

Annual report of the Medical Health Officer / City of Winnipeg.

Contributors

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CITY OF WINNIPEG
HEALTH DEPARTMENT



ANNUAL REPORT
of the
Medical Health Officer

Year
1961

R.G. Cadham, M.D., D.P.H.

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CITY HEALTH DEPARTMENT

Winnipeg, 1962.

Chairman and Members,
Committee on Public Health and Welfare.

Mesdames and Gentlemen:

I have the honour to present the annual report and the financial statement of the Health Department for the year 1961.

The City Health Department experienced a very progressive year, and essentially a healthy one for the citizens, being marred only by a minor outbreak of Diphtheria, an increase in the incidence of Infectious Hepatitis, and the continued rise in the deaths from Lung Cancer.

Eleven cases of Diphtheria were reported with one death occurring among this group. This death occurred in a young girl with a congenital heart lesion and the cause of death was due to a Diphtheritic Myocarditis. The mother had always considered this child to be in delicate health and for this reason had never felt that the child could withstand the common immunization procedures - hence the child was never immunized. All of the Diphtheria cases occurred in a very restricted and depressed area of the City, and only one of these cases had received immunization although a monthly immunization clinic is held in close proximity to this area. The failure to have these children immunized occurred despite repeated visits by the Public Health Nurse in the area to urge immunization.

223 cases of Infectious Hepatitis (1960 - 145) were reported, which is the largest number to ever occur in Winnipeg, but it is not out of line with the marked increase of this disease all over the continent in the past decade. All household contacts to each case of Infectious Hepatitis were given appropriate prophylactic doses of Gamma Globulin, and to our knowledge no case of Infectious Hepatitis developed in any individual who had received Gamma Globulin.

We were fortunate to experience another year entirely free from Poliomyelitis. Only one case of Polio has been reported in the last three years and that one case occurred in December of 1960. 35 cases of Scarlet Fever were reported during the year. The tremendous progress made in the control of Tuberculosis is depicted in the lowest death rate to ever be recorded, being 3.8 per 100,000 population. Last year the death rate was 6.3 per 100,000 population.

Cancer of the Lung continued its startling increase and is cause for grave concern. There were 88 deaths from this disease, compared to 38 deaths in 1952. The Health Department continued with its anti-smoking educational campaign directed at certain levels of the school population. One of the outstanding players of the famous Winnipeg Blue Bombers assisted in this anti-smoking campaign. Cancer of the Lung is now considered to be

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largely a preventable disease, and it is unfortunate the senior levels of government do not initiate action to prohibit the encouragement of our population to smoke cigarettes which is offered through the various advertising media, in particular television.

For many years overcrowding in Nursing Homes, particularly with bedridden patients occupying the second floor of the older type Nursing Homes, has been a constant worry to the Fire Department and ourselves. With the conversion of the St. Boniface Sanatorium into an institution for the chronically ill (184 beds), we moved all complete bed patients who were occupying a bed on the second floor of a Nursing Home to the St. Boniface Sanatorium, and the Welfare Institutional By-Law was amended to prohibit placing patients who are completely confined to bed above the first floor level in any Nursing Home. This has resulted in a very definite improvement in the environmental conditions in Nursing Homes, and eventually we hope to amend the Welfare Institutional By-Law further to allow more space per patient.

During the year our Nursing Establishment was increased by one Public Health Nurse, and our Dental Establishment by one full time Dentist. We now have the equivalent of 5½ full time dentists working in the School Dental Services. Funds were made available to modernize the mobile dental unit. The problem of dental care for welfare recipients is still with us, but it is hoped that a solution to this problem will be found in the near future.

The Public Health Nursing Service had an extremely active year with 28,687 home visits to infants and pre-school children. Also, 30,762 pupils were referred to the nurses in the schools for various health reasons. The immunization program conducted in the Child Health Centres and in the school population continued at a very high level. The attendance at the classes for expectant mothers is continually growing and consideration will have to be given to instituting classes in the evenings.

The Child Dental Services were, as usual, extended to the limit. 3,300 children attended the dental clinic for treatment and 11,628 dental inspections were completed of children in kindergarten and Grades I and II. Such dental inspections are a very fruitful field for improving the oral hygiene of children in these age groups.

The Inspections Branch had a most satisfactory year. The introduction of a local by-law to prevent any form of incinerators by private citizens has, on the whole, been well received and has dramatically reduced the number of complaints previously received as a result of this offensive practice. The nuisance created by pigeons was again held in check with approximately 2,442 pigeons being shot by our pigeon shooter. The mandatory closing of wading pools in 1959 by the Health Department resulted in the Board of Parks and

largely a preventable disease, and it is unfortunate that the levels of government do not initiate action to provide the encouragement of compensation to make it easier to offer through the various advertising media, in particular television.

For many years overcrowding in Nursing Homes, particularly with bedridden patients occupying the second floor of the old type Nursing Home, has been a major problem. With the conversion of the old building into a Sanatorium into an institution for the chronically ill (100 beds), we moved all complete bed patients to the second floor of a Nursing Home, the Welfare Institutional Building, and patients who are completely confined to bed are now housed on the first floor. This has resulted in the first floor level in any Nursing Home. Improvement in the environmental conditions in Nursing Homes, and especially we hope to avoid the overcrowding in the future, to allow more space per patient.

During the year our Welfare Institutional Building, financed by one Public Health Service, and our Dental Center. We now have the entire dental service working in the Dental Center. We are modernizing the dental unit for welfare institutions. With the dental unit, we will be able to solve this problem. We will be able to solve this problem.

The Public Health Service had an extremely active year with 28,000 home visits to infants and young children. Also, 30,000 patients were referred and treated in the schools for various health reasons. The Institutional Building, located in the Child Health Center and in the Dental Center, continued at a very high level. The attendance in the dental center for expectant mothers is continually growing and considered to have to be given to instructing classes in the evening.

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Recreation introducing a continuous circulation, filtration and automatic chlorination system for all wading pools. The change in the bacterial count indicative of pollution in these pools with the introduction of this system has been nothing less than remarkable.

The Dairy Division carried out 2,797 inspections among the 829 milk producers shipping milk into Winnipeg. 52,626 various bacteriological tests were completed in the laboratory.

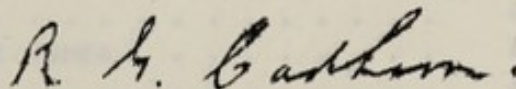
8,102 inspections were made by the Housing Division. Overcrowding in dwellings, as over the past years, continued to be a most difficult problem with which to deal. After exhaustive study the Committee on Health decided not to recommend legislation which would require the registration of all rooming houses. Instead, a house to house inspection of rooming houses was instituted and this system is bearing fruitful results.

The high standard of sanitation and hygiene in all food handling establishments was maintained and it is apparent that the introduction of the Provincial Liquor Control Act contributed to elevating the health standards of many food handling establishments. Some 12,524 inspections were made by the Food Inspectors.

The Division of Sanitation and Hygiene had a very heavy year, completing over 19,000 inspections. The nuisance created by old types of incinerators in apartment blocks built many years ago continues to be one of the main problems of this Division.

In summary, this has been a very satisfactory year, and on the following pages are recorded in detail the activities of the Health Department for the year 1961. The support of the Committee on Public Health and Welfare, as well as that of other elected representatives to the City Council has been appreciated by myself and all other members of the staff.

Respectfully submitted,



R.G. Cadham, M.D.
Medical Health Officer.

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Recirculation introduced a continuous circulation, filtration and automatic chlorination system for all cooling ponds. The change in the bacterial count indicative of pollution in these ponds with the introduction of this system has been nothing less than remarkable.

The Dairy Division carried out 2,797 inspections among 622 milk producers shipping milk into Winnipeg. 22,825 various bacteriological tests were completed in the laboratory.

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R. G. Gadsden, M.D.
Medical Health Officer

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 Director of Health Theory: ...
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STAFF

Medical Health Officer: ...
 Deputy Medical Health Officer: ...
 Assistant Medical Health Officer: ...
 Consultant, Child Care Services: ...
 Director of Dental Services: ...
 Director, Public Health Nursing: ...
 Chief Health Inspector: ...
 Secretary: ...

HISTORY

From a Hudson's Bay Company trading post (Fort Garry) in 1870, with a population of 215, Winnipeg has grown to the size and finish of a first-class city of approximately 258,000 people. When the City was incorporated in 1873 there was a population of 1,869.

The present Health Department may be said to date from 1900 when the late Dr. A.J. Douglas was appointed the first full time Health Officer.

From 1881 to 1900 Winnipeg had a series of part time Medical Health Officers.

In 1941 amalgamation with the School Medical Services occurred and the services increased and extended to all child caring institutions in the City without distinction. This applies to Medical, Dental and Nursing Services.

The Child Health Services Board was set up to help the Department in a consultative manner, meetings being held at the call of the Chairman. This Board was replaced in 1955 by a monthly meeting of the administrative Officers of the School Board and the Health Department.

The Department has now several Branches to carry out the provisions of the Public Health Act of Manitoba, the Health By-law of the City and a number of other City By-laws.

AREA AND POPULATION

The City covers a total area of 25 square miles - land 24.27 square miles (15,723 acres), and water .73 square miles (469 acres). The density of the population is 16.3 persons per acre of land.

For statistical purposes the population for 1961 is 256,733, a small increase from 256,591 in 1960, as determined by the Assessment Commissioner. In 1961 the natural increase (live births less deaths) was 3,539.

MINISTRY

From the Hudson Bay Company (Fort Garry) in 1870 with a population of 21,000 which has grown to the size and kind of a residential city of approximately 27,000 people. When the City was incorporated in 1874 there was a population of 1,482.

The present local government was set up in 1874 when the late Dr. A. H. H. was appointed as the first Mayor.

From 1874 to 1900 the City had a Mayor and a Council.

In 1901 the City was reorganized with the following changes: the City was divided into wards and the City Council was reorganized. The City Council is now composed of 12 members.

The City is now a City of the first class. The City Council is now composed of 12 members. The City is now a City of the first class.

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ANNUAL REPORT

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VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1961
(Including Non-Residents)

	<u>1961</u>	<u>1960</u>
Live Births	9,439	9,390
Deaths	2,926	3,091
Stillbirths	141	106

Summary of Vital Statistics, Residents, 1961

	<u>1961</u>	<u>1960</u>
<u>Live Births</u>		
Male	3,188	3,235
Female	<u>2,917</u>	<u>3,046</u>
TOTAL	6,105	6,281
Rate per 1,000 Population	23.8	24.5
<u>Deaths</u>		
Male	1,546	1,593
Female	<u>1,020</u>	<u>1,082</u>
TOTAL	2,566	2,680
Rate per 1,000 Population	10.0	10.4
Natural Increase	3,539	3,601
<u>Infant Deaths (-1 year)</u>		
Male	82	96
Female	<u>55</u>	<u>62</u>
TOTAL	137	158
Rate per 1,000 Live Births	22.4	25.1
<u>Stillbirths</u>		
Male	49	57
Female	40	51
Sex Undetermined	<u>2</u>	<u>1</u>
TOTAL	91	109
Rate per 1,000 Live Births	14.9	17.4
<u>Puerperal Deaths</u>	3	2
Rate per 1,000 Live Births	.5	.3

(Population - December 31, 1961 - 256,733)

LIVE BIRTHS, RESIDENTS ONLY

In 1961 there was a total of 6,105 births occurred to Winnipeg residents, giving a rate of 23.8 per 1,000 population compared with the rate of 24.5 recorded in 1960. Boys outnumbered girls in the ratio of 1093 boys to 1,000 girls. First children accounted for 2,153 or 35.3% (35.6%). 1960 figures are in parentheses. Second children 1,617 or 26.5% (27.3%). 5,749 or 94.2% (94.7%) included the fifth child.

INFANT MORTALITY

Deaths of infants under one year of age numbered 137, giving a rate of 22.4 per 1,000 live births as compared with 25.1 in 1960. The rate of 22.4 represents a composite of a rate of 25.7 for boys and 18.9 for girls. There were 93, or 67.9% of the deaths occurred during the first week of life and of these 61, or 44.5% occurred on the first day.

The principal causes of infant deaths were (1960 figures are shown in parentheses) -- Immaturity 32 (36); Injury at birth 15 (17); Pneumonia, all forms, 15 (15); Postnatal Asphyxia and Atelectasis 13 (11); Congenital malformations 21 (25).

A detailed list of the causes of infant deaths is on pages 12 and 13 of this report.

PERINATAL MORTALITY

Perinatal deaths consist of stillbirths plus deaths under one week and the rate is expressed as a proportion of total births (live and stillborn). In 1961 there were 184 stillbirths and infant deaths under one week, which represents a rate of 29.7 per 1,000 total births. Comparative figures for 1960 show 218 perinatal deaths which represents a rate of 34.1 per 1,000 total births.

MATERNAL MORTALITY

There were 3 deaths from conditions pertaining to child bearing, giving a rate of .5 per 1,000 live births.

DEATHS

There were 2,566 deaths of Winnipeg residents in 1961 giving a rate of 10.0 per 1,000 population which is a decrease from the rate of 10.4 recorded in 1960.

Heart diseases were responsible for some 917, or 35.7% of all deaths. Cancer for 465, or 18.1%. Accidents, poisonings and violent deaths caused 145, or 5.7% of all deaths.

Our appreciation and thanks is extended to all those who co-operated with us during the year in permitting us to use the registrations of births and deaths or copies of them, and for the use of the tabulating machines.

LIVE BIRTHS, RESIDENTS ONLY

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1943	4,294	18.9	197	45.9
1944	4,060	17.7	144	35.5
1945	4,210	18.2	134	31.8
1946	5,223	22.6	184	35.2
1947	5,532	23.6	193	34.7
1948	4,779	20.4	153	32.0
1949	4,968	21.2	137	27.6
1950	5,045	21.1	133	26.4
1951	5,254	21.9	115	21.9
1952	5,417	22.5	131	24.2
1953	5,586	23.0	166	29.7
1954	5,920	24.3	145	24.4
1955	6,016	24.2	147	24.4
1956	5,908	23.3	144	24.4
1957	6,067	23.8	180	29.7
1958	5,892	23.1	155	26.3
1959	6,023	23.4	154	25.6
1960	6,281	24.5	158	25.1
1961	6,105	23.8	137	22.4

ORDER OF BIRTH BY AGE OF MOTHER

	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40 & over	Age Unknown	TOTAL	% of TOTAL
1st	1	547	992	418	135	48	12		2,153	35.3
2nd		157	671	485	198	86	19	1	1,617	26.5
3rd		23	283	366	249	104	26	3	1,054	17.2
4th		2	110	205	160	105	27	1	610	10.0
5th			32	96	102	63	22		315	5.2
6th & over			17	69	114	105	41		346	5.6
Unknown								10	10	.2
TOTAL	1	729	2,105	1,639	958	511	147	15	6,105	100.0

LIVE BIRTHS, RESIDENTS ONLY
LIVE BIRTHS, RESIDENTS ONLY

YEAR	BIRTHS	DEATHS	NET INCREASE	RATE PER 1,000	DATE YEAR
1951	2,103	1,174	929	21.3	1951
1952	2,204	1,174	1,030	22.2	1952
1953	2,304	1,174	1,130	23.1	1953
1954	2,404	1,174	1,230	24.0	1954
1955	2,504	1,174	1,330	24.9	1955
1956	2,604	1,174	1,430	25.8	1956
1957	2,704	1,174	1,530	26.7	1957
1958	2,804	1,174	1,630	27.6	1958
1959	2,904	1,174	1,730	28.5	1959
1960	3,004	1,174	1,830	29.4	1960
1961	3,104	1,174	1,930	30.3	1961
1962	3,204	1,174	2,030	31.2	1962
1963	3,304	1,174	2,130	32.1	1963
1964	3,404	1,174	2,230	33.0	1964
1965	3,504	1,174	2,330	33.9	1965
1966	3,604	1,174	2,430	34.8	1966
1967	3,704	1,174	2,530	35.7	1967
1968	3,804	1,174	2,630	36.6	1968
1969	3,904	1,174	2,730	37.5	1969
1970	4,004	1,174	2,830	38.4	1970
1971	4,104	1,174	2,930	39.3	1971
1972	4,204	1,174	3,030	40.2	1972
1973	4,304	1,174	3,130	41.1	1973
1974	4,404	1,174	3,230	42.0	1974
1975	4,504	1,174	3,330	42.9	1975
1976	4,604	1,174	3,430	43.8	1976
1977	4,704	1,174	3,530	44.7	1977
1978	4,804	1,174	3,630	45.6	1978
1979	4,904	1,174	3,730	46.5	1979
1980	5,004	1,174	3,830	47.4	1980
1981	5,104	1,174	3,930	48.3	1981
1982	5,204	1,174	4,030	49.2	1982
1983	5,304	1,174	4,130	50.1	1983
1984	5,404	1,174	4,230	51.0	1984
1985	5,504	1,174	4,330	51.9	1985
1986	5,604	1,174	4,430	52.8	1986
1987	5,704	1,174	4,530	53.7	1987
1988	5,804	1,174	4,630	54.6	1988
1989	5,904	1,174	4,730	55.5	1989
1990	6,004	1,174	4,830	56.4	1990
1991	6,104	1,174	4,930	57.3	1991
1992	6,204	1,174	5,030	58.2	1992
1993	6,304	1,174	5,130	59.1	1993
1994	6,404	1,174	5,230	60.0	1994
1995	6,504	1,174	5,330	60.9	1995
1996	6,604	1,174	5,430	61.8	1996
1997	6,704	1,174	5,530	62.7	1997
1998	6,804	1,174	5,630	63.6	1998
1999	6,904	1,174	5,730	64.5	1999
2000	7,004	1,174	5,830	65.4	2000
2001	7,104	1,174	5,930	66.3	2001
2002	7,204	1,174	6,030	67.2	2002
2003	7,304	1,174	6,130	68.1	2003
2004	7,404	1,174	6,230	69.0	2004
2005	7,504	1,174	6,330	69.9	2005
2006	7,604	1,174	6,430	70.8	2006
2007	7,704	1,174	6,530	71.7	2007
2008	7,804	1,174	6,630	72.6	2008
2009	7,904	1,174	6,730	73.5	2009
2010	8,004	1,174	6,830	74.4	2010
2011	8,104	1,174	6,930	75.3	2011
2012	8,204	1,174	7,030	76.2	2012
2013	8,304	1,174	7,130	77.1	2013
2014	8,404	1,174	7,230	78.0	2014
2015	8,504	1,174	7,330	78.9	2015
2016	8,604	1,174	7,430	79.8	2016
2017	8,704	1,174	7,530	80.7	2017
2018	8,804	1,174	7,630	81.6	2018
2019	8,904	1,174	7,730	82.5	2019
2020	9,004	1,174	7,830	83.4	2020
2021	9,104	1,174	7,930	84.3	2021
2022	9,204	1,174	8,030	85.2	2022
2023	9,304	1,174	8,130	86.1	2023
2024	9,404	1,174	8,230	87.0	2024
2025	9,504	1,174	8,330	87.9	2025
2026	9,604	1,174	8,430	88.8	2026
2027	9,704	1,174	8,530	89.7	2027
2028	9,804	1,174	8,630	90.6	2028
2029	9,904	1,174	8,730	91.5	2029
2030	10,004	1,174	8,830	92.4	2030

