

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

Contributors

Winnipeg (Man.). Health Department.

Publication/Creation

[Winnipeg, [1966]

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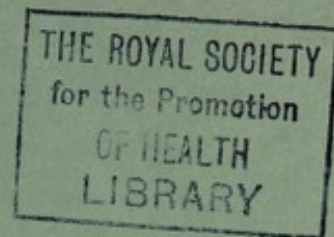
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**CITY OF WINNIPEG
HEALTH DEPARTMENT**

ANNUAL REPORT 1966

**R.G. CADHAM, M.D., D.P.H., C.R.C.P. (C)
MEDICAL HEALTH OFFICER**



22501422029

R. G. Cadham, M.D., D.P.H.
MEDICAL HEALTH OFFICER

P. Constantinidis, M.D.
DEPUTY MEDICAL HEALTH OFFICER



Health Department
CIVIC CENTRE
Winnipeg 2, Man.

City of Winnipeg

OUR FILE NO. _____

YOUR FILE NO. _____

June 1, 1967.

Chairman and Members,
Committee on Public Health and Welfare.

Madam and Gentlemen,

I have the honour to present the Annual Report of the
City Health Department for the year 1966.

The year was free of any serious threat of illness of
a major proportion among the citizens. There was an increase in the work
load of almost every phase of our endeavours and in all it was a successful
and progressive year.

The birth rate declined to ^{18.1}~~20.5~~ per thousand population
which is the lowest recorded in the past twenty years. It is gratifying to
note that the infant mortality rate dropped to 17.6 per thousand live births
which is considerably below the Canadian average of 23.6 and is the least
number of infant deaths ever recorded within the City. There was an astound-
ing increase in the number of illegitimate births rising to 16.3% of total
births. It would appear that unwed mothers come to Winnipeg to be delivered
and give a Winnipeg address as their home; hence the illegitimate birth is
recorded as a vital statistic of the City of Winnipeg. Cancer of the lung
continued as the leading cause of cancerous deaths in males with a total of
eighty-one deaths from this form of disease. Only four deaths were directly
attributable to tuberculosis, and this also is the least number of deaths
ever recorded from tuberculosis. The incidence of infectious hepatitis de-
creased with only seventy-five cases being reported and is the least number
of cases to occur in the past twelve years.

Over seventeen thousand primary or booster inoculations
were given to infants or school children for protection against the common
communicable diseases. A review of the dental statistics shows a 300% in-
crease in the number of children in Grade One with no carious teeth compared
to 1959. This remarkable change in the incidence of carious teeth must in
the main be attributed to a fluoridated water supply. During the year eighty-
three thousand visits were made by pupils within the school system to the
public health nurses. There was a slight decline in the number of infants
attending the child health centres, which is perhaps the result of the declin-
ing birth rate.

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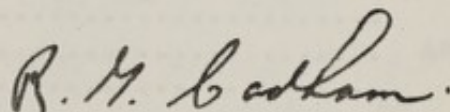
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As the result of legislation enacted last year all hair-dressers and barbers were x-rayed, and although a number of old healed cases of tuberculosis were discovered, no individual with active disease was found. The Minimum Standards of Housing Repair By-law, which was primarily designed to prevent housing blight, was enacted during the year with most successful enforcement by the Housing Division. At present this By-law only applies to rented accommodation but it is our hope that within the coming year the By-law will be amended to include owner-occupied premises. However, this will require approval of the Law Amendments Committee of the Provincial Legislature.

Negotiations were opened with the Manitoba Hospital Commission and the Arlington Street Salvation Hospital to obtain space in the latter institution for a Community Health Centre. The Salvation Army authorities have been most cooperative and are willing and anxious to provide space for a Community Health Centre once they have moved to their new location in St. James. Better accommodation for our Child Health Centres is urgently needed. Space has been allocated to us in the Lord Selkirk Park Development area for the possible construction of a Community Health Centre in that area.

Details of the work performed by the various Divisions of the Department during the year are contained in the following pages. The support of the Committee on Public Health as well as that of other elected representatives of the City Council has been appreciated by myself and all members of the staff. I should like to commend all members of the Department for their loyalty, diligence and efficiency in carrying out the many varied activities of the Department.

Respectfully submitted,



Medical Health Officer.

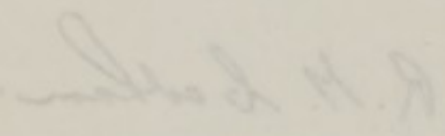
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As the result of legislation enacted last year all hair-dressers and barbers were x-rayed, and although a number of old healed cases of tuberculosis were discovered, no individual with active disease was found. The Minimum Standards of Housing Board By-law, which was originally designed to prevent housing blight, was amended during the year with most successful enforcement by the Housing Division. At present this By-law only applies to rented accommodations but it is our hope that within the coming year the By-law will be amended to include owner-occupied premises. However, this will require approval of the Law Amendment Committee of the Provincial Legislature.

Negotiations were opened with the Hamilton Hospital Commission and the Arthurs Street Salvation Hospital to obtain space in the latter institution for a Community Health Centre. The Salvation Army authorities have been most cooperative and are willing and anxious to provide space for a Community Health Centre once they have agreed to their new location in St. James Street. Better accommodation for our Child Health Centre is urgently needed. Space has been allocated to us in the Lord Selkirk Park development area for the possible construction of a Community Health Centre in that area.

Details of the work performed by the various divisions of the Department during the year are contained in the following pages. The support of the Council on Public Health as well as that of other elected representatives of the City Council has been appreciated by myself and all members of the staff. I should like to commend all members of the Department for their loyalty, diligence and efficiency in carrying out the many varied activities of the Department.

Respectfully submitted,



Medical Health Officer

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COMMITTEE ON PUBLIC HEALTH AND WELFARE

- Alderman E.J. Enns - Chairman
- Alderman E.I. Tennant - Vice Chairman
- Alderman M.H. Danzker
- Alderman L. Stinson
- Alderman P. Parashin
- Alderman I. Wolch
- His Worship Mayor S. Juba (ex officio)

STAFF

- Medical Health Officer R.G. Cadham, M.D., D.P.H.
- Deputy Medical Health Officer P. Constantinidis, M.D.
- Consultant, Child Care Services H. Medovy, M.D., F.R.C.P.(C)
- Director of Dental Services L.N. Konak, D.D.S.
- Director, Public Health Nursing Miss L. MacKenzie, R.N.,
M.A., P.D.
- Chief Health Inspector *E.J. Rigby, D.V.M.
- Chief Health Inspector **R.C. Morrow, D.V.M.
- Secretary E. Singleton

* Retired - September 10, 1966
 ** Appointed - September 24, 1966

COMMITTEE ON PUBLIC HEALTH AND NUTRITION

Chairman - Alderman E.J. Kane
Vice Chairman - Alderman R.I. Tennant
Alderman M.H. Twyman
Alderman J. Stinson
Alderman P. Forsythe
Alderman I. Wolf
The Worshipful Mayor H. Jones (ex officio)

STAFF

Medical Health Officer H.G. Galtman, M.D., D.P.H.
Deputy Medical Health Officer E. Conover, M.D.
Consultant, Child Care Services H. W. Boy, M.D., F.R.C.P.(C)
Director of Dental Services J.H. Koo, D.D.S.
Director, Public Health Bureau Miss L. Hutchins, R.N.,
M.A., F.D.
Chief Health Inspector W.L. Ship, D.V.M.
Chief Health Inspector G. Morrow, D.V.M.
Secretary E. Singleton

* Re-elected - September 10, 1966
** Appointed - September 26, 1966

10/11/66

WINDY BROTHERS AND PARTNERS IN WINNIPEG, 1900

(Original Residents)
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 254,000 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.

Rate per 1,000 population
Natural increase

AREA AND POPULATION

The City covers a total area of 31 square miles -- land 30.27 square miles (19,196 acres), and water .73 square miles (469 acres). The density of the population is 13.2 persons per acre of land.

For statistical purposes the population for 1966 is 253,897, a decrease of 947 from 254,844 in 1965 as determined by the Assessment Commissioner. In 1966 the natural increase (live births less deaths) was 1938.

Rate per 1,000 Live Births
Maternal Deaths
Rate per 1,000 Live Births

(Population - December 31, 1966 - 253,897)

HISTORY

From a Hudson's Bay Company trading post (Fort George) in 1870, with a population of 217. Winnipeg was given its name and status of a first-class city of approximately 25,000 people. When the City was incorporated in 1873 there was a population of 1,500.

The present Health Department was set up in 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 Health Officers.

In 1901 amalgamation with the School Board, Hospital Board, and the services increased and extended to all child-bearing 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 on the call of the Chairman. This Board was replaced in 1925 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 Dept. of the City and a number of other City By-laws.

AREA AND POPULATION

The City covers a total area of 31 square miles -- land 20.27 square miles (10,195 acres), and water 10.73 square miles (530 acres). The density of the population is 13.2 persons per acre of land.

