 17 additional municipalities in the south-central part of the province. The total population including the extended area was 79,102 at the

1956 census.

At the end of the year, the social work staff comprised one district supervisor, four professionally-trained and experienced caseworkers and six untrained welfare workers.

The average number of families and individuals in receipt of service during the year was 820 with an average of 14 new requests for service each month.

The number of families enrolled on Mothers' Allowance in the area declined slightly, 124 being enrolled at the end of December 1959, as compared with 132 enrolled on January 1st, 1959. This may be because of the drift to the city of families whose breadwinner is deceased or disabled on the basis of better opportunities for employment for the older children and in some cases better education for the younger children.

Unemployment was quite high in the Interlake area in the winter of 1958-59 among families who depend on casual labour. This was partly due to general economic factors and partly to the severe winter and heavy snowfall. However, this tapered off at the beginning of the summer. The closing of commercial fishing at the southern end of Lake Winnipeg for the summer fishing season did not result in increased applications for assistance because some road construction work was provided in the affected areas and because of generally improved economic conditions.

Many of the farmers in the Interlake area were unable to harvest their crops last fall due to the late seeding and early snowfall. This caused an increase in requests for relief at the beginning of the winter 1959-60 and has more than offset the general improvement in economic conditions.

We have continued our policy of trying to find permanent homes, preferably adoption homes, for the children in our care who are permanent wards of the director and for the first time for a number of years there is a slight decrease in the number of children under care. We had 105 children in care at December 31st, 1959 as compared with 109 at December 31st, 1958. This includes 19 temporary wards, some of whom will be returned to their parents. During the past year 16 children were apprehended, the adoption of eight wards was completed and five more placed in adoption homes. Eight children were returned to their parents, eight were self-supporting and five reached 21 years of age.

The casework with these children is very time consuming and requires a high degree of professional skill, but it is very rewarding, both in human and material values.

Twenty-five referrals were made during the year of families where the children were in need of protection services and at the end of the year we were giving family service to 68 families, as compared with 62 at the beginning of the year.

Service was given to 39 unmarried mothers during the year, of whom 17 were new referrals or requests for service.

An unsuccessful effort was made during the year to try to reduce the backlog of adoption applications; 13 homes were studied and children placed in them. Adoptions were finalized for 19 children which includes the wards already mentioned. However, 14 new applications were received during the year and there are still 41 adoption applications awaiting study and 35 adoptions awaiting processing where the child has been privately placed, usually the mother's own child or a relative.

EASTERN REGION

During the past year the volume of activity for this region has remained at about the same level as for the preceding year. In terms of numbers this means a caseload that has varied from between 1,100 to 1,200 cases per month throughout the year.

There was a marked decrease in numbers of unemployment assistance cases in the southern part of the region where employment opportunities opened up and only a handful of families were assisted, whereas in the previous year financial help was given to more than 50 families because of unemployment. In the northern part of the region, along the eastern shore of Lake Winnipeg, there were again, this year, from 40 to 50 cases needing assistance because of poor fishing conditions. Aid to people in this area has been required at about the same level for the past five years; prevailing conditions would seem to indicate a similar continuing requirement, at least in the immediate future.

There has been little if any variation in the number of Mothers' Allowance cases over the past year. These have remained at around the 275 figure. Social Assistance cases, other than for reasons of unemployment, that is, those generally requiring long-term assistance, have also remained about the same; in the neighbourhood of 200 cases. In addition there were some 30 odd cases in which care for the aged and infirm was required.

In the child-care program, a difficult problem was encountered, and remained unsolved, in regard to foster homes for children. Although the number of wards remained the same at 165, including 18 in the care of other child-caring agencies, the number of foster homes decreased from 58 in 1958 to 36 in 1959. This region has a very small area from which to obtain foster homes and although attempts were made to obtain suitable homes from other child-caring agencies, very little success was encountered in this respect. The unfortunate result was that some children had to be placed in less suitable homes, and in one or two instances had to be placed in institutions because no foster homes were available.

Another serious problem exists in the lack of children to place in adoptive homes which have been studied and approved for the placement of children. It was possible to obtain only a few children for placement. The problem has persisted for the past two or three years, with the result that approved adoptive homes now considerably outnumber the children available to this particular region. There were a few less cases of unmarried mothers during the past year than in the previous year and this meant fewer children available for adoption, which, in turn, tended to make the adoptive problem more acute.