ORDER OF BIRTH BY MONTH

MONTH	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030																																																																																								
JAN	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000			
FEB	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000		
MAR	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000	
APR	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000
MAY	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305</																																																																																																																																										

Table Showing Number of Births, Deaths, Infant Deaths And Maternal Mortality With Rates For Winnipeg For Years 1911-1961 * **

YEAR	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 pop.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-1915	5,369	29	2,022	11.1	813	152	35	6.5
1916-1920	5,695	30	2,177	11.5	570	104	35	6.9
1921-1925	5,371	27	1,677	8.5	415	77	25	4.7
1926-1930	4,527	22	1,777	8.7	277	61	26	5.7
1931-1935	3,944	18	1,512	6.9	170	43	20	5.1
1936-1940	3,785	17	1,697	7.7	138	36	17	4.5
1941-1945	4,037	18	1,985	8.7	159	39	10	2.3
1946-1950	5,200	22	2,035	8.7	164	31	4	.8
1951-1955	5,639	23.2	2,220	9.2	140	24.8	4	.7
1956-1961	5,908	23.3	2,438	9.6	144	24.4	1	.2
1957-1961	6,067	23.8	2,551	10.0	180	29.7	2	.3
1958-1961	5,892	23.1	2,566	10.0	155	26.3	4	.7
1959-1961	6,023	23.4	2,738	10.6	154	25.6	2	.3
1960-1961	6,281	24.5	2,680	10.4	158	25.1	2	.3
1961	6,105	23.8	2,566	10.4	137	22.4	3	.5

Table Showing Number of Deaths and Rate Per 100,000 Population From Certain Diseases For Winnipeg For The Years 1911 to 1961 * **

YEAR	T.B.	Rate per 100,000 Population	4 Acute Comm. Diseases	Rate per 100,000 Population	Diseases of Heart	Rate per 100,000 Population	Cancer All Forms	Rate Per 100,000 Population
1911-1915	131	72	142	78	117	64	87	48
1916-1920	136	72	135	72	138	73	135	72
1921-1925	94	48	65	33	174	88	178	90
1926-1930	86	42	37	18	233	115	209	103
1931-1935	65	29	15	7	308	141	268	123
1936-1940	52	24	11	5	450	205	283	129
1941-1945	51	22	8	4	613	270	324	143
1946-1950	34	14	4	2	676	291	333	143
1951-1955	20	8	1	0.4	804	334	412	169
1956-1961	11	5	2	0.8	867	341	464	182
1957-1961	22	9	3	1.2	922	362	413	162
1958-1961	17	7	-	-	958	375	475	186
1959-1961	15	6	-	-	1010	392	482	187
1960-1961	18	7	1	0.3	1005	391	494	192
1961	10	4	1	0.3	917	357	465	181

* 1911-1930 include non-residents. 1931-1961 include residents only.

** 1911-1955 show average figures for the periods.

† Measles. Scarlat Fever. Diphtheria. Whooping Cough.

* 1900-1930 include non-residence

YEAR	POPULATION	DEATHS	PER 1,000	PER 100,000
1900	100	1	1.0	100
1905	105	1	0.95	95
1910	110	1	0.91	91
1915	115	1	0.87	87
1920	120	1	0.83	83
1925	125	1	0.80	80
1930	130	1	0.77	77
1935	135	1	0.74	74
1940	140	1	0.71	71
1945	145	1	0.69	69
1950	150	1	0.67	67
1955	155	1	0.65	65
1960	160	1	0.63	63
1965	165	1	0.61	61
1970	170	1	0.59	59
1975	175	1	0.57	57
1980	180	1	0.56	56
1985	185	1	0.54	54
1990	190	1	0.53	53
1995	195	1	0.51	51
2000	200	1	0.50	50

From Certain Diseases... The Year 1900 Population...

YEAR	POPULATION	DEATHS	PER 1,000	PER 100,000
1900	100	1	1.0	100
1905	105	1	0.95	95
1910	110	1	0.91	91
1915	115	1	0.87	87
1920	120	1	0.83	83
1925	125	1	0.80	80
1930	130	1	0.77	77
1935	135	1	0.74	74
1940	140	1	0.71	71
1945	145	1	0.69	69
1950	150	1	0.67	67
1955	155	1	0.65	65
1960	160	1	0.63	63
1965	165	1	0.61	61
1970	170	1	0.59	59
1975	175	1	0.57	57
1980	180	1	0.56	56
1985	185	1	0.54	54
1990	190	1	0.53	53
1995	195	1	0.51	51
2000	200	1	0.50	50

LEADING CAUSES OF DEATHS, 1961, RESIDENTS ONLY

CAUSE OF DEATH	1 9 6 1		1 9 6 0	
	Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
Heart Diseases (410-443)	917	35.7	1005	37.5
Malignant Neoplasms (140-205)	465	18.1	494	18.4
Vascular Lesions Affecting Central Nervous System (330-334)	295	11.5	246	9.2
Accidents, Poisonings & Violent Deaths (E800-E999)	145	5.6	143	5.3
Pneumonia (490-493)	140	5.5	162	6.0
Malformations and Diseases of Early Infancy (750-776)	123	4.8	124	4.6
Cirrhosis of Liver (581)	27	1.1	38	1.4
Diabetes Mellitus (260)	23	0.9	26	1.0
Bronchitis (500-502)	18	0.7	12	0.5
Ulcer of stomach and duodenum (540-541)	17	0.7	15	0.6
Intestinal Obstruction and Hernia (560-561, 570)	13	0.5	35	1.3
Nephritis and Nephrosis (590-594)	11	0.4	16	0.6
Pulmonary Tuberculosis (002)	10	0.4	18	0.6
Hypertension without mention of Heart (444-447)	10	0.4	12	0.5
Acute Poliomyelitis (080)	-		-	
All other causes	352	13.7	334	12.5
TOTAL	2,566	100.0	2680	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1961, classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International Lists of Diseases and Causes of Death.

LEADING CAUSES OF DEATHS 1961, RESIDENTS ONLY

LEADING CAUSES OF DEATHS 1961, RESIDENTS ONLY

CAUSE OF DEATH	Number of Deaths	Rate per 1000	Number of Deaths	Rate per 1000
Heart Diseases (410-443)	917	35.7	1001	37.2
Neoplasms (140-239)	435	17.5	388	14.4
Accidents (800-899)	382	15.3	343	13.3
Poisonings & Violence (E00-E99)	145	5.8	162	6.3
Diabetes Mellitus (250)	140	5.6	124	4.8
Stroke of Cerebrum and Cerebellum (530-539)	137	5.5	152	5.9
Chronic Bronchitis and Emphysema (480-489)	127	5.1	138	5.3
Alcoholism (290-295)	123	4.9	134	5.1
Septicemia (041-049)	121	4.8	132	5.0
Other Septicemia (050-059)	118	4.7	128	4.9
Ulcer of Stomach and Duodenum (570-579)	117	4.7	126	4.8
Intestinal Obstruction and Hernia (580-589)	115	4.6	124	4.7
Intestinal Infection and Parasitosis (590-599)	111	4.4	120	4.6
Nephritis and Nephrosis (580-589)	107	4.3	116	4.5
Other Nephritis (590-599)	104	4.2	113	4.4
Hypertension without mention of heart disease (401-409)	104	4.2	112	4.3
Acute Myocardial Infarction (410-419)	104	4.2	112	4.3
All other causes	375	15.1	330.5	12.7
TOTAL	2,566	100.0	2,680	100.0

The following pages give particulars of the number of deaths of major residents for the year 1961, classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of International Data of Diseases and Causes of Death.

DEATHS TO WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1961

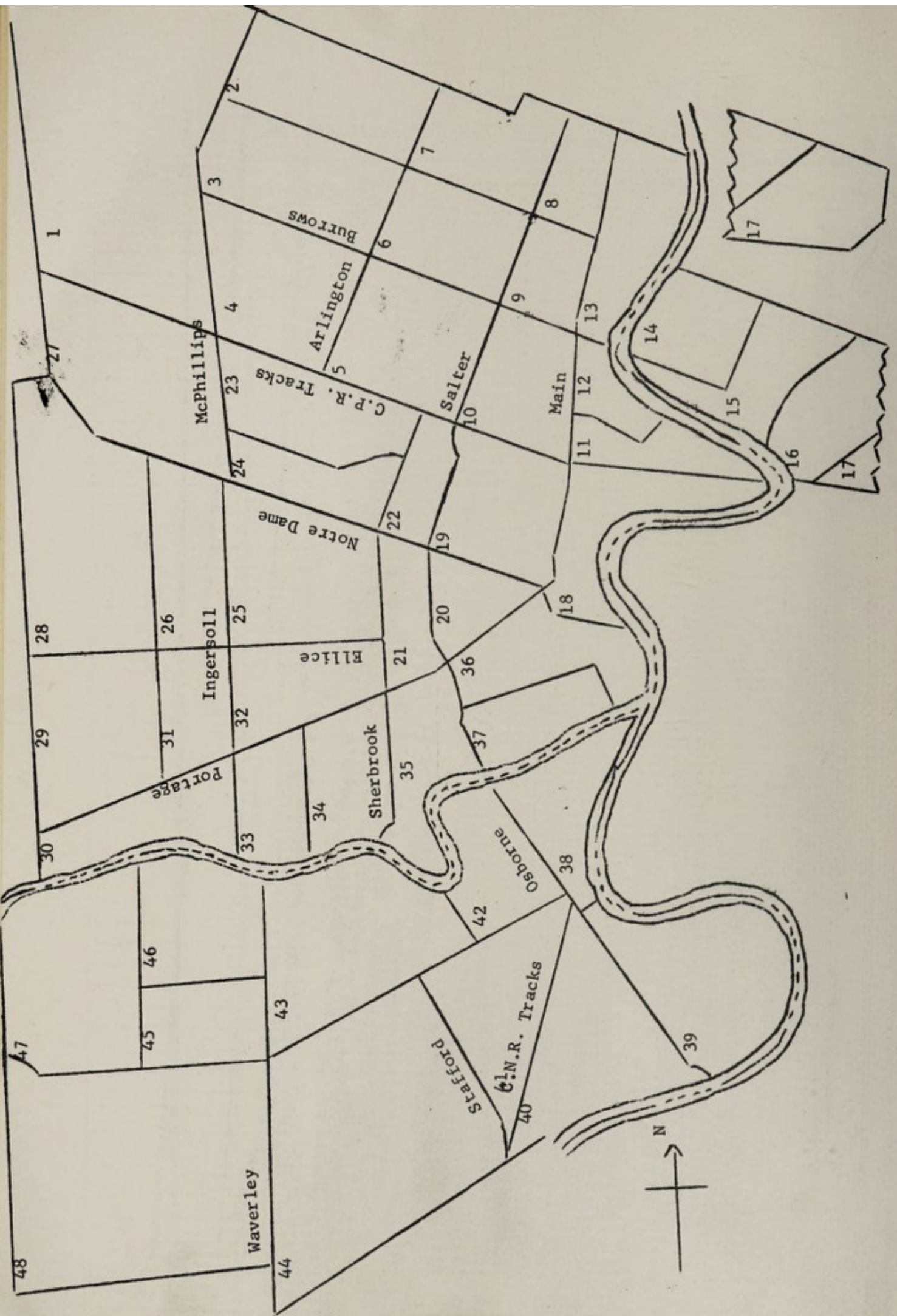
CAUSE	Male		Female		0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	TOTAL
Pulmonary Tuberculosis (002)	8	2					1		1	1	1	1	2	2	3	2	2		10
Other T.B. of respiratory system (001,003-008)	1	2												1	1	1	1		3
Syphilis and its sequelae (020-029)	2	1												2	1				3
Malignant neoplasms including neoplasms of lymphatic and haematopoietic tissues (140-205)	280	185							1	8	17	52	108	62	150	65	2		465
Benign and unspecified neoplasms (210-239)	5	3					1				1	1	2	2	2	2	1		8
Diabetes Mellitus (260)	10	13								1	1	2	2	4	9	4			23
Anaemia (290-293)	4	2													3	1	2		6
Vascular lesions affecting central nervous system (330-334)	158	137			1					1	2	11	30	28	102	98	22		295
Nonmeningococcal Meningitis (340)	-	1															1		1
Chronic Rheumatic Heart Disease (410-416)	13	11									4	6	2	2	9	1			24

INFANT DEATHS, WINNIPEG RESIDENTS, FOR THE YEAR 1961 - BY CAUSE, AGE AND SEX

Code Number	Cause of Death	Total	Male	Female	0-7 Days		8-14 Days		15-21 Days		22 d. - 1 mo.		1 mo. - 1 yr.		
					M	F	M	F	M	F	M	F	M	F	
751	Spina Bifida and Meningocele	4	1	3	1	1									2
754	Congenital malformations Circulatory system	10	7	3	4	1	1		1						2
750, 752, 753 755-759	All other congenital malformations	11	7	4	4	2	2							1	2
760-761	Birth Injuries	15	7	8	7	8									
762	Postnatal Asphyxia and Atelectasis	13	7	6	5	6								2	
763	Pneumonia of newborn	9	7	2	4	2			2						1
764	Diarrhoea of newborn	1	1				1								
768	Other sepsis of newborn	-	-	-											
770	Haemolytic diseases of newborn (Erythroblastosis)	1	-	1		1									
769, 771, 772	All other defined diseases of early infancy	1	1	-		1									
773	Ill-defined diseases peculiar to early infancy	14	8	6	8	6									
774-776	Immaturity with subsidiary condition or unqualified	32	17	15	16	15	1								
	All other causes	26	19	7	1	1		1							18 6
	TOTALS	137	82	55	51	42	5	1	3		1			22	12

NO.	DATE	DESCRIPTION	AMOUNT	INITIALS	REMARKS
1	10-10-55	...	...	...	...
2	10-10-55	...	...	...	...
3	10-10-55	...	...	...	...
4	10-10-55	...	...	...	...
5	10-10-55	...	...	...	...
6	10-10-55	...	...	...	...
7	10-10-55	...	...	...	...
8	10-10-55	...	...	...	...
9	10-10-55	...	...	...	...
10	10-10-55	...	...	...	...
11	10-10-55	...	...	...	...
12	10-10-55	...	...	...	...
13	10-10-55	...	...	...	...
14	10-10-55	...	...	...	...
15	10-10-55	...	...	...	...
16	10-10-55	...	...	...	...
17	10-10-55	...	...	...	...
18	10-10-55	...	...	...	...
19	10-10-55	...	...	...	...
20	10-10-55	...	...	...	...
21	10-10-55	...	...	...	...
22	10-10-55	...	...	...	...
23	10-10-55	...	...	...	...
24	10-10-55	...	...	...	...
25	10-10-55	...	...	...	...
26	10-10-55	...	...	...	...
27	10-10-55	...	...	...	...
28	10-10-55	...	...	...	...
29	10-10-55	...	...	...	...
30	10-10-55	...	...	...	...

MANAGER
 10-10-55



CITY HEALTH DEPARTMENT, WINNIPEG, MANITOBA

NUMBERS ON MAP INDICATE STATISTICAL DISTRICTS

INFANT MORTALITY, 1961, BY DISTRICTS - Residents Only

DISTRICT	LIVE BIRTHS	INFANT DEATHS						STILLBIRTHS		PUERPERAL DEATHS	
		Total		0-14 days		15D. - 1 Yr.					
		No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1	167	1	.6	1	.6	-	-	-	-		
2	63	2	3.2	2	3.2	-	-	-	-		
3	147	2	1.4	1	.7	1	.7	4	2.7		
4	83	2	2.4	2	2.4	-	-	-	-		
5	233	2	.9	2	.9	-	-	3	1.3		
6	251	6	2.4	4	1.6	2	.8	3	1.2	1	.4
7	128	2	1.6	1	.8	1	.8	4	3.1		
8	75	2	2.7	2	2.7	-	-	2	2.7		
9	139	1	.7	1	.7	-	-	5	3.6		
10	178	3	1.7	3	1.7	-	-	1	.6	1	.6
11	27	1	3.7	-	-	1	3.7	1	3.7		
12	77	2	2.6	1	1.3	1	1.3	2	2.6		
13	120	3	2.5	3	2.5	-	-	2	1.7		
14	69	-	-	-	-	-	-	-	-		
15	117	2	1.7	2	1.7	-	-	1	.9	1	.9
16	140	7	5.0	7	5.0	-	-	1	.7		
17	120	1	.8	-	-	1	.8	1	.8		
18	41	1	2.4	1	2.4	-	-	-	-		
19	139	7	5.0	4	2.9	3	2.1	3	2.2		
20	65	-	-	-	-	-	-	1	1.5		
21	219	10	4.6	7	3.2	3	1.4	4	1.8		
22	126	7	5.6	5	4.0	2	1.6	8	6.3		
23	85	5	5.9	4	4.7	1	1.2	-	-		
24	118	4	3.4	3	2.5	1	.9	3	2.5		
25	321	6	1.9	4	1.3	2	.6	3	.9		
26	62	1	1.6	-	-	1	1.6	2	3.2		
27	231	7	3.0	7	3.0	-	-	3	1.3		
28	46	2	4.3	1	2.2	1	2.2	1	2.2		
29	88	7	8.0	7	8.0	-	-	2	2.3		
30	81	3	3.7	2	2.5	1	1.2	3	3.7		
31	76	-	-	-	-	-	-	-	-		
32	227	10	4.4	7	3.1	3	1.3	4	1.8		
33	157	2	1.3	2	1.3	-	-	1	.6		
34	144	2	1.4	1	.7	1	.7	1	.7		
35	195	3	1.5	1	.5	2	1.0	5	2.6		
36	31	1	3.2	-	-	1	3.2	-	-		
37	93	3	3.2	1	1.1	2	2.1	2	2.2		
38	170	3	1.7	2	1.2	1	.5	2	1.2		
39	104	1	1.0	1	1.0	-	-	2	1.9		
40	169	1	.6	1	.6	-	-	1	.6		
41	223	4	1.8	2	.9	2	.9	4	1.8		
42	133	3	2.3	2	1.5	1	.8	1	.8		
43	152	2	1.3	1	.7	1	.7	-	-		
44	117	2	1.7	1	.8	1	.8	2	1.7		
45	33	-	-	-	-	-	-	-	-		
46	36	-	-	-	-	-	-	-	-		
47	59	-	-	-	-	-	-	-	-		
48	230	1	.4	-	-	1	.4	3	1.3		
TOTALS	6,105	137	2.2	99	1.6	38	.6	91	1.5	3	.05
Rates Per 1,000 L.B.			22.4		16.2		6.2		14.9		.5

* Rate Per 100 Live Births.