For statistical purposes the population for 1955 is 253,807, a decrease of 947 from 254,754 in 1952 as determined by the Assessment Commissioner. In 1950 the natural increase (live births less deaths) was 1038.

VITAL STATISTICS AS REPORTED IN RETURNS, 1926

(Including Non-Residents)

1926	1925	
2,108	7,358	Live Births
3,100	3,252	Deaths
128	116	Stillbirths

Summary of Vital Statistics, Residents, 1926

1926	1925		
2,108	2,377	Male	<u>Live Births</u>
2,460	2,000	Female	
1	-	Undetermined	
3,528	4,377	Total	
20.2	18.1		Rate per 1,000 population
1,571	1,218	Male	<u>Deaths</u>
1,508	1,146	Female	
1	-	Undetermined	
3,080	2,364	Total	
19.2	19.2		Rate per 1,000 population
2,001	1,930		Natural Increase
69	73	Male	<u>Infant Deaths (- 1 year)</u>
43	58	Female	
1	-	Undetermined	
103	131	Total	
10.7	17.6		Rate per 1,000 Live Births
19	32	Male	<u>Stillbirths</u>
30	37	Female	
1	-	Undetermined	
10	72	Total	
11.4	12.6		Rate per 1,000 Live Births
-	-		<u>Married Deaths</u>
-	-		Rate per 1,000 Live Births

LIVE BIRTHS

A total of 4,604 live births occurred to Winnipeg residents in 1966 giving a rate of 18.1 per 1,000 population compared with a rate of 20.5 recorded in 1965. This is a decrease of 11.7% from 1965 and is the lowest rate recorded for over two decades. In 1966 there were 1,074 males born for every 1,000 females. First children accounted for 37.5% of all births, second children 26.0% and third children 15.8%. Children born to mothers in the 15 year age group, 20 - 35 years numbered 3,446 or 74.9% of all births.

INFANT MORTALITY

There were 81 deaths of infants under one year of age giving a rate of 17.6 per 1,000 live births and is the lowest rate ever recorded in Winnipeg. Deaths of infants during the first week accounted for 56% with 51% of these occurring during the first day.

Congenital malformations 16, accidental causes 15, birth injury 7, immaturity 7, post natal asphyxia 6, were the principal causes accounting for 63% of infant deaths. A detailed list of the causes of infant deaths is on page 21 of this report.

PERINATAL MORTALITY

In 1966 there were 72 stillbirths and 45 deaths of infants under one week for a total of 117 which represents a perinatal death rate of 24.8 per 1,000 total births. Comparative rates for 1965, 1964 and 1963 were 26.5, 30.8 and 28.9 respectively.

MATERNAL MORTALITY

For the third successive year there were no deaths recorded from conditions pertaining to childbearing for Winnipeg residents.

GENERAL MORTALITY

There were 2,666 deaths of Winnipeg residents recorded during the year giving a rate of 10.5 per 1,000 population which is the same rate as that recorded in 1965.

As has been the case for many years, diseases of the heart have been the leading cause of death with a total of 938 being recorded in 1966. The disease is at a minimum up to age 44 but increases each year thereafter to a maximum in old age with over 76% of all deaths from heart disease occurring to people 65 years of age and over. Arteriosclerotic and degenerative heart disease is the most predominant type accounting for 846 deaths.

LIVE BIRTHS

A total of 4,604 live births occurred to Winnipeg residents in 1966 giving a rate of 18.1 per 1,000 population compared with a rate of 20.3 recorded in 1965. This is a decrease of 11.7% from 1965 and is the lowest rate recorded for over two decades. In 1966 there were 1,074 male boys for every 1,000 females. First children accounted for 37.2% of all births, second children 26.0% and third children 12.8%. Children born to women in the 15 year age group, 20 - 35 years numbered 2,466 or 53.6% of all births.

INFANT MORTALITY

There were 61 deaths of infants under one year of age giving a rate of 17.6 per 1,000 live births and is the lowest rate ever recorded in Winnipeg. Deaths of infants during the first week accounted for 7.5 with 21% of these occurring during the first day.

Congenital malformations 16, accidental causes 15, birth injury 7, respiratory 7, post natal sepsis 6, were the principal causes accounting for 63% of infant deaths. A detailed list of the causes of infant deaths is on page 21 of this report.

PERINATAL MORTALITY

In 1966 there were 72 stillbirths and 45 deaths of infants under one week for a total of 117 which represents a perinatal death rate of 24.6 per 1,000 total births. Comparative rates for 1965, 1964 and 1963 are 26.5, 30.8 and 38.9 respectively.

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As has been the case for many years, diseases of the heart have been the leading cause of death with a total of 938 being recorded in 1966. The disease is at a minimum up to age 44 but increases each year thereafter to a maximum in old age with over 7.5 of all deaths from heart disease occurring to people 65 years of age and over. Arteriosclerotic and degenerative heart disease is the most prominent type accounting for 846 deaths.

LIVE BIRTHS & INFANT DEATHS 1947 - 1956

Malignant neoplasms was the second leading cause of death recorded accounting for 542 deaths or 20.4% of all deaths. There were 294 male and 248 female deaths with over 95 percent occurring after age 44. Cancer of the Trachea, Bronchus and lung continues to be the most common site among males and accounts for almost one quarter of all deaths of males from Cancer. Cancer of the breast is the most common site among females with over half of the deaths occurring under 65 years of age.

Vascular lesions affecting the central nervous system was the third leading cause taking 290 lives or 10.9% of all deaths unchanged in the last three years. The majority of these deaths occur to people over 60 years of age.

Accidents, poisonings and violent deaths took 174 lives or 6.5% of all deaths. Motor vehicle accidents caused 39 deaths with almost half of them occurring to people under 30 years of age. Almost three times as many males as females died as a result of motor vehicle accidents. Accidental falls are the major cause of death by accidents accounting for 46 deaths. Almost 90% of these deaths occurred to people over 64 years of age. Suicides accounted for 30 deaths with over three times as many males as females committing suicide.

* * * *

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

ORDER OF BIRTH BY AGE OF MOTHER 1956
(Percentage of Total compared with 1955)

	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	TOTAL	1955	1956
1st	5	25	302	269	61	32	7	-	1,706	17.3	16.7
2nd	-	100	338	360	124	40	12	1	1,375	13.9	14.3
3rd	-	25	252	237	146	70	16	-	746	7.6	7.6
4th	-	1	90	138	48	65	19	-	351	3.6	3.7
5th	-	-	21	73	42	37	21	-	194	2.0	2.0
6th & over	-	-	9	35	100	73	39	-	256	2.6	2.6
Unknown	-	-	2	-	1	1	-	-	4	0.1	0.1
Total	5	709	1,656	1,152	399	339	134	1	4,475	100.0	100.0
Percent	0.1	15.6	36.6	25.3	8.9	7.6	3.0	-			

Millions of people were the second leading cause of death recorded accounting for 245 deaths or 20.5% of all deaths. There were 245 deaths and 245 deaths with over 95 percent occurring after age 40. Cancer of the trachea, bronchus and lung continues to be the most common cause of death and accounts for almost one quarter of all deaths of males. Cancer of the breast is the most common cause among females with over half of the deaths occurring under 65 years of age.

Vascular lesions affecting the central nervous system was the third leading cause taking 230 lives or 19.2% of all deaths recorded in the last three years. The majority of these deaths occur in people over 60 years of age.

Accidents, poisonings and violent deaths took 174 lives or 14.5% of all deaths. Motor vehicle accidents caused 99 deaths with almost half of them occurring to people under 30 years of age. Almost three times as many males as females died as a result of motor vehicle accidents. Accidental falls are the major cause of death by accident accounting for 47 deaths. Almost 90% of these deaths occurred to people over 64 years of age. Deaths accounted for 33 deaths with over three times as many males as females committing suicide.

Our registration and transfer are extended to all those who co-operated with us during the year in permitting us the use of the registration of plates and deaths or copies of them, and for the use of the tabulating machines.

