CITY OF WINNIPEG

HEALTH DEPARTMENT

ANNUAL REPORT
of the Medical Health Officer

Year

1962

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

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CITY HEALTH DEPARTMENT

Winnipeg, 1963.

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 1962.

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 and the continued toll in deaths from Lung Cancer.

Eight cases of Diphtheria were reported with two deaths occurring among this group. One of these deaths occurred in a four-year-old child who had been completely immunized; the other, a two-and-one-half-year-old child, had not received any previous immunizations. In spite of our repeated educational program in this regard as well as the provision of ten weekly immunization clinics located at strategic points throughout the City, the failure to have this child immunized occurred.

We were fortunate to experience a marked reduction in the incidence of Infectious Hepatitis with only 131 cases being reported compared to 223 cases during 1962. The policy of providing prophylactic doses of gamma globulin to household contacts of each case of Infectious Hepatitis was continued and proved to be very effective.

During the week of April 30th to May 4th, 1962, the Winnipeg Health Department carried out a mass oral poliomyelitis vaccine program. This program ran concurrently with a similar program in the suburban health units. All Winnipeg school children including private and parochial schools and day nurseries were given the opportunity to receive this vaccine in their respective schools. In addition, 21 public clinics were operated by the Winnipeg Health Department throughout the City from 2:00 to 8:00 p.m. to accommodate all age groups over 6 months of age. Business firms who employed nurses and Winnipeg Hospitals were provided with vaccine to immunize their employees. The space for 17 of the 21 public clinics was donated by the Winnipeg School Division. The Central Branch of the Y.M.C.A. and two City fire stations also provided space accommodation. In addition, the Mount Carmel Clinic assumed responsibility for the entire operation of one public clinic. Over 250 volunteers assisted the public health nurses at the various clinics.

A total of 206,877 persons were fed the oral vaccine in five days, which is 81% of our population. This is lower than our anticipated figure of 90% of the population, which is disappointing since to date oral Sabin vaccine offers the most effective and economical protection against poliomyelitis and its disastrous effects. To obtain this protection a high general level of immunization in the community is required. In order to accommodate those citizens who were unable to receive the vaccine because of illness, recent oral surgery or other reasons, the Winnipeg Health Department conducted public clinics in various centers later in the month.

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Winnipeg, 1963.

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Eight cases of Diphtheria were reported with two deaths occurring among this group. One of these deaths occurred in a four-year-old child who had been completely immunized; the other, a two-and-one-half-year-old child, had not received any previous immunizations. In spite of our repeated educational program in this regard as well as the provision of its weekly immunization clinics located at strategic points throughout the City, the failure to have this child immunized occurred.

We were fortunate to experience a marked reduction in the incidence of Infectious Hepatitis with only 131 cases being reported compared to 223 cases during 1962. The policy of providing prophylactic doses of gamma globulin to household contacts of such cases of Infectious Hepatitis was continued and proved to be very effective.

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A total of 206,817 persons were fed the oral vaccine in five days, which is 31% of our population. This is lower than our anticipated figure of 70% of the population, which is disappointing since to date oral Sabin vaccine offers the most effective and economical protection against poliomyelitis and its distribution effects. To obtain this protection a high general level of immunization in the community is required. In order to accommodate those citizens who were unable to receive the vaccine because of illness, recent oral surgery or other reasons, the Winnipeg Health Department conducted public clinics in various centres later in the month.

We are again fortunate in experiencing a year in which no clinical cases of poliomyelitis were reported. Only one case of polio has been reported in the last four years.

In co-operation with the Manitoba Sanatorium Board a very active program was carried out for the detection of Tuberculosis by way of mass tuberculin testing surveys and where indicated, chest x-ray service. The tremendous progress made in the control of Tuberculosis is depicted in the lowest death rate every being reported, being 2.7 per 100,000 population.

The Health Department continued with its anti-smoking educational campaign directed at certain levels of the school population in an endeavour to eventually provide some control of the risisg incidence of Cancer of the Lung. Our survey on the smoking habits of school children will be repeated early next year to ascertain whether or not this form of education is proving effective. Cancer of the lung is now considered to be largely a preventive 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 and especially that directed to the adolescent population.

The supervision of nursing homes continued to be a problem and it is apparent that the existence of proprietary nursing homes is not in the best interests of the unfortunate citizens who must be placed in such institutions. In general, care provided in proprietary nursing homes is inferior and more expensive than that provided by non-proprietary institutions caring for this type of patient.

Medical care continued to be provided in the home for those patients who are unable to attend the hospital and who are a financial responsibility of the City of Winnipeg or classed as medically indigent. During the year 2,050 house calls were made in this regard.

The Dairy Division carried out 2,794 inspections among the 829 milk producers shipping milk into Winnipeg. 41,201 various bacteriological tests were completed in the Laboratory.

8,652 inspections were made by the Housing Division. 3,581 verbal warnings to correct violations of the Public Health Act were issued and 1,303 formal notices were issued. The respect given to such notices by the individual concerned is reflected in the fact that only 17 police court summonses were required in order to effect correction of the violations which existed.

The high standard of sanitation and hygiene in all food handling establishments was maintained. A total of 12,807 inspections were made and some 15,461 pounds of food stuffs were condemned.

The Division of Sanitation and Hygiene had a very heavy year, completing over 17,000 inspections. Air pollution continues to be developing as one of the major problems for this Division.

In summary, this has been a very satisfactory year, and on the

We are again fortunate in experiencing a year in which no clinical cases of poliomyelitis were imported. Only one case of polio has been reported in Winnipeg over the past years.

In co-operation with the Manitoba Sanatorium Board a very active program was carried out for the detection of tuberculosis by means of mass tuberculin testing and surveys and determination, chest x-ray service. The tremendous progress made in the control and eradication is evidenced in the lowest death rate ever reported, namely 17 per 100,000 population.

The Health Department continued with its anti-smoking educational campaign directed at certain levels of the population to an endeavour to do everything possible to provide some control of the rising incidence of diseases of the lung. Such a program, on the smoking habits of school children will be repeated early nine years from now. Preventive medicine efforts of this kind are considered to be largely a preventive effort. Unfortunately the majority of government do not initiate action to prevent the exposure of our population to smoke cigarettes which is offered through the medium of overlapping media, in particular television and especially directed to the adolescent population.

The supervision of nursing homes continued to be a problem and it is apparent that the existence of proprietary nursing homes is not in the best interests of the unfortunate citizens who must be placed in such institutions. In general, the proprietary nursing homes are inferior and more expensive than those provided by proprietary institutions for this type of patient.

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The Dairy Division carried out 2,794 inspections among the 829 milk producers supplying milk into Winnipeg. 41,201 various bacteriological tests were completed in the Laboratory.

8,552 inspections were made by the Housing Division. 3,591 verbal warnings to correct violations of the Public Health Act were issued and 1,303 formal notices were issued. Unfortunately given by the individual concerned is reflected in the fact that only 59 prosecutions summonses were required in order to effect correction of the violations which existed.

The high standard of sanitation and hygiene in all food handling establishments was maintained. A total of 12,207 inspections were made and some 15,661 pounds of food stuffs were condemned.

The Division of Sanitation and Hygiene had a very heavy year, completing over 17,000 inspections. Air pollution continues to be a very, as one of the major problems for 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 1962. 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.

RGC:lv

COMMITTEE ON PUBLIC HEALTH AND WELFARE

Alderman E.I. Tennant, Chairman
Alderman D. Swailes, Acting Chairman,
Alderman J. Gurzon Harvey,
Alderman E.J. Enns,
Alderman L. Hallonquist,
Alderman J. Zuken,
His Worship Mayor S. Juba (ex officio)

STAFF

Medical Health Officer	R.G. Cadham, M.D.,
Deputy Medical Health Officer	J.B. Morison, M.D.,
Consultant, Child Care Services	H. Medovy, M.D., F.
Director of Dental Services	C.H. McCormick, D.D D.D.
Director, Public Health Nursing	Miss L. MacKenzie, M.A.,
Chief Health Inspector	E.J. Rigby, D.V.M.
Secretary	E. Singleton

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Alderman R.I. Tormey, Chairman
Alderman P. Swailes, Acting Chairman,
Alderman J. Gordon Harvey,
Alderman E.J. Enns,
Alderman L. Hallonquist,
Alderman J. Suken,
His Worship Mayor S. Juba (ex officio)

STAFF

No Medical Health Officer . . . . . R.G. Cushing, M.D., D.P.H.

Deputy Medical Health Officer . . . . . D.E. Morrison, M.D., D.P.H. .

Consultant, Child Care Services . . . . . H. Mendovy, M.D., F.R.C.P.(C)

Director of Dental Services . . . . . C.H. McCorkell, D.D.S., D.D.P.H.

Director, Public Health Nursing . . . . . Miss L. MacKenzie, R.N., M.A., P.D.

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

Secretary . . . . . M. Sugiyama

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 256,029, a decrease of 704 from 256,733 in 1961, as determined by the Assessment Commissioner. In 1962 the natural increase (live births less deaths) was 3,374.

HISTORY:

From a Hudson's Bay Company trading post (Fort Gerry) in 1870, with a population of 215, Winnipeg has grown to the sixth largest city of approximately 221,000 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 1901 to 1920 Winnipeg had a series of part-time Medical Health Officers.

In 1941 the Health Department was amalgamated with the School Medical Services Department and the services included 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.

The 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 Bylaws 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 - 16,000 acres (25 square miles (25,723 acres), and water .73 square miles (465 acres). The density of the population is 16.9 persons per acre of land.

For statistical purposes the population for 1961 is 256,029, a decrease of 724 from 256,753 in 1951, as ascertained by the Assessment Commissioner. In 1962 the natural increase (live births less deaths) was 3,374.

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1962

(Including Non-Residents)

	1962	1961
Live Births	9,458	9,439
Deaths	3,044	2.926
Stillbirths	123	141

Summary of Vital Statistics, Residents, 1962

		1962	1961
Live Births	Male	2.995	3,188
	Female	2,943	2,917
	Total	5,938	6,105
Rate per 1,000 population		23.2	23.8
Deaths	Male	1,527	1,546
	Female	1,037	1,020
	Total	2,564	2,566
Rate per 1,000 population		10.0	10.0
Natural Increase		3,376	3,539
Infant Deaths (-1 year)	Male	90	82
	Female	45	55
	Total	135	137
Rate per 1,000 Live Births		22.7	22.4
Stillbirths	Male	39	49
	Female	43	40
	Sex Undetermined	-	2
	Total	82	91
Rate per 1,000 Live Births		13.8	14.9
Puerperal Deaths		2	3
Rate per 1,000 Live Births		.3	.5

(Population - December 31, 1962 - 256,029

VITAL STATISTICS AS RECORDED IN WINNIPEG, 1962

(Including Non-Residents)

	1962	1961
Live Births	5,444	5,459
Deaths	3,124	2,956
Stillbirths	123	141

Summary of Vital Statistics

Summary of Vital Statistics, Residents, 1962

		1962	1961
Live Births	Male	2,677	2,777
	Female	2,767	2,682
	Male Total	5,444	5,459
	Female	2,943	2,917
	Total	5,386	5,459
Rate per 1,000 population		21.2	21.4
Deaths	Male	1,527	1,546
	Female	1,027	1,020
	Total	2,554	2,566
Rate per 1,000 population		10.0	10.0
Natural Increase	Male	3,377	3,359
	Female	1,916	1,897
Infant Deaths (-1 year)	Male Total	105	84
	Female	65	55
Rate per 1,000 Live Births	Total	135	139
Rate per 1,000 Live Births		22.3	22.6
Stillbirths	Male	38	49
	Female	43	40
	Sex Undetermined	-	2
Rate per 1,000	Total	81	91
Rate per 1,000 Live Births		13.8	16.5
Puerperal Deaths		2	3
Rate per 1,000 Live Births		.3	.5

(Population - December 31, 1962 - 256,029)

LIVE BIRTHS

In 1962 there was a total of 5,938 births occurred to Winnipeg residents, giving a rate of 23.2 per 1,000 population compared with a rate of 23.8 recorded in 1961. First children accounted for 2,080 or 35.0% (33.3%). 1961 figures are in parentheses. Second children 1,554 or 26.2% (26.5%). 5,535 or 93.3% (94.2%) included the firth child. There were 4,573 or 77% of the births occurred to mothers in the 15 year age group 20-34 years.

INFANT MORTALITY

There were 135 deaths of infants under one year of age giving a rate of 22.7 per 1,000 live births as compared with 22.4 in 1961. 97 or 71.9% occurred during the first week of life and of these 72 or 53.3% occurred on the first day.

The principal cause of infant deaths were (1961 figures are shown in parentheses) -- Immaturity 33 (32), Injury at birth 15 (15), Pneumonia, all forms 11 (15), Postnatal asphyxia and Atelectasis 16 (13), Congenital malformations 23 (21).

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

PERINATAL MORTALITY

Perinatal deaths consist of still births plus deaths under one week and the rate is expressed as a porportion of total births (live and stillborn). In 1962 there were 82 stillbirths and 97 deaths under one week giving a total of 179 which represents a rate of 29.7 per 1,000 total births. Comparative figures for 1961 show 184 and for 1960 218 perinatal deaths which represent rates of 29.7 and 34.1 respectively per 1,000 total births.

MATERNAL MORTALITY

There were two deaths from conditions pertaining to child bearing giving a rate of 0.3 per 1,000 live births. In the last decade there have been 59,736 live births and 23 deaths of mothers giving a rate of 0.5 per 1,000 live births.

DEATHS

There were 2,564 deaths of Winnipeg residents in 1962 giving a rate of 10.0 per 1,000 population which is the same rate as that recorded in 1961.

Heart diseases were responsible for 934 or 36.4% of all deaths. Cancer for 499 or 19.5%. Accidents, Poisonings and Violent Deaths accounted for 5.6% of all deaths the same percentage as that recorded in 1961. 83.3% of all deaths occurred after 45 years of age. In the broad age group 1 - 44 years 6.5% of the deaths occurred.

* * *

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

LIVE BIRTHS

In 1961 there were 5,939 births occurred to Winnipeg residents, giving a rate of 23.22 per 1,000 population, compared with a rate of 24.7 in 1960 and 25.1 in 1961. Primiparous accounted for 2,080 or 35.0% (34.3%) of the total. Second children 1,554 or 26.2% (26.3%). Third children 1,035 or 17.4% (17.3%) and the fourth child. There were 4,375 or 73.6% of the births occurred to mothers in the 15 year age group, 20-34 years.

INFANT MORTALITY

There were 135 deaths of infants under one year of age giving a rate of 22.7 per 1,000 live births as compared with 22.4 in 1961. 95% or 71.9% occurred during the first week of life and of these 72 or 53.3% occurred on the first day.

The principal cause of infant deaths were (1961 figures are shown in parentheses) -- Immaturity 32 (32), Injury at birth 15 (15), Pneumonia, all forms 14 (15), Postnatal asphyxia and Atelectasis 13 (13), Congenital malformations 23 (24).

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

PERINATAL MORTALITY

Perinatal deaths consist of still births plus deaths under one week and the rate is expressed as a proportion of total births (live and still-born). In 1962 there were 32 stillbirths and 37 deaths under one week giving a total of 179 which represents a rate of 29.7 per 1,000 total births. Comparative figures for 1961 show 184 and for 1960 218 perinatal deaths which represent rates of 29.7 and 34.1 respectively per 1,000 total births.

MATERNAL MORTALITY

There were two deaths from conditions pertaining to child bearing giving a rate of 0.3 per 1,000 live births. In the last decade there have been 39,736 live births and 23 deaths of mothers giving a rate of 0.6 per 1,000 live births.

DEATHS

There were 2,936 deaths of Winnipeg residents in 1962 giving a rate of 10.0 per 1,000 population which is the same rate as that recorded in 1961.

Heart diseases were responsible for 934 or 31.8% of all deaths, Cancer for 469 or 16.0%, Accidents, Poisonings and Violence 203 or 6.9% of all deaths, the same percentage as that recorded in 1961. 84.2% of all deaths occurred after 65 years of age. In the broad age group 1 - 44 years 6.3% of the deaths occurred.

ACKNOWLEDGEMENTS

Our appreciation and thanks are extended to all those who cooperated with us during the year in providing the necessary information for the registration of births and deaths and for copies of the death certificates of the coroner's office.