INFANT MORTALITY, 1901, BY DISTRICTS

DISTRICT	No. of Births	0-15 days		16-30 days		31 days - 1 yr.		STILLBIRTHS No. Rate	TOTAL No. Rate
		No.	Rate	No.	Rate	No.	Rate		
1	107	1	0.9	1	0.9	-	-	-	-
2	63	2	3.2	2	3.2	-	-	-	-
3	147	2	1.4	1	0.7	1	0.7	1.2	0.8
4	83	2	2.4	2	2.4	-	-	3.1	3.7
5	251	6	2.4	2	0.8	1	0.4	2.7	1.1
6	128	6	4.7	4	3.1	1	0.8	3.0	2.3
7	171	2	1.2	1	0.6	1	0.6	1.8	1.0
8	139	2	1.4	2	1.4	-	-	2.7	1.9
9	171	3	1.7	1	0.6	1	0.6	1.8	1.0
10	171	1	0.6	1	0.6	-	-	1.8	1.0
11	171	2	1.2	1	0.6	-	-	1.8	1.0
12	120	3	2.5	1	0.8	-	-	1.8	1.0
13	120	3	2.5	2	1.7	-	-	1.8	1.0
14	62	0	0.0	1	1.6	-	-	1.8	1.0
15	117	1	0.9	1	0.9	-	-	1.8	1.0
16	146	1	0.7	1	0.7	-	-	1.8	1.0
17	120	1	0.8	1	0.8	-	-	1.8	1.0
18	139	1	0.7	1	0.7	-	-	1.8	1.0
19	120	2	1.7	2	1.7	-	-	1.8	1.0
20	62	10	16.3	1	1.6	-	-	1.8	1.0
21	214	1	0.5	2	0.9	-	-	1.8	1.0
22	120	2	1.7	2	1.7	-	-	1.8	1.0
23	120	2	1.7	2	1.7	-	-	1.8	1.0
24	118	4	3.4	1	0.8	-	-	1.8	1.0
25	118	6	5.1	1	0.8	-	-	1.8	1.0
26	251	1	0.4	1	0.4	-	-	1.8	1.0
27	62	1	1.6	1	1.6	-	-	1.8	1.0
28	231	1	0.4	1	0.4	-	-	1.8	1.0
29	46	1	2.2	1	2.2	-	-	1.8	1.0
30	88	1	1.1	1	1.1	-	-	1.8	1.0
31	81	1	1.2	1	1.2	-	-	1.8	1.0
32	76	10	13.2	1	1.3	-	-	1.8	1.0
33	237	2	0.8	1	0.4	-	-	1.8	1.0
34	121	1	0.8	1	0.8	-	-	1.8	1.0
35	144	1	0.7	1	0.7	-	-	1.8	1.0
36	122	1	0.8	1	0.8	-	-	1.8	1.0
37	102	1	0.9	1	0.9	-	-	1.8	1.0
38	31	1	3.2	1	3.2	-	-	1.8	1.0
39	31	1	3.2	1	3.2	-	-	1.8	1.0
40	120	1	0.8	1	0.8	-	-	1.8	1.0
41	104	1	0.9	1	0.9	-	-	1.8	1.0
42	104	1	0.9	1	0.9	-	-	1.8	1.0
43	104	1	0.9	1	0.9	-	-	1.8	1.0
44	104	1	0.9	1	0.9	-	-	1.8	1.0
45	104	1	0.9	1	0.9	-	-	1.8	1.0
46	104	1	0.9	1	0.9	-	-	1.8	1.0
47	104	1	0.9	1	0.9	-	-	1.8	1.0
48	104	1	0.9	1	0.9	-	-	1.8	1.0
49	104	1	0.9	1	0.9	-	-	1.8	1.0
50	104	1	0.9	1	0.9	-	-	1.8	1.0
51	104	1	0.9	1	0.9	-	-	1.8	1.0
52	104	1	0.9	1	0.9	-	-	1.8	1.0
53	104	1	0.9	1	0.9	-	-	1.8	1.0
54	104	1	0.9	1	0.9	-	-	1.8	1.0
55	104	1	0.9	1	0.9	-	-	1.8	1.0
56	104	1	0.9	1	0.9	-	-	1.8	1.0
57	104	1	0.9	1	0.9	-	-	1.8	1.0
58	104	1	0.9	1	0.9	-	-	1.8	1.0
59	104	1	0.9	1	0.9	-	-	1.8	1.0
60	104	1	0.9	1	0.9	-	-	1.8	1.0
61	104	1	0.9	1	0.9	-	-	1.8	1.0
62	104	1	0.9	1	0.9	-	-	1.8	1.0
63	104	1	0.9	1	0.9	-	-	1.8	1.0
64	104	1	0.9	1	0.9	-	-	1.8	1.0
65	104	1	0.9	1	0.9	-	-	1.8	1.0
66	104	1	0.9	1	0.9	-	-	1.8	1.0
67	104	1	0.9	1	0.9	-	-	1.8	1.0
68	104	1	0.9	1	0.9	-	-	1.8	1.0
69	104	1	0.9	1	0.9	-	-	1.8	1.0
70	104	1	0.9	1	0.9	-	-	1.8	1.0
71	104	1	0.9	1	0.9	-	-	1.8	1.0
72	104	1	0.9	1	0.9	-	-	1.8	1.0
73	104	1	0.9	1	0.9	-	-	1.8	1.0
74	104	1	0.9	1	0.9	-	-	1.8	1.0
75	104	1	0.9	1	0.9	-	-	1.8	1.0
76	104	1	0.9	1	0.9	-	-	1.8	1.0
77	104	1	0.9	1	0.9	-	-	1.8	1.0
78	104	1	0.9	1	0.9	-	-	1.8	1.0
79	104	1	0.9	1	0.9	-	-	1.8	1.0
80	104	1	0.9	1	0.9	-	-	1.8	1.0
81	104	1	0.9	1	0.9	-	-	1.8	1.0
82	104	1	0.9	1	0.9	-	-	1.8	1.0
83	104	1	0.9	1	0.9	-	-	1.8	1.0
84	104	1	0.9	1	0.9	-	-	1.8	1.0
85	104	1	0.9	1	0.9	-	-	1.8	1.0
86	104	1	0.9	1	0.9	-	-	1.8	1.0
87	104	1	0.9	1	0.9	-	-	1.8	1.0
88	104	1	0.9	1	0.9	-	-	1.8	1.0
89	104	1	0.9	1	0.9	-	-	1.8	1.0
90	104	1	0.9	1	0.9	-	-	1.8	1.0
91	104	1	0.9	1	0.9	-	-	1.8	1.0
92	104	1	0.9	1	0.9	-	-	1.8	1.0
93	104	1	0.9	1	0.9	-	-	1.8	1.0
94	104	1	0.9	1	0.9	-	-	1.8	1.0
95	104	1	0.9	1	0.9	-	-	1.8	1.0
96	104	1	0.9	1	0.9	-	-	1.8	1.0
97	104	1	0.9	1	0.9	-	-	1.8	1.0
98	104	1	0.9	1	0.9	-	-	1.8	1.0
99	104	1	0.9	1	0.9	-	-	1.8	1.0
100	104	1	0.9	1	0.9	-	-	1.8	1.0

20
2

TOTALS
No. of Births 100
Rate per 100 live births 1.8

Reporting of infectious diseases is no doubt incomplete. It probably is most accurate in those conditions requiring bacteriological or serological confirmation as such conditions are also reported from the laboratories. Hepatitis too is generally well reported as this is necessary for contacts to receive gamma globulin, a prophylactic measure which is widely accepted in this community. Chicken Pox, erysipelas, measles, mumps, and influenza are no longer reportable, except when in unusual circumstances. The various dysenteries, whooping cough, mild scarlet fever, and particularly food poisoning are probably very poorly reported.

In an effort to obtain a better picture of illness in the community the Health Department set up a school surveillance system in 1959. A disadvantage of this system is that it operates only during the school term. The public Health Nurses note illnesses in each school and report these weekly to the central office. While these figures are incomplete and include only the 45,500 school-age children they do afford a much better picture of the prevalence of illness in the community.

The results of the school survey are shown in Table I and comments follow.

1. Non-Specific By far the greatest amount of absenteeism falls into this group often referred to as "flu", characterized by various combinations of headache, fever, chills, sore throat, respiratory and gastric symptoms, diarrhoea, etc. The reporting of these illnesses ran in the neighborhood of 50 - 100 cases per week most of the year, but rose to levels of 203, 291, and 183 the last three weeks of December. The Public Health Nurses keep Hank's solution in the district offices, and where larger outbreaks in single schools occurred swabs were taken for viral and bacteriological examination. The large outbreak in December appeared to be due to adenovirus and coxsackie B4.

3. Impetigo This is the third most common cause of absenteeism. A few cases seem very resistant to treatment, but some of this is due to inconsistent and irregular treatment by disinterested parents.

4. Infectious Hepatitis The largest number of cases ever reported occurred this year with 223. At least 141 or 63% of cases occurred in school age children. The great majority of these cases took place in the area north of the C.P.R. Yards to Mountain Avenue, and east of Arlington to the Red River. This area includes overcrowded homes and the initial area for urban renewal. The schools are mostly older schools. A survey by the Sanitation Department showed these schools to have close to an adequate number of sanitary facilities, but low in wash basins by modern standards.

Most family contacts were given appropriate doses of gamma globulin through private doctors or at the Out-Patient Departments of the hospitals.

There was 1 death from hepatitis - a 3 year old child. This child was exposed to hepatitis at home and received gamma globulin forty-four days before admission to hospital.

8. Ring Worm There were 71 cases of ringworm due to *microsporum audoninii*. Provision is made for free examination of pet dogs or cats by a veterinarian. These children are excluded from school, sometimes for lengthy periods.

12. Pertussis This disease is still notifiable. Only four cases were reported, yet eleven cases were reported via the schools.

14. Diphtheria There were eleven cases of diphtheria during the year with one death. The cases are summarized in Table II. It is seen that only one of the eleven cases had immunization up to date, and only one of the carriers was not fully immunized. Most of the cases were of pre-school ages. The general immunization of school age children is very high due to the school entrance medical and school immunization program. The cases all occurred within a very small area, most on one street. This again is the area of planned urban renewal. In 1956-7 there was an outbreak of 61 cases with four deaths and this same short block was the centre of that outbreak. In the years 1956-61 there have been 78 cases of diphtheria with six deaths, a mortality rate of 7.7%. Frequent free immunization clinics are available in the areas involved, but it would seem almost necessary for an immunization team to make a house to house canvass to ensure that some of these pre-school children are immunized.

15. Pulmonary T.B. This subject is dealt with elsewhere in the report. Two cases were picked up in the high school surveys.

Poliomyelitis No cases of this disease were reported during the year.

Tuberculosis, Pulmonary
Typhoid fever
Typhoid fever Carriers
Undulant fever
Whooping cough
Food poisoning

TABLE OF REPORTABLE INFECTIOUS DISEASES

- 17 -

<u>CASES AND DEATHS REPORTED</u>	<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>
	<u>1961</u>		<u>1960</u>	
Diarrhoea, of the New Born	-	-	10	-
Diphtheria	11	1	2	1
Diphtheria Carriers	12	-	-	-
Dysentery, Amoebic	-	-	-	-
Dysentery, Bacillary	22	-	10	-
Dysentery, Unspecified	-	-	-	-
Encephalitis, Infectious	-	-	1	-
Hepatitis, Infectious	223	1	145	-
Meningitis, (Meningococcal)	4	-	6	-
Meningitis, (Viral or aseptic)	-	-	6	-
Paratyphoid Fever	-	-	-	-
Paratyphoid Fever Carriers	-	-	-	-
Poliomyelitis	-	-	1	-
Scarlet Fever	31	-	48	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	48	10	66	18
Typhoid Fever	-	-	-	-
Typhoid Fever Carriers	-	-	-	-
Undulant Fever	1	-	3	-
Whooping Cough	1	-	52	-
Food Poisoning	4	-	31	-
	<hr/>			
	357	12	381	19
	<hr/>			

Table 1
 Illnesses occurring among 1000 children
 during school term, 1961-62, as
 reported by Public Health Nurses
 (Comparison with actual
 reported illnesses of entire school population of 1000)

Illness	Number	Reported (%)	Actual (%)
1. Non-specific	45	4.5	4.5
2. Chicken Pox	125	12.5	12.5
3. Impetigo	85	8.5	8.5
4. Measles	60	6.0	6.0
5. Infectious Mononucleosis	35	3.5	3.5
6. Infectious Hepatitis	25	2.5	2.5
7. Gonorrhoea	15	1.5	1.5
8. Syphilis	10	1.0	1.0
9. Pertussis	50	5.0	5.0
10. Scarlet Fever	30	3.0	3.0
11. Scabies	15	1.5	1.5
12. Whooping Cough	10	1.0	1.0
13. German Measles	5	0.5	0.5
14. Diphtheria	2	0.2	0.2
15. Pulmonary TB	1	0.1	0.1

TABLE II - DIPHTHERIA 1961

A - Cases

Age	Immunization Status				Total
	Complete	Partial	None	Unknown	
0 - 5		2	4		6
6 - 10	1		2		3
11 - 15		1			1
16 - 20					
over 20				1	1
Total	1	3	6	1	11

B. - Carriers

0 - 5	2	1			3
6 - 10	8				8
11 - 15	1				1
16 - 20					
over 20					
Total	11	1			12

TABLE III - A

Production of...				
Year	...	...	...	...
1950		2	5	7 = 0
1951		2		2 = 0
1952			1	1 = 0
1953				0 = 0
1954	1			1 = 0
1955				0 = 0
1956	1			1 = 0
1957	1	0	3	4 = 0
Total	1	0	3	4 = 0

TABLE III - B

1950		1	3	4 = 0
1951			5	5 = 0
1952	1		1	2 = 0
1953				0 = 0
1954				0 = 0
1955				0 = 0
1956				0 = 0
1957	1	0	1	2 = 0
Total	1	0	1	2 = 0

Winnipeg City Health Department

Tuberculosis Control 1961

The extent of tuberculosis in Winnipeg does not warrant complacency. While deaths continue to decrease, new active cases continue to show little change and even an increase over 1960.

DEATHS

There were 10 deaths from pulmonary disease. The hazards of old age and failing hearts contributed to the excessive deaths in the older age groups.

NEW CASES

There were 68 new active cases found during 1961, a rate per 100,000 of 26.5 compared with 17.4 in 1960 and 26.5 in 1959. The majority of new cases were found in older age groups. There were 13 under 20 and 55 over 20, of which 17 were over 60.

It will be noted that males predominate in both deaths and new cases.

Deaths	Male	9	Female	1
New Cases	Male	44	Female	24
New Far Advanced Cases	Male	6	Female	1

The average age of male far advanced cases on discovery was 55.

SURVEYS

A total of 14,133 persons had a chest x-ray distributed as follows:

Schools & Colleges	2,698
Government	3,576
Industrial	5,926
Others	1,933
	<u>14,133</u>

These yielded only 3 new active cases. During 1961 the x-ray unit at the City Health Department in the City Hall was moved to the National Employment Service, 344 Edmonton Street.

The Sanatorium Board of Manitoba continued to conduct all surveys using the tuberculin test to screen out those who were negative in schools, industrial and government offices. The average positive reactions was as follows:

High Schools	9%
Government	29%
Industrial	38%

This resulted from 24,477 tuberculin tests of which 5,554 were positive

Winnipeg City Health Department
 Tuberculosis Control 1961

The extent of tuberculosis in Winnipeg does not warrant
 complacency. The extensive tubercular infection in the
 city agency. Tuberculosis continues to be a major cause of
 illness to show little change and even an increase over 1960.

DEATHS

There were 10 deaths from pulmonary disease. The deaths
 of old age and were distributed in the following manner:
 The following table contains a list of the tubercular deaths in
 the city agency.

NEW CASES

There were 68 new active cases found during 1961, a rate
 per 100,000 of the population of 12.5. This compares with
 13.5 in 1960 and 14.5 in 1959. The rate for the city as a whole
 was 12.5 and for the province of Manitoba 13.5. There were 13
 under 20 and 55 over 20. The rate for males was 12.5 and for
 females 12.5.

It will be noted that males predominate in both deaths
 and new cases. This is due to the fact that the rate for males
 is higher than for females.

Sex	Deaths	New Cases
Male	6	40
Female	4	28

The average age of male for advanced cases on discovery was 55.
 The average age of male for advanced cases on discovery was 55.

SURVEYS

A total of 16,133 persons had a chest x-ray distributed
 as follows:

Government Employees	2,878
Industrial	2,878
General Public	10,377
Schools & Colleges	2,878
Total	16,133

These yielded only 3 new active cases. During 1961 the x-ray unit at
 the Health Department was used for the following purposes:
 Tuberculosis Control, Industrial, Government, Schools & Colleges,
 and General Public.

The Sanatorium Board of Manitoba continued to conduct all
 surveys using the same methods as in previous years. The
 in industrial, government, and school surveys. The average positive
 reaction was industrial 10.5%, government 10.5%, and school 10.5%.

Industrial	387
Government	387
Schools	387
Total	1,161

This resulted from 26,477 tuberculin tests of which 2,524 were positive
 This resulted from 26,477 tuberculin tests of which 2,524 were positive

TABLE I

Deaths from Tuberculosis

(showing exposure to tuberculosis) and 17,841 were negative. Those with positive reactions were x-rayed.

Of the 68 new active cases 4 arrived in Canada within the last three years. Only one arrived within one year.

The greatest concentration of new cases occurred in the area bounded by Main Street, Portage Avenue, Sherbrooke Street, and the C.P.R. yards, an area of poor housing.

At the end of 1961 there were 1000 cases under supervision of public health nurses. The excellent work of these nurses is vital to the control of tuberculosis.

The average number of city residents in sanatorium during the year was 88 compared to 109 in 1960 and 126 in 1959.

TABLE III

Our thanks are extended to the many organizations that assisted in this work, especially the Sanatorium Board of Manitoba and the Central Tuberculosis Registry.

1959			4
1960	43	17.4	4
1961	68	26.3	3

TABLE IV

Diagnosis of New Active Cases

Pulmonary	49		
Glands	7		
Bone	4		
Plurisy	2	Male	44
Other non-pulmonary	6	Female	24
	68		68

TABLE IIII

X-rays by Units

<u>City Hall (4 x 5 Unit) To Nov. 7, 1961</u>	<u>1961</u>	<u>1960</u>
Survey, contact and others	1,540	2,238
Pre-employment	1,424	2,143
National Employment Service		80
(Nov. 15 - Dec. 29, 1961)	1,182	4,146
		4,563
<u>Mobile Unit (70 M.M.)</u>		
Industrial X-rays	5,926	9,949
Schools & colleges	2,630	734
Nursing Homes	1,382	36
Total X-rays taken	16,133	15,190
Operational sites	28	35
Firms served	125	203

(showing exposure to tubercle bacilli) and 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Those with positive reactions were X-rayed.

Of the 68 new active cases 4 arrived in Canada within the last three years. Only one arrived within one year.

The greatest concentration of new cases occurred in the area bounded by Main Street, George Avenue, Sherbrooke Street, and the C.P.R. yards, an area of poor housing.

At the end of 1931 there were 1000 cases under supervision of public health nurses. The excellent work of these nurses is vital to the control of tuberculosis.