LIVE BIRTHS & INFANT DEATHS 1947 - 1966

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
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	23.2	135	22.7
1963	5,859	22.8	123	21.0
1964	5,543	21.7	128	23.1
1965	5,222	20.5	103	19.7
1966	4,604	18.1	81	17.6

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER 1966
(Percentage of Total compared with 1965)

	10-14	15-19	20-24	25-29	30-34	35-39	40+	UN- KNOWN	TOTAL	1966 % of TOTAL	1965 % of TOTAL
1st	5	550	802	269	61	32	7	-	1,726	37.5	36.7
2nd	-	129	530	360	124	40	12	1	1,196	26.0	26.5
3rd	-	26	232	237	146	70	16	-	727	15.8	16.6
4th	-	4	90	138	98	68	19	-	417	9.0	8.5
5th	-	-	21	73	68	37	21	-	220	4.8	4.7
6th & over	-	-	9	85	100	81	39	-	314	6.8	6.8
Unknown	-	-	2	-	1	1	-	-	4	0.1	0.2
Total	5	709	1,686	1,162	598	329	114	1	4,604	100.0	100.0
Percent	0.1	15.4	36.6	25.3	13.0	7.1	2.5	-			

LIVE BIRTH & INFANT DEATHS 1947 - 1966

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	LIVE BIRTHS / 1,000
1947	2,232	23.6	191	24.7
1948	4,179	20.4	123	22.6
1949	2,988	21.2	127	22.6
1950	2,042	21.1	123	20.4
1951	2,224	21.8	112	21.9
1952	2,417	22.2	131	24.2
1953	2,286	22.0	126	22.7
1954	2,920	24.3	147	24.4
1955	6,012	24.2	141	24.4
1956	2,968	23.3	144	24.4
1957	6,081	23.8	151	24.7
1958	2,899	23.1	122	22.1
1959	6,022	23.4	124	22.6
1960	6,281	24.2	128	22.1
1961	6,102	23.8	137	22.4
1962	2,938	23.2	122	22.7
1963	2,829	22.8	123	22.8
1964	2,242	21.7	128	22.7
1965	2,222	20.2	122	21.7
1966	2,004	18.1	81	17.6

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER 1966
(Percentage of Total compared with 1965)

	10-14	15-19	20-24	25-29	30-34	35-39	40+ UN- KNOWN	TOTAL % of TOTAL	1965
1st	2	220	802	269	61	32	-	1,186	27.3
2nd	-	129	230	260	124	40	12	1,195	29.0
3rd	-	26	229	237	146	70	-	727	18.8
4th	-	4	60	138	98	68	19	417	10.3
5th	-	-	21	73	66	27	61	228	5.8
6th & over	-	-	9	82	100	81	39	311	7.8
Unknown	-	-	2	-	1	1	-	4	0.1
Total	2	708	1,686	1,162	298	329	114	4,604	100.0
Percent	0.1	15.4	36.6	25.2	13.0	7.1	2.7		

Table Showing Number of Births, Deaths, Infant Deaths And
Maternal Mortality With Rates For Winnipeg For Years 1911-1966 * **

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	0.8
1951-55	5,639	23.2	2,220	9.2	140	24.8	4	0.7
1956-60	6,034	23.7	2,595	10.2	158	26.2	2	0.4
1959	6,023	23.4	2,738	10.6	154	25.6	2	0.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	0.3
1961	6,105	23.8	2,566	10.0	137	22.4	3	0.5
1962	5,938	23.2	2,564	10.0	135	22.7	2	0.3
1963	5,859	22.8	2,745	10.7	123	21.0	2	0.3
1964	5,543	21.7	2,606	10.2	128	23.1	0	-
1965	5,222	20.5	2,681	10.5	103	19.7	0	-
1966	4,604	18.1	2,666	10.5	81	17.6	0	-

Table Showing Number of Deaths and Rate Per 100,000 Population
From Certain Diseases for Winnipeg For The Years 1911 - 1966 * **

YEAR	T. B.	RATE PER 100,000 pop.	# 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
1956-60	17	6.5	1	0.5	952	374	466	183
1959	15	6	-	-	1,010	392	482	187
1960	18	7	1	0.3	1,005	391	494	192
1961	10	4	1	0.3	917	357	465	181
1962	8	3	2	0.8	934	365	499	195
1963	12	5	-	-	913	356	512	200
1964	11	4	-	-	913	357	511	200
1965	6	2	-	-	933	366	560	219
1966	4	2	1	0.4	938	369	542	213

* 1911-1930 include non-residents. 1931-1966 include residents only.

** 1911-1960 show average figures for the periods.

Measles, Scarlet Fever, Diphtheria, Whooping Cough.

Table Showing Number of Deaths and Rate per 100,000 Population from Certain Diseases for Muncie for the Years 1911-1956**

Year	Deaths	Rate per 100,000 Population
1911-15	2,389	2,389
1916-20	2,885	2,885
1921-25	2,371	2,371
1926-30	4,387	4,387
1931-35	2,944	2,944
1936-40	2,705	2,705
1941-45	4,017	4,017
1946-50	2,500	2,500
1951-55	2,639	2,639
1956-60	6,034	6,034
1959	6,083	6,083
1960	6,981	6,981
1961	6,102	6,102
1962	5,088	5,088
1963	5,859	5,859
1964	5,243	5,243
1965	6,025	6,025
1966	4,808	4,808

Table Showing Number of Deaths and Rate per 100,000 Population from Certain Diseases for Muncie for the Years 1911-1956**

Year	Deaths	Rate per 100,000 Population
1911-15	137	137
1916-20	130	130
1921-25	68	68
1926-30	66	66
1931-35	63	63
1936-40	32	32
1941-45	31	31
1946-50	34	34
1951-55	20	20
1956-60	17	17
1959	15	15
1960	18	18
1961	10	10
1962	8	8
1963	12	12
1964	11	11
1965	9	9
1966	4	4

* 1911-1950 include non-residents. 1951-1966 include residents only.
 ** 1911-1950 show average figures for the persons.
 † Includes Scarlet Fever, Diphtheria, Whooping Cough.

CHIEF CAUSES OF DEATH 1966 RESIDENTS ONLY
ALL AGES

<u>No.</u>	<u>CAUSE OF DEATH</u>	<u>1966</u>		<u>1965</u>	
		<u>Number of Deaths</u>	<u>% of Total Deaths</u>	<u>Number of Deaths</u>	<u>% of Total Deaths</u>
1	Diseases of the Heart	938	35.2	933	34.8
2	Malignant Neoplasms	542	20.3	560	20.9
3	Vascular Lesions affecting Central Nervous System	290	10.9	292	10.9
4	Accidents, Poisoning and Violent Deaths	174	6.5	170	6.3
5	Pneumonia	141	5.3	140	5.2
6	Diseases of Arteries	102	3.8	68	2.5
7	Malformations and Diseases of Early Infancy	66	2.5	93	3.5
8	Cirrhosis of Liver	36	1.3	37	1.4
9	Diabetes Mellitus	32	1.2	44	1.6
10	Bronchitis	20	0.8	26	1.0
11	Intestinal Obstruction and Hernia	18	0.7	24	0.9
12	Nephritis and Nephrosis	16	0.6	7	0.3
13	Infections of Kidney	16	0.6	15	0.5
14	Ulcer of Stomach and Duodenum	12	0.4	24	0.9
15	Hypertension without mention of Heart	7	0.3	7	0.3
	All other causes	256	9.6	241	9.0
	TOTAL	2,666	100.0	2,681	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1966 classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International List of Diseases and Causes of Death.

CAUSES OF DEATH 1900 RESIDENTS ONLY
ALL AGES

No.	CAUSE OF DEATH	1900		1902	
		Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
1	Diseases of the Heart	338	37.2	333	34.8
2	Malignant Neoplasms	242	26.3	250	25.9
3	Vascular lesions affecting Central Nervous System	220	23.9	202	20.9
4	Accidents, Poisoning and Violent Deaths	174	18.8	170	17.5
5	Pneumonia	141	15.3	140	14.5
6	Diseases of Arteries	102	11.0	98	10.2
7	Malformations and Diseases of Early Infancy	66	7.1	63	6.5
8	Cirrhosis of Liver	36	3.9	37	3.8
9	Diabetes Mellitus	32	3.4	34	3.5
10	Bronchitis	20	2.1	25	2.6
11	Intestinal Obstruction and Hernia	18	1.9	24	2.5
12	Nephritis and Nephrosis	15	1.6	7	0.7
13	Infections of Kidney	15	1.6	12	1.2
14	Ulcer of Stomach and Duodenum	12	1.3	24	2.5
15	Hypertension without mention of Heart	7	0.7	7	0.7
	All other causes	228	24.5	241	24.6
	TOTAL	2,666	100.0	2,661	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1900 classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International List of Diseases and Causes of Death.