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
1962	5,938	22.7	135	22.7

ORDER OF BIRTH BY AGE OF MOTHER

	10-14	15-19	20-24	25-29	30-34	35-39	40 &	Age Unknown	TOTAL	% of TOTAL
1st	2	543	1,009	337	134	36	17	2	2,080	35.0
2nd	-	139	712	429	191	72	10	1	1,554	26.2
3rd	-	21	312	333	221	101	24	2	1,013	17.1
4th	-	3	103	195	167	100	31		599	10.1
5th	-	-	34	89	74	69	22	1	289	4.9
6th & over	-	-	13	86	135	101	48	-	383	6.4
Unknown	-	1	-	-				19	20	.3
TOTAL	2	707	2,183	1,469	921	479	152	25	5,933	100.0

LIVE BIRTHS, INSTITUTIONS ONLY

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1943	4,254	18.9	197	46.9
1944	4,060	17.7	144	35.5
1945	4,219	18.2	134	31.8
1946	5,223	22.5	184	35.2
1947	5,332	23.6	193	36.7
1948	4,779	20.4	153	32.0
1949	4,958	21.2	137	27.6
1950	5,048	21.1	133	26.4
1951	5,254	23.9	115	21.9
1952	5,447	22.5	131	24.2
1953	5,536	23.0	166	29.7
1954	5,929	24.3	146	24.6
1955	6,010	24.2	142	24.4
1956	5,903	23.7	144	24.4
1957	6,067	23.8	130	29.7
1958	5,392	23.1	143	26.3
1959	6,023	23.4	154	25.6
1960	6,231	24.5	159	25.1
1961	6,109	24.3	137	22.4
1962	5,928	22.7	135	22.7

ORDER OF BIRTH, BY AGE OF MOTHER

Birth	15-19	20-24	25-29	30-34	35-39	40+	Age Unknown	TOTAL	% of TOTAL
1st	2	543	1,029	377	124	39	17	2	2,080 35.0
2nd	-	139	1,120	429	151	72	10	1	1,554 26.2
3rd	-	21	318	393	223	101	24	2	1,013 17.1
4th	-	3	103	195	167	100	31		599 10.1
5th	-	-	34	89	74	69	22	1	289 4.9
6th & over	-	-	13	86	135	101	48	-	393 6.6
Unknown	-	1	-	-				18	20 .3
TOTAL	2	707	2,618	1,469	921	472	152	23	5,938 100.0

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 L.B.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-15	5,369	29	2,022	11.1	813	152	35	6.5
1916-20	5,695	30	2,177	11.5	570	104	35	6.9
1921-25	5,371	27	1,677	8.5	415	77	25	4.7
1926-30	4,527	22	1,777	8.7	277	61	26	5.7
1931-35	3,944	18	1,512	6.9	170	43	20	5.1
1936-40	3,785	17	1,697	7.7	138	36	17	4.5
1941-45	4,037	18	1,985	8.7	159	39	10	2.3
1946-50	5,200	22	2,035	8.7	164	31	4	.8
1951-55	5,639	23.2	2,220	9.2	140	24.8	4	.7
1956	5,908	23.3	2,438	9.6	144	24.4	1	.2
1957	6,067	23.8	2,551	10.0	180	29.7	2	.3
1958	5,892	23.1	2,566	10.0	155	26.3	4	.7
1959	6,023	23.4	2,738	10.6	154	25.6	2	.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	.3
1961	6,105	23.8	2,566	10.0	137	22.4	3	.5
1962	5,938	23.2	2,564	10.0	135	22.7	2	.3

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 pop.	4 Acute Comm. Diseases ≠	Rate per 100,000 pop.	Diseases of Heart	Rate per 100,000 pop.	Cancer All Forms	Rate per 100,000 pop.
1911-15	131	72	142	78	117	64	87	48
1916-20	136	72	135	72	138	73	135	72
1921-25	94	48	65	33	174	88	178	90
1926-30	86	42	37	18	233	115	209	103
1931-35	65	29	15	7	308	141	268	123
1936-40	52	24	11	5	450	205	283	129
1941-45	51	22	8	4	613	270	324	143
1946-50	34	14	4	2	676	291	333	143
1951-55	20	8	1	0.4	804	334	412	169
1956	11	5	2	0.8	867	341	464	182
1957	22	9	3	1.2	922	362	413	162
1958	17	7	-	-	958	375	475	186
1959	15	6	-	-	1010	392	482	187
1960	18	7	1	0.3	1005	391	494	192
1961	10	4	1	0.3	917	357	465	181
1962	8	3	2	0.8	934	365	499	195

* 1911-1930 include non-residents. 1931-1961 include residents only.
** 1911-1955 show average figures for the periods.
≠ Measles, Scarlet Fever, Diphtheria, Whooping Cough.

Table showing Number of Maternal Deaths, Rate per 1,000 Live Births and Maternal Mortality With Rate Per 100,000 Live Births for Years 1911-1961 *

YEAR	SHERBROOKE	DENBIGH	DENBIGH RATE PER 1,000	DENBIGH RATE PER 100,000	WINNIPEG	WINNIPEG RATE PER 1,000	WINNIPEG RATE PER 100,000
1911-15	5,369	30	2,022	1.1	613	1.5	100
1916-20	5,695	30	2,177	1.1	520	1.0	100
1921-25	5,371	22	1,617	8.2	615	[illegible]	[illegible]
1926-30	4,527	22	1,777	8.2	577	[illegible]	[illegible]
1931-35	3,944	18	1,512	6.9	470	0.5	20
1936-40	3,785	17	1,697	7.2	355	[illegible]	17
1941-45	4,037	18	1,935	8.2	158	[illegible]	10
1946-50	5,200	22	2,015	7.7	164	[illegible]	4
1951-55	5,629	23.2	2,[illegible]	9.2	140	[illegible]	[illegible]
1956	5,908	23.3	2,[illegible]	9.6	164	[illegible]	[illegible]
1957	6,007	23.8	2,551	10.0	180	0.4	29.7
1958	5,[illegible]	23.1	2,[illegible]	10.0	155	[illegible]	26.3
1959	6,[illegible]	23.4	2,738	10.6	156	[illegible]	25.6
1960	6,[illegible]	24.5	2,680	10.4	153	[illegible]	25.1
1961	6,[illegible]	[illegible]	2,566	10.0	157	[illegible]	22.4
1962	5,938	23.2	2,564	10.0	135	0.2	22.7

Table showing Number of Deaths and Rate per 100,000 Population From Certain Diseases for Winnipeg for The Years 1911 to 1961 * **

YEAR	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1911-15	165	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1916-20	[illegible]	[illegible]	142	78	117	[illegible]	49
1921-25	[illegible]	[illegible]	135	[illegible]	138	[illegible]	[illegible]
1926-30	[illegible]	[illegible]	65	33	[illegible]	[illegible]	[illegible]
1931-35	[illegible]	[illegible]	37	15	115	[illegible]	[illegible]
1936-40	[illegible]	[illegible]	14	[illegible]	[illegible]	[illegible]	[illegible]
1941-45	[illegible]	[illegible]	11	[illegible]	[illegible]	[illegible]	[illegible]
1946-50	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1951-55	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1956	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1957	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1958	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1959	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1960	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1961	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1962	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

* 1911-1920 show average figures for the period.
** 1921-1955 show average figures for the period.
† Measles, Scarlet Fever, Diphtheria, Whooping Cough.

LEADING CAUSES OF DEATHS, 1962, RESIDENTS ONLY

CAUSE OF DEATH	1962 Number of Deaths	1962 % of Total Deaths	1961 Number of Deaths	1961 % of Total Deaths
Heart Diseases (410-443)	934	36.4	917	35.7
Malignant Neoplasms (140-205)	499	19.5	465	18.1
Vascular Lesions Affecting Central Nervous System (330-334)	276	10.8	295	11.5
Accidents, Poisonings & Violent Deaths (E800-E999)	144	5.6	145	5.6
Pneumonia (490-493)	136	5.3	140	5.5
Malformations and Diseases of Early Infancy (750-776)	122	4.7	123	4.8
Cirrhosis of Liver (581)	25	1.0	27	1.1
Diabetes Mellitus (260)	20	0.8	23	0.9
Bronchitis (500-502)	26	1.0	18	0.7
Ulcer of stomach and duodenum (540-541)	16	0.6	17	0.7
Intestinal Obstruction and Hernia (560-561, 570)	13	0.7	13	0.5
Nephritis and Nephrosis (590-594)	17	0.7	11	0.4
Pulmonary Tuberculosis (002)	8	0.3	10	0.4
Hypertension without mention of Heart (444-447)	11	0.4	10	0.4
Acute Poliomyelitis (080)	-	-	-	-
All other causes	312	12.2	352	13.7
TOTAL	2564	100.0	2,566	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1962, 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.

WINNIPEG, 1952, RESIDENTS ONLY

LEADING CAUSES OF DEATH, 1952, RESIDENTS ONLY

CAUSE OF DEATH	Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
Heart Diseases (410-443)	934	36.4	917	35.7
Malignant Neoplasms (140-205)	495	19.5	465	18.1
Vascular Lesions Affecting Central Nervous System (330-334)	276	10.8	295	11.5
Accidents, Poisonings & Violent Deaths (E800-E999)	144	5.6	145	5.6
Pneumonia (490-493)	136	5.3	140	5.5
Malformations and Diseases of Early Infancy (750-776)	122	4.7	123	4.8
Cirrhosis of Liver (581)	25	1.0	27	1.1
Diabetes Mellitus (260)	20	0.8	23	0.9
Bronchitis (500-502)	26	1.0	18	0.7
Ulcers of Stomach and Duodenum (540-541)	16	0.6	17	0.7
Intestinal Obstruction and Hernia (560-561, 570)	18	0.7	13	0.5
Nephritis and Nephrosis (590-594)	17	0.7	11	0.4
Pulmonary Tuberculosis (002)	8	0.3	10	0.4
Hypertension without mention of Heart (444-447)	11	0.4	10	0.4
Acute Poliomyelitis (080)	-	-	-	-
All other causes	312	12.1	352	13.7
TOTAL	2564	100.0	2,566	100.0

Causes of Death

Leading causes of death in Winnipeg for residents only, 1952, classified according to number of deaths and as a percentage of total deaths according to the Seventh Revision of the International Lists of Diseases and Causes of Death.

DEATHS TO WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1962

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)	7	1									1	2		1	4		8
Other T.B. of respiratory system (001,003-008)																	
Syphilis and its sequelae (020-029)																	
Malignant neoplasms including neoplasms of lumphatic and haematopoietic tissues (140-205	291	208		1	2		1	1	9	18	54	101	77	150	80	5	499
Benign and unspecified neoplasms (210-239)	-	3									1				2		3
Diabetes Mellitus (260)	9	11									1	3	1	12	3		20
Anaemia (290-293)	4	5						1					2	2	4		9
Vascular lesions affecting central nervous system (330-334)	147	129								3	11	27	17	85	108	25	276
Nonmeningococcal Meningitis (340)	1	2					1				1				1		3
Chronic Rheumatic Heart Disease (410-416)	13	18								5	4	7	7	6	2		31

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
Arteriosclerotic and degenerative Heart Diseases (420-422)	548	282								19	62	120	104	296	205	24	830
Other Diseases of Heart (430-434)	15	20								1	1	4		10	19		35
Hypertension with heart disease (410-443)	17	21									1	7	3	9	17	1	38
Total Heart Diseases (410-443)	593	341								25	68	138	114	321	243	25	934
Hypertension without mention of Heart (444-447)	6	5										1	1	4	5		11
Influenza (480-483)	3	5												1	5	2	8
Pneumonia (490-493)	82	54		3	1			1	1	3	3	9	7	46	49	14	136
Bronchitis (500-502)	23	3		2	2		1					2	1	11	6	1	26
Ulcer of stomach and duodenum (540-541)	8	8							1		2	2	2	8	1		16
Appendicitis (550-553)	2	-				1				1							2
Intestinal Obstruction and Hernia (560,561,570)	9	9	1								1	3		8	4	1	18

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
Gastritis, Duodenitis, Enteritis and Colitis, except diarrhoea of the newborn (543,571-572)	5	4		2	1							2	3	1			9
Cirrhosis of Liver (581)	14	11								5	4	6	1	8	1		25
Nephritis and Nephrosis (590-594)	9	8			1				1	2	1	2	3	3	4		17
Hyperplasia of prostate (610)	2	-												1	1		2
Complications of pregnancy, childbirth and the puerperium (640-652, 670-689)	-	2							2								2
Congenital malformations (750-759)	20	15	17	7	4		2	1	1	1	1	1					35
Birth Injuries, postnatal asphyxia and atelectasis (760-762)	20	11	29	2													31
Infections of the newborn (763-768)	4	5	9														9
Other diseases peculiar to early infancy and immaturity unqualified (769-776)	35	12	46	1													47
Totals 750 - 776	79	43	101	10	4		2	1	1	1	1	1					122

Name	Number	Family	Genus	Species	Author	Date	Habitat	Frequency	Abundance	Dominance	Cover	Height	Phenology	Life form	Remarks
Ficus sycomorus	1	Moraceae	Ficus	sycomorus	L.	1753	Riverine woodland	2	1	1	1	15	1	Tree	Large specimen, fruiting
Acacia tortilis	2	Fabaceae	Acacia	tortilis	(Forsk.) Hayne	1827	Open woodland	3	2	2	2	8	2	Tree	Dominant canopy species
Acacia nilotica	3	Fabaceae	Acacia	nilotica	(L.) Willd. ex Del.	1813	Riverine woodland	2	1	1	1	6	1	Tree	Thorns present
Balanites aegyptiaca	4	Balanitaceae	Balanites	aegyptiaca	(L.) Delile	1812	Woodland edge	1	1	1	1	4	1	Tree	Fruit edible
Grewia tenax	5	Malvaceae	Grewia	tenax	(Forsk.) Fiori	1913	Woodland understorey	2	1	1	1	1.5	1	Shrub	Fruit edible
Cordia sinensis	6	Boraginaceae	Cordia	sinensis	Lam.	1792	Riverine woodland	1	1	1	1	2	1	Shrub	Flowering Jan–Mar
Commiphora africana	7	Burseraceae	Commiphora	africana	(A.Rich.) Engl.	1874	Woodland edge	1	1	1	1	1.5	1	Shrub	Resin present
Ficus ingens	8	Moraceae	Ficus	ingens	(Miq.) Miq.	1867	Riverine woodland	1	1	1	1	12	1	Tree	Large specimen, fruiting
Tamarindus indica	9	Fabaceae	Tamarindus	indica	L.	1753	Riverine woodland	1	1	1	1	10	1	Tree	Large specimen, fruiting

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
Senility without mention of psychosis, Ill-defined and Unknown causes. (780-795)	1	6									1	2			1	3	7
<u>Accidents, Poisonings and Violence (External Cause)</u>																	
Motor vehicle accidents (E810-E835)	13	15			1	1	5	7	4	3	1	3	1	2			28
All other accidents (E800-802, E840-965)	49	30		10		1	2	4	2	4	9	9	4	13	17	4	79
Suicide and self-inflicted injury (E970-979)	22	10						3	4	6	6	4	3	3	3		32
Homicide and operations of war (E980-999)	2	3		1	1				1		2						5
Total Violent Deaths (E800-999)	86	58		11	2	2	7	14	11	13	18	16	8	18	20	4	144
All other diseases (residual)	146	121	2	2	2	2	4	2	1	12	15	25	25	83	72	20	267
GRAND TOTALS	1527	1037	104	31	15	5	16	20	27	83	133	342	262	762	614	100	2564

INFANT DEATHS, WINNIPEG RESIDENTS, FOR THE YEAR 1962 - 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	1		1								1		
754	Congenital malformations Circulatory system	5	3	2	1					1			2	1
750,752,753 755-759	All other congenital malformations	18	11	7	9	5							2	2
760-761	Birth Injuries	15	9	6	8	6					1			
762	Postnatal Asphyxia and Atelectasis	16	11	5	9	4		1					2	
763	Pneumonia of newborn	8	4	4	4	3		1						
764	Diarrhoea of newborn	1	-	1				1						
768	Other sepsis of newborn	-	-	-										
770	Haemolytic diseases of newborn (Erythroblastosis)	3	3	-	2		1							
769,771,772	All other defined diseases of early infancy	3	2	1	2	1								
773	Ill-defined diseases peculiar to early infancy	8	5	3	4	3							1	
774-776	Immaturity with subsidiary condition or unqualified	33	25	8	25	8								
	All other causes	24	17	7	1	2							16	5
	TOTALS	135	90	45	65	32	1	3		1	1	1	23	8

[illegible]

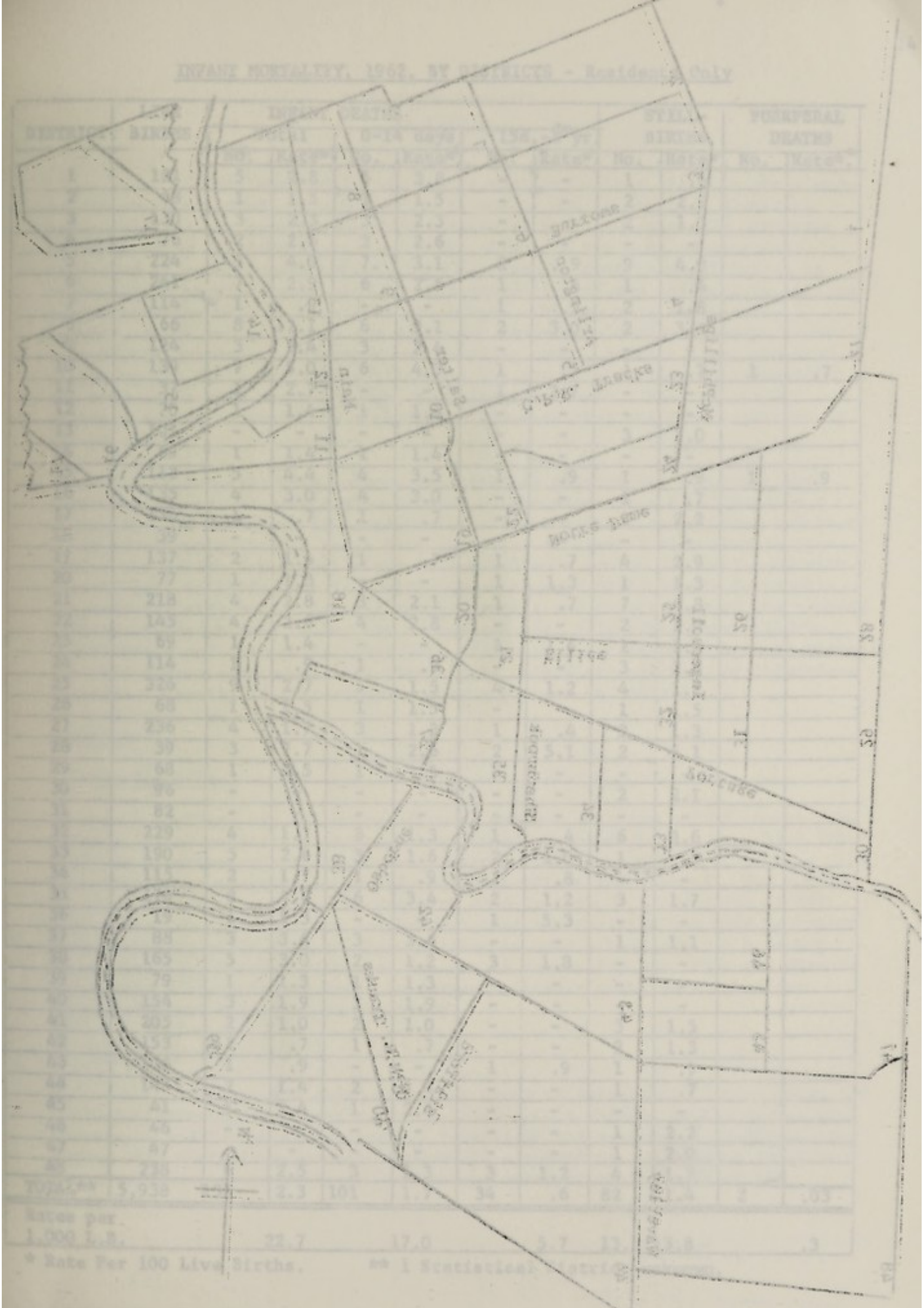
Code number	Cause of death	Total	Under 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over
110-119	All other causes	36	11	3	1	5							12	2	
	Congenital malformations, deformations and chromosomal abnormalities	32	32	8	2	8									
120	Influenza (flu)	8	2	2	4	2							1		
	Influenza with other respiratory manifestations	3	3	1	5	7									
121-122, 123	Other acute lower respiratory infections	3	7	-	5	3									
124	Chronic obstructive pulmonary disease	-	-	-											
125	Pneumoconiosis	3	-	1											
126	Asbestosis	8	4	4	3	3									
127	Silicosis	18	11	2	4	1							3		
128	Coal worker's pneumoconiosis	25	2	8	2										
129	Other pneumoconiosis	27	11	7	2	2									
130-131	Bronchitis	25	3	2											
132-133, 135	Emphysema	27	11	4	2								3	3	5
	Chronic airway obstruction	2	3										3	1	1
134	Asthma	2													
136	Other chronic respiratory diseases														
	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14