The average number of city residents in sanatorium during the year was 84 compared to 102 in 1930 and 126 in 1931.

Our plans are extended to the many organizations that assisted in this work, especially the Sanatorium Board of Montreal and the Central Tuberculosis Registry.

TABLE I Deaths from Tuberculosis

<u>Year</u>	<u>Number</u>	<u>Rate per 100,000 pop.</u>
1910	164	123.6
1940	52	23.0
1950	21	8.8
1960	16	6.3
1961	10	3.8

TABLE II Age at Time of Death

<u>Age</u>	<u>Number</u>
0 - 19	1
20 - 39	1
40 - 69	4
70 - 89	4
	<u>10</u>

TABLE III New Active Cases of Tuberculosis

	<u>New Cases</u>	<u>Rate per 100,000 pop.</u>	<u>Found on Survey</u>
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.5	3

TABLE IV Diagnosis of New Active Cases

	Pulmonary	49		
	Glands	7		
	Bone	4		
	Pleurisy	2	Male	44
	Other non-pulmonary	6	Female	24
		<u>68</u>		<u>68</u>

TABLE III X-rays by Units

	<u>1961</u>	<u>1960</u>
<u>City Hall (4 x 5 Unit) To Nov. 7, 1961</u>		
Survey, contact and others	1,540	2,238
Pre-employment	1,424	2,145
National Employment Service		80
(Nov. 15 - Dec. 29, 1961)	<u>1,182</u>	<u>4,463</u>
<u>Mobile Unit (70 M.M.)</u>		
Industrial X-rays	5,926	9,949
Schools & colleges	2,698	734
Nursing Homes	<u>1,363</u>	<u>34</u>
Total X-rays taken	<u>14,133</u>	<u>15,130</u>
Operational sites	58	39
Firms served	125	288

TABLE I
Deaths from Tuberculosis

Year	Number	Rate per 100,000 pop.
1910	107	133.6
1920	52	66.0
1930	31	39.1
1940	24	30.3
1951	10	12.8

TABLE II
Age at Time of Death

Age	Number
15 - 19	1
20 - 29	1
30 - 39	4
40 - 49	2
50 - 59	2
60 - 69	10

TABLE III
New Active Cases of Tuberculosis

Year	New Cases	Rate per 100,000 pop.	Found on Survey
1939	18	22.4	1
1940	48	60.5	3
1951	28	35.0	1

TABLE IV
Diagnosis of New Active Cases

Diagnosis	Number	Male	Female
Pulmonary	49	24	25
Extrapulmonary	7	4	3
Primary	4	2	2
Secondary-pulmonary	6	3	3
Other non-pulmonary	68	34	34

TABLE V
X-rays by Units

Unit	1951	1952	Total
Mobile Unit (70 M.M.)	1,182	1,182	2,364
Industrial X-rays	2,928	2,928	5,856
Business & colleges	1,363	1,363	2,726
Schools & homes	1,363	1,363	2,726
Joint X-rays taken	1,363	1,363	2,726
Operational sites	28	28	56
Other	122	122	244
Total	12,180	12,180	24,360

WELFARE INSTITUTIONS FOR THE AGED

The City Health Department spends a considerable amount of its efforts in the regulation and supervision of welfare institutions. These institutions assume the responsibility of care and supervision of individuals unable to care for themselves. They are licensed by the City of Winnipeg under the Welfare Institutions By-law. The responsibility of the Health Department is to ensure that physical facilities meet licensing requirements and that adequate care is being administered. These institutions consist of day nurseries, nursery schools, child care institutions, boarding care homes, and nursing homes. The first three are concerned with care of children and are dealt with elsewhere in the annual report. The latter who care for long term illnesses not requiring active hospital care.

Nursing Homes are for patients with disabilities requiring the skilled nursing care of a registered nurse. Boarding Care Homes need only supply the services and supervision of a licensed practical nurse. The majority of long term illnesses occur in older persons and the need for these institutions is increasing each year with the increase in older population, and increased survival time in long term illnesses.

In the fifteen years between 1941 - 1956 the population of Winnipeg over 65 was increased from 14,142 to 27,727 an increase of 96%, compared with general population increase of less than 15%. Between 1911 and 1956 the population over 65 has increased 14.5 times as rapidly as the general population.

Year	Population of Winnipeg	Population over 65	% over 65
1911	136,035	2,057	1.5%
1941	221,960	14,142	6.4%
1956	255,093	27,727	10.9%
	Population of Suburbs	Population over 65	% over 65
1956	154,028	10,782	7.0%

Winnipeg licenses both proprietary and non-proprietary institutions. The latter are non-profit institutions operated by voluntary boards or religious bodies. They are larger institutions and are situated in buildings designed as institutions, and some have very elaborate facilities. Four of these are licensed, one as a boarding care home, three as nursing homes.

Four boarding care, and seventeen nursing homes of the proprietary type were licensed in 1960. These institutions are operated by individuals as a means of livelihood. They are all converted from older homes, some with extensive alterations and additions.

WILL BE INVESTIGATED FOR THE YEAR

The City Health Department spends a considerable amount of its efforts in the regulation and supervision of all hospitals, and the maintenance of the standards of care and other matters. The health department is responsible for the regulation of all hospitals, and the maintenance of the standards of care and other matters. The health department is responsible for the regulation of all hospitals, and the maintenance of the standards of care and other matters.

Nursing Homes are for patients with disabilities requiring the skilled nursing care of a registered nurse. Nursing homes normally supply the services and supervision of a licensed practical nurse. The maintenance of the standards of care and other matters is the responsibility of the health department. The health department is responsible for the regulation of all hospitals, and the maintenance of the standards of care and other matters.

In the fifteen years between 1941 - 1956 the population of Winnipeg over 65 was increased from 14,142 to 21,117 an increase of 49.5%. Between 1941 and 1956 the population over 65 increased from 14,142 to 21,117 an increase of 49.5%. Between 1941 and 1956 the population over 65 increased from 14,142 to 21,117 an increase of 49.5%.

Year	Population of Nursing Homes	Population over 65	Ratio
1911	136,082	2,027	1.28
1941	20,260	14,142	1.43
1956	27,292	21,117	1.29
1956	12,088	10,782	1.12

Winnipeg licenses both proprietary and non-proprietary institutions. The latter are non-profit institutions operated by individuals or associations. They are subject to the same regulations as the proprietary type. The health department is responsible for the regulation of all hospitals, and the maintenance of the standards of care and other matters.

Four boarding care, and seventeen nursing homes of the proprietary type were licensed in 1950. These institutions are operated by individuals as a means of livelihood. They are all converted from other homes, some with extensive alterations and additions.

In December, 1961 there were 532 beds licensed in four non-proprietary homes, and 626 beds in the twenty-one proprietary homes, a total of 1158. The occupancy was 634 public and 297 private patients, a total of 931 patients. This makes 68% of the beds public. Due to the opening of St. Boniface Sanitorium to chronic care patients during 1961 there was a decreased demand for nursing home beds with vacancies of 40 - 50 beds at times. The major reason for the discrepancy between licensed and occupied beds however is that the non-proprietary homes do not put up the full number of licensed beds, preferring to give more space to patients, and utilize some rooms for recreational or other activities.

The Chief Health Inspector and one Housing Inspector carry out all inspections of welfare institutions with regard to environmental facilities.

Three full time Nursing Supervisors are assigned to welfare institutions. These supervisors process placement of patients, supervise nursing services in the institutions and offer consulting services to the operators, and to families planning a private placement.

All applications for boarding care or nursing home placement with financial assistance by the Public Welfare Department are first referred to these Nursing Supervisors. The patient is visited and all details are gathered, including a medical report from the referring physician. In discussion with a physician of the Health Department a decision is made as to suitability of placement. If placement is not indicated the family is advised on other community facilities. If the patient requires more active treatment than given in a nursing home, referral to a general hospital or to the Municipal Hospitals may be recommended. See Nursing Division Report for further details on placements.

A register of occupancy of all Boarding Care and Nursing Homes beds is maintained in the department, and this is brought up to date daily by the clerk assigned to the Nursing Home Supervisors.

Each home is visited regularly by the Nursing Supervisors to assist the operator in maintaining good nursing standards. All accidents or unusual incidents must be reported to the Health Department under the regulations of the By-law. These reports often indicate needs for improved nursing service. All staff changes are reported to the Health Department and supervision is maintained to ensure adequate staffing.

The nutritionist of the department spends much of her time on these homes. She acts as a consultant on nutrition, giving advice on meal planning and preparation. Regular visits are made to the homes to see the meals are served and give advice.

All public patients in nursing homes receive medical supervision by physicians of the department. They are visited regularly every 7 - 10 days and at any time in between if need arises. Laboratory specimens are collected and are examined at the Provincial Laboratory if indicated. There are frequent referrals of patients to the facilities of the out-patient departments of the Winnipeg General and St. Boniface Hospitals. Patients are moved to the general hospitals and to the Municipal Hospitals when the move seems advisable.

In December, 1951 there were 302 beds licensed in the twenty-one government hospitals. The majority were in the public and SVA program hospitals. The majority of the beds were in the SVA program hospitals. The majority of the beds were in the SVA program hospitals. The majority of the beds were in the SVA program hospitals.

The Chief Health Inspector and one hundred and one hospital inspectors are assigned to various government facilities. These inspectors are assigned to various government facilities. These inspectors are assigned to various government facilities. These inspectors are assigned to various government facilities.

All applications for medical services are processed through the Health Department. All applications for medical services are processed through the Health Department. All applications for medical services are processed through the Health Department. All applications for medical services are processed through the Health Department.

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Cigarette smoking is an important factor contributing to the production of lung cancer. In fact, smoking is the most

Welfare institutions are required to report all accidents to this department. Ninety-nine accidents were reported in 1961. Twenty-five showed no apparent injury, 46 showed only soreness, bruising or abrasions. 9 had lacerations requiring sutures, nine had fractured hips and five fractures of the arm. The remaining five had burns from cigarettes, hot water bottles, or hot water. This series of injuries occurring in a group supposedly under nursing supervision for reasons of frailty points out the need for constant active supervision of adequate calibre of these patients.

In 1960 the Department with the co-operation of the School Board, conducted a survey of smoking habits of Winnipeg School Children. The results of this survey were published in the Canadian Medical Association Journal on May 6, 1961. Requests for reprints of this article have come from all over the Continent and from the United Kingdom. The article from Harvard School of Public Health quotes the Winnipeg Report as one of "only two

MEDICAL CARE

The Health Department provides medical care to indigent persons under certain circumstances. The first group are those Winnipeg residents who are public patients in nursing homes. These people are cared for by physicians of the department and all medication is supplied by the pharmacy of the Municipal Hospitals.

Medically indigent persons at home who can get about are referred to the outdoor departments of the Winnipeg General Hospital and St. Boniface Hospital for all medical care. This is comparable to visiting the doctor's office. It is the most desirable place to carry out a medical consultation, as both facilities and records assist the physician to render his best service. However, in some emergencies, just as in private practice, a house visit is required. Sometimes this is recommended after a visit by a public health nurse, or by a nurse of the V.O.N. At other times the call comes directly to the Health Department as an emergency. In these circumstances home visits are made by physicians of the department. 1,963 home calls were made during 1961, an increase of 8% over the previous year. It possibly is a reflection of the increased unemployment in the past year.

By the Manitoba Branch of the Canadian Cancer Society was shown to all teachers in the east areas, followed by a discussion period with a panel of physicians representing the Health Department and Cancer Research. Similar programs were presented to Home and School groups.

It was felt the major effort should be made at the junior high level. However, it was felt that in the first year or two the program should be presented to all students above elementary level. The program was not a stereotyped course set up at senior levels. Instead, a committee was formed consisting of the Deputy Medical Health Officer and Consultant in Child Health Services, representing the Health Department, and representatives of both schools involved and administration from the School Board. This group discussed general plans and arranged meetings with principals and teachers who were encouraged to develop their own programs in the way they felt would be most effective. A mimeographed bulletin was prepared at

While institutions are required to report all accidents to the
 department, hospital-accidents were reported to 1900. Twenty-five
 showed no apparent injury, 15 showed only minor, remaining in hospital
 9 had fractures requiring surgery, also had fractured ribs and five
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MEDICAL CARE

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 the afternoon of 25 over the previous year. The practice is a reflection
 of the increased work in the past year.

Cigarette smoking is an important factor contributing to the production of Lung Cancer. In fact, smoking is the most important known controllable factor in cancer production. It would seem that close to twenty percent of all male cancer deaths could be prevented and an increasing number of female cancer deaths. Because of this important fact in preventative cancer, the department has been concerned with the smoking habit. It is very difficult to break this habit in adults and although we do not believe that efforts to reduce the adult habit should be abandoned, it is likely that efforts to prevent the uptake of the habit in teenagers might be more fruitful.

In 1960 the Department with the co-operation of the School Board, conducted a survey of smoking habits of Winnipeg School Children. The results of this survey were published in the Canadian Medical Association Journal on May 6, 1961. Requests for reprints of this article have come from all over the Continent and from the United Kingdom. A subsequent article from Harvard School of Public Health quotes the Winnipeg Report as one of "only two substantial studies (of smoking habits of young people)."

The study indicated most smoking commenced in junior high school, although the amount smoked increased in high schools.

For the purposes of a controlled study, two high schools were selected for an educational program, and all elementary and junior high schools feeding pupils to these two schools were included. This amounted to about 15% of the student population, and at the onset, their smoking habits did not differ significantly from the total school population. It is planned to repeat this survey in May, 1963.

It was felt that elementary school teachers and parents of pupils in these schools should be thoroughly familiar with the hazards of smoking in order that they might informally cultivate a proper attitude in these children in a spontaneous manner should the occasion arise and, we hoped, by example. During the year a film strip "To Smoke or Not To Smoke" provided by the Manitoba Branch of the Canadian Cancer Society was shown to all teachers in the test areas, followed by a discussion period with a panel of physicians representing the Health Department and Cancer Research. Similar programs were presented to Home and School groups.

It was felt the major effort should be made at the junior high level. However, it was felt that in the first year or two the program should be presented to all students above elementary level. The program was not a stereotyped course set up at senior levels. Instead, a committee was formed consisting of the Deputy Medical Health Officer and Consultant in Child Health Services, representing the Health Department, and representatives of both schools involved and administration from the School Board. This group discussed general plans and arranged meetings with principals and teachers who were encouraged to develop their own programs in the way they felt would be most effective. A mimeographed bulletin was prepared at

CIGARETTE SMOKING

Cigarette smoking is an important factor in the production of lung cancer. The fact, smoking is a major factor in cancer production would seem to place it close to twenty percent of all cancer deaths. Because of this important fact in preventing cancer, the department has been concerned with the smoking habit. It is very difficult to break this habit and although we do not believe that efforts to reduce the adult habit would be abandoned, it is likely that efforts to prevent the habit in teenagers should be more fruitful.

In 1960 the department, with the co-operation of the school board, conducted a survey of smoking habits of Winthrop School children. The results of this survey were published in the Canadian Medical Association Journal on May 2, 1961. Requests for reprints of this article have come from all over the continent and from the United States. A subsequent article in Harvard School of Public Health quoted the Winthrop Report as one of "only two substantial studies of smoking habits of young people."

The study indicated most smoking occurred in junior high schools. Although the amount smoked increased in high schools.

For the purpose of a controlled study, two high schools were selected for an educational program, and all elementary and junior high schools leading pupils to these two schools were included. This amounted to about 15% of the student population, and at the same time, their smoking habits did not differ significantly from the total school population. It is planned to repeat this survey in May, 1963.

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It was felt the major effort should be made at the junior high level. However, it was felt that in the first year or two the program should be presented to all students above elementary level. The program was not a stereotyped course set up at senior levels. Instead, a committee was formed consisting of the Deputy Medical Health Officer and Consultant in Child Health Services, representing the Health Department, and representatives of both schools involved and administration from the School Board. This group discussed general plans and arranged meetings with principals and teachers who were encouraged to develop their own programs in the way they felt would be most effective. A mimeographed bulletin was prepared at

periodic intervals including extracts from pertinent medical reports, and items from magazines and the press, concerning the problem.

In all schools the film strip "To Smoke or Not To Smoke" was used freely. It was shown and discussed by a medical panel to the student council in one combined junior high school. In one school the program was carried out largely by guidance teachers.

It has been found that students are interested and quite willing to discuss smoking. Our study showed that poorer academic classes had higher smoking rates, and it was the impression of one principal that these students showed most interest in the program which is the reverse of the usual response. It has been the impression of some close to the students that smoking is decreasing, but we can make no real statement until the study of 1960 is repeated in 1963.

Clinics

- 2 Chairs - Old School Board Office Building
(436 Ellen Street)
- 2 Chairs - William Whyte School
- 2 Mobile Units - Servicing David Livingstone, Norquay,
King Edward and Strachan Schools,
and the Retarded Children's School.
- 25 Dental Inspection Clinics.

Two permanent fully equipped dental clinics are maintained to provide treatment throughout the year. The demands on the mobile clinic at David Livingstone School would warrant the establishment of a permanent one chair clinic in the area. Space is expected to be available for a permanent dental clinic in the King Edward School next year. The clinic located at the old School Board Office building provides emergency and priority treatment. Public Health Nurses and School Principals can refer children for immediate attention in the event of an accident or toothache occurring during school hours. Parents may also bring their schoolchildren to this clinic for emergency treatment.

Dental Treatment

For a child to be eligible to obtain free dental treatment, his parents must be normally indigent, residents of the City of Winnipeg, or in receipt of Public Welfare from the City. The present comprehensive treatment group includes indigent children from Kindergarten and Grade 1, systematic recalls in higher grades and public welfare recipients. Twenty percent of the Grade 1 school population were classified as eligible for treatment under the Dental Service Scheme. This figure has been consistent over the past four years.

CHILD DENTAL SERVICES

The program of the Child Dental Services Branch includes four major categories in providing a service for the community.

Dental treatment
Studies of local dental health problems
Utilization of public health measures
Dental education

Staff

The staff of the Branch includes one Director, two dentists (full time), eight dentists (part time), five dental assistants (3 certified dental assistants, one registered nurse, and one practical nurse), three clerks and dental aides as required. The total establishment allows for the equivalent of five and one-half dentists working full time.

Clinics

2 Chairs - Old School Board Office Building
(136 Ellen Street)
2 Chairs - William Whyte School
2 Mobile Units - Servicing David Livingstone, Norquay,
King Edward and Strathcona Schools,
and the Retarded Children's School.
99 Dental Inspection Clinics.

Two permanent fully equipped dental clinics are maintained to provide treatment throughout the year. The demands on the mobile clinic at David Livingstone School would warrant the establishment of a permanent one chair clinic in the area. Space is expected to be available for a permanent dental clinic in the King Edward School next year. The clinic located at the old School Board Office building provides emergency and priority treatment. Public Health Nurses and School Principals can refer children for immediate attention in the event of an accident or toothache occurring during school hours. Parents may also bring their schoolchildren to this clinic for emergency treatment.