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1966

No.	Cause of Death	Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
	<u>0 - 1 year</u>				
1	Congenital Malformations	17	21.0	24	70.8
2	Accidental Causes	15	18.5	174	8.6
3	Ill defined diseases peculiar to early Infancy	15	18.5	15	100.0
4	Birth Injuries	7	8.6	8	87.5
5	Immaturity	6	7.4	6	100.0
6	Postnatal Asphyxia & Atelectasis	6	7.4	6	100.0
7	Infections of the newborn	5	6.2	5	100.0
8	Pneumonia of Newborn	4	5.0	4	100.0
	All other causes	6	7.4	2,424	0.2
	Total	<u>81</u>	<u>100.0</u>	<u>2,666</u>	<u>3.0</u>
	<u>1 - 4 years</u>				
1*	Accidental causes	5	33.3	174	2.9
2	Congenital Malformations	3	20.0	23	13.0
3	Diseases of the Genito Urinary System	2	13.3	55	3.6
4	Vascular Lesions affecting the Central Nervous System	1	6.7	290	0.3
5	Birth Injuries	1	6.7	8	12.5
6	Mental Deficiency	1	6.7	4	25.0
7	Non Meningococcal Meningitis	1	6.7	2	50.0
8	Whooping Cough	1	6.6	1	100.0
	All other causes	-	-	2,109	-
	Total	<u>15</u>	<u>100.0</u>	<u>2,666</u>	<u>0.6</u>
	* Motor Vehicle - 1 Drowning - 1 Homicide - 2				
	<u>5 - 14 years</u>				
1*	Accidental Causes	4	28.6	174	2.3
2	Malignant Neoplasms	3	21.4	542	0.6
3	Acute infectious encephalitis	1	7.1	1	100.0
4	Spina Bifida & Meningocele	1	7.1	3	33.3
5	Mental Deficiency	1	7.1	4	25.0
6	Infections of the Kidney	1	7.1	16	6.3
7	Pneumonia all forms	1	7.2	141	0.7
8	Diseases of the heart	1	7.2	938	0.1
	All other causes	1	7.2	847	0.1
	Total	<u>14</u>	<u>100.0</u>	<u>2,666</u>	<u>0.5</u>
	* Motor vehicle - 2				
	<u>15 - 24 years</u>				
1*	Accidental causes	21	72.4	174	12.1
2	Malignant Neoplasms	3	10.3	542	0.6
3	Diseases of the Heart	2	6.9	938	0.2
4	Tuberculosis	1	3.4	4	25.0
5	Allergic Disorders	1	3.5	7	14.3
6	Pneumonia all forms	1	3.5	141	0.7
	All other causes	-	-	860	-
	Total	<u>29</u>	<u>100.0</u>	<u>2,666</u>	<u>1.1</u>
	* Motor Vehicle - 10 Suicide - 3				

CHIEF CAUSES OF DEATH BY MINKING RESIDENTS
IN CHINA AND GROUP 1922

No.	Cause of Death	Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
<u>1 - 4 years</u>					
1*	Motor Vehicle - 1 Drowning - 1				
2	Motor Vehicle - 2				
3	Accidental Causes	2	33.3	174	8.9
4	Malignant Neoplasms	3	20.0	23	12.0
5	Acute Infectious encephalitis	1	6.7	1	0.5
6	Spine Rickets & Meningococci	1	6.7	8	4.2
7	Heart Deficiency	1	6.7	4	2.1
8	Infection of the Kidney	1	6.7	2	1.1
9	Pneumonia all forms	1	6.7	1	0.5
10	Disease of the heart	1	6.7	1	0.5
11	All other causes	1	6.7	1	0.5
	Total	12	100.0	2,103	10.3
<u>5 - 14 years</u>					
1*	Motor Vehicle - 2				
2	Accidental Causes	4	26.6	174	8.3
3	Malignant Neoplasms	3	21.4	243	11.6
4	Acute Infectious encephalitis	1	7.1	1	0.0
5	Spine Rickets & Meningococci	1	7.1	3	1.4
6	Heart Deficiency	1	7.1	4	1.9
7	Infection of the Kidney	1	7.1	16	7.5
8	Pneumonia all forms	1	7.1	141	6.7
9	Disease of the heart	1	7.1	938	44.1
10	All other causes	1	7.1	847	40.1
	Total	14	100.0	2,450	11.5
<u>15 - 24 years</u>					
1*	Motor Vehicle - 1				
2	Accidental Causes	3	10.3	242	11.1
3	Malignant Neoplasms	2	6.9	238	10.9
4	Disease of the Heart	1	3.4	4	0.2
5	Tuberculosis	1	3.4	7	0.3
6	Allytic Diarrhea	1	3.4	141	6.1
7	Pneumonia all forms	1	3.4	141	6.1
8	All other causes	1	3.4	860	39.1
	Total	29	100.0	2,166	10.1
<u>25 - 34 years</u>					
1	Genital Malformations	17	21.0	24	11.8
2	Accidental Causes	12	18.2	174	8.6
3	All defined diseases peculiar to early Infancy	12	18.2	15	7.0
4	Birth Injuries	1	8.8	3	1.4
5	Immaturity	6	7.4	6	2.8
6	Postnatal Asphyxia & Atelectasis	6	7.4	6	2.8
7	Infections of the newborn	2	6.2	2	0.9
8	Pneumonia of Newborn	4	5.0	4	1.8
9	All other causes	6	7.4	2,166	10.1
	Total	81	100.0	2,166	10.1

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1966

No.	Cause of Death	Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
<u>25 - 44 years</u>					
1	Malignant Neoplasms	22	23.2	542	4.1
2	Diseases of the Heart	14	14.7	938	1.5
3	Suicide	9	9.5	30	30.0
4	Motor Vehicle Accidents	7	7.4	39	17.9
5	Cirrhosis of the liver	6	6.3	36	16.7
6	Vascular lesions affecting Central Nervous System	5	5.3	290	1.7
7	Accidental Poisoning	2	2.1	6	33.3
8	Accidental Falls	2	2.1	46	4.3
	All other causes	28	29.4	739	3.8
	Total	95	100.0	2,666	3.6
<u>45 - 64 years</u>					
1	Diseases of the heart	202	35.1	938	21.5
2	Malignant Neoplasms	192	33.4	542	35.4
3	Vascular lesions affecting Central Nervous System	32	5.6	290	11.0
4	Diseases of the Arteries	13	2.3	102	12.7
5	Pneumonia all forms	13	2.3	141	9.3
6	Suicide	10	1.7	30	33.3
7	Motor vehicle accidents	7	1.2	39	17.9
8	Diabetes mellitus	6	1.0	32	18.8
	All other causes	100	17.4	552	18.5
	Total	575	100.0	2,666	21.6
<u>65 - 84 years</u>					
1	Diseases of the Heart	570	39.3	938	60.8
2	Malignant Neoplasms	285	19.7	542	51.6
3	Vascular lesions affecting Central nervous system	178	12.3	290	61.4
4	Pneumonia all forms	81	5.6	141	57.1
5	Diseases of the Arteries	64	4.4	102	62.7
6	Accidental falls	28	1.9	46	60.9
7	Diabetes mellitus	23	1.6	32	71.9
8	Cirrhosis of the Liver	11	0.8	36	30.6
	All other causes	209	14.4	539	38.8
	Total	1,449	100.0	2,666	54.3
<u>85 years and over</u>					
1	Diseases of the Heart	149	36.5	938	15.9
2	Vascular lesions affecting Central Nervous System	74	18.1	290	25.5
3	Malignant Neoplasms	48	11.8	542	8.9
4	Pneumonia all forms	45	11.0	141	31.9
5	Diseases of the Arteries	24	5.9	102	23.5
6	Accidental falls	13	3.2	46	28.3
7	Bronchitis	8	2.0	20	40.0
8	Hypertension without mention of heart	6	1.5	7	85.7
	All other causes	41	10.0	580	7.1
	Total	408	100.0	2,666	15.3