In the field of community relations, this region has had to depend again, as in many years past, upon the R. C. M. P. for help with Social Assistance applications in particular, in the remote and sparsely populated areas along and to the east of Lake Winnipeg.

Staff turnover again posed a problem in trying to maintain a standard of service to clientele in the region. From a casework staff of eight at the beginning of the year, there were four departures.

Winnipeg Mothers' Allowance and Special Assistance Branch

Our annual report of last year was largely devoted to a description of our area served, of the needs of families in receipt of assistance and of service given with a brief statistical reporting. As much time has been spent throughout the year 1959 on certain aspects of our program. This report will be devoted to them,

but we include a statistical reporting for comparison with the year 1958.

During the calendar year 1959, 101 new families were enrolled on allowance: Of the 101 families, 46 were eligible by reason of death of the husband, 45 by reason of disability of the husband and ten by reason of desertion. At the close of the year 455 families were in receipt of a monthly allowance for basic maintenance needs: This represented a cost of \$60,113.97 for December and an increase of 26 families on enrolment over December 1958. It is interesting that whereas there was an overall increase of 74 families enrolled for allowance throughout 1958, the increase for 1959 has been only 26 families. This smaller overall increase might be a result of the high number of cancellations and improved Intake Service as well as a result of unknown natural causes. Allowance was cancelled in 84 cases during the year. In 12 cases the father regained his health and returned to work; in 17 cases the mother remarried; in 29 cases the family became self-supporting by employment of the mother and older children; in 20 cases the families became ineligible when the children became over-age; two families left the province and one family was cancelled for non-compliance with regulations.

With the passing of The Social Allowances Act together with certain existing timely readiness for a "stock taking" this branch and the division, as a whole, undertook an examination of our office methods and procedures and of our organization in giving service. Our aim was to determine whether there were any ways in which we could improve our service to families in need of allowance.

The first undertaking was to bring all cases served under one procedural system. Prior to this year we had operated with two - not entirely different but also not identical - systems, the one originating from the Social Assistance program and the other from the Mothers' Allowance program. With the passage of time bringing these two programs closer together it was left for certain adaptations to be made to bring them under one system. This was not in any way a change in the programs themselves or of allowance granted but was an internal change to uniformity in administration. In this branch it required three months to bring about this change while still carrying out our normal functions relating to establishing eligibility for allowance, enrolment, adjustment and giving of service to our families. This change then enabled us to proceed in the summer months to transferring certain administrative tasks relating to enrolment of new cases from social work staff to office staff. In the fall months we were able to transfer similar tasks relating to continuing caseloads.

The year 1959 saw the addition of one social worker to our Mothers' Allowance section staff. This was necessary as a result of an overall increase in families served over the past few years. This additional staff person provided this section with the opportunity of testing out a somewhat different organization of field staff in giving service. Rather than increasing the number of caseloads from four to five, we use this fifth person on Intake so that all new enquiries and new enrolments were carried by one person. She also carried a small caseload of families requiring intensive help for a period of time.

We believe that a person's first contact with our office greatly influences how we will work together in the future. We are hopeful that, with the plan of providing for more time and skills in our beginning contacts with new families, we will be able to know more surely at an earlier time just what additional service any one family will need to be best helped to make the most effective use of

their own resources and of allowance granted. We are satisfied that our experience with this Intake method to date has shown an improvement in client-understanding of our program and we are hopeful we will later have the opportunity from this to assign families to field workers on a more selective basis to provide service more related to the special needs of certain families within our staff resources.

The closing months of 1959 saw this Mothers' Allowance section preparing strenuously for the role it would play in the new program under The Social Allowances Act. The full development of this task belongs in next year's report.

There were few changes in the Special Assistance section of this branch this year. At December 31st, 1958 we were granting assistance to 75 aged and infirm persons. This is a decrease of 24 over this time last year. The monthly cost in providing maintenance to these persons, mostly in nursing homes or homes for special care was \$9,200.00. This represented an increase of about \$500.00 largely attributable to the increased cost of nursing home care. This section did undertake the new tasks of receiving and processing accounts for 60 mentally defective persons boarding in the community and of 35 polio home care patients and their families. The monthly cost of these programs has averaged \$3,500.00 and \$4,000.00 respectively.