DETAILS OF INFANT DEATHS LISTED IN "ALL OTHER CAUSES" FOR 1962 RESIDENTS

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
193.4	Malignant neoplasm of sympathetic nervous system.	1	1										1	
282	Scurvy	1	1										1	
490	Lobar pneumonia	1	1										1	
491	Bronchopneumonia	1	1										1	
492	Primary atypical pneumonia	1	1										1	
501	Bronchitis, unqualified	2	2										2	
519.0-519.2	Pleurisy	2	1	1		1							1	
527.1	Emphysema without mention of bronchitis	1		1		1								
560.4	Hernia of other specified site	1	1		1									
571.0	Gastro-enteritis and colitis	2	1	1									1	1
902.0	Accidental falls from one level to another	1		1										1
921	Inhalation and ingestion of food causing obstruction or suffocation	8	6	2									6	2
924	Accidental mechanical suffocation in bed or cradle	1		1										1
981	Assault by firearm and explosive	1	1										1	
	Total	24	17	7	1	2							16	5

CERTAIN OF THESE REPORTS LISTED IN "ART DEBTS CARRIED FOR 1920 BUSINESS"

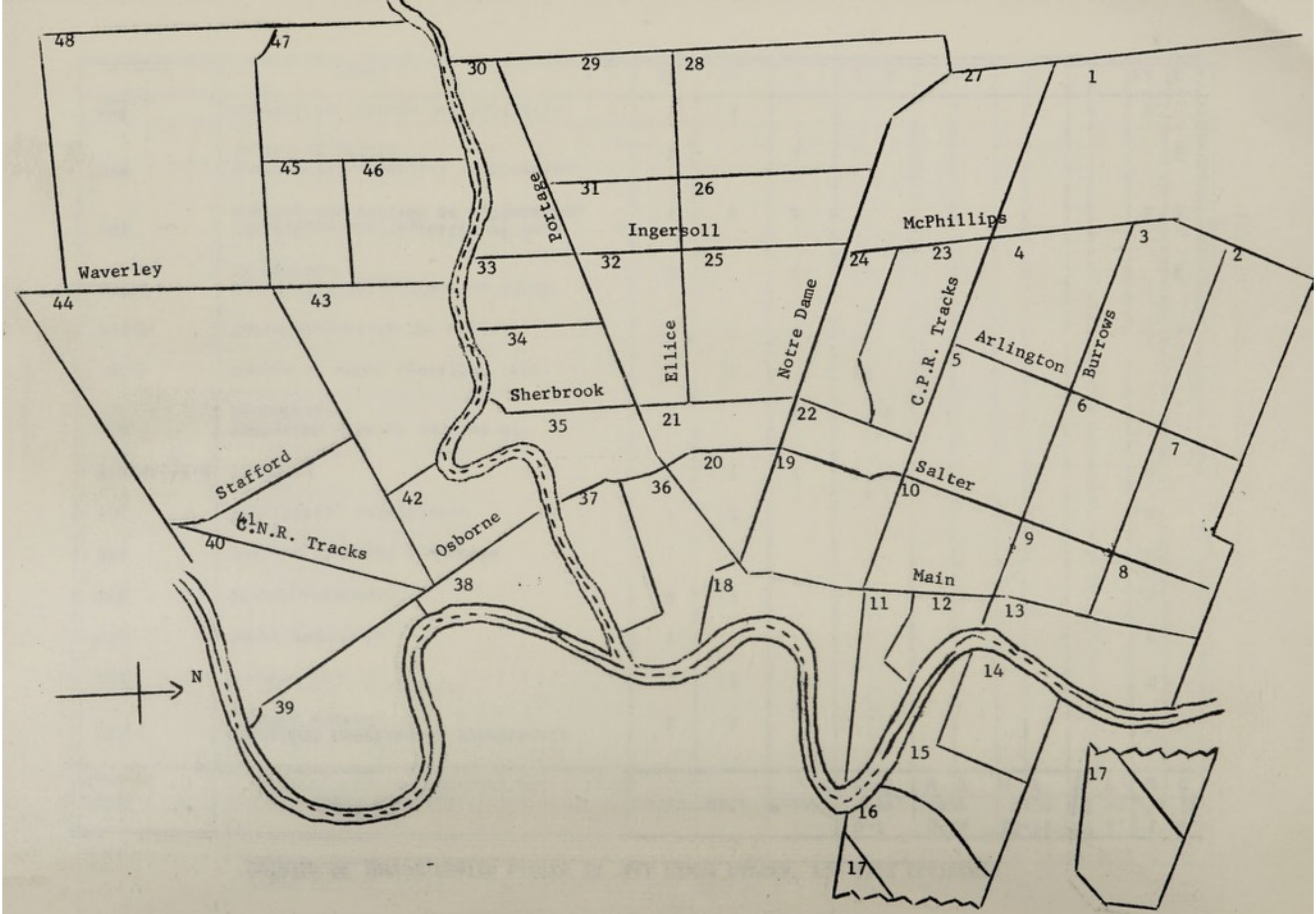
Group Code	Total	65	14	1	1	2	Total	High School	7-9 years	4-6 years	12-15 years	16-20 years	21 & over
1.0	Accounts receivable, Dr.	1	1				1	1					
1.1	Accounts receivable, Cr.	1	1				1	1					
1.2	Accounts receivable, Dr.	2	2				2	2					
1.3	Accounts receivable, Cr.	1	1				1	1					
1.4	Accounts receivable, Dr.	2	2				2	2					
1.5	Accounts receivable, Cr.	1	1				1	1					
1.6	Accounts receivable, Dr.	2	2				2	2					
1.7	Accounts receivable, Cr.	1	1				1	1					
1.8	Accounts receivable, Dr.	2	2				2	2					
1.9	Accounts receivable, Cr.	1	1				1	1					
2.0	Accounts receivable, Dr.	2	2				2	2					
2.1	Accounts receivable, Cr.	1	1				1	1					
2.2	Accounts receivable, Dr.	2	2				2	2					
2.3	Accounts receivable, Cr.	1	1				1	1					
2.4	Accounts receivable, Dr.	2	2				2	2					
2.5	Accounts receivable, Cr.	1	1				1	1					
2.6	Accounts receivable, Dr.	2	2				2	2					
2.7	Accounts receivable, Cr.	1	1				1	1					
2.8	Accounts receivable, Dr.	2	2				2	2					
2.9	Accounts receivable, Cr.	1	1				1	1					
3.0	Accounts receivable, Dr.	2	2				2	2					
3.1	Accounts receivable, Cr.	1	1				1	1					
3.2	Accounts receivable, Dr.	2	2				2	2					
3.3	Accounts receivable, Cr.	1	1				1	1					
3.4	Accounts receivable, Dr.	2	2				2	2					
3.5	Accounts receivable, Cr.	1	1				1	1					
3.6	Accounts receivable, Dr.	2	2				2	2					
3.7	Accounts receivable, Cr.	1	1				1	1					
3.8	Accounts receivable, Dr.	2	2				2	2					
3.9	Accounts receivable, Cr.	1	1				1	1					
4.0	Accounts receivable, Dr.	2	2				2	2					
4.1	Accounts receivable, Cr.	1	1				1	1					
4.2	Accounts receivable, Dr.	2	2				2	2					
4.3	Accounts receivable, Cr.	1	1				1	1					
4.4	Accounts receivable, Dr.	2	2				2	2					
4.5	Accounts receivable, Cr.	1	1				1	1					
4.6	Accounts receivable, Dr.	2	2				2	2					
4.7	Accounts receivable, Cr.	1	1				1	1					
4.8	Accounts receivable, Dr.	2	2				2	2					
4.9	Accounts receivable, Cr.	1	1				1	1					
5.0	Accounts receivable, Dr.	2	2				2	2					
5.1	Accounts receivable, Cr.	1	1				1	1					
5.2	Accounts receivable, Dr.	2	2				2	2					
5.3	Accounts receivable, Cr.	1	1				1	1					
5.4	Accounts receivable, Dr.	2	2				2	2					
5.5	Accounts receivable, Cr.	1	1				1	1					
5.6	Accounts receivable, Dr.	2	2				2	2					
5.7	Accounts receivable, Cr.	1	1				1	1					
5.8	Accounts receivable, Dr.	2	2				2	2					
5.9	Accounts receivable, Cr.	1	1				1	1					
6.0	Accounts receivable, Dr.	2	2				2	2					
6.1	Accounts receivable, Cr.	1	1				1	1					
6.2	Accounts receivable, Dr.	2	2				2	2					
6.3	Accounts receivable, Cr.	1	1				1	1					
6.4	Accounts receivable, Dr.	2	2				2	2					
6.5	Accounts receivable, Cr.	1	1				1	1					
6.6	Accounts receivable, Dr.	2	2				2	2					
6.7	Accounts receivable, Cr.	1	1				1	1					
6.8	Accounts receivable, Dr.	2	2				2	2					
6.9	Accounts receivable, Cr.	1	1				1	1					
7.0	Accounts receivable, Dr.	2	2				2	2					
7.1	Accounts receivable, Cr.	1	1				1	1					
7.2	Accounts receivable, Dr.	2	2				2	2					
7.3	Accounts receivable, Cr.	1	1				1	1					
7.4	Accounts receivable, Dr.	2	2				2	2					



INFANT MORTALITY, 1962, BY DISTRICTS - Residence Only

DISTRICT	LIVE BIRTHS	INFANT DEATHS TOTAL		0-14 days		15d.-1 yr.		STILL BIRTHS		PUERPERAL DEATHS	
		No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1	[illegible]	3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	1.5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	3	[illegible]	[illegible]	2.3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	2.6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	224	[illegible]	[illegible]	7	3.1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]
7	116	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	166	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	3	[illegible]	3	[illegible]	2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	.7
11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
14	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15	[illegible]	5	[illegible]	6	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	.9
16	[illegible]	4	[illegible]	6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
19	137	2	[illegible]	[illegible]	[illegible]	1	.7	6	[illegible]	[illegible]	[illegible]
20	77	1	[illegible]	[illegible]	[illegible]	1	1.3	1	[illegible]	[illegible]	[illegible]
21	218	4	[illegible]	[illegible]	2.1	1	.7	7	[illegible]	[illegible]	[illegible]
22	143	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2	[illegible]	[illegible]	[illegible]
23	69	1	1.4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
24	114	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
25	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1.2	4	[illegible]	[illegible]	[illegible]
26	68	1	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
27	[illegible]	4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
28	39	3	7.7	[illegible]	[illegible]	2	5.1	2	[illegible]	[illegible]	[illegible]
29	68	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
30	96	-	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2	[illegible]	[illegible]	[illegible]
31	82	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
32	229	6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	6	[illegible]	[illegible]	[illegible]
33	190	5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
34	[illegible]	2	[illegible]	[illegible]	[illegible]	[illegible]	.8	[illegible]	[illegible]	[illegible]	[illegible]
35	[illegible]	[illegible]	[illegible]	[illegible]	3.4	2	1.2	3	1.7	[illegible]	[illegible]
36	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	3.3	[illegible]	[illegible]	[illegible]	[illegible]
37	88	3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	1.1	[illegible]	[illegible]
38	165	5	[illegible]	[illegible]	[illegible]	3	1.8	[illegible]	[illegible]	[illegible]	[illegible]
39	79	1	[illegible]	[illegible]	1.3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
40	[illegible]	3	1.9	[illegible]	1.9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
41	[illegible]	2	1.0	[illegible]	1.0	[illegible]	[illegible]	[illegible]	1.5	[illegible]	[illegible]
42	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
43	[illegible]	[illegible]	.9	[illegible]	[illegible]	1	.9	1	[illegible]	[illegible]	[illegible]
44	[illegible]	[illegible]	1.4	2	[illegible]	[illegible]	[illegible]	1	.7	[illegible]	[illegible]
45	41	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
46	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]
47	87	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]
48	[illegible]	[illegible]	[illegible]	5	[illegible]	3	1.3	2	[illegible]	[illegible]	[illegible]
TOTAL**	5,938	[illegible]	2.3	101	1.7	34	.6	82	1.4	2	.03
Rates per 1,000 L.B.			22.7		17.0		5.7	13.[illegible]			.3

* Rate Per 100 Live Births.   ** 1 Statistical District [illegible]



CITY HEALTH DEPARTMENT, WINNIPEG, MANITOBA

NUMBERS ON MAP INDICATE STATISTICAL DISTRICTS

INFANT MORTALITY, 1962, BY DISTRICTS - Residents Only

DISTRICT	LIVE BIRTHS	INFANT DEATHS						STILL-BIRTHS		PUERPERAL DEATHS	
		Total		0-14 days		15d.-1 yr					
		No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1	181	5	2.8	5	2.8	-	-	1	.6		
2	68	1	1.5	1	1.5	-	-	2	2.9		
3	130	3	2.3	3	2.3	-	-	2	1.5		
4	76	2	2.6	2	2.6	-	-	-	-		
5	224	9	4.0	7	3.1	2	.9	9	4.0		
6	241	7	2.9	6	2.5	1	.4	1	.4		
7	114	1	.9	-	-	1	.9	2	1.8		
8	66	8	12.1	6	9.1	2	3.0	2	3.0		
9	124	3	2.4	3	2.4	-	-	-	-		
10	139	7	5.0	6	4.3	1	.7	1	.7	1	.7
11	37	1	2.7	-	-	1	2.7	-	-		
12	70	1	1.4	1	1.4	-	-	-	-		
13	101	-	-	-	-	-	-	3	3.0		
14	69	1	1.4	1	1.4	-	-	-	-		
15	113	5	4.4	4	3.5	1	.9	1	.9	1	.9
16	135	4	3.0	4	3.0	-	-	1	.7		
17	136	1	.7	1	.7	-	-	3	2.2		
18	39	-	-	-	-	-	-	-	-		
19	137	2	1.4	1	.7	1	.7	4	2.9		
20	77	1	1.3	-	-	1	1.3	1	1.3		
21	218	4	2.8	3	2.1	1	.7	7	4.8		
22	145	4	2.8	4	2.8	-	-	2	1.4		
23	69	1	1.4	-	-	1	1.4	1	1.4		
24	114	1	.9	1	.9	-	-	3	2.6		
25	326	9	2.7	5	1.5	4	1.2	4	1.2		
26	68	1	1.5	1	1.5	-	-	1	1.5		
27	236	4	1.7	3	1.3	1	.4	3	1.3		
28	39	3	7.7	1	2.6	2	5.1	2	5.1		
29	68	1	1.5	1	1.5	-	-	-	-		
30	96	-	-	-	-	-	-	2	2.1		
31	82	-	-	-	-	-	-	-	-		
32	229	4	1.7	3	1.3	1	.4	6	2.6		
33	190	5	2.6	3	1.6	2	1.0	1	.5		
34	115	2	1.7	1	.9	1	.8	-	-		
35	174	8	4.6	6	3.4	2	1.2	3	1.7		
36	19	1	5.3	-	-	1	5.3	-	-		
37	88	3	3.4	3	3.4	-	-	1	1.1		
38	165	5	3.0	2	1.2	3	1.8	-	-		
39	79	1	1.3	1	1.3	-	-	-	-		
40	154	3	1.9	3	1.9	-	-	-	-		
41	205	2	1.0	2	1.0	-	-	3	1.5		
42	153	1	.7	1	.7	-	-	2	1.3		
43	106	1	.9	-	-	1	.9	1	.9		
44	148	2	1.4	2	1.4	-	-	1	.7		
45	41	1	2.4	1	2.4	-	-	-	-		
46	46	-	-	-	-	-	-	1	2.2		
47	47	-	-	-	-	-	-	1	2.0		
48	238	6	2.5	3	1.3	3	1.2	4	1.7		
TOTAL**	5,938	135	2.3	101	1.7	34	.6	82	1.4	2	.03
Rates per 1,000 L.B.			22.7		17.0		5.7	13.8	13.8		.3

* Rate Per 100 Live Births. ** 1 Statistical District unknown.