CAUSES OF DEATH OF WINNERS RESIDENTS
IN CERTAIN AGE GROUPS 1966

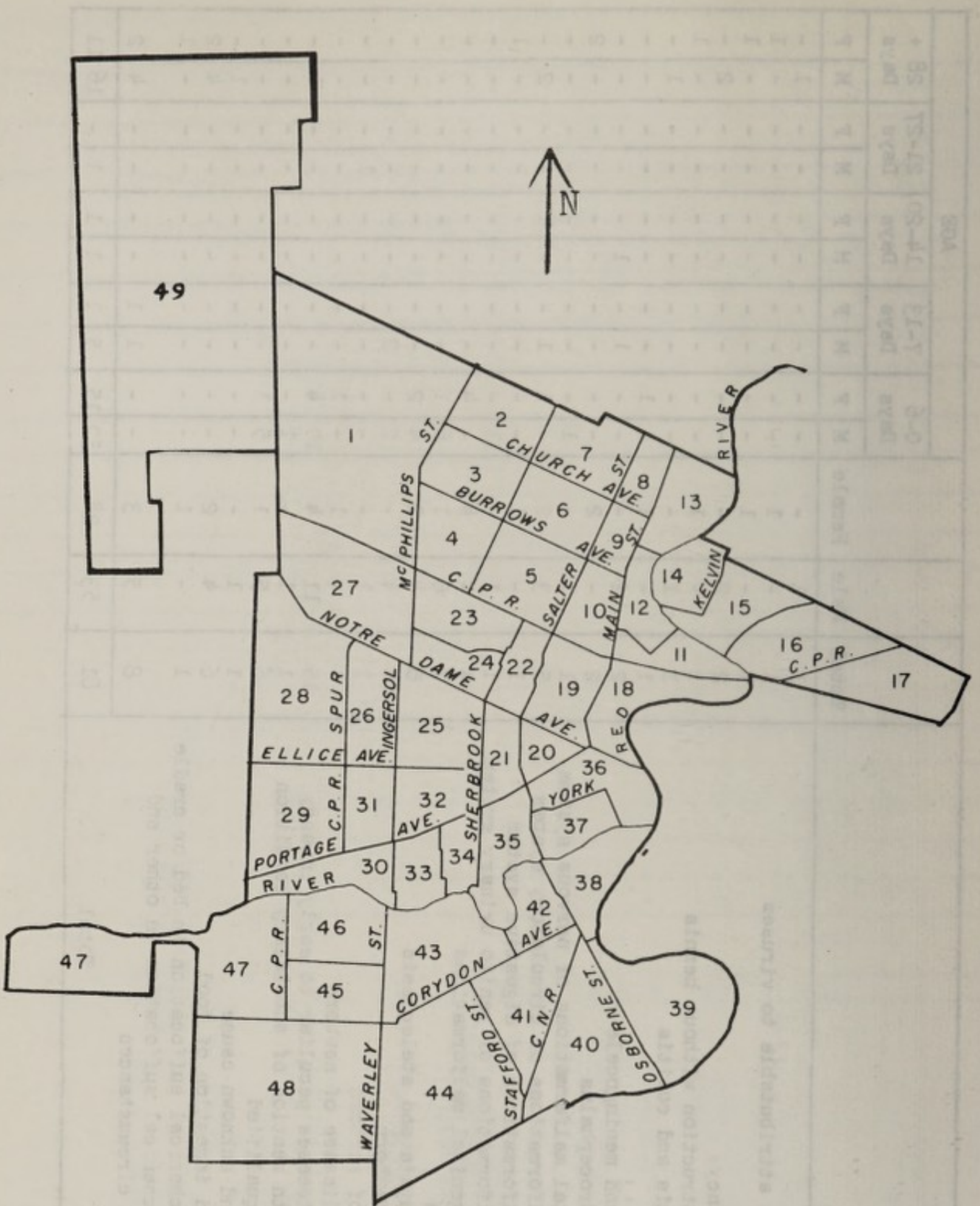
No.	Cause of Death	Deaths in age group		Deaths at all ages
		Number	Percent	
<u>25 - 44 years</u>				
1	Myocardial infarction	22	22.8	4.1
2	Disease of the heart	14	14.7	2.7
3	Suicide	9	9.3	1.0
4	Motor Vehicle Accidents	7	7.4	1.3
5	Cirrhosis of the liver	6	6.3	1.1
6	Vascular lesions affecting Central Nervous System	2	2.3	0.4
7	Accidental Poisoning	2	2.1	0.4
8	Accidental Falls	2	2.1	0.4
	All other causes	28	28.4	5.3
	Total	92	100.0	21.8
<u>45 - 64 years</u>				
1	Disease of the heart	205	27.1	21.3
2	Malignant Neoplasms	190	25.4	22.4
3	Vascular lesions affecting Central Nervous System	32	4.2	1.1
4	Disease of the Arteries	13	1.7	0.3
5	Pneumonia all forms	13	1.7	0.3
6	Suicide	10	1.3	0.3
7	Motor vehicle accidents	7	0.9	0.2
8	Diabetes mellitus	6	0.8	0.2
	All other causes	100	13.2	18.7
	Total	775	100.0	81.6
<u>65 - 84 years</u>				
1	Disease of the heart	270	39.3	60.8
2	Malignant Neoplasms	225	31.7	51.6
3	Vascular lesions affecting Central nervous system	178	25.3	31.4
4	Pneumonia all forms	61	8.6	11.1
5	Disease of the Arteries	61	8.6	11.1
6	Accidental falls	36	5.1	6.9
7	Diabetes mellitus	33	4.7	6.1
8	Cirrhosis of the liver	11	1.5	2.0
	All other causes	202	28.4	38.8
	Total	1,410	100.0	184.3
<u>85 years and over</u>				
1	Disease of the heart	140	36.2	13.9
2	Vascular lesions affecting Central Nervous System	75	18.1	8.2
3	Malignant Neoplasms	45	11.8	6.9
4	Pneumonia all forms	41	11.0	5.9
5	Disease of the Arteries	34	8.9	5.2
6	Accidental falls	13	3.2	2.3
7	Diabetes	6	1.5	1.0
8	Renovascular without mention of heart	6	1.5	1.1
	All other causes	41	10.5	7.1
	Total	387	100.0	57.7

NO.	INSTRUMENTS USED	DATE	TIME	PLACE	REMARKS
V20	Zone of Composite Islands	1	5		
V21	Beleu	1	2		
V22	Laotou	23	1		
V23	Upper and middle parts of Is. 10	2	30		
V24	Central part	1	30		
V25	Beleu	1	5		
V26	Zone of Composite Islands	1	5		
V27	Beleu	1	2		
V28	Laotou	23	1		
V29	Upper and middle parts of Is. 10	2	30		
V30	Central part	1	30		
V31	Beleu	1	5		
V32	Zone of Composite Islands	1	5		
V33	Beleu	1	2		
V34	Laotou	23	1		
V35	Upper and middle parts of Is. 10	2	30		
V36	Central part	1	30		
V37	Beleu	1	5		
V38	Zone of Composite Islands	1	5		
V39	Beleu	1	2		
V40	Laotou	23	1		
V41	Upper and middle parts of Is. 10	2	30		
V42	Central part	1	30		
V43	Beleu	1	5		
V44	Zone of Composite Islands	1	5		
V45	Beleu	1	2		
V46	Laotou	23	1		
V47	Upper and middle parts of Is. 10	2	30		
V48	Central part	1	30		
V49	Beleu	1	5		
V50	Zone of Composite Islands	1	5		
V51	Beleu	1	2		
V52	Laotou	23	1		
V53	Upper and middle parts of Is. 10	2	30		
V54	Central part	1	30		
V55	Beleu	1	5		
V56	Zone of Composite Islands	1	5		
V57	Beleu	1	2		
V58	Laotou	23	1		
V59	Upper and middle parts of Is. 10	2	30		
V60	Central part	1	30		
V61	Beleu	1	5		
V62	Zone of Composite Islands	1	5		
V63	Beleu	1	2		
V64	Laotou	23	1		
V65	Upper and middle parts of Is. 10	2	30		
V66	Central part	1	30		
V67	Beleu	1	5		
V68	Zone of Composite Islands	1	5		
V69	Beleu	1	2		
V70	Laotou	23	1		
V71	Upper and middle parts of Is. 10	2	30		
V72	Central part	1	30		
V73	Beleu	1	5		
V74	Zone of Composite Islands	1	5		
V75	Beleu	1	2		
V76	Laotou	23	1		
V77	Upper and middle parts of Is. 10	2	30		
V78	Central part	1	30		
V79	Beleu	1	5		
V80	Zone of Composite Islands	1	5		
V81	Beleu	1	2		
V82	Laotou	23	1		
V83	Upper and middle parts of Is. 10	2	30		
V84	Central part	1	30		
V85	Beleu	1	5		
V86	Zone of Composite Islands	1	5		
V87	Beleu	1	2		
V88	Laotou	23	1		
V89	Upper and middle parts of Is. 10	2	30		
V90	Central part	1	30		
V91	Beleu	1	5		
V92	Zone of Composite Islands	1	5		
V93	Beleu	1	2		
V94	Laotou	23	1		
V95	Upper and middle parts of Is. 10	2	30		
V96	Central part	1	30		
V97	Beleu	1	5		
V98	Zone of Composite Islands	1	5		
V99	Beleu	1	2		
V100	Laotou	23	1		

NO. (107 1000)
 INSTRUMENTS USED
 DATE OF OBSERVATION

Int'l Cause of Death List (Intermediate List) No.	Sex	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	
II Cont.																								
A57 All other & unspecified sites	M	56	-	-	-	-	1	-	-	-	-	2	-	4	7	3	5	4	9	8	5	7	1	
A. Other Digestive organs 155-159	F	84	-	-	-	-	1	-	-	-	-	1	3	13	11	6	12	13	13	8	5	7	-	
B. Urinary Organs 180, 181	M	24	-	-	-	-	-	-	-	-	-	-	1	2	3	2	4	2	4	2	2	3	-	
C. Brain & other parts of Nervous System 193	F	28	-	-	-	-	1	-	-	-	-	-	1	2	2	2	1	1	6	4	2	1	1	
D. Other	M	18	-	-	-	-	-	-	-	-	-	1	1	1	1	1	3	1	1	1	1	4	-	
A58 Leukaemia and Aleukaemia	F	13	-	-	-	-	-	-	-	-	-	1	1	2	2	3	1	-	1	1	1	4	-	
A59 Lymphosarcoma & other neoplasms of lymphatic and haematopoietic system	M	6	-	-	-	-	1	-	1	-	-	-	-	2	1	1	2	1	2	3	2	2	1	
A. Hodgkin's disease 201	F	9	-	-	-	-	-	-	-	-	-	-	-	4	7	1	1	7	5	1	2	2	1	
B. Other	M	8	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	1	1	1	4	2	-	
A60 Benign neoplasms & neoplasms of unspecified nature	F	34	-	-	-	-	-	-	1	-	-	-	2	1	1	3	1	2	2	4	2	3	3	
III & IV Allergic Disorders and Endocrine Metabolic and Blood Diseases	M	12	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	2	-	-	-	-	-	
A. Hodgkin's disease 201	F	13	-	-	-	-	-	-	-	-	-	-	2	1	1	2	1	2	2	2	3	1	1	
B. Other	M	7	-	-	-	-	-	-	-	-	-	-	1	1	1	2	1	2	1	4	1	3	-	
A61 Non-toxic goitre	F	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	2	1	-	-	
III & IV Allergic Disorders and Endocrine Metabolic and Blood Diseases	T	48	-	1	-	-	-	1	-	-	-	-	-	-	3	2	3	6	6	11	11	3	1	
A. Hodgkin's disease 201	M	26	-	1	-	-	-	1	-	-	-	-	-	-	1	2	1	4	4	6	5	1	1	
B. Other	F	22	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	5	6	2	1	
A61 Non-toxic goitre	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	5	6	2	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	