We experienced a substantial increase in the indirect program where assistance is provided by municipalities to families or transient persons who are a responsibility of the province. Whereas in 1958, the monthly average was 500-600 families per month, this increased to 800-900 during 1959. The average for transient persons remained at 100-300 per month. The increase in this program, reflects the unemployment situation and indicates that more persons were unemployed for periods during 1959. The monthly cost of the program, however, did not increase at the same rate as the number helped - from \$40,000.00 to \$45,000.00 - which suggests that many persons needed help for only brief periods of unemployment.

Winnipeg Child Placement Branch

This branch, which operates in the Greater Winnipeg area, carries two major child welfare programs as its responsibility. These programs are Adoption Home Finding and Ward Care.

The Adoption Program offers services in the placement of children surrendered voluntarily by their parent(s) or guardian(s) for adoption; the investigations of applications for children where one adopting parent is the child's own mother or other relative or for children placed privately.

In branch placements adoptive parents are carefully selected to meet the individual needs of each child who is waiting for a new set of parents. We have noted in the past year a continuing increase in the numbers of prospective adoptive parents whose flexibility concerning such factors as age, sex, racial origin, health problems, and mental limitations has enabled Manitoba placement agencies to secure the happiness and welfare of a larger number of children who so greatly need the understanding and acceptance offered by such parents.

Continued effort and co-operation of the agencies and nursing homes serving unmarried parents, and of adoption placement agencies serving children surrendered for adoption has resulted in placement of infants and children at a younger age. The percentage of children placed for adoption before they were three months' old increased from 75 percent in 1958 to 81 percent in 1959. This

trend is most gratifying, since the child benefits so greatly by individualized, loving parental care from the first days and weeks of his life.

However, it is not always possible to place a child in early infancy. The reasons may lie in such factors as resolution of the natural parents' planning for the child, clearance of a legal problem, or a particular need of the child which necessitates a longer search for his new parents.

Ward Care: Wards of the director for whose care and supervision this branch is directly responsible are those wards: (1) who have been committed permanently to the guardianship of the director prior to July, 1958; and (2) whose parents residence is not in any one municipality in Manitoba. In this group of children are nine of pre-school age and only four of this number are adoptable. Placement of these four children in adoptive homes is currently pending.

Those wards who are being cared for in foster homes will remain in these homes where they have been accepted as family members for many years and where the bonds between the child and the foster family are positive and meaningful and will not be broken by arbitrary removal. The positive contribution of these foster parents to the welfare and happiness of the children in their care cannot be over-emphasized.

Wards

Wards of the Director:

1. Temporary guardianship	62
2. Permanent guardianship	<u>180</u>
	<u>242</u>

All Wards:

A. Non-Pay Care

1. In adoption homes	34	
2. Self-supporting	14	
3. Government institutions	3	
4. Correctional institutions	3	
5. Free Home	<u>6</u>	60

B. Pay Care

1. In (permanent) foster homes	33	
2. In treatment institution	8	
3. In boarding homes	11	
4. In care of other agencies	<u>130</u>	182
		<u>242</u>

Decrees Absolute of Adoption Obtained in 1959 for Child Placement Branch:

Branch placements: Wards of the Director	18	
Non Wards	<u>133</u>	151
Mothers' own children	54	
Relatives' children	11	
Children placed privately	<u>14</u>	<u>230</u>

Many of our wards, however, have experienced severe emotional and material deprivation in their earliest years and they encounter more than the usual amount of difficulty for a longer time in their adolescent striving for a sense of identity, worth and acceptance in the adult world. Their special needs for shelter, training, and treatment, in some cases may not be met because of lack of suitable community or professional resources.