Dental Treatment

For a child to be eligible to obtain free dental treatment, his parents must be medically indigent, residents of the City of Winnipeg, or in receipt of Public Welfare from the City. The present comprehensive treatment group includes indigent children from Kindergarten and Grade I, systematic recalls in higher grades and public welfare recipients. Twenty percent of the Grade I school population were classified as eligible for treatment under the Dental Service Scheme. This figure has been consistent over the past four years.

CHILD DENTAL SERVICES

The program of the Child Dental Services Branch includes four major components and provides a service for the community.

Branch: 1. Utilization of public health resources
2. Dental education
3. General program
4. Student program

Staff

The staff of the Branch includes one Director, two dentists (full time), eight dentists (part time), five dental assistants (3 certified dental assistants, one registered nurse, and one practical nurse), three clerks and dental aides as required. The staff also includes a dental technician, two dental radiologists, one dental hygienist, one dental assistant, one dental receptionist, one dental secretary, and one dental clerk as required. The total staff is approximately 25 persons and is organized as follows:

- 1 Director - Board Member for the City of Chicago
- 2 Chairmen - William W. W. School
- 1 Mobile Unit - Serving David Livingston, Norway, and the Marshall Community School.
- 1 Chair - St. King Edward's School

Office

Two permanent fully equipped mobile dental units are maintained to provide treatment throughout the city. The mobile dental units are equipped with all necessary dental equipment and are staffed by a dentist and a dental assistant.

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This scheme utilizes the present treatment resources to the fullest. Public Welfare Children up to sixteen years of age have the opportunity of complete dental coverage (orthodontia excluded). The trend toward an increase in the number of these children seeking dental treatment would suggest that the firm policy and positive approach has encouraged this group of society to utilize the service. In 1961 there were 852 children from Social Welfare families on current dental treatment files as compared with 659 in 1960 and 345 in 1959. Pre-school children are a difficult group to attract to dentistry because their parents for the most part are not concerned about preventive and interceptive dental treatment measures at this age.

The recall system is an attempt to increase the benefits of maintaining optimum dental health once a child has been dentally completed. Of the 1,575 children contacted and recalled in 1961 only 69 or 4% failed to keep these appointments and 33% of the 1,506 children re-examined were returned to optimum dental health in one appointment. The families contacted on this recall basis are generally very co-operative and interested, appreciating the dental health program and services.

In 1961 3,300 children were treated in the course of 10,366 patient visits to the clinics. 2,428 children received complete dental care as provided by the dental clinics.

Failed Appointments

The failure of patients to keep their appointments is a constant problem. Although there was an increase in the number of patients attending the clinics in 1961 the number of failed appointments dropped from 464 in 1960 to 367 in 1961. 95% of the failed appointments during the school holiday period of July and August were among new patients who had requested treatment. Analysis of information collected suggests that the most efficient plan during July and August is in treating the recall group to be assured of full co-operation.

Handicapped Children

The study begun in 1960 of a group of mentally retarded children from indigent families attending a special school in the city was continued in 1961. The mobile equipment was used in the school for a two week period of concentrated effort. The results of our efforts in this field have been most gratifying. The provision for dental treatment of mentally and physically handicapped children in the city (and Province) is most unsatisfactory.

The report submitted by the dentist attending the retarded children's school included the following remarks of interest in developing a program for handicapped children.

This scheme utilizes the present treatment resources to the fullest. Public Welfare Children up to sixteen years of age have the opportunity of complete dental coverage (orthodontics excluded). The trend toward an increase in the number of these children seeking dental treatment would suggest that the firm policy and positive approach has encouraged this group of society to utilize the service. In 1961 there were 822 children from Social Welfare families on current dental treatment files as compared with 639 in 1960 and 345 in 1959. Presumably school children are a difficult group to attract to dentistry because their parents for the most part are not concerned about preventive and interceptive dental treatment measures at this age.

The recall system is an attempt to increase the benefits of maintaining optimum dental health once a child has been generally completed. Of the 1,575 children contacted and recalled in 1961 only 69 or 4% failed to keep their appointments and 232 of the 1,308 children re-examined were returned to optimum dental health in one appointment. The families contacted on this recall basis are generally very co-operative and interested, appreciating the dental health program and services.

In 1961 3,200 children were treated in the course of 10,366 patient visits to the clinic. 2,618 children received complete dental care as provided by the dental clinics.

Failed Appointments

The failure of patients to keep their appointments is a constant problem. Although there was an increase in the number of patients attending the clinics in 1961 the number of failed appointments dropped from 444 in 1960 to 287 in 1961. 52% of the failed appointments during the school holiday period of July and August were among new patients who had requested treatment. Analysis of information collected suggests that the most efficient plan during July and August is to treat the recall group to be assured of full co-operation.

Headstart Children

The study begun in 1960 of a group of mentally retarded children from indigent families attending a special school in the city was continued in 1961. The mobile equipment was used in the school for a 10 week period of concentrated effort. The results of our efforts in this field have been most gratifying. The provision for dental treatment of mentally and physically handicapped children in the city (and Province) is now satisfactory.

The report submitted by the dentist attending the retarded children's school included the following points of interest in developing a program for handicapped children.

"Children's behaviour was similar to that of normal children with about the same percentage of behaviour problems. Co-operation was less than that of normal children due to lack of intelligence only.

The children accepted dental treatment only after the dental staff became part of their normal environment. Examinations were easily and successfully done only on the third day at the school. There is no way of rushing most of these children as they are slow to accept a stranger. The fact the clinic is held at the school is of great advantage, particularly for those children under twelve years of age.

Oral hygiene was found poor in eleven of the twelve rooms at the School. In the twelfth room it was found the teacher stressed oral hygiene and it was obvious that her efforts were not in vain.

Many of these children can be treated with restorative and preventive dentistry and that exodontia is not necessitated by the mere fact that their intelligence is subnormal."

ADULT DENTAL SERVICES

The problem of providing dental treatment on a more comprehensive basis for indigent adults is real and pressing. In Winnipeg patients in this group attend the out-patient clinics of the major hospitals where treatment is confined to oral surgery on an emergency basis. No follow up or preventive, interceptive, or restorative dentistry is available. Dentures are supplied by the Health Department where necessary.

DENTAL HEALTH EDUCATION

To stimulate an interest in the dental health program requires the participation of the dental profession, the school system, the public health nurses, the parents and children. The dental inspection in the schools of kindergarten, Grade I and Grade II children is an effective means of directing attention to this problem. The dental inspection is not meant to be conclusively diagnostic, but to provide a source from which recommendations, interpretations and general observations can be made to assist in improving dental health in the community.

Each teacher is encouraged to observe the dental inspection and is shown some diagnostic features for use in the class during future health lessons. Teaching aids are provided for each classroom and demonstrations on their use are given by the visiting dentist. Parents whose children have dental problems are notified to seek consultation with their family dentist. Those children whose parents cannot afford a

Children's behavior was similar to that of normal children with about the same percentage of cooperation. Cooperation was less than that of normal children due to lack of intelligence only.

The children accepted dental treatment only after the dental staff were part of their group environment. Examinations were easier and successful only when done on the third day of the school. There is no way of reaching most of these children as they are not in school a regular. The fact that children are held at the school is of great advantage particularly for those children under twelve years of age.

One hygiene was found poor in eleven of the twelve rooms at the school. In the health room it was found the teacher advised that hygiene and it was obvious that her efforts were not in vain.

Many of these children can be treated with restorative and preventive dentistry and that procedure is not necessitated by the fact that their intelligence is subnormal.

ADULT DENTAL SERVICES

The method of providing dental treatment on a case-by-case basis for the lowest ability is not practical. In preventive dentistry the major emphasis should be on the emergency basis. The following preventive, restorative, and orthodontic dentistry is suggested. Dentures are not indicated in these categories.

DENTAL REABILITATION

The dental program is suggested in the dental program report as the basis of the dental program. The dental program is suggested in the dental program report as the basis of the dental program. The dental program is suggested in the dental program report as the basis of the dental program.

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family dentist are given dental treatment at the clinics upon approval by the public health nurse.

A consultant service is provided to teachers and nurses in promoting dental health education. Dental programs were arranged for interested parent meetings. Contributions were made to the public health lecture programs of the affiliate undergraduate nurses of the Children's Hospital, the Faculties of Medicine and Dentistry. Material was prepared for consideration in the Dental brief presented to the Royal Commission on Health. The Division also participated in the annual Dental Health Week sponsored by the Dentists of Manitoba.

Inservice training for all the staff of the Dental Branch is included to provide background in allied services in public health and to receive instruction and guidance in methods of improving techniques and organization. A table clinic was prepared by the dental assistant staff and displayed by the delegate at the Canadian Dental Assistant and Nurses Convention in Saskatoon.

GENERAL

The Dental College of the University of Manitoba provides a limited type of dental treatment coverage for the populace. The Pedodontic Department in particular occasionally requests and provides dental treatment for child patients attending the Dental Division Clinics. While the volume of patients is small it is a valuable adjunct in providing dental treatment for children of the City. In turn, the Dental College Staff are readily available for consultation and recommend treatment procedures for special cases attending the Health Department clinics. Dental surgical and prosthetic cases demanding special skills are referred to the College on a mutual agreement basis.

SUMMARY

The Dental Division plays an active part in the School Health Services by contributing toward the dental health of each school child in the Winnipeg School system.

Dental Health Education, emergent and comprehensive dental treatment, as well as studies on local problems of dental health, are included in the overall plan of providing a dental service.

Dental care has a vital role in solving the problems of dental caries in the form of dental inspection and notifications, examinations, restorations, removal of offending teeth, adjusting malaligned teeth, and space maintenance. Treatment alone does not prevent the advances of dental caries. The reduction of the incidence of dental caries can best be solved by prevention, early interception and maintenance of good oral hygiene habits.

Systematic growth allows for progress in a well organized manner, encouraging a trend toward establishment of optimum conditions. By maintaining a definite dental treatment policy, extending the program

TABLE I

gradually through the addition of personnel, equipment and application of dental research, is the most effective and less costly method of developing a sound, efficient and profitable Dental Health Program for indigent children and families of our City. Free dental care for school children requires a degree of control by the benefactor in order to obtain the maximum of returns from the service. The provision of dental treatment without plans for follow up and attempt to stimulate an interest in preventive measures on the part of the patient or parent is costly and time consuming in the expenditure of public funds.

	5	6	7	8	9	10	Other	Total
A. Patients Notified of Appts.	165	369	733	572	431	331	216	3476
B. Failed Initial Appts.	4	27	86	34	9	8	8	196
C. Patients Completed	136	293	497	518	392	208	122	2356
D. Patients Recalled (6-8 mos)	80	104	292	378	261	162	71	1975
E. Patients Failed Recall Appts.	3	6	16	16	8	6	0	59
F. Recalls Completed 1st appt.	22	39	77	122	86	54	23	498

Definition of Terms

- A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.
- B. Failed initial appointment - patients assigned to dental clinics for treatment following school inspections and approved by the school nurse.
- C. Patients completed - children from Section A receiving comprehensive dental treatment as provided by the clinics. Also a proportion of Section F.
- D. Patients recalled (6-8 months) - following last appointment when completed, (1960-61)
- E. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.
- F. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.

TABLE I

Summary of Dental Treatment Groups
(number of children)
1961

	Age								Total
	Pre-School	5	6	7	8	9	10	Older	
A. Patients Notified of Appts.	166	369	733	572	431	331	216	678	3496
B. Failed Initial Appts.	4	27	86	34	9	8	8	20	196
C. Patients Completed	136	253	497	518	392	208	122	302	2428
D. Patients Recalled (6-8 mos)	80	104	291	378	261	162	71	228	1575
E. Patients failed Recall Appts.	3	6	16	16	8	6	0	14	69
F. Recalls Completed 1st appt.	22	39	77	122	86	54	23	75	498

Definition of Terms

- A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.
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- E. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.
- F. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.

TABLE I
Quantity of Dental Treatment Groups
(number of children)
1961

Patients	Age							Total
	Pre-school	5	6	7	8	9	10	
Patients	166	369	733	100	101	216	100	1990
Completed	136	253	497	218	302	208	122	2428
Failed	80	104	236	378	361	108	78	1562
Patients	3	6	16	8	6	0	0	39
Completed	22	39	33	122	81	22	21	498

A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.

B. Patients initial appointment - patients assigned to dental clinics for treatment following school inspections and approved by the school nurse.

C. Patients completed - children from dental receiving comprehensive dental treatment as provided by the clinics. Also a proportion of patients from dental receiving comprehensive dental treatment.

D. Patients recalled (0-8 months) - following last appointment when completed (1960-61).

E. Patients failed to appear for scheduled appointment - patients from B, who were contacted and failed to appear for scheduled appointment.

TABLE II.

Analysis of Dental Clinical Services provided in 1961.

X-rays (single films)	1219
Exodontia - Deciduous teeth	2367
Permanent teeth	699
Anaesthetic (local)	6988
Fillings - Amalgam - Single surface	4623
Multiple surface	4601
plastic or synthetic porcelain	333
cement linings	9792
cement fillings (temporary)	705
Crowns - celluloid	16
stainless steel	284
Space Maintainers	70
Prosthetic Appliances	11
Other treatments	1801
Prophylaxis	1645
Endodontic treatments	518
Refused (non-cooperative)	36
Cancelled appointments	416
*Failed appointments	563
Referred to private dentist	16
Recalls (6-8) months	1575
No. dental 3 hour sessions (includes schools dental inspections)	2418

*Includes new patients failure to attend the clinics for dental examinations and diagnosis appointment.

		<u>Grade I</u>	<u>Kindergarten</u>
e.g.	1960	17%	13%
	1961	9%	7%

TABLE II

Analysis of Dental Clinical Services provided in 1961

129	X-rays (single films)
237	Exodontia - Deciduous teeth
699	Exodontia - Permanent teeth
698	Anesthetic (local)
483	Fillings - Amalgam - Single surface
401	Fillings - Amalgam - Multiple surface
333	Plastic or synthetic crowns
379	Partial dentures
302	Complete dentures (temporary)
16	Crowns - porcelain
284	Cast stainless steel
70	Space maintainers
11	Prosthetic Appliances
1801	Other treatments
145	Prophylaxis
218	Endodontic treatments
36	Retained (non-cooperative)
418	Cancelled appointments
23	*Failed appointments
16	Referred to private dentist
1375	Recalls (6-8) months
248	No. dental 5 hour sessions (includes school dental inspections)

*includes new patients failure to attend the clinic for dental examinations and diagnostic appointment.

Grade 1 Kindergarten

1960	178
1961	98

TABLE III

Dental Services for Children attending a
Winnipeg Retarded Children School 1961

School Dental Inspection 89 boys
 78 girls 167

No. of children with dental caries 123

(a) No. of children with restorations prior to 1961
 clinics 61

Clinical Services - Indigent children

Examinations - 1960 patients 24
 1961 new patients 19 43

Extractions (b) deciduous teeth 17
 permanent teeth 16

Local Anaesthetics 56

Amalgam fillings - single surfaces 75
 multiple surfaces 33

Silicates 4

Cavity Linings 74

Total patients treated 43

Total patient sittings 84

Total patients completed to date of last
 appointment with facilities available 39

Total Clinic Days 14

(a) 27 children received dental treatment from the Health Department
 Clinic in 1960.

(b) 12 deciduous teeth extracted from one patient.

TABLE III

Dental Services for Children attending a
Winnipeg Federated Children School 1961

107	School Dental Inspection 89 pages 78 girls
108	No. of children with dental caries
109	(a) No. of children with restorations prior to 1961 clinics
	<u>Clinical Services - Indigent children</u>
110	Examinations - 1960 patients 24 1961 new patients 19
111	Extractions (b) deciduous teeth
112	permanent teeth
113	Local Anesthetics
114	Amalgam fillings - single surfaces multiple surfaces
115	Stitches
116	Gevly liners
117	Total patients treated
118	Total patient visits
119	Total patients completed to date of last appointment with facilities available
120	Total Clinic Days

(a) 27 children received dental treatment from the Health Department
Clinic in 1961.

(b) 12 deciduous teeth extracted from one patient.

PUBLIC HEALTH NURSING

PERSONNEL

Nursing positions in the City of Winnipeg Health Department are established on a full time basis. The number of such positions is set by Council. In 1961, the authorized establishment was 57 nurses. This represents an increase of one nursing position over the previous year. Forty-seven of the 57 nurses were field staff serving a population of approximately 256,733 people. This gave a ratio of one field nurse to approximately 5,462 people.

Because of the increasing number of aged and chronically ill people, in 1962 Council authorized the establishment of an additional nursing supervisory position to deal with Welfare Institution problems. Three nurses are now employed by the Health Department in this category.

During the year, eight nurses resigned to take up home duties. Six nurses were granted leave of absence to take a course in public health nursing at the University of Manitoba.

In 1961, eight nurses were appointed to the Health Department. Seven nurses returned to the Department after a years post-graduate course in public health nursing. Of the 57 nurses employed by the Department, 80.3% have degrees or certificates in public health nursing.

NURSING PROGRAM

The Winnipeg Public Health Nursing program was organized in 1941 as a family-centered service. The program was designed to embrace every facet of family life from the newborn to the senior citizen. A program of this magnitude demands periodic appraisal in order to keep the nurses' case loads balanced, thereby avoiding a "spotty program" with over emphasis on a single service or of having the program develop into a series of campaigns. With current emphasis on mass survey techniques as a part of medical research, there is a danger of the public health nurse becoming over involved in this campaign type of program to the detriment of a continuing family-centered service.

A 1961 "time analysis" study of the Winnipeg Public Health Nurses' work indicated that approximately 48% of the time is spent in schools, 18% in home visiting, 8% in child health conference, 2% in pre-natal classes, 16% in district offices, and 8% in travel. Of the 16% spent in the district offices, approximately 4% is spent in direct service to patients, the remainder of the time is spent in planning and recording. In 1962, a closer study of office and travel time will be made with a view to increasing the time on home visits.

INFANT AND PRE-SCHOOL SERVICES

The infant death rate for the City of Winnipeg in 1961 was 22.4. This rate indicates a fairly satisfactory level of child care in the community and credit for this must be given to all concerned with child care. The Health Department's main contribution is through its nursing program of home supervision of both infant and pre-school children and its child health centres.

A. HOME VISITS

In regard to home visiting, it is the policy of the Nursing Division to visit as soon as possible after birth, particularly if it is a first child, and to continue visiting where there is a need, if the parents are not planning private medical supervision or attending a child health centre. In 1961, 13,445 visits were made to children under one year of age. 43% of these children were under one month of age. An additional 15,242 home visits were made to pre-school children.

Home visits are also made following accidents, particularly poisoning accidents, to children under five who have been reported to the Children's Hospital Poison Control Centre. The purpose of the visit is not only to obtain more detailed information about the accident but also to institute educational measures that might prevent future accidents from occurring because of carelessness, ignorance or neglect. In 1961, 405 visits of this nature were made by public health nurses.

B. CHILD HEALTH CENTRES

Nine Child Health Centres are operated by the Health Department to provide weekly services to children under school age not receiving medical supervision and immunizations due to economic or geographic reasons. One additional Child Health Centre is held once a month for immunizations only. In 1961, 1544 infants and pre-school children were registered at the Child Health Centres. This is 247 less than in 1960.