Int'l Cause of Death List (Intermediate List) (7th Rev.) No.	Sex		Age Group												Total									
	T	F	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.		50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +
XI Deliveries and Complications of Pregnancy, Childbirth and the Puerperium	T	F	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
XII & XIII. Diseases of the Skin and Musculoskeletal System	T	F	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
A121 Infections of skin and subcutaneous tissue	M	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A122 Arthritis and spondylitis	M	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A126 All other diseases of skin and musculoskeletal system	M	F	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
XIV Congenital Malformations	T	F	12	5	3	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
A127 Spina bifida and meningocele	M	F	5	2	2	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
A128 Congenital malformations of circulatory system	F	M	7	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A129 All other congenital malformations	F	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV Certain Diseases of Early Infancy	T	F	40	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A130 Birth Injuries	M	F	31	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	M	F	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	M	F	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			42	32	10	6	2	24	11	13	2	1	6	3	3	9	42	32	10	6	2	24	11	13



City of Winnipeg - Statistical Districts

DEATH, BIRTHS, INFANT DEATHS, STILLBIRTHS BY STATISTICAL
DISTRICTS WITH RATES AS SHOWN - WINNIPEG RESIDENTS 1966

DISTRICT	POPULATION**	DEATHS*		BIRTHS*		INFANT DEATHS		STILLBIRTHS	
		No.	Rate	No.	Rate	No.	Rate per 1000 L.B.	No.	Rate per 1000 L.B.
1	6,972	49	7.0	146	20.9	3	20.5	4	27.4
2	4,291	24	5.6	47	11.0	1	21.3	-	-
3	7,399	57	7.7	90	12.2	2	22.2	1	11.1
4	3,495	41	11.7	49	14.0	2	40.8	2	40.8
5	8,904	70	7.9	184	20.1	4	21.7	1	5.4
6	9,200	89	9.7	181	19.7	3	16.6	1	5.5
7	6,466	75	11.6	94	14.5	3	31.9	1	10.6
8	3,262	38	11.6	75	23.0	-	-	4	53.3
9	4,218	41	9.7	105	24.9	1	9.5	1	9.5
10	5,796	58	10.0	58	10.0	-	-	-	-
11	1,688	30	17.8	32	19.0	3	93.8	-	-
12	3,857	49	12.7	62	16.1	1	16.1	-	-
13	5,364	63	11.7	77	14.4	1	13.0	2	26.0
14	3,216	30	9.3	65	20.2	2	30.8	-	-
15	4,788	50	10.4	80	16.7	3	37.5	2	25.0
16	6,088	51	8.4	116	19.1	1	8.6	-	-
17	4,714	21	4.5	92	19.5	3	32.6	2	21.7
18	1,554	37	23.8	14	9.0	-	-	-	-
19	5,927	116	19.6	126	21.3	1	7.9	1	7.9
20	3,925	83	21.1	74	18.9	1	13.5	2	27.0
21	7,490	82	10.9	199	26.6	3	15.1	5	25.1
22	4,576	50	10.9	140	30.6	2	14.3	5	35.7
23	2,145	22	10.3	46	21.4	3	65.2	1	21.7
24	4,215	24	5.7	74	17.6	-	-	-	-
25	13,147	137	10.4	286	21.8	5	17.5	3	10.5
26	4,496	46	10.2	52	11.6	-	-	1	19.2
27	8,495	52	6.1	136	16.0	1	7.4	3	22.1
28	3,154	28	8.9	29	9.2	-	-	-	-
29	4,117	38	9.2	64	15.5	1	15.6	1	15.6
30	4,242	50	11.8	81	19.1	2	24.7	2	24.7
31	3,651	35	9.6	45	12.3	-	-	1	22.2
32	8,308	78	9.4	174	20.9	3	17.2	2	11.5
33	5,981	45	7.5	149	24.9	-	-	4	26.8
34	4,613	53	11.5	83	18.0	3	36.1	-	-
35	8,664	128	14.8	149	17.2	2	13.4	3	20.1
36	1,576	30	19.0	15	9.5	2	133.3	1	66.7
37	4,447	65	14.6	48	10.8	2	41.7	1	20.9
38	5,669	63	11.1	110	19.4	-	-	1	9.1
39	5,863	54	9.2	61	10.4	2	32.8	2	32.8
40	7,651	62	8.1	130	17.0	4	30.8	2	15.4
41	8,189	67	8.2	130	15.9	2	15.4	-	-
42	4,459	59	13.2	98	22.0	2	20.4	-	-
43	7,595	85	11.2	121	15.9	1	8.3	3	24.8
44	7,786	48	6.2	76	9.8	-	-	2	26.3
45	3,819	30	7.9	36	9.4	-	-	-	-
46	3,967	41	10.3	43	10.8	-	-	-	-
47	4,505	38	8.4	43	9.5	-	-	1	23.3
48	11,485	77	6.7	212	18.5	5	23.6	4	18.9
49	450	5	11.1	6	13.3	1	166.7	-	-
Unknown	-	2	-	1	-	-	-	-	-
TOTAL		2,666	10.5	4,604	18.1	81	17.6	72	15.6

** Population according to Dominion Bureau of Statistics - 1961 Census

* Rate per 1,000 population.