CHILD PLACEMENT BRANCH STATISTICS

	Foster Homes		Open Adoptions		Private and		Relatives		Mothers' Own		Total
	Wards	App.	In Use	App.	Homes A. App.	Homes A. App.	Homes A. App.	Homes A. App.	Homes A. App.	Req.	Uncl.
As at Dec. 31/58	204	20	30	521	196	60	25	77	32	49	54
1959 Intake	108	18	28	225	145	33	21	87	35	179	29
TOTAL	312	38	58	746	341	93	46	164	67	228	83
1959 Outgo	70	23	27	357	155	44	27	54	54	176	50
Balance,											
(as at Dec. 31/59)	242	15	31	389	186	49(1)	19(2)	110	13	52	33
											1,139

NOTE:

- (1) Of 49 applications for children placed privately 11 are for relatives' children.
- (2) The number of private adoptions awaiting decrees includes six applications for relatives' children.

	Religion		Heb.	Age of Children at Time of Placement										Total	Others		
	R. C.	Prot.		Under 1-2		2-3		3-4		4-6		6-12				3-4	
				mos.	yrs.	mos.	yrs.	mos.	yrs.	mos.	yrs.	mos.	yrs.			mos.	yrs.
Non-Wards	43	86	1	130	26	54	26	3	8	9	2	1	-	-			
Wards	4	4	-	8	-	-	1	-	-	2	2	1	-	2			
TOTALS	47	90	1	138	26	54	27	3	8	11	4	2	-	2			

The branch also participated in the planning for adoption placement of an additional 25 non-wards by other district offices and children's aid societies.

One ward of the branch was placed for adoption by another agency. It is not included in the foregoing.

At this time the branch shares a major problem common to most agencies, namely, the lack of an adequate number of fully qualified professional personnel on both caseworker and supervisory levels. Regardless of the devotion of staff to its duties and goals, this problem cannot but operate to the detriment of the services and clients. We realize that there is no immediate solution to this problem which may be met only by expansion of the School of Social Work, continued provision of adequate bursaries for prospective staff attending the school, and an intensified in-service training program and vigorous recruitment.

Administration of the Broadway Home

During the year 1959 the rehabilitation program for mentally retarded persons at Broadway Home has been expanded to include the rehabilitation of boys, also from the Manitoba School at Portage la Prairie. This expansion has required a large amount of thought and preparation on behalf of the Broadway Home committee and the office staff. It has required a revision of the present policies as set down by the committee and the addition of one social worker to the existing staff.

The introduction of a program to rehabilitate boys from 20 years of age up, has required an enormous amount of work in the field of public relations. The public in general are sufficiently acquainted with the girls from Broadway Home that a new employer has a very good idea of what he may get when he takes on an employee from Broadway Home. However, the introduction of boys to the scheme presents a big problem insofar as it is necessary to investigate without any precedent entirely new areas for employment and to interpret the possibilities of these boys as employees.

Altogether five boys have been brought to Winnipeg this year within the age group of 20 to 25 years. One boy started out working in a market garden and was placed in a foster home with a nearby farmer. Within a year he had rendered such excellent service to the farmer during his spare time that when his market gardening work finished he was employed full time on the farm and has become practically one of the family. Another boy was apprenticed to hairdressing. He also made excellent progress and at the end of his year's apprenticeship will be discharged from the care of the committee. He is staying in his original foster home and his wages are sufficient to supply all his needs. Two other boys are doing equally well. A fifth boy who has shown himself to be rather immature will probably be returned to the parent body for another year's training. We feel that the success of these boys will be very beneficial in convincing the community that there is work and services which these people are able to do provided they have the necessary training followed up by sufficient supervision in the early days of their rehabilitation course. The most important and time consuming part of this branch of our rehabilitation scheme is finding the right job for the right boy; as, with these retarded people, interest plays a large part in how efficient they can become in any particular job.

At present we have 18 girls living in Broadway Home, and six girls living elsewhere under supervision. Our field of employment for these girls has also enlarged inasmuch as we are no longer confined to domestic work but have moved into the field of hairdressing and catering. Our girls are being encouraged to move out into the community for social purposes and are finding their recreation in more diverse ways. This is of great benefit to the girls themselves as they are thus better prepared to fit into the general community pattern

when they are discharged.

The addition of one social worker has been of great value as this worker came to us with many years' experience with girls living in small institutions.

It is foreseen that in the near future we will be greatly helped by the new rehabilitation and training scheme which is being put into affect at the Manitoba School at Portage la Prairie, which is our parent body, and from which we receive all our candidates for rehabilitation.