In 1961, a survey of 311 families whose attendance at Child Health Centres had elapsed three months or more was conducted in an effort to determine the reasons for their inattendance. Only 169 of the 311 families could be located. The whereabouts of the others were unknown or investigation revealed they had moved out of Winnipeg.

Out of the 169 families located, 92% had no criticisms and expressed appreciation of the service received. 8% indicated a desire for medical treatment and a supply of vitamins. 83% had no suggestions for improvement of the service or facilities offered. A review of the records of the 311 families with lapsed attendance revealed that only 117 families had medical insurance coverage and investigations indicated that in the main, this insurance was used for acute illnesses and not for counselling on child development.

Although 151 out of 169 mothers interviewed indicated some knowledge of child development, this was generally in the area of physical development and was of a comparative nature. The questions raised by mothers during the interviews revealed that more health counselling was needed around the areas of motor development, habit training, language development, personality development, and nutrition. In 1962, a more critical analysis of child health centre services will be made in an effort to determine ways and means of improving services and increasing the attendance particularly of pre-school children.

SCHOOL HEALTH

The Health Department's policy of concentrating medical and nursing time on school children presenting health problems that might effect their educational progress has continued in 1961.

Three additional parochial schools were added to the public health nurses' program in 1961. 81 public schools and 19 parochial schools with a total school population of 53,954 pupils are now served by 47 field nurses.

Statistics for the school year September 1960 to June 1961, indicate that 36% of children in kindergarten and grade I had pre-entrance medical appraisals by private doctors. 59.1% of grade VII pupils and 61.1% of grade X pupils had private medical examinations.

Out of a total Winnipeg School population of approximately 53,954 pupils, 5,309 or 9.8% were examined by school doctors. Referrals for these examinations were provided by teacher-nurse conferences, by new entrants to Winnipeg schools and from the public health nurses' careful analysis and investigations of the 4,103 questionnaires filled out by parents of grade VII pupils and the 2,639 questionnaires filled out by grade X pupils.

10,907 hearing tests were given to school children by a public health nurse in 1961. 396 or 4% of these children were found to have suspected hearing defects requiring further medical attention. The fact that only 5 of the 88 suspected hearing defects found in kindergarten children had no defect after medical examinations were completed, indicates the importance of auditory screening early in a child's school life.

Routine vision testing of pupils in Kindergarten, grades I, IV, VII, and X, was carried out during the year. Of the 1414 children referred to the Health Department's clinic in the Children's Hospital, 546 were new cases and 868 were sent to have their eyes re-examined.

8,299 school children received booster inoculations against diphtheria, tetanus, and poliomyelitis in March, 1961. In spite of the high immunization status of the school population, (approximately 84%) diphtheria outbreaks have occurred since June. A total of 11 cases of diphtheria was reported in 1961. The majority of the cases occurred between October and December and necessitated the swabbing of 249 pupils in nine classrooms in one school. This was followed by a booster inoculation to 176 children in the school.

ADULT HEALTH SERVICES

MATERNAL HYGIENE

There was an attendance of 3,218 expectant mothers at the ten weekly pre-natal classes in 1961. Each mother attended on the average 7.5 sessions. The interest and satisfaction from this area of service is high and requests for evening classes are received continually.

Progress: children given health problems and health problems
on school health records. Health records maintained by
the health department. Health records maintained by
the health department.

Programs: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Medical examinations: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Health records: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Child's school life: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Defective vision: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Defective vision: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

ADULT HEALTH SERVICES

Health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

Health records: health records maintained by health department
and health department. Health records maintained by
the health department. Health records maintained by
the health department.

ADULT HOME CARE

14,915 visits were made to adults in 1961. This represents an increase of 4000 visits in two years. Since chronic illnesses were the reasons for many of these visits, the need for rehabilitation services in the community is evident.

It is hoped that in 1962 the Health Department will be able to establish a close working relationship with the new Manitoba Rehabilitation Hospital so that problems of the chronic disabled in Winnipeg will be handled effectively.

NURSING AND BOARDING CARE HOMES

The licensing of Nursing and Boarding Care Homes and the placement and supervision of the care of all patients in these homes occupies the full time of three public health nursing supervisors.

Before the placement of any applicants is made, public health nursing supervisors visit the patient either at home or in hospital to assess the patient's condition, to obtain detailed medical information and to interpret nursing home services to both the patient and their family. When all necessary information is obtained, the case is discussed with a Health Department doctor and a decision made as to whether or not placement in a Nursing or Boarding Care Home is desirable. Patients requiring more care than a Nursing Home is capable of giving are referred to a hospital for aged or chronic patients or to a hospital caring for acutely ill people. Patients who do not require Nursing or Boarding Home Care are referred to the Welfare Department for alternate care.

In 1961, 660 applications for placement in Nursing or Boarding Homes were received. This was 148 less than in 1960. This decrease is attributed mainly to 184 beds being made available in January 1961 to aged and chronic invalids at the St. Boniface Sanatorium.

412 patients or 62.4% were placed in Nursing and Boarding Care Homes as public recipients. Of the 248 patients not placed by the City, 36 were placed privately, 52 were referred either to St. Boniface or Municipal Hospitals for aged or chronically ill patients, 26 were sent to hospitals for acutely ill patients or died before placement, 31 were referred for alternate care, 103 refused placement.

In March, 1961, with the cooperation of the Winnipeg School Board, and the financial assistance of the Provincial Government, the Health Department was able to organize a recreational program in Augustine Church for physically and mentally able patients. An assessment of those able to participate in this program was made by the public health nursing supervisors.

Two other surveys were carried out by the public health nursing supervisors in 1961. One was concerned with the methods used in storing, dispensing, and recording medications in the different homes. The other survey was on accidents in the Homes. The findings of both surveys were discussed with the Matrons in each Home and suggestions for specific changes made.

ADULT HOME CARE

... have been the subject of 1961. This program ... since chronic illnesses were the reason ... for need of these visits, the need for rehabilitation services ... evaluation.

... it is noted that in 1961 the Health Department will be able ... to establish a closer working relationship with the new Health Rehabilitation Hospital and that problem of the chronic disabled in Winnipeg will be handled effectively.

RESIDING AND NURSING CARE CENTER

... placement and distribution of the care of all patients in these areas ... Full time of three public health nursing consultants ...

... placement of any applicants in state public health ... nursing interviews with the patient either at home or in hospital to assess ... the patient's condition, social situation and to determine ... also to determine the patient's health status and to ... decisions regarding the patient's placement in the nursing center ... in determining the patient's needs and to determine if a hospital ... ing and to determine if a hospital ... for nursing care. Patients who do not require nursing or nursing home care ... are referred to the Health Department for alternative care.

... in nursing care received. This was indicated in 1960. This decrease is attributed ... available in January 1961 is seen and indicated ...

... Care cases in public health ... were placed in nursing ... Hospital ... 103 refused placement.

... financial assistance of the ... to organize a ... this patient ... by the public health nursing consultants.

... the supervision of the ... the other survey was on ... accidents in ... in each home and suggestions for specific changes made.

DAY NURSERIES AND NURSERY SCHOOLS

The Health Department licensed five day nurseries caring for approximately 135 children and 17 nursery schools caring for approximately 384 children in 1961. The shortage of qualified nursery school teachers and the lack of opportunity for training in this field continues to be the most serious obstacle in maintaining desirable standards of operation. However, definite arrangements have been made with the Department of Adult Education and Extension at the University of Manitoba regarding the possibility of establishing a credit course in pre-school education.

RESEARCH STUDIES

Public Health Nurses in Winnipeg assisted with several research studies in 1961. A study started five years ago on the premature infant by the Department of Paediatrics in the Faculty of Medicine is still using public health nursing services in its project. 565 mothers were interviewed in connection with a Provincial survey on feeding of children in the first two years and its relationship to "Scurvy". Public Health Nurses also assisted the Department of Bacteriology in the Faculty of Medicine with a Poliomyelitis Antibody Study in 1961.

EDUCATIONAL PROGRAM

The responsibility of keeping the nursing staff well informed and up-to-date on medical knowledge which is changing rapidly is a matter that continually faces all administrators. The Nursing Division was fortunate in 1961 in obtaining outstanding speakers on questions of vital interest to the whole staff. Dr. George Wheatley of New York addressed the group on School Health Problems. Dr. W. Grant on Tuberculosis, Mr. T. A. J. Cuning on the proposed Rehabilitation program in the new Manitoba Rehabilitation Hospital, and Dr. R. H. Lawler on School Phobias.

The Nursing Supervisors attended an institute conducted by Mrs. Anne Twomey, Associate Professor of Mental Health in Simmons College, Boston, on "Developing Public Health Nursing Leadership in Mental Health Services". A member of the Nursing Division staff attended a one week institute on Civil Defence Nursing at Arnprior, Ontario.

This report only attempts to "highlight" a few of the Winnipeg Public Health Nursing activities. Further details on services involving public health nursing assistance will be found in other reports relating to School Medical Services, Tuberculosis Control, and Welfare Institutions.

SCHOOL MEDICAL SERVICES

In addition to problems relating to outbreaks of infectious disease, the areas of emphasis in Child Care Services for the year 1961 can be divided into problems of the pre-school child, school medical services and the Registry of Handicapped School Children.

The liaison with practising physicians and various organizations devoted to aspects of child health has continued to improve. A considerable correspondence goes on all through the year between this Department and private physicians in regard to children under their care. In the end, the child benefits because of the co-operation and interchange of information which results from this close liaison.

The 12 school physicians continue to do highly satisfactory work in the schools. Although we have received the greatest possible co-operation from school personnel, the examination facilities leave a great deal to be desired. Lighting is often poor, and privacy almost impossible. This lessens the effectiveness of the interview or examination, and is a subject of discussion at the regular school health conferences, held in the School Board offices. It is to be hoped that in any new school construction, or any re-construction that may occur from now on that we will be consulted to insure that the facilities for medical examination and handling of the occasional emergency can be done under reasonably satisfactory conditions. Very few routine medical examinations are now done in the schools. Attendance of parents during the course of a health examination is encouraged and the examination is much more effective when the parent does attend. Except for a small group of children in the first year who register without having a previous medical examination, only those children who are having problems in school because of health reasons are now slated for examination. The questionnaires used in Grades 7 and 10 continue to act as a very satisfactory screening mechanism. Following discussions with the public health nurses the improvements and changes in the form of the questionnaire from year to year have increased the value of this method of selecting those school children who require the services of a school physician. Regular testing of hearing and vision continues. More emphasis is now being put on the recognition of children who are seriously under or overweight.

The Deputy Medical Health Officer and the Consultant, Child Care Services have held several conferences with school children, parent-teacher groups, and teachers at the Churchill High School as part of our program of health education directed towards reducing the recruitment of teenagers to cigarette smoking. The work done by the City Health Department in this area has attracted considerable interest across the country, and other cities have taken up this program since the publication of the original survey last year. Sometime in 1963 we plan to re-survey Winnipeg school children to see what beneficial results, if any, have materialized as a result of this campaign.

SCHOOL MEDICAL SERVICES

In addition to problems relating to outbreaks of infectious disease, the needs of emphasis in Child Care Services for the year 1961 can be devised and programs of the pre-school Child School Medical Services and the health of handicapped school children.

The liaison with practicing physicians and various organizations devoted to the care of child health has continued to improve. A considerable contribution has been made in all phases of the year between this Bureau and various agencies in the area of child health care. In the field of child health services because of the cooperation and assistance of the various organizations which result from this liaison.

The 12 school physicians continue to do highly satisfactory work in the schools. Although we have received the greatest possible cooperation from school personnel, the examination facilities have a great deal to be desired. Facilities are often poor and very noisy.

This Bureau has the effectiveness of the interview or examination as a subject of discussion at the regular school health conferences held in the school health office. It is to be noted that in any new school construction, or any reconstruction that may occur, provision should be made to insure that the facilities for medical examination and handling of the occasional emergency can be done in a satisfactory manner.

Very few routine medical examinations are now done in the schools. Attendance of parents during the course of a health examination is encouraged and the examination is much more effective when the parent does attend. Except for a small group of children in the last year who register without having a previous medical examination, only those children who are having problems in school because of health reasons are now listed for examination. The questionnaires used in Grades 7 and 10 continue to act as a very satisfactory screening mechanism.

Following discussion with the pediatric health nurses the arrangements and changes in the form of the questionnaire for the year to year have increased the value of this method of selecting those school children who require the services of a school physician. More emphasis is now placed on the recognition of children who are seriously ill or over-weight.

The Deputy Medical Health Officer and the Consultant, Child Care Services have held several conferences with school children, parent-teacher groups, and teachers at the Central High School as part of our program of health education directed towards reducing the recruitment of teenagers to cigarette smoking. The work done by the City Health Department in this area has been considerable and we are pleased to have taken part in this program since the publication of the original survey.

Last year a tentative plan to survey financial school children has been established as a result of the survey. It has been established as a result of the survey.

Diphtheria continues to be a problem from time to time, in spite of the very high rate of immunization among Winnipeg school children. The problem continues to arise in those families where ignorance and neglect are notably present. In spite of intensive efforts by Public Health Nurses and by publicity through various media, these families do not take seriously the advice urging them to have their children immunized. It is in these same family groups that nutritional disease is apt to figure prominently and general neglect of their children is evident in the frequency of illness which occurs in these homes. This problem is similar to that which occurs in other cities, and measures to overcome it will continue to concern us.

The Registry of Handicapped Children continues to be supported by a National Health Grant, which makes possible the employment of a full-time secretary. An accurate record is kept in the City Health Department files of all school children who have a variety of handicapping conditions which, might interfere with their schooling. Many of these children are doing perfectly well in ordinary school rooms, but some are benefitting from placement in special classes. It is of interest to note that 14 new cases of rheumatic heart disease, and 27 of congenital heart diseases were recorded during 1961. There are now 283 known cardiac cases in the school population of over 50,000. In 1961, 94 children who have had rheumatic fever were included in the program for Prophylactic Penicillin which is supplied free of charge by an arrangement between the Provincial Government and the City of Winnipeg. The parents' co-operation is required to insure that their children take these tablets regularly in order to prevent a recurrence of rheumatic fever. In the schools there are 35 children with diabetes, 58 with convulsive disorder, and 107 with various skeletal handicapping conditions, such as cerebral palsy or convalescent poliomyelitis. There are 81 children with vision handicap serious enough to require educating in 3 special classrooms which have been set up by the School Board, and 86 children with serious hearing handicap, who also require special education. Attending the Ellen Douglass School are 64 children with handicapping conditions. Excellent co-operation exists between the Winnipeg School Board and the City Health Department in the handling of the health of these children.

The problem of the Child Health Centres continues to present real difficulties. There has been a falling off in the attendance at some of the Centres, presumably due to wider pre-paid medical coverage. It also appears likely that insufficient attention is being given by parents today to regular medical care of children in the younger age groups. Although infants are brought in regularly by their parents up to the time they are one year old, they are rarely seen again apart from periodic immunization, until they enter school. The whole subject is under review, and recommendations will be made during the ensuing year to work out a more effective way of providing health counselling services for children in these age groups.

CHILD HEALTH CENTRES

Child Health Centres		10
Child Health Centre sessions held		467
New babies admitted		1,544
Infants	1,130	
Pre-school	414	
Attendance at sessions		19,785
Infants	8,700	
Pre-school	6,468	
School children and adults	4,617	
Doctor' consultations and examinations		2,349
Infants	1,537	
Pre-school	812	
Home visits re child hygiene (birth registrations, etc.)		28,687
Immunizations by doctors at Child Health Centres		14,181

IMMUNIZATION
ATTENDANCE AT CHILD HEALTH CENTRES

	<u>Number</u>	<u>No. of Sessions</u>
Harrow	1668	12
St. Matthews	2010	12
St. Judes	1868	12
Sparling	798	13
St. Andrews	1878	12
Holy Trinity	952	13
Chalmers	989	12
Mount Carmel	1038	12
Robertson House	1613	12
McGregor	<u>1252</u>	<u>12</u>
TOTAL	14,066	122

PERSONAL SERVICES TO PATIENTS BY PUBLIC HEALTH NURSES
(Including home visits and instruction by telephone from District Office)

Health: Newborn	1,307	1,872
Under 1 year	7,216	7,413
Pre-school children	11,244	11,212

ACCIDENTS IN SCHOOLS REVIEWED

Accidents reported by Principal and nurse 1,153

REPORT ON HEALTH INSPECTION OF SCHOOL CHILDREN BY PUBLIC HEALTH NURSES

Pupils examined in Health Service Rooms by nurses 30,762

Exclusion from School	4,549
Miscellaneous	3,268
Pediculosis	185
Skin Conditions	454
Suspect communicable disease	642

Treatments given 26,213

Classroom Inspections by school nurse	2,220
General	2,010
Acute Communicable	210

Conference re pupil (with pupil, parent, teacher, etc.) 109,729

Health Education 1,049

Home visits to school children made by nurses (exclusive of communicable disease visits), 12,260

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners	5,309
Children with one or more defects	2,089
Parents invited to physical examinations	3,893
Parents present at physical examinations	1,999

T.N.S.A.	180	283
T.S.B.A.	350	410
United Church	263	311
Logan Neighbourhood House	89	104
Lakeside Camp.	185	22

ACCIDENTS IN SCHOOLS REVISÉD

Accidents reported by Principals 1.157
..... 1.157
REPORT ON HEALTH INSPECTION OF SCHOOLS IN HEALTH DEPARTMENT

Pupils examined in health department 30,762
..... 30,762
Examination from school 4,243
..... 4,243
Medical examinations 3,208,268
..... 3,208,268
Physical examinations 181,182
..... 181,182
..... 434
..... 434
..... 434

Treatments given 2,220
..... 2,220
Classroom inspections by principals 2,220
..... 2,220
General 210
..... 210
..... 210

Conference re pupil (with department, etc.) 109,729
..... 109,729
Conference re pupil (with department, etc.) 1,049
..... 1,049
Health Education 1,049
..... 1,049
Home visits to school children (by nurses, etc.) 12,260
..... 12,260
Home visits to school children (by nurses, etc.) 12,260
..... 12,260

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners 2,000
..... 2,000
Children examined by medical examiners 2,000
..... 2,000
Children with one or more defects 2,000
..... 2,000
Children with one or more defects 2,000
..... 2,000
Parents invited to physical examinations 1,000
..... 1,000
Parents invited to physical examinations 1,000
..... 1,000
Parents present at physical examinations 1,000
..... 1,000

PERSONAL SERVICES TO PATIENTS BY PUBLIC HEALTH NURSES

(Including home visits and instruction by telephone from District Office)

	<u>1960</u>	<u>1961</u>
Health: Newborn	6,049	5,832
Under 1 year	7,814	7,613
Pre-school children	14,256	15,242
School children	12,676	12,267
Adults	14,605	14,915
Prenatal	1,189	1,135
Postnatal	5,688	5,490
Prenatal Classes:		
New Admissions	440	430
Total Attendance	3,668	3,218
Morbidity: Tuberculosis	1,808	1,431
Acute Communicable	328	321
Unclassified: Not found	5,624	5,504
Not taken under care	208	116
Special activity	1,636	1,505
Visits made for poison control prevention	<u>367</u>	<u>404</u>
TOTAL	75,916	74,986

CHILDREN EXAMINED FOR FRESH AIR CAMPS

	<u>1960</u>	<u>1961</u>
Camp Horton	82	214
Salvation Army	252	306
C.G.I.T.	153	98
Y.M.C.A.	165	138
Y.W.C.A.	180	283
Y.M.H.A.	350	110
United Church	283	331
Logan Neighbourhood House	89	104
Lakeside Camp.	185	48

VICTORIAN ORDER OF NURSES SERVICES SUMMARY FOR THE YEAR 1961

Total number of new cases 2,023

Nursing Care Visits:

Prenatal	5
Postnatal	44
Newborn	516
Infant	295
Pre-school	182
School	175
Adult	43,224

Total Nursing Care Visits 44,441

Health Instruction Visits:

Prenatal	30
Postnatal	421
Newborn	447
Infant	660
Pre-school	66
School	40
Adult	1,140

Total Health Instruction Visit 2,804

Not Seen 860

On behalf of patient 31

TOTAL 48,136

I N S P E C T I O N S B R A N C H

Dairy	Principal Inspector	R. Bentham	Cert. R. San. I.
Food	" "	R.C. Morrow	D.V.M., C.S.I. (C).
Housing	" "	G.W. Kelly	Cert. R. San. I., C.S.I. (C).
Sanitation & Hygiene	" "	A. Cross	M.R.S.H., C.S.I. (C).
Laboratory	Senior Technician	H. Robinson	Cert. R. San. I.
Chief Health Inspector		E. J. Rigby	D.V.M., B.S.A., C.S.I. (C).