DISTRICTS WITH RATES AS SHOWN - WINDYBUSH DISTRICT
 DEATH, BIRTHS, INFANT DEATHS, STILLBIRTHS BY STATISTICAL

DISTRICT	POPULATION**		MARRIAGES*		BIRTHS*		DEATHS*		TOTAL
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
1	1	1.0	1	1.0	1	1.0	1	1.0	1
2	2	2.0	2	2.0	2	2.0	2	2.0	2
3	3	3.0	3	3.0	3	3.0	3	3.0	3
4	4	4.0	4	4.0	4	4.0	4	4.0	4
5	5	5.0	5	5.0	5	5.0	5	5.0	5
6	6	6.0	6	6.0	6	6.0	6	6.0	6
7	7	7.0	7	7.0	7	7.0	7	7.0	7
8	8	8.0	8	8.0	8	8.0	8	8.0	8
9	9	9.0	9	9.0	9	9.0	9	9.0	9
10	10	10.0	10	10.0	10	10.0	10	10.0	10
11	11	11.0	11	11.0	11	11.0	11	11.0	11
12	12	12.0	12	12.0	12	12.0	12	12.0	12
13	13	13.0	13	13.0	13	13.0	13	13.0	13
14	14	14.0	14	14.0	14	14.0	14	14.0	14
15	15	15.0	15	15.0	15	15.0	15	15.0	15
16	16	16.0	16	16.0	16	16.0	16	16.0	16
17	17	17.0	17	17.0	17	17.0	17	17.0	17
18	18	18.0	18	18.0	18	18.0	18	18.0	18
19	19	19.0	19	19.0	19	19.0	19	19.0	19
20	20	20.0	20	20.0	20	20.0	20	20.0	20
21	21	21.0	21	21.0	21	21.0	21	21.0	21
22	22	22.0	22	22.0	22	22.0	22	22.0	22
23	23	23.0	23	23.0	23	23.0	23	23.0	23
24	24	24.0	24	24.0	24	24.0	24	24.0	24
25	25	25.0	25	25.0	25	25.0	25	25.0	25
26	26	26.0	26	26.0	26	26.0	26	26.0	26
27	27	27.0	27	27.0	27	27.0	27	27.0	27
28	28	28.0	28	28.0	28	28.0	28	28.0	28
29	29	29.0	29	29.0	29	29.0	29	29.0	29
30	30	30.0	30	30.0	30	30.0	30	30.0	30
31	31	31.0	31	31.0	31	31.0	31	31.0	31
32	32	32.0	32	32.0	32	32.0	32	32.0	32
33	33	33.0	33	33.0	33	33.0	33	33.0	33
34	34	34.0	34	34.0	34	34.0	34	34.0	34
35	35	35.0	35	35.0	35	35.0	35	35.0	35
36	36	36.0	36	36.0	36	36.0	36	36.0	36
37	37	37.0	37	37.0	37	37.0	37	37.0	37
38	38	38.0	38	38.0	38	38.0	38	38.0	38
39	39	39.0	39	39.0	39	39.0	39	39.0	39
40	40	40.0	40	40.0	40	40.0	40	40.0	40
41	41	41.0	41	41.0	41	41.0	41	41.0	41
42	42	42.0	42	42.0	42	42.0	42	42.0	42
43	43	43.0	43	43.0	43	43.0	43	43.0	43
44	44	44.0	44	44.0	44	44.0	44	44.0	44
45	45	45.0	45	45.0	45	45.0	45	45.0	45
46	46	46.0	46	46.0	46	46.0	46	46.0	46
47	47	47.0	47	47.0	47	47.0	47	47.0	47
48	48	48.0	48	48.0	48	48.0	48	48.0	48
49	49	49.0	49	49.0	49	49.0	49	49.0	49
50	50	50.0	50	50.0	50	50.0	50	50.0	50
51	51	51.0	51	51.0	51	51.0	51	51.0	51
52	52	52.0	52	52.0	52	52.0	52	52.0	52
53	53	53.0	53	53.0	53	53.0	53	53.0	53
54	54	54.0	54	54.0	54	54.0	54	54.0	54
55	55	55.0	55	55.0	55	55.0	55	55.0	55
56	56	56.0	56	56.0	56	56.0	56	56.0	56
57	57	57.0	57	57.0	57	57.0	57	57.0	57
58	58	58.0	58	58.0	58	58.0	58	58.0	58
59	59	59.0	59	59.0	59	59.0	59	59.0	59
60	60	60.0	60	60.0	60	60.0	60	60.0	60
61	61	61.0	61	61.0	61	61.0	61	61.0	61
62	62	62.0	62	62.0	62	62.0	62	62.0	62
63	63	63.0	63	63.0	63	63.0	63	63.0	63
64	64	64.0	64	64.0	64	64.0	64	64.0	64
65	65	65.0	65	65.0	65	65.0	65	65.0	65
66	66	66.0	66	66.0	66	66.0	66	66.0	66
67	67	67.0	67	67.0	67	67.0	67	67.0	67
68	68	68.0	68	68.0	68	68.0	68	68.0	68
69	69	69.0	69	69.0	69	69.0	69	69.0	69
70	70	70.0	70	70.0	70	70.0	70	70.0	70
71	71	71.0	71	71.0	71	71.0	71	71.0	71
72	72	72.0	72	72.0	72	72.0	72	72.0	72
73	73	73.0	73	73.0	73	73.0	73	73.0	73
74	74	74.0	74	74.0	74	74.0	74	74.0	74
75	75	75.0	75	75.0	75	75.0	75	75.0	75
76	76	76.0	76	76.0	76	76.0	76	76.0	76
77	77	77.0	77	77.0	77	77.0	77	77.0	77
78	78	78.0	78	78.0	78	78.0	78	78.0	78
79	79	79.0	79	79.0	79	79.0	79	79.0	79
80	80	80.0	80	80.0	80	80.0	80	80.0	80
81	81	81.0	81	81.0	81	81.0	81	81.0	81
82	82	82.0	82	82.0	82	82.0	82	82.0	82
83	83	83.0	83	83.0	83	83.0	83	83.0	83
84	84	84.0	84	84.0	84	84.0	84	84.0	84
85	85	85.0	85	85.0	85	85.0	85	85.0	85
86	86	86.0	86	86.0	86	86.0	86	86.0	86
87	87	87.0	87	87.0	87	87.0	87	87.0	87
88	88	88.0	88	88.0	88	88.0	88	88.0	88
89	89	89.0	89	89.0	89	89.0	89	89.0	89
90	90	90.0	90	90.0	90	90.0	90	90.0	90
91	91	91.0	91	91.0	91	91.0	91	91.0	91
92	92	92.0	92	92.0	92	92.0	92	92.0	92
93	93	93.0	93	93.0	93	93.0	93	93.0	93
94	94	94.0	94	94.0	94	94.0	94	94.0	94
95	95	95.0	95	95.0	95	95.0	95	95.0	95
96	96	96.0	96	96.0	96	96.0	96	96.0	96
97	97	97.0	97	97.0	97	97.0	97	97.0	97
98	98	98.0	98	98.0	98	98.0	98	98.0	98
99	99	99.0	99	99.0	99	99.0	99	99.0	99
100	100	100.0	100	100.0	100	100.0	100	100.0	100
101	101	101.0	101	101.0	101	101.0	101	101.0	101
102	102	102.0	102	102.0	102	102.0	102	102.0	102
103	103	103.0	103	103.0	103	103.0	103	103.0	103
104	104	104.0	104	104.0	104	104.0	104	104.0	104
105	105	105.0	105	105.0	105	105.0	105	105.0	105
106	106	106.0	106	106.0	106	106.0	106	106.0	106
107	107	107.0	107	107.0	107	107.0	107	107.0	107
108	108	108.0	108	108.0	108	108.0	108	108.0	108
109	109	109.0	109	109.0	109	109.0	109	109.0	109
110	110	110.0	110	110.0	110	110.0	110	110.0	110
111	111	111.0	111	111.0	111	111.0	111	111.0	111
112	112	112.0	112	112.0	112	112.0	112	112.0	112
113	113	113.0	113	113.0	113	113.0	113	113.0	113
114	114	114.0	114	114.0	114	114.0	114	114.0	114
115	115	115.0	115	115.0	115	115.0	115	115.0	115
116	116	116.0	116	116.0	116	116.0	116	116.0	116
117	117	117.0	117	117.0	117	117.0	117	117.0	117
118	118	118.0	118	118.0	118	118.0	118	118.0	118
119	119	119.0	119	119.0	119	119.0	119	119.0	119
120	120	120.0	120	120.0	120	120.0	120	120.0	120
121	121	121.0	121	121.0	121	121.0	121	121.0	121
122	122	122.0	122	122.0	122	122.0	122	122.0	122
123	123	123.0	123	123.0	123	123.0	123	123.0	123
124	124	124.0	124	124.0	124	124.0	124	124.0	124
125	125	125.0	125	125.0	125	125.0	125	125.0	125
126	126	126.0	126	126.0	126	126.0	126	126.0	126
127	127	127.0	127	127.0	127	127.0	127	127.0	127
128	128	128.0	128	128.0	128	128.0	128	128.0	128
129	129	129.0	129	129.0	129	129.0	129	129.0	129
130	130	130.0	130	130.0	130	130.0	130	130.0	130
131	131	131.0	131	131.0	131	131.0	131	131.0	131
132	132	132.0	132	132.0	132	132.0	132	132.0	132
133	133	133.0	133	133.0	133	133.0	133	133.0	133
134	134	134.0	134	134.0	134	134.0	134	134.0	134
135	135	135.0	135	135.0	135	135.0	135	135.0	135
136	136	136.0	136	136.0	136	136.0	136	136.0	136
137	137	137.0	137	137.0	137	137.0	137	137.0	137
138	138	138.0	138	138.0	138	138.0	138	138.0	138
139	139	139.0	139	139.0	139	139.0	139	139.0	139
140	140	140.0	140	140.0	140	140.0	140	140.0	140
141	141	141.0	141	141.0	141	141.0	141	141.0	141
142	142	142.0	142	142.0					

INFECTIOUS AND OTHER DISEASES

The control of communicable disease has constituted in the past one of the principal functions of the Health Department. In fact, the necessity of government efforts to curtail the spread of communicable disease led to the creation of such departments.

In recent years, due to an overall improvement in sanitation, general medical progress, and technical advances in medicine and related sciences, infectious diseases that were rampant at one time have spectacularly declined in the civilized and industrialized countries of the world; this constituted one of the triumphs of public health. It was noted, however, that as a result of these achievements the premature impression was recently created that these diseases were permanently and irreversibly conquered. Public funds and interest for combat of these diseases have, as a result, declined and on many occasions therefore regression in these illnesses has stopped. Infectious disease is still a common cause of death and disability. Whereas it is true that many bacterial diseases have not become epidemic in recent years, viral diseases (for which no antibiotics or chemotherapeutic agents are yet available) remain a potential threat to the community. Sources of information regarding the incidence of infectious disease are:

- (a) Official notifications from doctors, nurses, and laboratories.
- (b) Unofficial notifications from interested agencies, individuals, news media, or paramedical personnel.
- (c) Regular weekly reports from public health nurses in city schools; these originate in inventory work carried out by the nurses in these schools during the year and reported to the Health Department administration indicating disease trends in their areas.