The plan of putting boys into foster homes and finding employment for them may have to be reconsidered in the light of the availability of foster homes. It may be that the possibility of opening a home similar to Broadway Home for boys may have to be considered in the near future. This will be influenced by two factors, i.e., the amount of training and socialization which can be given at the Manitoba School and, as previously stated, the number of foster homes available.

We are now profiting from the fact that our housemothers are working a 40 hour week. Working with mentally retarded people is very exhausting. In most cases they are demanding and dependent and this requires endless patience and maturity of personality on the part of staff. Also it provides a larger proportion of normal people in the group, who will each in turn have an influence on the trainees.

It is significant that our statistics for 1959 show an increase of \$2,976.00 in total earnings by trainees over 1958; also a similar increase of \$1,181.00 is shown in refunds towards maintenance in 1959. This in itself speaks of an increase of services rendered to the community by the trainees of Broadway Home rehabilitation scheme. The per diem cost of this service was \$2.58 which if compared to the overall cost of maintaining these people in an institution for the rest of their lives would seem to be a good investment.

We are very grateful to the various groups of volunteers who have so generously given of their time to instruct and entertain our boys and girls; also our employers without whom this scheme would not be possible. Our two-week camp every summer is a wonderful example of how these boys and girls can fit into the community and become good citizens, undistinguishable from their environment.

Broadway Home Comparative Statistics

	<u>1958</u>	<u>1959</u>
No. of trainees in care as of January 1st	23	
	plus 1 out patient	24
No. of trainees in care as of December 31st	24	
	plus 1 out patient	28
No. of trainees admitted during the year	6	9
No. of trainees discharged	1	-
No. of trainees returned to parent institution	-	3
No. of trainees transferred to Selkirk Hospital for Mental Diseases	-	2
No. of girls in residence December 31st	14	18
No. of trainees living out (under supervision) December 31st	10	
	plus 1 out patient	10
Total number of days' care	7,574	9,437
Days' care (living in)	3,679	6,024
Days' care (living out)	3,895	3,413
Estimated total earnings-Less board and room	\$ 7,066.	\$ 10,042.
Refund by trainees towards maintenance	1,488.	2,669.
Total No. of days employment	5,739	8,389

Conclusion

As in past years we wish to acknowledge our appreciation to the many persons, agencies and organizations as well as other departments of governments with whom we work closely in the common purposes of our program. We extend our appreciation to these and, as well, to all members of staff who have worked with diligence towards these same ends.

Report of the Old Age Assistance and Blind Persons' Allowances 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 1959.

The Old Age Assistance Act: The scheme for the payment of assistance to persons in the age group 65-69 went into effect as of January 1st, 1952, so that at the end of December, 1959, the plan had been in operation for a full eight years.

At the commencement the maximum amount of assistance was \$40.00 per month, and the total allowable annual income was \$720.00 for a single person, and \$1,200.00 for a married couple. The present maximum allowance is \$55.00 per month, and the ceiling incomes have increased to \$960.00 per annum for a single person, and \$1,620.00 for a married couple.

As at December 31, 1953, there were 4,968 persons receiving assistance. Four years later this had decreased to 4,440. Since the increase in the maximum allowance and increases in the ceiling incomes permitted were made in 1957, there has been a gradual increase in the number qualifying. As at December 31, 1959, the Old Age Assistance payroll had reached 4,979.

The following table sets out the number of applications received since the commencement of the scheme and the disposition of these:

Old Age Assistance

No. of applications received from September, 1951, to December 31st, 1959		18,029
Payments of assistance for the month of December, 1959	4,979	
Payments of assistance suspended	466	
Applications rejected - now approved	1,034	
Applications withdrawn at own request	174	
Deceased	1,665	
Transferred to other provinces	346	
Approval of provincial portion of assistance being charged to Manitoba where the recipients are residing	155)	
in other provinces	17)	172
Transferred to Old Age Security	7,745)	
Now deceased	1,003)	8,748
Applications still outstanding as at December 31st, 1959	445	
	<u>18,029</u>	<u>18,029</u>

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1959, to December 31st, 1959:

	<u>1959</u>	<u>No. of Applications</u>	<u>No. of Deaths</u>
January		136	14
February		141	16
March		152	19
April		134	16
May		149	23
June		139	12
July		160	14
August		113	7
September		143	12
October		146	6
November		146	12
December		<u>143</u>	<u>21</u>
		1,702	172

The Blind Persons' Allowance Act: The number of persons in receipt of allowances under the Act has remained at about the same figure for the past eight years. As at December 31, 1952, 431 persons were receiving the allowance. As at December 31, 1959, the number was 402.