INFECTIOUS DISEASES in 1962

Health authorities are aware that infectious diseases are always incompletely reported. The situation is not as bad in diseases requiring bacteriological or serological confirmation as in these cases the condition is reported by the laboratories as well. Also, in the case of hepatitis reporting is usually more satisfactory because the Department of Health is requested to provide gamma globulin for protection of the contacts by passive immunization -- this is done free of charge. Chicken pox, erysipelas, measles, mumps and influenza are no longer reportable diseases except under unusual circumstances. Dysenteries, whooping cough, scarlet fever and food poisoning are still reportable illnesses but are poorly reported especially the mild cases that run a beningn, self-limited course. Many of these patients are not attended by a physician and when they are the diagnosis may not be clear.

For all these reasons reporting by physicians, hospitals and laboratories may not give a true picture of the prevalence of illness in a community. In an effort to complement the above methods and achieve a better index of community health state from the point of view of communicable diseases, the Health Department's school surveillance system was continued with greater zeal in 1962. Public Health nurses through daily visits to schools all over the city note illnesses amongst pupils and report them to the central office. Although this method has a drawback that only school-age children are observed and only during that part of the year during which schools operate, yet this system supplements the traditional method of reporting of infectious diseases. Results of this school survey are shown in Table I.

Comments:

1. Non Specific

These are illnesses often of obscure etiology but of common prevalence. They constitute the commonest cause of absenteeism. So called "flu" includes symptoms such as headaches, fevers, chills, sore throat, gastro-intestinal disturbances, cough and various combinations thereof. The number reported in 1962 was 1350 compared with 4366 in 1961 -- a reduction of 69%. This reduction is mainly due to the fact that the decision was made to report only outbreaks where five or more children in once school exhibit a common symptomatology, because only then can one be reasonably sure that the disease was indeed a communicable one. In larger outbreaks swabs were taken for bacteriological and viral examinations.

2. Impetigo

This is the third commonest cause of absenteeism. Some cases are truly resistant to treatment and many drag on to a chronic course due to inconsistent and irregular treatment. Persistent and systematic treatment together with meticulous personal hygiene is required to cut down on impetigo and this necessitates continued effort and interest on the part of the parents.

INFECTIOUS DISEASES
IN 1952

Undoubtedly the authorities are aware that infectious diseases are always inadequately reported. The situation is not as bad in diseases requiring bacteriological or serological confirmation as in these cases the condition is reported by the laboratories as well. Also, in the case of hepatitis requiring in usually more paralytic by because the Department of Health is requested to provide gamma globulin for protection of the contacts by passive immunization. This is done free of charge. Chicken pox, erythema, measles, mumps and influenza are no longer reportable diseases except under certain circumstances. Pneumonia, whooping cough, scarlet fever and food poisoning are still reportable illnesses but are poorly reported especially the mild cases that run a benign, self-limited course. Many of these patients are not attended by a physician and when they are the diagnosis may not be clear.

For all these reasons reporting by physicians, hospitals and laboratories may not give a true picture of the prevalence of illness in a community. In an effort to correct the above methods and achieve a better index of community health state from the point of view of communicable diseases, the Health Department's school surveillance system was continued with greater zeal in 1952. Public Health nurses through daily visits to schools all over the city note illnesses among pupils and report them to the central office. Although this method has a drawback that only school-age children are observed and only during the part of the year during which schools operate, yet this system supplements the traditional method of reporting of infectious diseases. Results of this school survey are shown in Table I.

Comments:

I. Non Specific

1. Non Specific

Many these are illnesses often of obscure etiology but of common occurrence. They constitute the commonest cause of absenteism. So called "flu" includes symptoms such as headache, fever, chills, sore throat, gastrointestinal disturbances, cough and various combinations thereof. The number reported in 1952 was 1330 compared with 1965 in 1951 -- a reduction of 32%. This reduction is mainly due to the fact that the decision was made to report only those where five or more children in one school exhibit a common symptomatology, because only then can one be reasonably sure that the diseases contracted are communicable ones. In larger outbreaks swabs were taken for bacteriological and viral examinations.

2. Impetigo

2. Impetigo

Truly resistant this is the third commonest cause of absenteism. Some cases are clearly resistant to treatment and many drift on to a chronic course due to intermittent and irregular treatment. Persistent and systematic treatment together with considerable personal hygiene is required to cut down on impetigo and this necessitates continued effort and interest on the part of the parents.

3. Infectious Hepatitis

A total of 131 cases was reported in 1962 compared with 223 in 1961 which had been the highest number reported. This was a fortunate event because hepatitis is still on the increase throughout the world. Sixty-three or 48% of the cases occurred in school-age children. It is noted that a majority of these cases occurred in an area of the city where overcrowding exists and has mainly older schools. This is in keeping with the known epidemiologic characteristics of this disease. Family contacts were given gamma globulin for passive immunization protection, administered by their own physician or the Outpatient Departments of the various hospitals. There were no deaths.

4. Ringworm

There were 62 cases of ringworm infection due to microsporon auduini. Facilities are provided for free examination of pet dogs and cats by a veterinarian as the source of the infection can often be traced to such animals. Children with ringworm are excluded from school, unfortunately for lengthy periods sometimes.

5. Whooping Cough

This disease is still notifiable. A few cases were reported and more were made known through the schools. Yet due to the fact that the symptoms may not be characteristic, especially in the immunized person (and the great majority of children are now immunized), it is impossible to assess the true prevalence of this illness, even at an approximation.

6. Pulmonary Tuberculosis

This subject is dealt with separately elsewhere in the report. Note that one case was discovered during the high school surveys made.

7. Poliomyelitis

No cases of this disease were reported in 1962 and there was only one case during the three-year period from 1959 to 1962. This happy state of affairs is undoubtedly related to the continued effort to have everyone immunized with Salk Vaccine and this year with Sabin Vaccine. The percentage of immunized persons in Winnipeg is very high.

8. Measles

This is not a reportable disease but we are aware of the occurrence of at least 882 cases, which indicates that this illness reached epidemic proportions in 1962, as this was the highest incidence in the past five years. There are hopes that the morbidity from this illness may be lessened in the future, especially in certain groups of handicapped children, through the use of a newly developed measles vaccine. This product has not been used in Canada as yet and it is still considered to be in the experimental stage.

9. Diphtheria

There were 8 cases of diphtheria during the year with, unfortunately,

3. Infectious Hepatitis

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6. Poliomyelitis Immunizers

This subject is dealt with separately elsewhere in the report. Note that one case was discovered during the high school surveys made.

7. Poliomyelitis

No cases of this disease were reported in 1962 and there was only one case during the three-year period from 1959 to 1962. This happy state of affairs is undoubtedly related to the continued effort to have everyone immunized with Salk Vaccine and this year with Sabin Vaccine. The percentage of immunized persons in Winnipeg is very high.

8. Measles

This is not a reportable disease but we are aware of the occurrence of at least 312 cases, which indicates that this illness reached epidemic proportions in 1962, as this was the highest incidence in the past five years. There are hopes that the morbidity from this illness may be lessened in the future, especially in certain groups of handicapped children, through the use of a newly developed measles vaccine. This product has not been used in Canada as yet and it is still considered to be in the experimental stage.

9. Diphtheria

There were 8 cases of diphtheria during the year with, unfortunately,

2 deaths. Facts are summarized in Table II. Both deaths occurred in preschool children. The first fatal case, 2½ years old, had no immunizations whatsoever. The other fatality, however, occurred in a 4-year old child who was completely immunized, including a booster in 1961. The family and other contacts of this patient were all immunized as well and when swabbed were found to be negative for diphtheria. In contrast with the above, when the contacts of the first fatal case were swabbed five were found to be carriers of diphtheria organisms (3 children and 2 adults). Only two of these siblings were immunized and we do not definitely know about the adults. Of the remaining 6 cases of diphtheria 2 had no previous immunizations and 4 had been vaccinated -- two of these 4 however, have had no recent boosters.

Thirteen diphtheria carriers were also discovered, the majority of whom were amongst the contacts of the previously mentioned cases.

The rate of immunization amongst children of school age in Winnipeg is very high due to intensive programs. Free immunization clinics are available throughout the City and the public is encouraged and urged to attend in order to ensure a complete protection for everyone. So there is really no excuse for any parent to have his preschool age child left without the necessary inoculations. In some areas in spite of all efforts a 100% inoculation rate cannot be achieved unless one could have immunization teams make a house-to-house-canvass. It is to be noted also that a few parents for various reasons refuse to have their children inoculated. These reasons, from the medical point of view usually don't stand up; it is in this respect that education of the general public may help further in the future.

TABLE OF REPORTABLE INFECTIOUS DISEASES

CASES AND DEATHS REPORTED	1962		1961	
	CASES	DEATHS	CASES	DEATHS
Diarrhoea, of the New Born	-	-	-	-
Diphtheria	8	2	11	1
Diphtheria Carriers	13	-	12	-
Dysentery, Amoebic	-	-	-	-
Dysentery, Bacillary	4	-	22	-
Dysentery, Unspecified	2	-	-	-
Encephalitis, Infectious	-	-	-	-
Hepatitis, Infectious	131	-	223	1
Meningitis, (Meningococcal)	2	-	4	-
Meningitis, (Viral or Aseptic)	2	-	-	-
Paratyphoid Fever	-	-	-	-
Paratyphoid Fever Carriers	-	-	-	-
Poliomyelitis	-	-	-	-
Scarlet Fever	47	-	31	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	61	6	43	10
Typhoid Fever	-	-	-	-
Typhoid Fever Carriers	-	-	-	-
Undulant Fever	2	-	1	-
Whooping Cough	8	-	1	-
Food Poisoning	-	-	4	-
	280	8	357	12

TABLE OF REPORTABLE INFECTIOUS DISEASES

CASES AND DEATHS PREVENTED

	1948		June	
	Cases	Deaths	Cases	Deaths
Diarrhoea, of the New Born	-	-	-	-
Diphtheria	8	2	14	1
Diphtheria Carriers	13	-	13	-
Dysentery, Amoebic	-	-	-	-
Dysentery, Bacillary	4	-	23	-
Dysentery, Unspecified	2	-	-	-
Encephalitis, Infectious	-	-	-	-
Hepatitis, Infectious	131	-	223	4
Meningitis, (Meningococcal)	2	-	4	-
Meningitis, (Viral or Aseptic)	2	-	-	-
Paratyphoid Fever	-	-	-	-
Paratyphoid Fever Carriers	-	-	-	-
Poliomyelitis	-	-	-	-
Scarlet Fever	47	-	31	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	31	6	43	10
Typhoid Fever	-	-	-	-
Typhoid Fever Carriers	-	-	-	-
Undulant Fever	2	-	1	-
Whooping Cough	8	-	1	-
Food Poisoning	-	-	4	-
	209	8	342	12

Table I Illnesses occurring among 50,000 Winnipeg school children during the period January to December, 1962, as reported by Public Health Nurses. (Compared with reported illnesses of entire Winnipeg population of 265,429). N.R = No report.

Illness	Number 1961	Number 1962	Reported 1962 (all of city)
1. Non-Specific	4,366	1,350	N.R.
2. Chicken Pox	1,258	448	N.R.
3. Impetigo	681	503	N.R.
4. Mumps	661	72	N.R.
5. Measles	284	882	N.R.
6. Infectious Hepatitis	141	63	131
7. Conjunctivitis	116	51	N.R.
8. Ringworm	71	62	N.R.
9. Pediculosis	64	212	N.R.
10. Scarlet fever	29	56	47
11. Scabies	15	19	N.R.
12. Whooping Cough	11	13	8
13. German Measles	9	(Included in 5.)	N.R.
14. Diphtheria	4	0	8
15. Pulmonary T.B.	2	1	61

Table I. Illnesses occurring among 36,000 Winnipeg school children during the period January to December, 1962, as reported by Public Health Nurses. (Compared with reported illnesses of entire Winnipeg population of 265,429). N.R. = No report.

Illness	Number 1961	Number 1962	Reported 1962 (% of city)
1. Non-Specific	4,365	1,350	N.R.
2. Chicken Pox	1,255	446	N.R.
3. Impetigo	631	380	N.R.
4. Mumps	661	79	N.R.
5. Measles	324	382	N.R.
6. Infectious Hepatitis	141	63	124
7. Conjunctivitis	110	51	N.R.
8. Ringworm	71	62	N.R.
9. Pediculosis	64	212	N.R.
10. Scarlet Fever	39	56	42
11. Scabies	15	19	N.R.
12. Whooping Cough	11	13	0
13. German Measles	5	(Included in 5.)	N.R.
14. Diphtheria	4	0	0
15. Pulmonary T.B.	2	1	61

TABLE II - DIPHTHERIA 1962

A. - Cases

	Immunization Status				
Age	Complete	Partial	None	Unknown	Total
0 - 5	2	2	1		5
6 - 10	1		1		2
11 - 15					0
16 - 20			1		1
over 20					0
Total	3	2	3		8

B. - Carriers

0 - 5	2		1	1	4
6 - 10	5				5
11 - 15					
16 - 20					
over 20				4	4
Total	7		1	5	13

TABLE II - DIAGNOSTICS 1962

A. - Girls

Age	Examination Status				
	Complete	Partial	None	Unknown	Total
0 - 5	2	2	1		5
6 - 10	1		1		2
11 - 15					0
16 - 20			1		1
over 20					0
Total	3	2	3		8

B. - Guards

0 - 5	2		1	1	4
6 - 10	5				5
11 - 15					
16 - 20					
over 20				4	4
Total	7		1	5	13

TUBERCULOSIS CONTROL 1962

I DEATHS

The steady decrease in deaths from tuberculosis continues:-

Year -	Number	Rate per 100,000
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7

Deaths were predominently in older age groups and most were accompanied by other debilitating diseases:-

Age groups	Number of Deaths
0 - 19	0
20 - 39	0
40 - 69	2
70 +	4
Total	6

II NEW ACTIVE CASES

As a measure of improvement in tuberculosis control the number of new active cases is a better gauge than the number of deaths:-

New Active Cases of Tuberculosis 1962

	New Cases	Rate per 100,000	Found on Surveys
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.5	3
1962	65	25.3	4

Ages of new active cases at the time of discovery reveals an unusual number found in the older age groups.

Age Group	Number	Reactivated
0 - 4	2	
5 - 14	6	
15 - 24	9	2
25 - 39	11	4
40 - 59	17	5
60 - 79	18	7
80 +	2	
Total	65	18

TUBERCULOSIS CONTROL 1962

I DEATHS

The steady decrease in deaths from tuberculosis continues:-

Year	Number	Rate per 100,000
1950	104	124.6
1951	96	113.6
1952	22	23.3
1953	21	6.3
1954	10	2.6
1955	7	2.2
1956		2.7

Deaths were predominantly in older age groups and most were accompanied by other debilitating diseases.

Age groups and deaths were as follows:-

Age groups	Number of Deaths
0 - 19	0
20 - 39	0
40 - 59	2
60 + 80	2
Total	4

II NEW ACTIVE CASES

New active cases are a measure of improvement in tuberculosis control the number of new active cases in a better year is less than the number of the number of new active cases in a better year than the number of the previous:-

New Active Cases of Tuberculosis 1956

	New Cases	Rate per 100,000	Found on Surveys
1955	79	20.5	4
1956	45	11.4	4
1957	68	17.5	3
1958	65	25.3	4
1959	45	[illegible]	

Ages of new active cases at the time of discovery reveals an unusual number found in the older age groups.

Age Group	Number	Reactivated
0 - 4	2	
5 - 14	2	
15 - 24	[illegible]	2
25 - 39	11	[illegible]
40 - 59	11	5
60 - 79	12	7
80 +	[illegible]	
Total	45	14

How were these new active cases of tuberculosis discovered? The most fruitful source is the general hospital with private physicians next. Community surveys yielded only four new cases and if continued should be on a more selective basis.

How New Active Cases and Reactivations of Tuberculosis are Discovered

	New	Reactivations
General Hospital - admissions	9	1
General Hospital - others	20	3
Private physicians	22	6
Community Surveys	4	1
Chest Clinics	2	7
Contacts	4	
Jails	2	
Vital Statistics	1	
Total	65	18

Diagnosis of New Active and Reactivated Cases 1962

		Active	Reactivated
Pulmonary -	Primary	3	
	Minimal	19	5
	Moderately advanced	13	3
	Far advanced	8	5
	Total	43	13
	Glandular	5	2
	Pleurisy	4	2
	Renal	5	1
	Bone	1	
	Meninges	1	
	Miliary	1	
	Other	5	
	Total	65	18

III SURVEYS

A. Tuberculin Tests were carried out chiefly on college and high school students and selected industrial firms. Students revealed 10% positive and 90% negative. Employees of industrial firms showed 48% positive and 52% negative. These tests were carried out by the staff of the Sanatorium Board:

	Tests	Positive	Negative	Tests Read
Schools and Colleges	14,193	1,385	11,854	13,239
%		10%	90%	100%
Industrial	6,427	2,918	3,107	6,025
%		48%	52%	100%
Total	20,620	4,303	14,961	19,264
%		22%	78%	100%

However, these new active cases of tuberculosis discovered during the month were referred to the appropriate agencies with which Public Health has contracts. Community surveys yield only new cases and follow-up should be on a concerted effort basis.