During the year close attention was given to diseases transmissible from animals to humans. The three diseases of particular concern were rabies, ringworm and brucellosis.

In Winnipeg no cases of rabies in humans or animals were confirmed during 1961. The By-law requiring the impounding of dogs that has bitten a person was strictly enforced. In addition arrangements were made to keep biting cats under observation. Other animals alleged to have bitten people, where they could be recovered, were forwarded to the laboratory in Hull, Quebec for examination. While no positive cases were reported in Winnipeg a cat and some skunks captured in the Suburbs were reported as positive. Dog owners, particularly those taking their dogs outside the City, were urged to have their dogs inoculated against the disease.

Cats and dogs in households where ringworm was reported in children were examined and if infected were either treated or destroyed. Cats have been found to be the means of spreading ringworm to children in many instances.

Investigation of reported cases of undulant fever (Brucellosis) indicates that in all instances the infection was contracted outside the City, either by consuming raw milk from infected cows or handling diseased animals. The Federal Department of Agriculture are pursuing a policy of testing all cattle in Manitoba and slaughtering cattle infected with Brucellosis. The initial test of all cattle in the province has been completed and it is now hoped that the incidence of the disease can be kept at a very low level.

HOUSING DIVISION:

This Division is primarily interested in premises where people live. It is responsible for the enforcement of health regulations and by-laws pertaining to hotels, rooming houses, welfare institutions and lodging houses.

During recent years particular attention has been given to the cleanliness and sanitary conditions of guest rooms in hotels. This was done because a survey made some five years ago revealed that in a number of hotels, acceptable standards were not being maintained. More frequent inspection with closer attention being given to detail has been instrumental in effecting a noticeable improvement. No indication of bedbugs was noticed in any of the 3,404 guest rooms in the 54 hotels located in the City. During the year plasterwork was repaired and redecorating done where necessary, mattresses were renewed in 18 hotels and floor covering

INVESTIGATION REPORT

Chief Health Inspector	E. J. Ryan	D.V.M., B.S.A., C.S.I.(C).
Senior Technician	H. Robinson	Genl. R. San. I.
Laboratory		
Sanitation & Hygiene	A. Gross	M.R.S.L., C.S.I.(C).
Housing	G.W. Kelly	Genl. R. San. I., C.S.I.(C).
Food	R.C. Morrow	D.V.M., C.S.I.(C).
Dairy	R. Benham	Genl. R. San. I.

During the year close attention was given to diseases transmissible from animals to humans. The three diseases of particular concern were rabies, ringworm and brucellosis.

In 1951 no cases of rabies in humans or animals were confirmed during the year. The by-law requiring the impounding of dogs that had bitten a person was strictly enforced. In addition arrangements were made to keep dogs under observation. Other animals alleged to have bitten persons, where they could be recovered, were forwarded to the laboratory in 1951 for examination. While no positive cases were reported in 1951, a few cases were reported in the suburbs were reported as positive. Dog owners, particularly those taking their dogs outside the City, were urged to have their dogs inoculated against the disease.

Cats and dogs in households where ringworm was reported in children were examined and if infested were either treated or destroyed. Cats have been found to be the means of spreading ringworm to children in many instances.

Investigation of reported cases of undulant fever (Brucellosis) indicated that in all instances the infection was contracted outside the City, either by consuming raw milk from infected cows of negligent diseased animals. The Federal Department of Agriculture are pursuing a policy of testing all cattle in Manitoba and slaughtering cattle infested with Brucellosis. The initial test of all cattle in the province has been completed and it is now hoped that the incidence of the disease can be kept at a very low level.

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This Division is primarily interested in premises where people live. It is responsible for the enforcement of health regulations and by-laws pertaining to hotels, rooming houses, welfare institutions and lodging houses.

During recent years particular attention has been given to the cleanliness and sanitary conditions of guest rooms in hotels. This was done because a survey made some five years ago revealed that in a number of hotels, acceptable standards were not being maintained. More frequent inspections are now being given to detail has been maintained in enforcing a responsible standard. No indication of bedbugs was noticed in any of the hotels inspected in the 24 hotels located in the City. During the year inspection was reported and remedying done where necessary, mattresses were removed in 12 hotels and floor covering

replaced in 20 hotels. In some hotels it was necessary to insist that additional staff be hired and suitable brushes, vacuum cleaners etc., be provided so that a suitable standard of cleanliness could be maintained. Operators generally have co-operated in following suggestions made by the inspectors and are now maintaining their premises in a clean and sanitary condition.

A proposal made a few years ago to license rooming houses was abandoned as impractical. Instead it was decided to institute house-to-house inspection in those areas of the City where most of the rooming houses are located. Exclusive of premises previously inspected, some 400 houses were inspected in the survey. In more than 50% of these premises violations of health regulations were found and appropriate notices issued. Violations of By-laws noted that would be of interest to electrical, fire or the building inspectors were referred to the particular departments. Lists of the premises used as multiple family dwellings or rooming houses were forwarded to the Fire Chief so that the fire inspectors could make inspection of such premises. A re-check of the premises found to contain violations of health regulations was later made when it was found that more than 75% of the notices has been fully complied with. The policy of having Health inspectors make the primary inspections in such a house-to-house survey and referring noted violations to the other departments appears to have much to commend it.

Other inspectors are then free to devote attention to premises where there are known to be violations of the by-laws they are particularly concerned with.

DIVISION OF SANITATION & HYGIENE:

This Division is responsible for the routine inspection of factories, workshops, offices and office buildings; swimming pools; wading pools; schools; comfort-stations; 335 premises that require a permit from the Medical Health Officer; and 396 hairdressing establishments. In addition this Division reports on garbage and refuse in yards, lots, streets and lanes; on temporary surface closets for workmen; on noises; on smoke; dust and fumes; on offensive odours; on infestation of insects and rodents; and on the keeping of pigeons and poultry. The inspectors of the Division collect water samples for bacteriological analysis from swimming pools, wading pools and from the water mains at strategic points throughout the City.

There has been a reduction in the number of complaints regarding smoke, dust and fumes. A routine inspection of yards and lanes regarding the use of outside incinerators was the main reason for the fewer number of complaints.

During the months of July and August the Division of Sanitation & Hygiene assisted in supervising the operation of the thirty-four wading pools in Winnipeg. One Inspector was allotted full time to inspecting and instructing at the pools. At least once every four days, he obtained a water sample from each pool for bacteriological analysis. He carefully tabulated the results of these analysis. In all 255 water samples were collected. Thirty-one of the thirty-four wading pools were re-modelled one year ago so that the 10,000 gallons of water in the pool was circulated every four to five hours. During circulation the water was filtered through a four foot pressure sand filter and also chlorinated to maintain a chlorine residual of 0.5 parts per million. Orthotolidine tests for residual chlorine were made every two hours.

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sanitary standard of cleanliness could be maintained. Operators generally have
co-operated in following suggestions made by the inspectors and are now maintaining
their premises in a clean and sanitary condition.

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particular department. Lists of the premises with an outline of health violations
or rooming houses were forwarded to the fire chief so that the fire inspectors
could make inspection of such premises. A report of the program found to
contain violations of health regulations was later made when a survey of the
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Health inspectors make the primary inspection in such a house-to-house survey
and referring noted violations to the other department appears to have much to
commend it.

Other inspectors are then free to devote attention to premises where there
are known to be violations of the health laws they are particularly concerned with.

DIVISION OF SANITATION & HYGIENE

This Division is responsible for the maintenance of the health of factories,
workshops, offices and other buildings; cleaning public buildings, schools,
colleges, hospitals; 333 premises that require a permit from the Health Officer
and 336 hairdressing establishments. In addition this Division reports on garbage
and refuse in parks, fairs, streets and markets and on the inspection of
workers; on noise; on food; dust and fumes; on elevator; on the inspection of
of insects and rodents; and on the inspection of restaurants, hotels, swimming pools,
the Division collect water samples for bacteriological analysis from swimming pools,
waiting rooms and from the water supply at various points throughout the City.

There has been a reduction in the number of complaints regarding noise,
dust and fumes. A positive inspection of yards and lands regarding the use of outside
insulators was the main reason for the better health of occupants.

During the month of July and August the Division of Sanitation & Hygiene
assisted in supervising the operation of the city's water works in Chicago.
One inspector was assigned full time to inspecting and maintaining the works. At
least once every four days he collected water samples from various points in the
local area. A detailed report was made in these reports. In all 525 water
samples were collected. This out of the total amount of water which was collected
one year ago so that in 10 of 100 gallons of water in the pool and at least every
four to five hours. During this time the water was filtered through a four foot
pressure sand filter and also chlorinated to maintain a chlorine residual of 0.2
parts per million. Chlorination tests for residual chlorine were made every two hours

In the absence of any suitable references it was decided to establish empirical standards that could be checked at the end of the season against the actual results secured from bacteriological examination. The standards set for 1961 season were:

- (1) Arithmetic average of accepted samples - 100 coliform per 100 ml.
- (2) Maximum count not to exceed 250 coliform per ml.
- (3) With the exception that one sample in eight (over 250) would be thrown out.

The season (July and August) consisted of very sunny, dry, hot days with the temperatures ranging from 85° F. to over 90°F. This sort of weather can play havoc with the chlorine residual in a shallow wading pool and a wading pool is very attractive to children in this kind of weather and the attendance was above normal. In spite of what appeared to be abnormal conditions twenty-seven of the thirty-one remodelled wading pools met the empirical standards. The four pools that did not meet the suggested standards had arithmetic averages of 104, 133, 147 and 154 respectively. Of the twenty-seven pools that met the standards, 70% of them had counts of less than 50 coliforms per ml., and 60% had less than 20 coliforms per ml. These results are gratifying especially so when one considers the sparse number of hours of tuition that the pool operators received before the season opened. The continuous inspection and instruction given by the health inspector during the two month season is a real asset in the proper and desirable operation of the wading pools.

Starting last January this Division commenced inspections of all hairdressing establishments i.e. barbershops and beauty parlors. Towards the end of 1960 a new division (Division 12-Part V) was added to the regulations under the Public Health Act and all hairdressing establishments must now comply with these regulations before a permit is issued by the Health Department. This permit is sent to the Provincial Department of Labour, who in turn issue a license. The Health Department permit must be obtained annually.

The Division continues an effective control over pigeons. One of the district inspectors holds a permit, from the Chief of Police, to shoot pigeons up until 7.15 a.m. each day. During the past year some 2,442 pigeons were shot.

The continued routine inspection of factories and workshops keeps the number of complaints well under control. Where necessary in these premises checks are made re ventilation, heating, lighting, insect and rodent infestation and sanitary facilities. Fewer complaints are being received with regard to the emission of smoke, dust and fumes from factories and workshops. This is the benefit from routine inspections.

Towards the end of the year eighty-seven schools in the Winnipeg School Division No.1 were inspected with regard to the number of sanitary facilities available to each sex. The findings were compared to the table given in Part 111, Division 11 of the Regulations under the Public Health Act and a complete report forwarded to the school authorities.

In the absence of any suitable references it was deemed to establish empirical standards based on the results of the examination of the actual results secured from bacteriological examination of water for 1921 season water.

- (1) Arithmetic average of accepted samples - 100 colonies per 100 ml.
- (2) Maximum count not to exceed 250 colonies per ml.
- (3) With the exception that one sample in eight (over 250) would be thrown out.

The season (July and August) consisted of very warm, dry, hot days with the temperatures ranging from 85° F. to over 90° F. This sort of weather can give place with the chlorine residual in a shallow water tank and a water pool is very attractive to children in this kind of weather and the attendance was always normal. In spite of what appeared to be abnormal conditions, however, at the factory the residual water points and the empirical standards. The four points did not meet the suggested standards and bacteriological averages of 100, 150, 175 and 150 respectively. Of the water-tower points, the water at standard 100 of them had counts of less than 50 colonies per ml. and 50% had less than 30 colonies per ml. These results are satisfactory especially when one considers the great number of hours of operation of the plant and the fact that the water is treated before the season opened. The continuous inspection and maintenance given by the health inspector during the two month season is a good record of the proper and desirable operation of the water supply.

Starting last January this Division commenced inspection of all manufacturing establishments i.e. food, drug and beauty parlors. Towards the end of 1920 a new division (Division II) was added to the organization under the Public Health Act and all manufacturing establishments were now simply with these regulations before a permit is issued by the Health Department. This permit is sent to the Provincial Department of Labour, who in turn issues licenses. The Health Department permit must be obtained annually.

The Division continues an active control over factories. One of the district inspectors holds a permit, from the Chief of Police, to enter premises up until 10:00 a.m. each day. During the past year some 2,000 premises were visited.

The continued active inspection of factories and workshops keeps the number of complaints well under control. Where necessary in these premises checks are made for ventilation, heating, lighting, drainage and other inspection and sanitary facilities. Lower complaints are being received with regard to the violation of water, but the fact that the water is being inspected, this is the benefit from the active inspection.

Towards the end of 1920 four night-schools in the Winnipeg School Division No. 2 were inspected with regard to the number of sanitary facilities available for each sex. The findings were compared to the table given in Part III, Division II of the Regulations under the Public Health Act and a compliance report forwarded to the school authorities.

Last March the inspectors of the Division attended the Annual Institute for Sanitary Inspectors held at the University of Manitoba. Attendance at this Institute is a real asset and benefit to our inspection staff. Three inspectors took part in a three day short course for swimming pool operators sponsored jointly by the City of Winnipeg Health Department and the Provincial Department of Health. One inspector of this Division is taking a correspondence course in pest control technology sponsored by the Department of Entomology, Purdue University.

The staff of the Division includes a principal inspector, one grade III inspector and seven grade II inspectors. During 1961 this staff made 19,351 inspections and re-inspections and dealt with 6,711 defects requiring 6,447 notices.

FOOD DIVISION:

Changes in the methods of processing, preserving, packaging, distributing and serving food are continually taking place. Food inspectors must keep abreast of new developments in the industry to recognize and deal with situations which could be detrimental to health.

During the past year there was an increase in the number of food vending machines. The machines are licensed after inspection is made to ensure that they are suitable for the purpose intended, whether it be the vending of sandwiches, coffee, pastry or some other food product.

There has been an increase in the number of drive-in restaurants which requires frequent inspection to ensure that in addition to the food preparation being satisfactory, that the garbage and refuse is properly stored and the surrounding area kept free of litter.

Routine inspection of restaurants, canteens, bakeries and other food premises was continued.

Plans for the construction of new premises and alterations to old premises where food is processed, served or stored were reviewed and changes required where it was considered necessary. This procedure has been of inestimable value in ensuring that the premises were constructed or altered so that the area, equipment etc., was suitable for the particular type of premises. Particular attention was paid to facilities for the storage and refrigeration of food and the proper cleansing of equipment and utensils.

Cordial relations existed between the department and other government agencies interested in various phases of food control and between persons actively engaged in the food industry.

DAIRY DIVISION:

Sales of fluid milk totalled 134,081,000 lbs in 1961 as compared with 133,563,035 lbs in 1960 and 129,730,678 lbs in 1959. This increased volume was produced by 883 producers in 1961, as compared with 934 in 1960 and 1018 in 1959.

Last March the inspectors of the Institute for Food and Drug Administration for Eastern Inspectors held at the University of Maryland. At present at this Institute has been held and benefit to our inspection staff. These inspectors took part in a fifteen day short course for special food inspectors sponsored jointly by the City of Washington Health Department and the National Department of Health. One inspector of this Institute is taking a correspondence course in pest control technology sponsored by the Department of Entomology, Purdue University.

Staff of the Division includes a principal inspector and grade III inspector and seven grade II inspectors. During 1961 this staff made 1,127 inspections and re-inspections and dealt with 6,711 defects requiring notices.

FOOD DIVISION:

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There has been an increase in the number of drive-in restaurants which require frequent inspection to ensure that in addition to the food preparation being satisfactory, that the garbage and refuse is properly stored and the surrounding area kept free of litter.

Routine inspection of restaurants, taverns, bars and other food premises was continued.

Plans for the construction of new premises and alterations to old premises where food is prepared, served or stored were reviewed and changes required where it was considered necessary. This procedure has been of insurmountable value in ensuring that the premises were constructed or altered so that the equipment used was suitable for the particular type of process. Particular attention was paid to facilities for the storage and refrigeration of food and the proper cleaning of equipment and utensils.

Continual relations existed between the department and other government agencies interested in various phases of food control and between persons actively engaged in the food industry.

DAIRY DIVISION:

Sales of fluid milk totaled 1,080,000 lbs. in 1961 as compared with 133,247,000 lbs. in 1950 and 137,000,000 lbs. in 1957. This increased volume was produced by 681 processors in 1961, as compared with 936 in 1950 and 1018 in 1957.

The increase in the average volume of milk shipped by each producer has been brought about by the greater specialization and the installation of labour saving equipment on the farms. As an example 153 bulk milk tanks were installed during 1961, making a total of 172 bulk tanks in use at the end of the year.

Our inspectors reviewed plans for milk houses and supervised the installation of bulk tanks to ensure that equipment necessary for the washing and sanitizing of the tanks etc., was available and that the milk could be held free of contamination at a suitably low temperature.

During the year each producer's milk was tested twice monthly for keeping quality with producers receiving a bonus from the milk plant for milk grading number one in the resazurin test. Producers whose premises or quality of milk did not meet required standards had their permits to ship milk cancelled. The quality of milk received at the plants improved during the year and met the recognized standards.