The amount of the monthly blind allowance is the same as for recipients of Old Age Assistance and the Disabled Persons' Allowance, but the annual ceiling incomes permitted are larger, being \$1,200.00 for a single person, \$1,680.00 for a blind 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 being blind.

The Government of Manitoba has an agreement with the Federal Government which provides for treatment of all recipients of the blind allowance where treatment, or an operation, might restore vision. The board makes the arrangements for treatment, pays the medical, travelling and other incidental costs, and the Federal Government reimburses the province to the extent of 75 percent of these costs. Since this plan has been in operation, 17 persons have received treatment.

The following table sets out the number and disposition of the applications received from January 1st, 1952, up to December 31st, 1959:

No. of applications received from January 1st, 1952, to December 31st, 1959		960
Cheques issued for the month of December, 1959		402
Applications rejected on the basis of applicants being in- eligible with respect to degree of blindness and other grounds	154	
deceased	<u>26</u>	128
Applicants moved to another province or country		60
Allowances suspended for various reasons		76
Applications withdrawn at own request		15
Deceased		127
Applications awaiting certification of blindness or other information		17
Transferred to Old Age Security		<u>135</u>
	- 166 -	960

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1959, to December 31st, 1959:

<u>1959</u>	<u>No. of Applications</u>	<u>No. of Deaths</u>
January	3	1
February	3	1
March	4	3
April	1	1
May	3	2
June	5	1
July	9	2
August	7	-
September	6	1
October	5	1
November	3	-
December	<u>5</u>	<u>1</u>
TOTAL	54	14

The Disabled Persons' Allowances Act: The Disability Allowances program has been in operation for five years as at December 31st, 1959.

The maximum amount of the allowance is \$55.00 per month, and the maximum annual incomes permitted are \$960.00 for a single person, and \$1,620.00 for a married couple.

The following table sets out the number of applications received, and the disposition of these, up to December 31st, 1959:

<u>Disability Allowances</u>		
No. of applications received up to December 31st, 1959		3,821
Applications rejected on medical grounds		1,786
Applications rejected on other than medical grounds	134	
Applications now approved	<u>77</u>	57
Cheques issued in December, 1959		1,347
Applications withdrawn at own request		58
Transferred to other provinces		35
Deceased		324
Applications outstanding as at December 31st, 1959	144	
Re-Applications	<u>33</u>	111
Suspended		93
Approval of provincial portion of disability allowance being charged to Manitoba where recipients are residing in other provinces		<u>10</u>
		3,821 3,821

The Board's Responsibilities under The Hospital Services Insurance Act: Under this Act, recipients of Old Age Assistance, Blind Persons' Allowance or Disability Allowance come within those classes of persons referred to as "Recipients of public assistance", and are exempt from payment of hospital premiums.

Recipients of the Old Age Security pension, for persons 70 years of age and over, who can pass the "means test", are also exempt. The Board operates the "means test". Up to December 31st, 1959, 25,552 applications for exemption had been received. Of these, 19,597 had been approved. In addition to these, there were 609 Indians living on Indian Reservations approved for exemption. For convenience of administration, Indians receiving the Old Age Security pension are dealt with as a group.

Residents of hospitals for mental diseases who are not otherwise exempt, may be exempted by the board if they can pass the "means test". The test is based on that established by The Disability Allowance Act and Regulations. Up to the end of December, 2,053 residents of hospitals for mental diseases had been exempted.

Another group eligible for exemption are those persons over 70 years of age, who, because they lack residence requirements, have not been able to qualify for the Old Age Security pension. This has proved to be a small group. Out of 24 persons who applied up to December 31st, 1959, 22 were approved.