How New Active Cases and Reactivations of Tuberculosis are Discovered

	New	Reactivations
General Hospital - admissions	95	1
County Hospital - citizens	72	3
Private physicians	72	6
Community Surveys	44	1
Chest Clinic	72	7
Contacts	44	
Jails	22	
Vital Statistics	1	
Total	365	18

Diagnosis of New Active and Reactivated Cases 1962

	Active	Reactivated
Pulmonary - Primary	2	
Minimal	19	5
Moderately advanced	13	5
Far advanced	8	5
Total	42	15
Glandular	3	2
Pleurisy	4	2
Renal	3	1
Bone	1	
Meningeal	1	
Miliary	1	
Other	3	
Total	65	18

III. SUMMARY

A. Tuberculin Tests were carried out actively on college and high school students and selected industrial workers. Students received 10% positive and 90% negative. Employees of industrial firms showed 44% positive and 56% negative. These tests were carried out by the staff of the Southwestern Board:

Tests	Positive	Negative	Total Read
Schools and Colleges	34,193	3,370	37,563
%		10%	100%
Industrial	6,427	7,819	14,246
%		56%	100%
Total	40,620	11,189	51,809
%		22%	100%

B. X-ray Surveys. The positive reactors to tuberculin tests among students and industrial workers were x-rayed. One student was found with active tuberculosis and none in industry. However in 8,371 x-rays taken at the National Employment Service four new active cases were found.

X-ray Surveys in Winnipeg 1962

	Number	New Active Cases
Industrial	7,105	
Schools and Colleges	2,812	1
National Employment Service	8,371	4
Total	18,288	5

Admissions to Sanatoria	53
Readmissions to Sanatoria	13
Discharges from Sanatoria	79

Average number of cases under supervision by the City Health Department - 906.

IV SUMMARY

The efforts of the City Health Department are mainly in the direction of epidemiology, the surveillance of old cases and those under home treatment. A combined operation is carried out with the major work in case-finding and treatment done by the Sanatorium Board of Manitoba. The Tuberculosis Central Registry operated by the Provincial Health Department has been found extremely useful in all aspects of this work.

This is not too much improvement from year to year. Deaths gradually decrease in numbers but new active cases do so at a lower rate. There is still the struggle with the recalcitrant and the indifferent. The majority of new cases arise from the area of low income and poor housing.

The conquest of tuberculosis is far distant but with the excellent help of the Sanatorium Board, the Provincial Department of Health and the devotion of those valuable troops, the public health nurses, steady progress continues.

B. Active Cases. The positive reactors to tuberculin testing among students and industrial workers were surveyed. One student was found with active tuberculosis and none in industry. However in 8,374 x-rays taken at the National Employment Service four new active cases were found.

X-ray Surveys in Kingston 1942

	Number	New Active Cases
Industrial	5,105	
Schools and Colleges	2,812	1
National Employment Service	8,374	4
Total	16,291	5

Admissions to Sanatoria	59
Readmissions to Sanatoria	13
Discharges from Sanatoria	79

Average number of cases under supervision by the City Health Department - 906.

IV. Hospitals

The efforts of the City Health Department are mainly in the direction of epidemiology, the survelliance of old cases and those under home treatment. A combined operation is carried out with the major work in case-finding and treatment done by the Sanatorium Board of Hamilton. The Tuberculosis General Hospital operated by the Provincial Health Department has been found extremely useful in all aspects of this work.

This is not too much improvement from year to year. Deaths gradually decrease in numbers but new active cases do not at a lower rate. There is still the struggle with the reactivated and the indifferent. The majority of new cases arise from the great low income and poor housing.

This component of tuberculosis is far different but with the excellent help of the Sanatorium Board, the Provincial Department of Health and the devotion of these valuable groups, the public health nurses, steady progress continues.

DENTAL SERVICES

The program of the Dental Division is centered around four major categories of service:

Dental Health Education
Studies of local Dental Health Problems
Utilization of Public Health Measures
Dental Treatment.

Dental Health Education

A dental health education program requires the active participation of the dental profession, the school system, the public health nurses, the parents and their children. Any attempt to motivate a group into action requires facilities to meet the demand created if any benefits are to be accomplished. The Dental Division attempts to meet some of these obligations by providing a service to the school health program by way of treatment, dental inspection, consultations, preparing, providing and demonstrating teaching aids for the school nurses and teachers.

The improvement in Dental Health in the City of Winnipeg is the result of many factors. The Dental Profession co-operates and is kept well-informed on the activities of the Division through reports, referrals and interest of many of the dentists who have been associated with the City's program at some time.

Mass dental inspections (11,000 annually) is part of the positive education program in the schools. Notification of parents of a child's dental defects, enquiry into the arrangements the family has for providing dental service and providing alternatives for such service is an effective means of stimulating interest and action in a health program. Table I is a compilation of information collected during classroom dental inspection in the grades mentioned and is on the complete dentition for the general school population of the City. An analysis of this data indicates a trend is developing toward an improvement in the oral health of this segment of the child population.

Responsibility, co-operation, appreciation, desire, interest and action are difficult personal motives to establish in providing a free service to the public. The Division's approach to comprehensive dental treatment for a select group (Social Welfare and indigent children accepted for treatment) seem to be effective in encouraging an approach to optimal dental health. (Table II) An organized regular recall dental examination and treatment program for patient, parent education and the private practitioner's approach has resulted in an extension of the service to more needy families and at the same time has elevated and encouraged the number of Welfare recipients to seek and co-operate in providing dental treatment for their children.

Welfare Children in Active Files

1959	-	345
1960	-	659
1961	-	852
1962	-	877

Parents are encouraged to bring pre-school children to the clinics for dental supervision. The Dental Division has established on a trial basis a Well-Baby Clinic Consultation Service to determine the value of such a service.

Staff

The Division includes one full-time director, three full-time dentists, eight part-time dentists, six dental assistants (including a registered practical nurse and three clerks. The total dentist establishment allows for the equivalent of six full-time dentists.

Clinics

2 Chairs - 136 Ellen Street
2 Chairs - William Whyte School
1 Chair - King Edward School
1 Mobile Unit - serving Norquay, David Livingstone and a school for retarded children.

Three permanent fully-equipped dental clinics are maintained to provide treatment throughout the year. The clinic at 136 Ellen Street (Old School Board Building) provides an emergency and priority treatment service where the school nurses and Principals can refer cases for immediate action. The demands on the mobile unit at David Livingstone School would warrant the establishment of a permanent one-chair clinic in this area. In August of this year a permanent dental clinic was established at King Edward School, with accommodation available for a two-chair clinic. A request for Federal Health Grant aid in equipping the King Edward Clinic was refused.

Dental Treatment

Residence, economic status, age and grade are considered in determining eligibility for free dental treatment. Applicants must be residents of the City of Winnipeg, medically indigent or in receipt of Public Welfare from the City. Dental emergencies (relief of pain and infection) are given priority and includes all children (no economic barrier) up to and including the age of sixteen years. The present comprehensive treatment group (orthodontics excluded) includes indigent pre-school, kindergarten, and Grade I children. Dental treatment is extended to a large group of children through the periodic recall service for co-operative patients in order to utilize the benefits gained through regular maintenance care. This has resulted in increasing the number of child patients attending the clinics. The Dental program utilizes the present treatment resources to the fullest.

During the year 3,668 children were treated in the course of 10,720 patient visits to the clinics. 2,395 (65%) of these children were completed to the extent of the facilities available at the clinic. In addition 1,991 children were recalled, of whom 723 were completed on their first visit. Failed appointments are a concern of the division and precautions are taken to eliminate many of the causative factors. 177 or 4.6% of the children failed to keep their initial appointment and 63 or 3.0% of those children recalled. Indifferent attitude and reluctance of people in general to take advantage of available health facilities free or otherwise accounts for the majority of failed appointments. The advantage of having dental treatment clinics located in the schools is that a replacement can be quickly obtained from within the School to fill

Parents are encouraged to bring preschool children to the clinics for dental supervision. The Dental Division has established on a trial basis a Well-baby Clinic Consultation Service to determine the value of such a service.

Staff

The Division includes one full-time director, three full-time dentists, eight part-time dentists, six dental assistants (including a registered practical nurse and three clerks. The total dentist establishment allows for the equivalent of six full-time dentists.

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Dental Treatment

Residence, economic status, age and grade are considered in determining eligibility for free dental treatment. Applicants must be residents of the City of Winnipeg, medically indigent or in receipt of Public Welfare from the City. Dental emergencies (relief of pain and infection) are given priority and include all children (no economic barrier) up to and including the age of sixteen years. The present comprehensive treatment group (orthodontic excluded) includes indigent pre-school, kindergarten, and Grade I children. Dental treatment is extended to a large group of children through the periodic recall service for co-operative patients in order to utilize the benefits gained through regular maintenance care. This has resulted in increasing the number of child patients attending the clinics. The Dental program utilizes the present treatment resources to the fullest.

During the year 3,608 children were treated in the course of 20,378 patient visits to the clinics. 2,103 (58%) of these children were completed to the extent of the facilities available at the clinic. In addition 1,222 children were recalled, of whom 723 were completed on recall first visit. Failed appointments are a concern of the dentists and preventions are taken to eliminate many of the causative factors. 1121 or 6.5% of the children failed to keep their initial appointment and 63 or 3.0% of these children recalled. Indifference attitude and reluctance of people in general to take advantage of available dental facilities free or otherwise accounts for the majority of failed appointments. The advantage of having dental treatment clinics located in the schools is that a replacement can be quickly obtained from within the School to fill

the allotted time reducing lost time to a minimum.

Handicapped Children

The study began in 1960 of a group of mentally retarded children attending a special school in the City was continued in 1962. Semi mobile and portable dental equipment was moved into the nurses room during the brief stay. Forty-three children received dental treatment, an increase of eight over the past year when the clinic visited the school.

Comments of the staff dentists attending the school were similar to earlier observation.

> "It was found that the temperament and degree of retardation of each child dictated whether to give the child more affection and attention, whether to be firm, or whether to sedate the child; the majority of the children were manageable by maintaining a firm and friendly command.
>
> With the more placid child, simple Class I restorations were easily accomplished without the use of any anaesthetic. Retarded children cannot be classified into a single group. Each one must be approached separately and treated as a single entity -- as an average normal child.
>
> The rubber dam was used routinely to maintain a dry and accessible field throughout each operative procedure, the children did not mind having the dam applied. It should be used whenever possible as it allows the operator to procede at a much smoother and faster rate, with the resulting decrease of tension in the operation.
>
> The degree of co-operation of all children was good. This can be attributed in part to the fact that the operatory was in familiar surroundings and was visible to the children whenever they passed by; they took an interest in what was happening inside and most of them wanted to know when it was going to be their turn. When a child was brought to the operatory he received more affection and attention than he normally did that day, a good feeling for the child as most retarded children crave attention and affection, the reward was a more co-operative child.
>
> Ninety-five (95) per cent of the children had a very poor oral hygiene. The regular mid-morning and mid-afternoon snacks of milk and biscuits, in addition to poor oral hygiene habits enhanced the condition. The children cannot be blamed, the fault lies directly with the home and the school. The sweet snack should be cut out directly, and oral hygiene training campaign started with both the home and school co-operating."

The provision for dental treatment for mentally and physically handicapped children in the City (and Province) is most unsatisfactory. Neglect, misunderstanding, lack of facilities and trained dental personnel, finances, results in these children remaining as silent sufferers.

the allotted time reduced to just one minute.

Handicapped Children

The work opened in 1960 with a group of mentally retarded children attending a special school in the City was continued in 1961. Small mobile and portable dental equipment was used. Into the nurses room during the brief stay, forty-three children received dental treatment, an increase of eight over the past year when the clinic visited Mbosboshi.

Concerns of the staff dentists treating the schoolwork children to earlier observation.

"It was found that the treatment and degree of retardation of each child dictated whether to give the child more affection and attention, whether to bribe, or whether to scolds the child; the majority of the children were manageable by maintaining firm and friendly command.

With the more placid child, within Class I restorations were easily accomplished without the use of any anaesthetic. Retarded children cannot be classified into a single group. Each must be approached separately and treated as a single entity--as an average normal child.

The rubber dam was used routinely to maintain a dry and accessible field throughout each operative procedure, the children did not mind having the dam applied. It should be used whenever possible as it allows the operator to proceed at a much sooner and faster rate, with the resulting decrease of fatigue in the operator.

The degree of co-operation of all children was good. This can be attributed in part to the fact that the operatory was in familiar surroundings and was visible to the children whenever they passed by; they took an interest in what was happening inside and most of them wanted to know when it was going to be their turn. When a child was brought to the operatory they received more affection and attention than he normally did that day, a good feeling for the child as most received children crave attention and affection, the result was a more co-operative child.

Ninety-five (95) per cent of the children had a very poor oral hygiene. The regular mid-morning and mid-afternoon snacks of milk and biscuits, in addition to poor oral hygiene habits enhanced the condition. The children cannot be blamed, the fault lies directly with the home and the school. The snack should be cut out directly and oral hygiene training campaign started with both the home and school co-operating."

The provision for dental treatment for mentally and physically handicapped children in the City (Gaborone) is more unsatisfactory. Neglect, misunderstanding, lack of facilities and trained dental personnel, ignorance, results in these children receiving minor sufferers.

Adult Dental Services

Dentistry for indigent adults is on a very limited and costly scale. Provision is made to cover the cost of repairs and making of dentures for the medically indigent in the City. This group includes Public Welfare, Nursing Home, some old age pensioners as well as the low income group. No preventive, interceptive or restorative dentistry is available. The out-patient departments of the major hospitals provide an emergency treatment coverage which is confined mostly to oral surgery.

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.

TABLE I

Classroom dental inspection information compiled by the City of Winnipeg Health Department on the general child population attending Kindergarten, Grade I and Grade II in Winnipeg School Division No. 1. Permanent, and Deciduous Dentition.

	School Term	Total Exam.	Percentage of Children										
			Caries Imm.	Caries Free	Dentist compltd.	Caries	Ext.	Filled	Attend Dentist	Applied Dentistry	Request Assist.	Approved	Nil Interest
KINDGRTN	1959-60	3322	14	23	9	77	15	27	59	37	13	10	12
	1960-61	3026	18	34	16	66	13	28	47	36	12	11	11
	1961-62	2816	26	39	13	61	10	28	45	34	14	12	12
GRADE I	1959-60	4381	6	16	10	84	28	40	62	57	25	21	8
	1960-61	4686	9	25	16	75	27	40	64	55	21	20	8
	1961-62	4601	12	31	19	69	23	43	64	52	23	20	9
GRADE II	1959-60	4054	3	12	9	88	43	49		70			
	1960-61	3916	6	25	19	75	39	53		70			
	1961-62	3819	7	28	21	72	37	55		72			

Definition of Terms - Caries immune (natural or acquired) - no visible evidence of caries - permanent or deciduous teeth - x-rays not used

- Caries free - includes caries immune plus children whose dentistry has been completed by a dentist.
- Dentist completed - children who attended a dentist and were in optimum dental health at time of school inspection
- Caries, Premature extraction, filled - percentage of children with these conditions
- Attend Dentist - as indicated by presence of extraction, or fillings or reported by parent on questionnaire regardless of evidence. Does not include caries immuned some who may have regular dental examinations. - Grade 2 - questionnaire not used.
- Applied Dentistry - as indicated by the presence of a filling or premature extraction or both.
- Request Assistance - written request for financial support for dental treatment
- Approved - Screened by School Nurse for eligibility
- Nil interest - Questionnaires not returned by parent.

TABLE I

Classroom general inspection information compiled by the City of Alnwick Health Department on the General Child Population undergoing Kindergarten, Grade I and Grade II in Alnwick School District No. 1. Permanent and Deciduous Dentition.

School	Total Exam.	Num. Caries	Area Caries	Decayed, Missing, Filled	Caries Exp.	Filled	Decayed Teeth	Decayed Teeth	Gingivitis	Hygiene	Malocclusion	Malocclusion
		Percentage of Children										
Kindergarten 1960-61	3333	14	52	6	11	15	32	55	31	13	10	13
1961-62	3270	18	34	10	29	13	32	49	36	13	11	11
1962-63	3310	22	50	13	31	10	32	51	34	14	13	13
Grade I 1960-61	4287	9	18	10	34	32	40	65	51	32	21	8
1961-62	4259	8	32	12	32	12	40	59	55	17	20	8
1962-63	4301	13	31	10	29	32	42	47	49	32	20	6
Grade II 1960-61	3103	9	32	8	32	36	53	55	10			
1961-62	3028	3	23	8	38	27	49	10				
1962-63	3166	1	32	12	23	31	55	12				

Definition of Terms - Caries Index (Average of Mandibular) - no simple evidence of caries - Permanent or deciduous teeth - x-rays not used

- Caries free - includes caries index zero plus children whose dentistry has been completed by a dentist.
- Dentist completed - children who attended a dentist and were in obvious dental health at time of school inspection
- Caries' Treatment Extraction' filled - percentage of children with these conditions
- Dentist' Treatment Extraction' filled - percentage of children reported by
- Missing Dentist - as indicated by presence of extraction' or fillings or reported by parent' on dentistry referrals of children' does not include caries immed
- Gingivitis positive - as indicated by the presence of a filling or permanent extraction sore and was given regular dental examination' - Grade 3 - dentistry not need
- Hygiene poor - as indicated by presence of a filling or permanent extraction or poor.
- Malocclusion - screened by school nurse for significant
- Malocclusion - classification not referred by nurse.