Frequent tests conducted on samples of milk, cream, ice cream etc., collected from retail outlets indicate that these products meet required standards for safety and wholesomeness. No illness due to milk or milk products were reported during the year.

Tabulated reports of the various divisions follow.

Defective callars repaired	73 buildings
Leaky roofs repaired	42 buildings
Walls, ceilings, floors repaired	1 building
Defective waterproofing repaired or removed	130 buildings
Defective heating equipment repaired or removed	130 buildings
Fly screens and/or doors installed	237 buildings
Defective plumbing repaired	254 buildings
Additional plumbing installed to supply with	132 buildings
Regulators	132 buildings
Hot water facilities provided or improved	131 buildings
Additional heat provided	251 buildings
Redesigned	309 buildings
Garbage nuisance corrected	137 properties
Gas stoves removed from premises	83 buildings
Leaky gas stoves repaired or removed	3 buildings
Floor coverings renewed	63 buildings
Additional electric light provided	106 buildings
Blinds provided for windows	37 buildings
Filthy or torn mattresses or bedding cleaned,	44 buildings
renewed or removed	44 buildings
Filthy or dilapidated furniture cleaned, repaired,	11 buildings
or removed	11 buildings
Floors, walls washed	134 buildings
Miscellaneous defects remedied	286 buildings

E.J. Rigby, D.V.M.,
Chief Health Inspector.

The increase in the average volume of milk shipped by each producer has been brought about by the greater specialization and the installation of better paying equipment on the farms, as an example of this is the fact that the total milk production during 1931, making a total of 1,250,000 gallons in 1931 at the end of the year.

Our inspectors reviewed plans for milk houses and cow sheds in the installation of milk tanks to ensure that proper equipment for the testing and sanitizing of the tanks was available and that the milk should be held free of contamination at a relatively low temperature.

During the year each producer's milk was tested before leaving the farm keeping daily with producers receiving a form from the milk plant for milk grading number one in the morning and number two in the afternoon. The quality of milk did not meet required standards and their records in this regard reflected the quality of milk received at the plant. Records during the year and the recognized standards.

Frequent tests conducted on samples of milk, cream and butter collected from retail outlets indicate that these products were produced for safety and wholesomeness. In this case the quality of milk products were tested during the year.

Tabulated reports of the various divisions follow.

W. J. Hight, D.V.M.,
Chief Health Inspector.

HOUSING DIVISION

Primary inspections of dwellings	513
Primary inspections of rooming houses and lodging houses	433
Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels nursing homes, welfare institutions	329
Other inspections and reinspections	6827
	<hr/>
	8102

Violations of the Health Act Regulations remedied during
the year under orders from the Housing Division:

Overcrowding remedied	92 families
Damp or dark cellars vacated	29 cellars
Dark, low ceilinged attics vacated	23 attics
Additional windows constructed in previously dark attics	35 attics
Bed bugs exterminated	130 buildings
Cockroaches exterminated	38 buildings
Rats exterminated	28 properties
Mice exterminated	70 buildings
Defective cellars repaired	42 buildings
Leaky roofs repaired	51 buildings
Walls, ceilings, floors repaired	238 buildings
Defective eavestroughing repaired or renewed	50 buildings
Defective heating equipment repaired or renewed	130 buildings
Fly screens and/or storm sashes provided	237 buildings
Defective plumbing repaired	254 buildings
Additional plumbing installed to comply with regulations	332 buildings
Hot water facilities provided or improved	101 buildings
Additional heat provided	281 buildings
Redecorated	309 buildings
Garbage nuisances corrected	107 properties
Gas stoves removed from bedrooms	82 buildings
Leaky gas stoves repaired or renewed	3 buildings
Floor coverings renewed	82 buildings
Additional electric light provided	108 buildings
Blinds provided for windows	37 buildings
Filthy or torn mattresses or bedding cleansed, repaired or renewed	44 buildings
Filthy or dilapidated furniture cleaned, repaired, or renewed	11 buildings
Floors, walls washed	136 buildings
Miscellaneous defects remedied	286 buildings

HOUSING DIVISION cont'd.

Notices Issued: Verbal warnings - 3496
Formal Notices - 1909

Complaints attended to:
Lack of heat - 349
Other complaints - 1104

Houses placarded "Unsanitary" - 20

9 Police Court Summonses issued (5 convictions, 1 dismissal, 3 withdrawals)

Convictions:

Insufficient heat	\$53.30
Use of cellar for sleeping purposes	23.30
Inadequate supply of hot water.....	13.30
Fail to exterminate cockroaches	18.30
Fail to exterminate mice	<u>20.20</u>

Total fines (including costs of court)... \$128.40

Violations of other by-laws discovered by our inspectors and referred in writing to the proper departments for their action:

Electrical inspectors - hazardous wiring-	340 buildings
Fire inspectors - fire hazards-	81 buildings
Building inspectors - other safety hazards-	232 buildings
Zoning inspectors - zoning violations-	14 buildings
Plumbing inspectors - illegally installed plumbing-	7 buildings
Weed inspector-	5 properties
Children's Aid Society-	7 families
Public Welfare Department-	5 families
Gas Company - leaks-	4 buildings
Other referrals-	<u>4 buildings</u>

Total referrals in writing - 699

The above-listed referrals have been given attention by the various civic and metropolitan departments and agencies, and hundreds of hazards to safety have been remedied.

FOOD DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
Abattoirs	1	15
Bakeries	514	168
Banquet Halls	178	61
Beer Parlors	162	93
Brewery's & Bottling Plants	11	58
Candy Manufacturers	51	23
Canteens & Hotel Kitchens	203	110
Caterers	229	77
Cereal Mills	8	28
Cocktail Lounges	224	162
Dance Halls	126	46
Egg & Poultry Wholesale	11	8
Fish-Filleting, Cold Storage etc.	59	63
Frozen Food Locker Plants	24	15
Ice Houses and Depots	23	1
Pickle & Vinegar Factories	16	4
Poultry Slaughterhouses	49	38
Private Clubs	32	64
Producers' Markets, Vegetable stalls	151	81
Restaurants	5031	1208
Retail Food Stores, Grocers, Butchers etc..	4108	900
Sausage Manufacturers	135	119
Wholesale - Groceries & Vegetables	133	39
Fires in Food premises	59	112
Vehicles	104	21
Vending Machines	291	15
Special Calls	590	362
Ice Cream Machines	1	-
	<u>TOTALS</u>	<u>12,524</u>
		<u>3,891</u>

Complaints	268		
Notices: Verbal	6263	Samples: Water	48
Written	607	Food	1677
Plans Examined	203	Plans Approved	88

Condemnations (Destroyed in City Incinerator)

Candy	5169 lbs	Baked Goods.....	582 lbs
Fish	1527 1/2 lbs	Canned Goods	428 lbs
Poultry	583 lbs	Meat	2044 1/2 lbs
Drugs	319 lbs	Raisins	37 lbs
Cereal	887 lbs	Nuts	458 lbs
Pickles	245 lbs	Sugar	37 lbs
Dairy Products .	102 lbs	Fruit & Veg.	937 lbs

D A I R Y D I V I S I O N

<u>COUNTRY:</u>	<u>INSPECTIONS</u>	<u>CONTACTS</u>
Milk Producers.....	2797	948
Prospective Producers	61	7
Bulk Milk Tanks	789	-
<u>CITY:</u>		
Pasteurization Plants.....	227	1922
Ice Cream Manufacturers.....;	335	
Counter Freezers	448	
Butter Plants.....	178	
Cheese Plants	175	
Milk Trucks Inspected	951	
Tanker Trucks Inspected	196	
Vehicles - Delivery	66	
<u>SAMPLES TAKEN:</u>		
Milk Retail	1596	
Milk Shippers.....	34261	
Milk Special	622	
Cream	529	
Ice Cream	652	
Bottles for Sterility	61	
Water	63	
<u>GENERAL:</u>		
Special Calls	1018	
Complaints	11	
Permits Issued	21	
Permits Cancelled	126	
Milk Rejected - Lbs-	450	
Letters sent re: Premises	991	
Letters sent re: Quality of Milk... ..	4579	
Letters sent re: Milk Cans	14	
Cans Inspected	8617	
Cans Rejected	49	
Tests of Equipment	101	
Milk Samples Tested	11	
Temperatures Taken	6235	
	<u>BACTERIOLOGICAL LABORATORY</u>	
<u>WATER ANALYSIS</u>	Standard Plate Count	3112
	Presumptive Test	3112
	Confirmed Test	1357
<u>MILK & CREAM</u>	Standard Plate Count	2067
	Babcock Test	1929
	Coliform Test	2096
	Phosphatase Test	2065
	Resazurin Test	35187
<u>ICE CREAM</u>	Standard Plate Count	591
	Coliform Test	676
<u>MILK BOTTLES</u>	Bacterial Test	60
<u>DIAGNOSTIC</u>	Diphtheria Swabs	21
	Urinalysis	352
	Sputa for T.B.	1
	TOTAL	<u>52,626</u>

DAIRY DIVISION

COUNTY

INSPECTION COUNTS

1927	61
1928	78
1929	227
1930	148
1931	178
1932	111
1933	101
1934	11
1935	632

.....	COUNTRY:
.....	Milk Producers
.....	Progressive Producers
.....	Bulk Milk
.....	CITY:
.....	Pasteurization
.....	Local
.....	County
.....	Butter
.....	Cream
.....	Ice Cream
.....	Water
.....	Special
.....	Complaints
.....	Permits
.....	Milk
.....	Labels
.....	Can
.....	Tests
.....	Milk
.....	Temperature

.....	WATER ANALYSIS
.....	MILK & CREAM
.....	MILK BOTTLES
.....	DIAGNOSTIC

3112
3113
1357
2057
1929
2096
2052
32197
311
676
60
21
322
1

DIVISION OF SANITATION AND HYGIENE

<u>Licensed:</u>	<u>Inspections</u>
Billiard Parlors.....	120
Bowling Alleys.....	53
Dog Kennels.....	9
Hatcheries and Pet Shops.....	39
Junk Yards.....	176
Laundries.....	126
Massage Parlors.....	82
Poultry Keepers.....	6
Second-hand Stores.....	226
Skating Rinks.....	21
Soap Manufacturing.....	2
Tanneries and Hide Curing.....	4
Undertaking Parlors.....	22
Stable.....	<u>1</u>
Total.....	887

Unlicensed:

OFFICES, WORKSHOPS & FACTORIES.....	<u>6637</u>
Air Pollution.....	143
Comfort Stations.....	98
Garbage and Refuse.....	3800
Lanes, Streets and Lots.....	4095
Outbuildings.....	81
Schools.....	125
Swimming Pools.....	559
Wading Pools.....	388
Wells.....	<u>1</u>
Workmen's Closets.....	1969
Miscellaneous.....	<u>748</u>
Total.....	<u>12007</u>
Total number of inspections.....	19531
Interviews.....	2402
Estimated value of repairs.....	\$13004.00
Complaints.....	1103
Prosecutions.....	8
Fines.....	\$78.50
<u>Notices:</u> Verbal.....	5492
Letter.....	316
Informal.....	486
Specification.....	35
Mandatory.....	<u>118</u>
Total.....	<u>6447</u>
Water Samples and Deliveries.....	3535

DIVISION OF SANITATION AND HYGIENE DEPARTMENT
(cont'd.)

Summary of Examinations, 1961
(in natural dollars)

Defects discovered and dealt with:

Bedding and Upholstery.....	\$ 472,384.00	20	
Cleanliness, Lack of.....		373	
Common Drinking Cups.....	83,129.00	129	
Covered Waste Receptacles.....		36	
Dampness.....	78,147.00	1	
Drinking Facilities (Water).....		46	
Garbage and Refuse.....	2,892.00	2120	
Gas Installations.....		1	
Heating: Lack of.....	70.00	67	
" Furnaces & Equipment.....		1	
" Chimneys, Ducts and Piping.....	1,299.00	1	
Lanes, Streets and Lots.....		2085	
Lighting: Natural or artificial.....	17,037.00	17	
Noises.....		28	
Overcrowding.....	\$ 861,039.00	2	
Plumbing: Lack of.....		20	
" Defective.....		56	
" Illegally Installed.....	1,191.00	8	
" Insufficient.....		72	
" Dirty Fixtures.....		188	
" Legible Signs, Lack of.....	1,000.00	72	
" No Water Supply.....		2	
" No Hot Water.....	293.00	1	3,441.00
" Privacy, Lack of.....		5	
Pigeons and Poultry, Illegal.....	531.00	57	87,303.00
Rest Rooms: Lack of.....	307.00	1	13,330.00
" Dirty.....		7	
" Furnishings.....		3	
" Matron, Lack of.....	931.00	-	27,564.00
Rodents: rats.....	828.00	41	38,037.00
" mice, others.....		6	
Smoke, Dust, Fumes, Odors.....	208.00	323	
Soap and Towels, Lack of.....		81	11,295.00
Stagnant Water.....	141.00	5	1,305.00
Structural Defects: Roofs & Ceilings.....		23	
" Eavestroughing & R.W.L....		6	
" Cellars, floors and walls.....	339.00	40	192,575.00
" Screen doors & windows...		1	
" Storm doors & windows...		1	
Swimming Pools, Wading Pools.....	52.45	5	
Ventilation.....		31	
Vermin.....		20	
Workmen's Closets.....		331	
Miscellaneous.....		378	
Total defects and irregularities.....		<u>6711</u>	

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1961
(to nearest dollar)

(a) Personal Services	\$ 478,384.00
(b) Outside Services	83,129.00
(c) Materials, Supplies and Repairs . . .	78,147.00
(d) Equipment, Additions and Replacements	2,893.00
(e) Fuel, Water, Light and Power	70.00
(f) Other Expenses	1,399.00
(h) Automobile Expense	<u>17,037.00</u>
	<u>\$ 661,059.00</u>

Expenditures by Branches, 1961
(To nearest dollar)

	<u>Total</u>	<u>Personal</u>	<u>Other</u>
C1-1 Administration and Statistics	\$ 33,393.00	29,952.00	3,441.00
C1-2 Communicable & Other Diseases	122,051.00	34,548.00	87,503.00
C1-3 Inspection Services & Laboratory	129,307.00	115,977.00	13,330.00
C1-4 Child Medical Services	31,981.00	4,417.00	27,564.00
C1-5 Child Dental Services	79,620.00	41,583.00	38,037.00
C1-6 Public Health Nursing	239,666.00	228,371.00	11,295.00
C1-7 National Health Grants (City's Share)	<u>25,041.00</u>	<u>23,536.00</u>	<u>1,505.00</u>
	<u>\$661,059.00</u>	<u>478,384.00</u>	<u>182,675.00</u>

Cost Per Capita \$2.45

CITY HEALTH DEPARTMENT

CITY HEALTH DEPARTMENT
Summary of Expenditures - 1961
 (In general dollars)
 (In general dollars)

(a) Personal Services	\$ 428,384.00
(b) Personal Services	478,384.00
(c) Outside Services	57,129.00
(d) Materials, Supplies and Repairs	19,129.00
(e) Equipment, Furniture and Repairs	78,129.00
(f) Equipment, Addition and Replacements	2,000.00
(g) Fuel, Water, Light and Power	70.00
(h) Fuel, Water, Light and Power	70.00
(i) Other Expenses	1,395.00
(j) Other Expenses	1,395.00
(k) Automobile Expenses	11,027.00
(l) Automobile Expenses	11,027.00
(m) Interest Expense	1,077.00
(n) Interest Expense	1,077.00

Expenditures by Branches - 1961
 (In general dollars)
 (In general dollars)

01-1	Administration and Statistics	\$ 28,393.00	\$ 28,393.00
01-1	Administration and Statistics	28,393.00	28,393.00
01-2	Communicable & Other Diseases	122,021.00	122,021.00
01-2	Communicable & Other Diseases	122,021.00	122,021.00
01-3	Community Health Laboratory	119,307.00	119,307.00
01-3	Community Health Laboratory	119,307.00	119,307.00
01-4	Inspection Services & Laboratory	21,987.00	21,987.00
01-4	Inspection Services & Laboratory	21,987.00	21,987.00
01-5	Child Dental Services	79,620.00	79,620.00
01-5	Child Dental Services	79,620.00	79,620.00
01-6	Child Dental Services	129,666.00	129,666.00
01-6	Child Dental Services	129,666.00	129,666.00
01-7	Public Health Grants (City's Share)	22,041.00	22,041.00
01-7	Public Health Grants (City's Share)	22,041.00	22,041.00
01-8	National Health Grants (City's Share)	22,041.00	22,041.00
01-8	National Health Grants (City's Share)	22,041.00	22,041.00
01-9	National Health Grants (City's Share)	22,041.00	22,041.00
01-9	National Health Grants (City's Share)	22,041.00	22,041.00

Cost Per Capita \$2.44

CITY HEALTH DEPARTMENT

Projects Under National Health Grants

Summary of Expenditures, 1961
(to nearest dollar)

	<u>Total</u>	<u>Receivable Under M.R.G.</u>	<u>City's Share</u>
(a) Personal Services	89,633.00	66,097.00	23,536.00
(b) Outside Services	1,130.00	1,021.00	109.00
(c) Materials, Supplies and Repairs	1,383.00	168.00	1,215.00
(h) Automobile Expense	4,513.00	4,332.00	181.00
	<u>\$96,659.00</u>	<u>\$71,618.00</u>	<u>\$25,041.00</u>

Expenditures by Projects, 1961
(to nearest dollar)

<u>Service</u>	<u>Total</u>	<u>Recoverable Under National Health Grants</u>		<u>Cost to City of Winnipeg</u>	
		<u>Personal</u>	<u>Other</u>	<u>Personal</u>	<u>Other</u>
C1-7(2) Registry of Handicapped Children	3,953.00	3,570.00	-	-	383.00
C1-7(3) Assistance to Health Services - Inspections	71,117.00	47,171.00	5,064.00	18,136.00	746.00
C1-7(4) Assistance to Health Services - Nursing	21,589.00	15,356.00	457.00	5,400.00	376.00
	<u>Total</u> <u>\$96,659.00</u>	<u>\$66,097.00</u>	<u>\$5,521.00</u>	<u>\$23,536.00</u>	<u>\$1,505.00</u>
Recoverable Under National Health Grants			<u>\$71,618.00</u>		
Cost to City of Winnipeg				<u>\$25,041.00</u>	

Cost to City of Winnipeg

Recoverable Under National Health Grants

Category	Total	Recoverable	Net Cost
CI-V(A) Services - Nursing	53,285.00	12,328.00	40,957.00
CI-V(A) Assistance to Health Services - Inspections	71,117.00	47,111.00	24,006.00
CI-V(A) Assistance to Health Services - Children	3,022.00	3,338.00	(316.00)
CI-V(A) Registry of Handicapped			
CI-V(A) Services			
Total	127,424.00	62,777.00	64,647.00

Recoverable Under National Health Grants

Cost to City of Winnipeg

(to be paid in dollars)

- (a) Automobile Expenses
- (b) Materials, Supplies and Repairs
- (c) Office Services
- (d) Printing Services

Net Cost

(to be paid in dollars)

Summary of Expenses