TABLE II

Summary of Dental Treatment Groups
(Number of children)
1962

	Pre-School	AGE 5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	295	417	683	580	495	325	279	741	3345
B. Failed Initial Appointments	20	23	50	20	23	7	8	26	177
C. Patients Completed	215	258	489	515	415	250	191	382	2715
D. Patients recalled 6-8 months	115	136	326	411	351	232	177	306	2054
E. Completed 1st Visit	38	38	108	151	138	88	57	105	723
F. Failed Appt.	4	6	10	9	14	8	3	9	63

Table II - 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 E.

D. Patients recalled (6-8 months) - following last appointment when completed (1961-62)

E. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.

F. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.

Table II

Summary of Dental Treatment Groups
(Number of children)
1962

	Age								
	Pre-School	5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	205	417	683	590	495	325	279	741	3455
B. Failed Initial Appointments	20	23	50	20	23	7	8	26	177
C. Patients Completed	215	253	459	515	415	250	194	382	2719
D. Patients recalled 5-8 months	115	135	354	411	351	232	177	306	2084
E. Completed 1st Visits	38	38	105	151	134	58	67	135	723
F. Failed Appt.	4	6	10	9	14	3	6	5	63

Table II - Definition of Items

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 B.

D. Patients recalled (5-8 months) - following last appointment when completed (1961-62)

E. Patients completed on first appointment - Includes children whose maintenance care is attended to during the recall examination appointment.

F. Patients failed recall appointment - Patients from D, who were contacted and failed to appear for scheduled appointment.

TABLE III

Analysis of Dental Clinic Services provided by City of Winnipeg Health Department to School Division No. 1, 1962.

X-rays (single films)	1,324
Exodontia - Deciduous Teeth	2,182
- Permanent Teeth	566
Anaesthetic (local)	6,435
Restorations - Amalgam - single surface	4,177
- multi surface	3,963
- Plastic or synthetic porcelain	344
- Cement linings	9,163
- Treatment fillings	500
Crowns celluloid	70
stainless steel	532
Space Maintainers	142
Prosthetic Applicances	6
Endodontics - teeth completed	694
Prophylaxis	2,066
Topical Fluoride - Complete	1,133
Other treatments	2,198
Refused (non co-operative)	42
Cancelled Appointments	627
*Failed Appointments	663
Referred to Private Dentists	39
Recalls (6-8 months)	2,054
School Inspection Clinics	119
Well-Baby Dental Consultation Clinics	6

* Includes 177 failures of new patients to attend the clinics for dental examination & diagnosis.

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TABLE IV

City of Winnipeg Health Department

Dental Services for children
attending a Winnipeg Retarded
Children's School.
1962

School Dental Inspections - Day Centre (Adult)	43
Boys - 31	
Girls- 12	
Day Centre Children under Dental Supervision	25
Clinical Services	
Examinations 1960 patients	24
1961 patients	43
1962 patients	44
No. of children with dental caries	29
No. of children with restorations prior to 1962 clinic	34
Extractions - deciduous teeth	11
- permanent teeth	00
Amalgam fillings - single surface	53
- multiple surface	9
Silicates	6
Cavity linings	63
Prophylaxis	27
Total patients treated (one emergency)	45
Total patients sittings	89
Total patients completed to date of last appointment with facilities available	40
Total number of sessions (3 hour)	16

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PUBLIC HEALTH NURSING

PERSONNEL

In 1962 the staff of the Nursing Division was strengthened by one additional nurse bringing the total authorized establishment to 58 nurses. Of these 58 nurses, 48 are field staff serving a population of 256,029 people and giving a ratio of one field nurse to approximately 5,334 people.

There were 10 resignations of nursing staff in 1962. Marriage and home duties were responsible for most of the resignations. Six nurses were granted leave of absence to complete University courses in public health nursing.

During the year 10 new appointments were made to the nursing staff and six nurses were reinstated after a year's leave of absence.

In March 1962 the Central Office of the Nursing Division was transferred to temporary quarters at 136 Ellen Street until the completion of the new City Hall. The North Winnipeg Nursing Office was transferred in July from Strathcona School to bright spacious renovated quarters in King Edward School, Selkirk and Arlington Street.

EDUCATIONAL PROGRAM FOR STAFF

A nursing supervisor attended a three-weeks course in Epidemiology of Communicable Diseases at the Communicable Disease Centre in Atlanta, Georgia.

In February 1962 the nursing staff shared a two-day institute with members of the medical and teaching professions when "Problems of Early Childhood" were discussed. The guest speakers were Dr. Lytt Gardner of Syracuse, New York; Dr. Reynold Jensen of Minneapolis, and Dr. M.F. Grapko of Toronto.

Forty-three members of the Nursing Division spent one week at the new Manitoba Rehabilitation Hospital where they were oriented to the policies and services of this new community health facility.

The orientation program for new nursing staff followed the same general plan carried out in past years. In 1962 a member of the medical staff and the Director of Dental Services assisted in this program by explaining the roles of the school medical and dental services.

STUDENT PROGRAM

Educational programs for nursing students in the University of Manitoba, and hospital schools of nursing, and fourth year medical students were provided as usual. In addition, 46 staff members of the St. Boniface Hospital spent two days in 1962 observing the activities of our public health nurses.

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SERVICES

Since its inception twenty-one years ago, the Nursing Division has offered a family centered program to the Winnipeg consumers. The comprehensive services provided include pre-natal and post-natal health, infant and pre-school health, immunizations, communicable disease control, and adult health. In carrying out these services, the nurses are keenly aware that good health involves not only the absence of disease and infirmities but also physical, mental and social well-being. Because of the large number of activities involved in each service, only a few highlights will be mentioned in this report.

MATERNAL HYGIENE SERVICE

There was an attendance of 3,301 expectant mothers at the nine weekly pre-natal classes in 1962. Each mother attended on the average 8.5 sessions. In addition, public health nurses made 5,600 post-natal visits.

In 1962 the Winnipeg School Board's Evening Institute Administrator was approached regarding the possibility of arranging expectant parents' classes at the Evening Institute. This request met with a favourable response and it is expected these classes will be offered under the joint auspices of the School Board and the Health Department in 1963.

INFANT AND PRE-SCHOOL SERVICES

Public Health Nurses made 28,212 home visits to infants and pre-school children in 1962. In addition there were 16,040 visits of infants and pre-school children to the nine weekly Child Health Centres.

The decision to revert to a former organizational pattern of conducting immunizations and consultations on the same day in Child Health Centres has resulted not only in an increased attendance but has proved more acceptable to parents and staff.

In October 1962 arrangements were made to have a City Dentist spend one afternoon a month in four Child Health Centres to advise mothers on dental care. It is hoped that this additional service will be an incentive to mothers to bring pre-school children regularly to the Child Health Centres. A further effort to increase attendance at Child Health Centres was carried out in October 1962, when the nurses made 1132 home visits to 807 public recipient families with pre-school children to determine whether they were receiving regular well child supervision and immunization. One hundred and eighty-two of these families could not be located after two visits. Of the 625 families located, there were 1177 pre-school children. Eight hundred and forty of these children were not receiving regular well child supervision, and 295 had received no immunizations although the records indicated that public health nurses had made frequent visits to these families for this purpose. The details of this report will be discussed with the Public Welfare Department in the New Year in the hope that this situation might be alleviated.

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MATERNAL NURSING SERVICE

There was an attendance of 3,307 expectant mothers at the nine weekly pre-natal classes in 1962. Each mother attended on the average 6.5 sessions. In addition, public health nurses made 5,607 post-natal visits.

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SCHOOL HEALTH SERVICES

Approximately 54,000 Winnipeg children in elementary and secondary grades in public and parochial schools are served by 43 field nurses. This gives an average caseload of 1,125 school children per nurse. School health services continue to absorb over fifty percent of the nursing time. In 1962 approximately 30,000 pupils were treated and counselled by public health nurses. Nurses screened more than 10,000 pupils for medical examinations. There were 14,391 home visits made to school children by nurses and over 2000 parents interviewed at school.

COMMUNICABLE DISEASE CONTROL

In order to maintain a high level of immunity amongst school children, an annual check is made on the immunization status of new registrants in Winnipeg schools. In 1962 approximately two percent of the children entering Winnipeg schools had no primary innoculations. Arrangements were made by the nurses to have these children inoculated either privately or by the Health Department. In addition, reinforcing doses of triad vaccine (diphtheria, tetanus and poliomyelitis) was offered to children in Grade 1, Grade IV and Grade VIII, and a smallpox revaccination was offered to Grade I and Grade VIII pupils. In spite of the high level of immunity amongst Winnipeg school children, diphtheria is still present. In 1962 eight cases were reported in Winnipeg, of which two cases were school children.

Winnipeg citizens have been well protected against poliomyelitis. In addition to the Salk inoculation programs offered to children and young adults, 206,877 Winnipeg citizens representing 81% of the population received Sabin oral poliomyelitis vaccine during the week of April 29, 1962. Public Health Nurses assisted in the planning and operation of this mass inoculation program, which was carried out in all Winnipeg Schools, 23 public clinics, 15 hospitals or medical institutions, 18 business establishments who employed nurses, and 9 Child Health Centres.

NURSING AND BOARDING CARE HOMES

Acting on instructions from the Minister of Health, no new applications to operate Nursing or Boarding Care Homes were accepted by the City of Winnipeg in 1962.

During the year 651 people were referred for placement in Nursing and Boarding Care Homes. After a thorough assessment by the Winnipeg Health Department medical staff, 339 of the 651 people referred were placed in Nursing and Boarding Care Homes as public recipient patients. Of the 312 people who were not placed, 43 made private arrangements for care, 34 were referred to St. Boniface Sanatorium or Municipal Hospitals for the Aged or chronically ill, 33 were sent to hospitals for acutely ill, or died before placement, 32 were referred for alternate care and 161 refused placement or failed to return the medical application.

The recreation program organized in 1961 for physically and mentally able patients in 8 Nursing Homes was discontinued in 1962, when the Provincial Government withdrew financial assistance.

SCHOOL HEALTH SERVICES

Approximately 56,000 Winnipeg children in elementary and secondary grades in public and parochial schools are served by 49 field nurses. This gives an average caseload of 1,125 school children per nurse. School health services undertake to absorb over fifty percent of the nursing time. In 1962 approximately 50,000 pupils were treated and counselled by public health nurses. Nurses screened more than 10,000 pupils for medical examinations. There were 14,391 home visits made to school children by nurses and over 8000 parents interviewed at schools.

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DAY NURSERIES AND NURSERY SCHOOLS

In 1962 five day nurseries and seventeen nursery schools with an enrollment of 476 children were licensed by the City of Winnipeg.

The Health Department efforts to establish a training program for nursery school teachers as a means of improving standards materialized in 1962. A four-day institute was organized by the Department of University Extension and Adult Education with the financial support of the Winnipeg Section of the National Council of Jewish Women of Canada. The guest speaker at this Institute was Dr. Karl Bernhardt, Director of the Institute of Child Study of the University of Toronto. Two well-known paediatricians and three qualified nursery school educators assisted with the program.

In November 1962 the University Extension and Adult Education Department arranged a series of sixteen weekly lectures given by Professor Dorothy Keith of the University of Manitoba to teachers actively engaged in pre-school education under the authority of the Welfare Institutions By-law of the City of Winnipeg Health Department. On the completion of this pilot course, further discussion will take place with the University in regard to the setting up of a credit course in pre-school education.

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SCHOOL MEDICAL SERVICES

The trend to reduce routine medical examinations in the school to an absolute minimum has continued during the year. Only those children entering school who have not been examined by their family physicians in the preceding year are now examined by school physicians. The advantage of such an arrangement has been reviewed in previous reports. Regular screening procedures have served to make possible early detection of a variety of handicapping conditions, some of which are correctable once they are diagnosed, and all of which require continuing medical care, if the child is to achieve a successful school life.

The following screening procedures are carried out regularly:

1. Hearing Defects - More than 1500 children have had audiometry testing at the kindergarten level. It is hoped in the near future that all children, before entering public school, will have had audiometry performed so that any defects may be picked up early, and corrective measures taken if they are indicated. All children in Grade IV have hearing tests performed. Children who are referred by the school principal or teacher to the public health nurse at any period in their school life, also have audiometry done if requested. Many of the hearing defects found are transitory in nature, and do not interfere with the child's schooling at all. Others are more serious and require continuing medical supervision, and the School Medical Service along with the public health nurse makes sure that this supervision is available to every school child with a hearing defect. The Child Guidance Clinic is informed of any organic hearing defect so that they can make any necessary recommendations in regard to special seating, or special classes for children in this category. Co-operation with the private physician has been excellent.

2. Vision - Annual vision testing, using the Snellen Chart is carried out, and this has resulted in very satisfactory detection of visual defects with referral to their private physician, or to the School Vision Clinic, at the Children's Hospital. It is interesting to note that by Grade X 1 in 3 children in the Winnipeg school system wears glasses. Most of the vision defects are picked up for the first time by this annual screening method.

3. Grade VII and Grade X Medical Questionnaires - have enabled the School Medical Service to concentrate on those school children who are having problems, and these have been seen and interviewed by the school physician. In more than half the cases now one parent has been present at the interview, and this improves the value of these interviews tremendously.

4. The School Physician - sees any child, referred by the school principal or teacher to the public health nurse, because of absenteeism or suspicion of ill health.

The Handicap Registry is maintained at the City Health Department with the co-operation of a secretary furnished by a National-Provincial Health Grant. This enables us to keep a close check on more than 600 children in the Public School System, who have a variety of handicaps including epilepsy, diabetes, heart disease, hearing and vision defects, and musculo-skeletal defects. It is emphasized again that many of these children, perhaps most, suffer no interference with their education because of these handicaps, but the

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maintenance of the Registry does make it possible to ensure that regular medical care is available to every child who requires it, and recommendations in regard to physical training and special schooling can be made as indicated.

A regular review of all children who are on restricted activity in the schools is made. As a result of close liaison with the family physician many of these children are restored to full physical activity, as soon as their physical condition permits. Increasing emphasis on physical fitness programs has led to closer co-operation with Mr. K. Vidruk, Director of Physical Education, and his staff, and the report of this aspect of school health will be forthcoming next year.

The Consultant in Child Care Services is working on a plan for a comprehensive pre-school examination form, which when completed by the family physician, will serve as an excellent review of a child's health status before entering school, and would ensure that immunization programs are up to date. Provision by medical insuring agencies to include an annual health examination in their coverage have already increased the number of children who are examined by their own physician prior to school, and it is hoped that the further development of a special Pre-School examination to include all the various areas that are important in successful school attendance will improve matters still further.

Four regular meetings were held with school physicians, and various problems were discussed that arise from time to time in the carrying out of this part of the program. We are fortunate in having a group of school physicians who are dedicated to their work, and have now been with the Department for several years. This increasing experience and positive motivation has led to an increased interest in the health of the school child, and to a much more satisfactory School Medical Service. The co-operation of the public health nurses and members of the school system has been excellent.

A conference was arranged with representatives of Child Guidance Clinic and Department of Special Education of the Winnipeg School District, to review several children who were under consideration for placement in special classes for the visually handicapped. Their own physicians were also invited and were present.

For three years a program of health education in regard to cigarette smoking among children from Grade V and upwards, has continued with the assistance of Doctor J.B. Morison, now of the Provincial Department of Health. A re-survey is to be conducted in May, 1963, and the results will be made available as soon as they are known. We are convinced that this is an important area of health education.

The continued incidence of hepatitis has led to an effort to improve health education in regard to diseases which are spread as a result of unsatisfactory hygiene. Visits were made to the schools where the incidence was particularly of concern, to ensure that the school children were carrying out instructions about hand washing. In addition, a Bulletin was released to all schools on the measures to be taken to reduce the spread of hepatitis.

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CHILD HEALTH CENTRES

Child Health Centres		10
Child Health Centre sessions held		463
New babies admitted		1,564
Infants	1,059	
Pre-school	505	
Attendance at sessions		17,040
Infants	8,040	
Pre-school	6,258	
School children and adults	2,742	
Doctors' consultations and examinations		2,359
Infants	1,470	
Pre-school	889	
Home visits re child hygiene (birth registrations, etc.)		28,212
Immunizations by doctors at Child Health Centres		13,125

IMMUNIZATION
ATTENDANCE AT CHILD HEALTH CENTRES

	Number	No. of Sessions
St. Lukes	1,314	31
St. Matthews	1,621	12
St. Judes	1,122	12
Sparling	719	25
St. Andrews	1,430	12
Holy Trinity	796	13
Chalmers	328	25
Mount Carmel	829	12
Robertson House	1,628	12
McGregor	1,058	24
	11,345	178

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Home visits re child hygiene (birth registrations, etc.)	26,212
Immunisations by doctors at Child Health Centres	13,125

IMMUNISATION
ATTENDANCE AT CHILD HEALTH CENTRES

	Number	No. of Sessions
St. Luke's	1,314	31
St. Matthew's	1,021	12
St. Judes	1,122	12
Sparling	718	25
St. Andrews	1,430	12
Holy Trinity	795	13
Chalmers	728	25
Mount Carmel	825	12
Robertson House	1,648	12
McGregor	1,058	24
	11,345	173

ACCIDENTS IN SCHOOLS REVIEWED

Accidents reported by Principal and nurse			1,072

REPORT ON HEALTH INSPECTION OF SCHOOL CHILDREN BY PUBLIC HEALTH NURSES

Pupils examined in Health Service Rooms by nurses			29,913
Exclusion from school		4,989	
Miscellaneous	3,659		
Pediculosis	303		
Skin Conditions	469		
Suspect communicable disease	558		
Treatments given		24,924	
Classroom Inspections by school nurse			2,107
General		1,829	
Acute Communicable		278	
Conference re pupil (with pupil, parent, teacher, etc.)			110,715
Health Education			1,336
Home visits to school children made by nurses (exclusive of communicable disease visits)			14,391

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners	4,711
Children with one or more defects	2,163
Parents invited to physical examinations	3,870
Parents present at physical examinations	2,093

ACCIDENTS IN SCHOOLS REVIEWED

Accidents reported by Principal and nurse 1,072

REPORT ON HEALTH INSPECTION OF SCHOOL CHILDREN BY PUBLIC HEALTH NURSES

Pupils examined in Health Service Rooms by nurses 29,913

Exclusion from school 4,939
Miscellaneous 3,959
Pediculosis 303
Skin Conditions 649
Suspect communicable disease 358

Treatments given 24,924

Classroom Inspections by school nurse 2,107

General 1,829
Acute Communicable disease 272

Conference re pupil (with pupil, parent, teacher, etc.) 110,715

Health Education 1,336

Home visits to school children made by nurses (exclusive of communicable disease visits) 14,391

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners 4,711

Children with one or more defects 2,153

Parents invited to physical examinations 3,270

Parents present at physical examinations 2,093

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

		1961	1962
Health:	Newborn	5,832	5,798
	Under 1 year	7,613	7,032
	Pre-school children	15,242	15,332
	School Children	12,260	14,391
	Adults	14,915	15,179
Prenatal		1,135	1,226
Postnatal		5,490	5,600
Prenatal Classes:			
	New Admissions -(1961 - 430) (1962 - 384)		
	Total Attendance	3,218	3,301
Morbidity:	Tuberculosis	1,431	1,912
	Acute Communicable	321	423
Unclassified:	Not found	5,504	6,047
	Not taken under care	116	108
	Special activity	1,505	1,801
Visits made for poison control prevention		404	430
		74,936	78,630

CHILDREN EXAMINED FOR FRESH AIR CAMPS

	1961	1962
Camp Morton	214	108
Y.W.C.A.	283	225
Salvation Army	306	324
C.G.I.T.	98	171
Y.M.C.A.	138	149
Logan Neighborhood House	104	18
United Church	331	478
Lakeside Camp	48	205
Camp Playmore	110	82
Camp Funland	-	304
Camp Tikvah	-	120
Norquay Neighborhood House	-	4
Logan Day Camp	-	21

PERSONAL SERVICES TO PATIENTS BY PUBLIC HEALTH NURSES

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

		1961	1962
Health:	Newborn	5,832	5,796
	Under 1 year	7,613	7,032
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	Acute Communicable	321	423
Unclassified:	Not found	5,504	6,047
	Not taken under care	116	105
	Special activity	1,505	1,301
Visits made for poison control prevention		404	430
		74,976	74,430

CHILDREN EXAMINED FOR PRESCHOOL CAMPS

	1961	1962
Camp Morton	214	104
Y.W.C.A.	283	225
Salvation Army	306	324
C.G.I.T.	93	171
Y.M.C.A.	138	149
Logan Neighborhood House	104	18
United Church	331	472
Lakeside Camp	49	344
Camp Pleasure	110	82
Camp Rouland	-	304
Camp Tikvah	-	120
Medway Neighborhood House	-	4
Logan Day Camp	-	21

CHILDREN'S HOSPITAL - EYE CLINIC REPORT

Clinics held		193
Children examined:		
New	443	
Re-examined	822	
		1,265
Refractions completed:		
Not needing glasses	190	
Glasses prescribed	566	
No change in prescription	285	
Glasses discontinued	13	
		1,054
Refractions not completed		-
Refractions not needed		30
Returned for observation		154
Children found with 1/3 or less of normal vision with glasses		2
Out-patient consultations (Winnipeg residents)		322
Referred to Orthoptic Clinic		25

AUDIOMETRY REPORT

Children tested		9,023
First tests	7,727	
Re-tests	1,301	
Defects		274
Teachers and others tested		118

CHILDREN'S HOSPITAL - EYE CLINIC REPORT

Clinics held	183
Children examined:	
New 443	
Re-examined 822	
	1,265
Refractions completed:	
Not needing glasses 190	
Glasses prescribed 586	
No change in prescription 285	
Glasses discontinued 13	
	1,054
Refractions not completed	-
Refractions not needed	30
Returned for observation	154
Children found with 1/3 or less of normal vision with glasses	2
Out-patient consultations (Winnipeg residents)	322
Referred to Orthoptic Clinic	25

AUDIOMETRY REPORT

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First tests 7,727	
Re-tests 1,301	
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VICTORIAN ORDER OF NURSES SERVICES SUMMARY FOR THE YEAR 1962

Total number of new cases	2,142	
Nursing Care Visits:		
Prenatal	7	
Postnatal	39	
Newborn	381	
Infant	196	
Pre-school	242	
School	274	
Adult	48,335	
Total Nursing Care Visits		49,474
Health Instruction Visits:		
Prenatal	64	
Postnatal	375	
Newborn	489	
Infant	860	
Pre-school	212	
School	118	
Adult	101	
Total Health Instruction Visit		2,219
Not Seen		511
On Behalf of patient		28
TOTAL		52,232

VICTORIAN ORDER OF NURSES SERVICES SUMMARY FOR THE YEAR 1962

Total number of new cases 2,142

Nursing Care Visits:

Prenatal 7

Postnatal 39

Newborn 381

Infant 196

Pre-school 242

School 276

Adult 49,315

Total Nursing Care Visits 49,474

Health Instruction Visits:

Prenatal 84

Postnatal 375

Newborn 489

Infant 860

Pre-school 212

School 118

Adult 101

Total Health Instruction Visits 2,219

Not Seen 511

On Behalf of patient 29

TOTAL 52,232

INSPECTIONS BRANCH

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

In March 1962 the Health Department moved into the building formerly occupied by the School Board at 136 Ellen Street. The Inspections Branch and the laboratory occupy the third floor of the building. These temporary offices have proven satisfactory though it was necessary to curtail activities in the laboratory. Arrangements were made to have bacteriological tests of milk and water conducted in a branch of the Provincial Laboratory in the Norquay Building. Resazurin tests on raw milk, some bacteriological tests on water and some diagnostic tests were carried out in the temporary laboratory established at 136 Ellen Street.

Mr. H. Robinson, senior technician in the laboratory retired during the year after more than forty years of service.

Although the incidence of rabies in animals in Manitoba increased during the year, no positive cases were reported in Winnipeg. The By-law requiring the impounding of dogs for a period of fourteen days of dogs that had bitten people was strictly enforced, and arrangements were made to keep biting cats under observation for a two week period in a veterinary hospital. Close attention was given to any cats suspected of transmitting ringworm to children. Such suspected cats were examined by a veterinarian and if found infected with ringworm were either destroyed or isolated while being treated.

DAIRY DIVISION:

During the past few years revolutionary changes have occurred in the production handling, transportation and processing of milk in the Winnipeg milk shed. The number of producers has decreased from a high of over 1,300 to less than 700. At the same time the volume of milk produced has increased to a total of 134 million pounds per year. Transportation of milk has changed from the 8 gallon milk can hauled on trucks to bulk tanks. More than 500 producers had installed bulk tanks by the end of 1962 and the remainder will have converted to bulk tank storage of milk before the middle of 1963.

The quality of raw milk, as determined by the resazurin test, continues to show improvement. Samples of each producers milk are tested twice monthly. 96.9% of these samples graded "good" in the resazurin test and qualified for the bonus paid for good grade milk. Part of the improvement is undoubtedly due to the efficient cooling afforded by bulk tanks. In order to determine whether or not the standard resazurin test is the most suitable test

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to use in the grading of raw milk, experiments are being conducted in co-operation with the Dairy Husbandry of the University of Manitoba. Sufficient data had not been accummulated at the end of the year to warrant reaching definite conclusions.

All milk and cream sold in Winnipeg is pasteurized and the safety and quality is good. Routine bacteriological and other tests are conducted to ensure that milk and its products meet recognized standards. No reports of illness due to the consumption of milk or milk products were received in 1962. Frequent inspections are made and close supervision exercised over pasteurization plants distributing milk in the City. These plants have installed modern equipment and are using approved methods in the processing and handling of milk and its products.

FOOD DIVISION:

Health By-law No. 4274 was amended in July to require that all meat sold in the City be from animals slaughtered in establishments registered under the Meat Inspection Act (Canada). This amendment made a legal requirement of an already existing condition, as practically all meat sold in the City was from packing plants under Federal supervision. However in view of the reports of the sale of unfit meat in Eastern Canada it was felt desirable to enact the mentioned amendment. The amendment also prohibited the door to door sale of poultry.

The program of reviewing and approving plans for construction or alterations of food premises was continued. During the year 191 plans were reviewed, 81 of which were approved. Plans for the construction of 15 restaurants and major renovations in 73 existing establishments are included in the number approved.

A report of an outbreak of food poisoning involving 150 people was investigated. The food alleged to be responsible for the illness was prepared and served by a caterer located outside the City. All the victims of the outbreak recovered within a day or two and none were seriously ill.

Inspectors attended 40 fires in food premises during the year: 33 of these calls were outside regular working hours. Attending these calls is of value in preventing food damaged by fire, water or chemicals, being sold and also in giving advice to operators as to what steps may be taken to prevent damage to foodstuffs due to lack of refrigeration, exposure to heat, cold or weather conditions.

Cordial relations with operators of food establishments, other government agencies and the public were maintained.

HOUSING:

This division dealt promptly with some 1,400 complaints during the year. About one-third of these complaints had to do with lack of heat during the period from September 1st to May 31st. Although most operators comply with the lack of heat by-law after its provisions have been drawn to their attention, it was necessary to prosecute in five instances. The lack of heat by-law has been of great benefit to many tenants in ensuring that they are supplied with sufficient heat in cold weather.

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In addition to attending to complaints and routine inspections, the program of house-to-house inspections in areas of the city with many rooming houses was continued. In the house-to-house survey 1,508 houses were inspected, 831 of which were found to contain one or more violations of the health by-laws or regulations. 457 of the latter were made to comply with the regulations, 15 were demolished and the remainder had not been re-inspected at the end of the year. Referrals were made to building, electrical and other inspectors where violations of the pertinent by-laws were observed. The tabulated report of the division lists these referrals in more detail.

Overcrowding was remedied for 52 families. Unfortunately suitable alternative accommodation is not readily available for large families and there are many families still living in overcrowded premises. Strict enforcement of regulations respecting overcrowding will not be possible until such time as the necessary alternative low cost accommodation is provided. It is anticipated that Urban Renewal and the providion of subsidized housing will help to alleviate this condition. 31 houses were placarded "Unsanitary". This action was taken only after the owners had failed to comply with notices requiring the premises to be brought up to reasonable standards. Here again the lack of alternative accommodation for large families tend to impede speedy action being taken respecting the placarding of some houses.

During the year we made a request (not yet complied with) that a by-law be enacted that would require improvements or repairs to the exterior of dwellings. Frequently ordered repairs or improvements will be made to the interior of dwellings but no effort made to repair broken verandas, fences, dilapidated sheds or other exterior conditions which adversely affect the appearance of the premises. Dilapidated premises tend to depress the value of neighbouring property and discourage the owners of such property from keeping it in a presentable condition.

We would also like to have a by-law requiring that there be at least one electrical wall plug in every habitable room in existing dwellings. This would tend to improve living conditions and alleviate the hazard of electrical cords strung indiscriminately in living quarters.

House-to-house inspection, particularly in areas where multiple family occupancy is permitted, with strict and diplomatic enforcement of pertinent by-laws and regulations is now recognized to be a necessary adjunct to urban renewal in alleviating the spread of slum conditions. It is an essential part of conservation of satisfactory dwellings and the rehabilitation of those requiring repairs, alterations or additional plumbing. The Health Department, being particularly interested in living conditions is and will continue to play an important role in preventing and alleviating the "blight" of slums.

SANITATION & HYGIENE DIVISION:

This Division of the Inspections Branch is responsible for the routine inspection of factories, workshops, offices and office buildings; swimming pools; wading pools; schools; comfort stations; hairdressing establighments; and premises that require an annual permit from the Medical Health Officer. In addition the Division reports on 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. An Inspector

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from this Division collects samples for bacteriological analysis of the water in swimming pools and wading pools; of the treated water in the reservoirs and aqueduct.

Work on air pollution continues. Most of the complaints concerning smoke and fly ash come from premises that have flue fed incinerators. These incinerators were installed years ago previous to the passing of the incinerator by-law that came into effect on January 1st, 1960.

During the latter part of June, instruction was given to the personnel responsible for the proper operation of wading pools. In July and August an inspector assisted in the supervision of the thirty-five wading pools and, during the supervision the inspector ensured that at least once every four days he obtained from each wading pool a sample of the pool water for bacteriological analysis. In all 247 samples were obtained. The results were carefully tabulated and, since the wading pools were modernized in 1960, have been most gratifying. In 1959, before modernization (circulation, filtration and chlorination) the most probably number of coliform organisms was from 460 to 1500+ but now the MPN rarely exceeds 100 with the majority of samples ranging between zero and 50.

In all 5811 inspections and re-inspections were made in factories, workshops and offices. As stated in last year's report the number of complaints regarding unsatisfactory conditions in factories and workshops is dropping. This is the benefit of routine inspections.

Hairdressing establishments, of which there are 406, receive annual inspection plus re-inspections where necessary. The premises must be approved before the annual permit of the Medical Health Officer is issued.

The Division continues its effort in the control of pigeons. During the year 2,947 pigeons were shot. In addition advice was given to home owners and others regarding the prevention of pigeon habitation by the judicious use of screens. In some cases pigeon trap plans were issued with some owners of property having a measure of success with this type of control.

Last March the Inspectors of this Division attended the Twelfth Annual Institute for Sanitary Inspectors. This institute is sponsored by the Department of University Extension and Adult Education, University of Manitoba, in co-operation with the Manitoba Department of Health and the Department of Health and the Department of National Health & Welfare.

The staff of the division includes a principal inspector, one grade III inspector, and seven grade II inspectors. Since September one grade II inspector has been on leave of absence attending the University of Manitoba. During the year the staff made 17,413 inspections and re-inspections and collected 2,796 water samples. The inspectors dealt with 5,604 defects requiring 5,172 notices.

The tabulated reports of the various divisions follow.

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

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Hazardous conditions, of which there are 466, receive annual inspection plus re-inspections where necessary. The premises must be approved before the annual permit of the Medical Health Officer is issued.

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Chief Health Inspector.

HOUSING DIVISION

Primary inspections of dwellings	742
Primary inspections of rooming houses and lodging houses	345
Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels, nursing homes, welfare institutions	292
Other inspections and re-inspections	7,273
	8,652

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

Overcrowding remedied	52 families
Damp or dark cellars vacated	25 cellars
Dark, low-ceilinged attics vacated	3 attics
Additional windows constructed in previously dark attics	35 attics
Bed bugs exterminated	124 buildings
Cockroaches exterminated	33 buildings
Silverfish, lice, clover mites exterminated	31 buildings
Rats exterminated	51 properties
Mice exterminated	68 buildings
Defective cellars repaired	42 buildings
Leaky roofs repaired	53 buildings
Walls, ceilings, floors repaired	251 buildings
Defective eavestroughing repaired or renewed	43 buildings
Defective heating equipment repaired or renewed	123 buildings
Fly screens and/or storm sashes provided	221 buildings
Defective plumbing repaired	229 buildings
Additional plumbing installed to comply with regulations	343 buildings
Hot water facilities provided or improved	114 buildings
Additional heat provided	251 buildings
Redecorated	288 buildings
Garbage nuisances corrected	148 properties
Gas stoves removed from bedroom	43 buildings
Floor coverings renewed	104 buildings
Additional electric light provided	90 buildings
Blinds provided for windows	18 buildings
Filthy or torn mattresses or bedding cleaned, repaired or renewed	43 buildings
Filthy or dilapidated furniture cleaned, repaired, or renewed	8 buildings
Floors, walls washed	154 buildings
Miscellaneous defects remedied	150 buildings

HOUSING DIVISION

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Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels, rooming houses, welfare institutions	722
Other inspections and re-inspections	2,272
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Additional heat provided	251 buildings
Redecorated	288 buildings
Garbage nuisances corrected	143 properties
Gas stoves removed from bedroom	43 buildings
Floor coverings removed	104 buildings
Additional electric light provided	90 buildings
Blinds provided for windows	18 buildings
Filthy or torn mattresses or bedding cleaned, repaired or removed	43 buildings
Filthy or dilapidated furniture cleaned, repaired, or removed	8 buildings
Floors, walls washed	144 buildings
Miscellaneous defects remedied	135 buildings

HOUSING DIVISION cont'd.

Notices Issued:	Verbal Warnings	3,581
	Formal Notices	1,803
Complaints attended to:		
	Lack of heat	347
	Other complaints	1,125
Houses placarded "Unsanitary"		31

17 Police Court Summonses issued (9 convictions, 8 withdrawals)

Convictions:

Insufficient heat (5)	$ 86.50
Failure to install sufficient plumbing (4)	62.90
Total fines (including costs of court)	$149.40

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

Electrical inspectors	- hazardous wiring	230 buildings
Fire inspectors	- fire hazards	32 buildings
Building inspectors	- other safety hazards	228 buildings
Zoning inspectors	- zoning violations	7 buildings
Plumbing inspectors	- illegally installed plumbing	12 buildings
Weed inspector	-	4 properties
Children's Aid Society	-	1 family
Public Welfare Department	-	11 families
Gas Company	- leaks	2 buildings
Total referrals in writing		527

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.

Notices Issued: Verbal Warnings 3,583
Formal Notices 1,803

Complaints attended to:
Lack of heat. 387
Other complaints 1,135

Houses placarded "Uninhabitable" 31

17 Police Court Summonses issued (9 convictions, 8 withdrawals)

Convictions:

Insufficient heat (3) . . . . . $ 60.00
Failure to install sufficient plumbing (6). 45.00

Total fines (including costs of court). $185.00

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

Electrical inspectors	- hazardous wiring	230 buildings
Fire inspectors	- fire hazards	32 buildings
Building inspectors	- other safety hazards	228 buildings
Zoning inspectors	- zoning violations	7 buildings
Plumbing inspectors	- illegally installed plumbing	12 buildings
Weed inspector	-	6 properties
Children's Aid Society	-	1 family
Public Welfare Department	-	14 families
Gas Company	- leaks	4 buildings
Total referrals in writing		527

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

	Inspections	Contacts
Abattoirs	0	12
Bakeries	418	167
Banquet Halls	135	57
Beer Parlors	212	110
Breweries and Bottling Plants	16	30
Candy Manufacturers	42	28
Canteens and Hotel Kitchens	269	113
Caterers	248	82
Cereal Mills	8	19
Cocktail Lounges	298	186
Dance Halls	153	25
Egg and Poultry Wholesale	11	6
Fish-filleting, cold storage, etc.	49	47
Frozen Food Locker Plants	19	3
Ice Houses and Depots	7	2
Pickle and Vinegar factories	15	7
Poultry Slaughterhouses	48	50
Private Clubs	43	47
Producer's Markets, Vegetable stalls	245	133
Restaurants	4,865	1,250
Retail Food Stores, Grocers, Butchers, etc.	3,970	1,133
Sausage Manufacturers	127	115
Wholesale - Groceries & Vegetables	114	23
Fires in Food Premises	34	73
Vehicles	89	11
Vending Machines	403	23
Special Calls	969	368
Total	12,807	4,125

Complaints 278

Notices: Verbal 5,558
Written 369

Samples: Food 1,421
Water 217

Plans Examined 191

Plans Approved 81

Condemnations (Destroyed in City Incinerator):

Meat	4,073 lbs.	Oil	255 lbs.
Vegetables	1,990 lbs.	Tea	440 lbs.
Poultry	112 lbs.	Nuts	20 lbs.
Candy	443 lbs.	Fish	31 lbs.
Cereal	4,173 lbs.	Fruit Juice	162 lbs.
Baked Goods	344 lbs.	Frozen Foods	160 lbs.
Dairy Products	1,858 lbs.	Sugar	200 lbs.
Canned Goods	5,135 lbs.	Spices	30 lbs.

FOOD DIVISION

	Inspections	Contacts
Abattoirs	0	12
Bakeries	418	167
Banquet Halls	135	57
Beer Parlors	212	160
Breweries and Bottling Plants	16	30
Candy Manufacturers	62	28
Canteens and Hotel Kitchens	269	173
Caterers	268	82
Cereal Mills	8	19
Cocktail Lounges	298	186
Dance Halls	258	25
Egg and Poultry Wholesale	11	6
Fish Filleting, and Smoke, etc.	49	47
Frozen Food Locker Plants	19	3
Ice Houses and Depots	7	2
Pickle and Vinegar Factories	15	7
Poultry Slaughterhouses	48	50
Private Clubs	43	47
Producer's Markets, Vegetable stalls	245	133
Restaurants	4,865	1,250
Retail Food Stores, Grocers, Butchers, etc.	3,970	1,133
Sausage Manufacturers	127	115
Wholesale Groceries & Vegetables	114	121
Fires in Food Premises	34	73
Vehicles	89	11
Vending Machines	403	23
Special Calls	559	398
Total	12,907	4,125

Complaints	278		
Notices: Verbal	5,558	Samples: Food	1,421
Written	349	Samples: Water	217
Plans Examined	191	Plans Approved	81

Condemnations (Destroyed in City Incinerator):

Meat	4,073 lbs.	Oil	255 lbs.
Vegetables	1,990 lbs.	Tea	440 lbs.
Poultry	112 lbs.	Nuts	30 lbs.
Candy	443 lbs.	Fish	13 lbs.
Cereal	4,123 lbs.	Fruit Juice	1511 lbs.
Baked Goods	324 lbs.	Frozen Fruit	169 lbs.
Dairy Products	1,858 lbs.	Sugar	300 lbs.
Canned Goods	5,145 lbs.	Spices	30 lbs.

DAIRY DIVISION

		INSPECTIONS	CONTACTS
COUNTRY:			
Milk Producers		2,794	542
Prospective Producers		31	8
Bulk Milk Tanks		1,338	
CITY:			
Pasteurization Plants		191	1,964
Ice Cream Manufacturers		321	
Counter Freezers		619	
Butter Plants		176	
Cheese Plants		129	
Milk Trucks inspected		364	
Tanker Trucks inspected		375	
Vehicles - Delivery		76	
SAMPLES:			
Milk Shippers	37,350		
Milk Retail	1,580		
Milk Special	211		
Cream	570		
Ice Cream	758		
Bottles for Sterility	62		
Water	67		
GENERAL:			
Special Calls	1,327		
Complaints	13		
Letters sent re: Premises	710		
Letters sent re: Quality of Milk	2,460		
Permits Issued	20		
Permits Cancelled	108		
Temperatures Taken	2,909		
Cans Inspected	2,267		
Cans Rejected	25		
Tests of Equipment	94		
Swabs of Equipment	10		

BACTERIOLOGICAL LABORATORY

WATER ANALYSIS	Standard Plate Count	303
	Presumptive Test	303
	Confirmed Test	94
MILK & CREAM	Standard Plate Count	236
	Babcock Test	202
	Coliform Test	259
	Phosphatase Test	215
	Resazurin Test	39,306
ICE CREAM	Standard Plate Count	29
	Coliform Test	37
MILK BOTTLES	Bacterial Test	5
DIAGNOSTIC	Urinalysis	211
	Diphtheria Swabs	1
	Total Tests	41,201

DAIRY DIVISION

	INSPECTIONS	CONTACTS
COUNTRY:		
Milk Producers	2,754	542
Prospective Producers	31	8
Bulk Milk Tanks	1,388	
CITY:		
Pasteurization Plants	101	1,664
Ice Cream Manufacturers	321	
Counter Freezers	610	
Butter Plants	176	
Cheese Plants	125	
Milk Trucks Inspected	564	
Tanker Trucks Inspected	375	
Vehicles - Delivery	76	
SAMPLES:		
Milk Shippers	37,350	
Milk Retail	1,380	
Milk Special	211	
Cream	570	
Ice Cream	752	
Bottles for Sterility	62	
Water	67	
GENERAL:		
Special Calls	1,327	
Complaints	13	
Letters sent re: Premises	710	
Letters sent re: Quality of MILK	2,460	
Permits Issued	20	
Permits Cancelled	108	
Temperatures Taken	2,909	
Cans Inspected	2,287	
Cans Rejected	25	
Tests of Equipment	54	
Swabs of Equipment	10	

BACTERIOLOGICAL LABORATORY

WATER ANALYSIS	Standard Plate Count	303
	Presumptive Test	303
	Confirmed Test	94
MILK & CREAM	Standard Plate Count	236
	Babcock Test	202
	Coliform Test	259
	Phosphatase Test	215
	Resazurin Test	39,306
ICE CREAM	Standard Plate Count	29
	Coliform Test	37
MILK BOTTLES	Bacterial Test	5
DIAGNOSTIC	Urinanlysis	241
	Diphtheria Swabs	1
	Total Tests	44,204

DIVISION OF SANITATION AND HYGIENE

		Inspections	
Offices, Workshops and Factories		5,811	
Barbershops & Beauty Parlors		675	
LICENSED PREMISES:			
Billiard Parlors	120		
Bowling Alleys	26		
Dog Kennels	1		
Hatcheries and Pet Shops	47		
Junk Yards	123		
Laundries	94		
Massage Parlors	97		
Poultry Keepers	3		
Second-hand Stores	136		
Skating Rinks	2		
Soap Manufacturing	1		
Tanneries and Hide Curing	4		
Undertaking Parlors	19		
Circuses	2		
Total Licensed Premises		725	
OTHER INSPECTIONS:			
Air Pollution	108		
Comfort Stations	88		
Garbage and Refuse	2,580		
Lanes, Streets and Lots	4,068		
Outbuildings	55		
Schools	16		
Swimming Pools	538		
Wading Pools	375		
Wells	4		
Workmen's Closets	1,676		
Miscellaneous	597		
Playgrounds	47		
Total Other Inspections		10,202	
TOTAL NUMBER OF INSPECTIONS			17,413
INTERVIEWS			2,237
ESTIMATED VALUE OF REPAIRS			$11,663.50
WATER SAMPLES			2,796
DELIVERIES			1,560
COMPLAINTS			1,100
PROSECUTIONS			6
FINES			$58.20
NOTICES:			
Verbal		4,513	
Letter		214	
Informal		349	
Specification		21	
Mandatory		75	
Total Notices			5,172

DIVISION OF SANITATION AND HYGIENE

Inspections

Offices, Workshops and Factories	[illegible]
Barbershops & Beauty Parlors	6[illegible]

LICENSES ISSUED:

Bill	120
Bowl	26
Hu	1
Hu	49
J	132
Ma	9[illegible]
Mo	97
Pe	3
Se	1[illegible]
Sk	2
Sc	1
Ta	4
Ve	1[illegible]
	2
Total License Fees	7[illegible]

THE FOLLOWING:

[illegible]	1[illegible]
[illegible]	2[illegible]
[illegible]	2,[illegible]
[illegible]	4[illegible]
[illegible]	5[illegible]
[illegible]	1[illegible]
[illegible]	5[illegible]
[illegible]	3[illegible]
[illegible]	4
[illegible]	3,[illegible]
[illegible]	5[illegible]
[illegible]	1[illegible]
Other Inspections	10,722

[illegible]	17,413
[illegible]	2,237
[illegible]	$11,663.50
[illegible]	2,796
[illegible]	1,560
[illegible]	1,109
[illegible]	6
[illegible]	538.70
Total Notices	4,312
Verbal	314
Letter	345
Information	31
Re	72
Total Re	5,172

DIVISION OF SANITATION & HYGIENE cont'd.

DEFECTS DISCOVERED AND DEALT WITH:

Bedding and upholstery		7
Cleanliness, Lack of		402
Common Drinking Cups		73
Covered Waste Receptacles		66
Dampness		5
Drinking Facilities (Water)		6
Garbage and Refuse		1,449
Gas Installations		0
Heating:	Lack of	43
	Furnaces & Equipment	0
	Chimneys, Ducts and Piping	2
Lanes, Streets and Lots		1,704
Lighting:	Natural or Artificial	29
Noises		17
Overcrowding		0
Plumbing:	Lack of	7
	Defective	79
	Illegally Installed	16
	Insufficient	79
	Dirty Fixtures	213
	Legible Signs, Lack of	42
	No Water Supply	8
	No Hot Water	3
	Privacy, Lack of	14
Pigeons and Poultry, Illegal		45
Rest Rooms:	Lack of	1
	Dirty	8
	Furnishings	0
	Matron, Lack of	0
Rodents:	Rats	34
	Mice, other	11
Smoke, Dust, Fumes, Odors		365
Soap and Towels, Lack of		98
Stagnant Water		28
Structural Defects:	Roofs & Ceilings	16
	Eavestroughing & R.W.L.	3
	Cellars, floors and walls	48
	Screen doors and windows	0
	Storm doors and windows	1
Swimming Pools, Wading Pools		28
Ventilation		32
Vermin		21
Workmen's Closets		343
Miscellaneous		258
Total Defects and Irregularities		5,604

DEFECTS DISCOVERED AND DEALT WITH:

Bedding and upholstery	1
Cleanliness, Lack of	462
Common Drinking Cups	73
Covered Waste Receptacles	69
Dampness	5
Drinking Facilities (Water)	6
Garbage and Refuse	1,449
Gas Installations	0
Heating: Lack of	43
Furnaces & Equipment	0
Chimneys, Ducts and Piping	2
Lanes, Streets and Lots	1,704
Lighting: Natural or Artificial	25
Noise	17
Overcrowding	0
Plumbing: Lack of	7
Defective	79
Illegally Installed	10
Insufficient	29
Dirty Fixtures	143
Legible Signs, Lack of	42
No Water Supply	8
No Hot Water	3
Privacy, Lack of	14
Pigeons and Poultry, Illegal	45
Rest Rooms: Lack of	1
Dirty	6
Furnishings	0
Heater, Lack of	0
Rodents: Rats	34
Mice, other	11
Smoke, Dust, Fumes, Odors	365
Soap and Towels, Lack of	98
Stagnant Water	28
Structural Defects: Roofs & Ceilings	16
Sewer/Drainage & K.W.L.	3
Ceilings, Floors and Walls	49
Screen doors and windows	0
Storm doors and windows	1
Swimming Pools, Wading Pools	25
Ventilation	32
Vermin	27
Workman's Closets	345
Miscellaneous	259
Total Defects and Irregularities	5,604

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1962
(to nearest dollar)

(a)	Personal Services	$ 511,490.00
(b)	Outside Services	79,788.00
(c)	Materials, Supplies and Repairs	89,103.00
(d)	Equipment, Additions and Replacements	3,659.00
(e)	Fuel, Water, Light and Power	11.00
(f)	Other Expenses	1,156.00
(g)	Automobile Expenses	15,817.00
	Total	$ 701,024.00

Expenditures by Branches 1962
(To nearest dollar)

		Total	Personal	Other
C1-1	Administration and Statistics	$ 33,946.00	$ 30,908.00	$ 3,038.00
C1-2	Communicable & Other Diseases	126,192.00	29,480.00	96,712.00
C1-3	Inspection Services & Laboratory	132,226.00	119,074.00	13,152.00
C1-4	Child Medical Services	32,030.00	4,551.00	27,479.00
C1-5	Child Dental Services	88,441.00	52.697.00	35,744.00
C1-6	Public Health Nursing	259,694.00	247,558.00	12,136.00
C1-7	National Health Grants (City's Share)	28,495.00	27,222.00	1,273.00
		$701,024.00	$511,490.00	$189,534.00

Cost Per Capita ..... $ 2.74

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1962
(to nearest dollar)

(a) Personal Services	$ 511,490.00
(b) Duplicate Services	75,783.00
(c) Materials, Supplies and Repairs	99,103.00
(d) Equipment, Additions and Replacements	3,655.00
(e) Fuel, Water, Light and Power	11.00
(f) Other Expenses	1,136.00
(g) Automobile Expenses	45,412.00
Total	$ 721,724.00

Expenditures by Programs, 1962
(to nearest dollar)

		Total	Personal	Other
C1-1	Administration and Statistics	$ 39,456.00	$ 36,507.00	$ 2,949.00
C1-2	Communicable & Other Diseases	176,197.00	129,430.00	46,767.00
C1-3	Inspection Services & Laboratory	171,226.00	158,024.00	13,202.00
C1-4	Child Medical Services	72,030.00	44,551.00	27,479.00
C1-5	Child Dental Services	88,444.00	52,697.00	35,744.00
C1-6	Public Health Nursing	258,694.00	246,958.00	11,736.00
C1-7	National Health Grants (City's Share)	234,655.00	227,222.00	11,433.00
		$721,724.00	$691,490.00	$32,234.00

Less Refunds $32,234

CITY HEALTH DEPARTMENT

Projects Under National Health Grants
Summary of Expenditures, 1962
(to nearest dollar)

		Total	Receivable Under N.H.G.	City's Share
(a)	Personal Services	$ 93,455.00	$ 66,233.00	$27,222.00
(b)	Outside Services	1,072.00	995.00	77.00
(c)	Materials, Supplies and Repairs	1,324.00	166.00	1,158.00
(d)	Equipment Additions & Replacements	38.00	-	38.00
(h)	Automobile Expense	4,388.00	4,388.00	-
	Total	$100,277.00	$ 71,782.00	$28,495.00

Expenditures by Projects, 1962
(to nearest dollar)

	Service	Total	Recoverable Under National Health Grants		Cost to City of Winnipeg	
			Personal	Other	Personal	Other
C1-7(2)	Registry of Handicapped Children	$ 3,915.00	$ 3,734.00	-	-	$ 181.00
C1-7(3)	Assistance to Health Services - Inspections	74,360.00	47,131.00	$ 5,104.00	$21,463.00	662.00
C1-7(4)	Assistance to Health Services - Nursing	22,002.00	15,368.00	445.00	5,759.00	430.00
	Total	$100,277.00	$66,233.00	$ 5,549.00	$27,222.00	$ 1,273.00

Recoverable Under National Health Grants $71,782.00

Cost to City of Winnipeg $28,495.00

CITY HEALTH DEPARTMENT

Projects Under National Health Grants
Summary of Expenditures, 1962
(to nearest dollar)

	Total	Recoverable Under N.H.G.	City's Share
(a) Personal Services	$ 9,455.00	$ 66,233.00	$27,222.00
(b) Outside Services	1,012.00	995.00	17.00
(c) Material, Supplies and Rentals	1,324.00	166.00	1,158.00
(d) Equipment Additions & Replacements	48.00	-	33.00
(f) Automobile Expense	4,318.00	4,318.00	-
Total	$100,277.00	$71,782.00	$28,495.00

Expenditures by Projects, 1962
(to nearest dollar)

	Service	Total	Recoverable Under National Health Grants: Personal	Recoverable Under National Health Grants: Other	Cost to City of Municipal	Cost to City of Municipal: Other
01-7(2)	Registry of Handicapped Children	$3,115.00	$3,034.00	-	-	$ 181.00
01-7(3)	Assistance to Health Services - Inspections	74,360.00	47,171.00	$ 5,164.00	$21,463.00	662.00
01-7(4)	Assistance to Health Services - Nursing	22,002.00	15,368.00	645.00	5,759.00	430.00
	Total	$100,277.00	$66,233.00	$ 5,849.00	$27,222.00	$ 1,273.00

Recoverable Under National Health Grants $71,782.00

Cost to City of Municipal $28,495.00