Thus, an estimate of the prevalence of infectious disease at any one time can be formed.

In recent years the study of chronic disease and other syndromes has attracted the interest of health departments; this lies outside the traditional sphere of infectious disease. In many instances the investigation and study of such illnesses has exceeded in terms of time and money the amount of effort spent in the combat of infectious disease. This cannot be said to be applicable as yet in our Department but our increasing interest and involvement along these lines constitutes a step in the right direction. For example, we are devoting considerably more time and effort in the control of industrial and occupational illnesses. At the time this report is being written the duties of a health inspector have been modified to allow full-time work in that field. Also the Deputy Medical Health Officer is spending more of his time in that work.

During 1966 a highly specialized epidemiologist has been appointed by the University of Manitoba to conduct research work in the field of preventive medicine. This work is closely connected with the activities of the City Health Department and it is with great pleasure that we have extended our fullest cooperation and support to these projects which have provided us with a long needed research stimulus.

INFECTIONS AND OTHER DISEASES

The control of communicable diseases has constituted in the past one of the principal functions of the health department. In 1947, the necessity of government efforts to control the spread of communicable diseases led to the creation of such departments.

In recent years, due to an overall improvement in sanitation, general medical progress, and technical advances in medicine and related sciences, infectious diseases that were rampant at one time have spontaneously declined in the civilized and industrialized countries of the world. This constituted one of the triumphs of public health. It was noted, however, that as a result of these achievements the geriatric population was heavily created that these diseases were permanently and irreversibly acquired. Public health and interest for control of these diseases have, as a result, declined and on many occasions therefore regression in these diseases has stopped. Infectious diseases is still a common cause of death and disability. Whereas it is true that many bacterial diseases have not become epidemic in recent years, viral diseases (for which no antibodies or chemotherapeutic agents are available) remain a potential threat to the community. Sources of information regarding the incidence of infectious diseases are:

- (a) Official notifications from doctors, nurses, and laboratorians.
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During 1955 a highly specialized epidemiologist has been appointed by the University of Waterloo to conduct research work in the field of preventive medicine. This work is closely connected with the activities of the City Health Department and it is with great pleasure that we have extended our fullest cooperation and support to these projects which have provided us with a long needed research statistic.

Comments on particular diseases

Impetigo and ringworm have again been the commonest skin infections in City schools and caused substantial absenteeism. Infectious hepatitis incidence declined from 110 cases in 1965 to 75 cases in 1966. This is in accordance with a continent-wide decline. Surely cyclic events will lead to another rise in a few years unless the virus is cultured and an effective vaccine is produced, as was possible in the case of polio of which we only had one case this year to break a five-year polio-free period. This case occurred in a partially-immunized individual who apparently sustained his infection while travelling to South America. Almost complete recovery ensued in that case. We had only two cases of diphtheria and some carriers of this disease were also discovered. No deaths occurred. The majority of the carriers were non-immunized individuals.

The notable drop in unspecified dysentery from 171 cases in 1965 to ten was in our opinion entirely coincidental; the doctors are simply not reporting severe diarrhoeas where no organisms can be isolated.

Some of our greatest problems have been, as in the past, our difficulty in convincing certain groups of people to have their children immunized regularly. This is difficult to do when the diseases in question have been forgotten. Besides two deaths from infectious hepatitis (one of which was equivocally due to this disease) four deaths from pulmonary tuberculosis and one death from whooping cough in an infant, there were no other fatalities from infectious disease in Winnipeg in 1966. The year 1966 was essentially a healthy one for the citizens of this City; no major outbreaks of any serious infection have occurred and the sum total of all notifiable cases has reached an all-time low, 225 cases. Venereal disease is not included as its control remains a provincial responsibility and was conducted by the Provincial Department of Health.

Room for further improvement always exists. As previously mentioned the culturing of a hepatitis virus may permit the development of an effective vaccine. We can also aim at the complete eradication of diseases such as tuberculosis and V.D. Protection against measles is now possible and it is anticipated that the present measles vaccine will be made available free of charge to physicians in the near future. The full benefits will, of course, show in a few years when all susceptible children have been immunized. Complete eradication of the aforementioned diseases will, however, take more time, work and money.

Finally, we should be prepared to adopt new measures and methods to fight some of our other problems which constitute the modern scourges of humanity, namely heart disease, alcoholism, mental illness, juvenile delinquency, industrial and occupational illnesses. A solution to all these difficulties is not immediately forthcoming but the challenge is great and it is hoped that public health will emerge triumphant as it did in the past with infectious disease.

During 1966 this Department has given a medical examination to approximately 600 civic employees and welfare recipients for various reasons. We have also paid numerous domiciliary visits to Winnipeg citizens for physical or psychiatric medical emergencies. We have also conducted correspondence with physicians and hospitals to obtain or clarify essential information needed by nurses, social workers, and others in the paramedical field.

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The notable drop in unreported diphtheria from 171 cases in 1955 to ten was in our opinion entirely coincidental; the doctors are simply not reporting severe diseases where no diagnosis can be made.

Some of our greatest problems have been, as in the past, our difficulty in convincing certain groups of people to have their children immunized regularly. This is difficult to do when the disease in question has been forgotten. Besides two deaths from infectious hepatitis (one of which was apparently due to this disease) four deaths from pulmonary tuberculosis and one death from whooping cough in an infant, there were no other fatalities from infectious disease in Winnipeg in 1956. The year 1955 was essentially a healthy one for the citizens of this City; no serious outbreaks of any serious infection have occurred and the total of all notifiable cases has reached an all-time low, 222 cases. Various diseases are not included as the control remains a provincial responsibility and was conducted by the Provincial Department of Health.

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TABLE OF REPORTABLE INFECTIOUS DISEASES

<u>CASES AND DEATHS REPORTED</u>	<u>1966</u>		<u>1965</u>	
	<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>
Diarrhoea of the New Born	-	-	8	-
Diphtheria	2	-	4	-
Diphtheria Carriers	7	-	1	-
Dysentery, Amoebic	-	-	-	-
Dysentery, Bacillary	24	-	26	-
Dysentery, Unspecified	10	-	171	-
Encephalitis, Infectious	-	-	-	-
Hepatitis, Infectious	75	2	110	2
Meningitis, (Meningococcal)	2	-	1	-
Meningitis, (Viral or Aseptic)	5	-	11	-
Poliomyelitis	1	-	-	-
Scarlet Fever	18	-	25	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	61	4	60	5
Typhoid Fever & Paratyphoid Fever	-	-	2	-
Typhoid Fever Carriers	-	-	1	-
Undulant Fever	2	-	1	-
Whooping Cough	12	1	9	-
	<u>219</u>	<u>7</u>	<u>430</u>	<u>7</u>

TABLE OF REPORTABLE INFECTIOUS DISEASES

<u>1955</u>		<u>1954</u>		<u>CASES AND DEATHS REPORTED</u>
<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>	
-	8	-	-	Diarrhea of the New Born
-	4	2	-	Diphtheria
-	1	1	-	Diphtheria Carriers
-	-	-	-	Dysentery, Amebic
-	26	26	-	Dysentery, Bacillary
-	17	10	-	Dysentery, Unspecified
-	-	-	-	Encephalitis, Intestinal
5	11	12	2	Epiglottitis, Infectious
-	1	2	-	Enteritis, (Nontyphoidal)
-	12	2	-	Enteritis, (Viral or Acute)
-	-	1	-	Epidemiology
-	20	18	-	Hepatitis
-	-	-	-	Salmonella
5	60	61	4	Tuberculosis, Pulmonary
-	2	-	-	Typhoid Fever & Paratyphoid Fever
-	1	-	-	Typhoid Fever Carriers
-	1	2	-	Unlabeled Fever
-	9	12	1	Whooping Cough
<hr/>		<hr/>		
5	100	100	7	

MEDICAL RELIEF AND OTHER SERVICES

Patients visited by District Physicians	1,437
Glasses supplied to school children	1,101
Persons receiving Insulin (monthly average)	102
Persons receiving Liver Extract (monthly average)	1
Persons receiving Prophylactic Penicillin (monthly average)	322

(Persons with a history of rheumatic fever receive a daily dose of penicillin as a preventive measure against recurrence of the disease. The Health Department supplies this where indicated.)

COMPLETED IMMUNIZATIONS AND VACCINATIONS

	<u>Under 1 Year</u>	<u>1 Year</u>	<u>2 - 5 Years</u>	<u>6 - 16 Years</u>	<u>Over 16 Years</u>	<u>Total</u>
<u>Completed Primary Immunizations for:</u>						
Diphtheria	121	280	342	28	-	771
Pertussis	111	265	256	9	-	641
Tetanus	121	279	342	28	-	770
Poliomyelitis	105	262	294	25	1	677
<u>Completed Reinforcing Immunizations for:</u>						
Diphtheria	4	38	734	8,563	3	9,342
Tetanus	4	37	733	8,560	3	9,337
Poliomyelitis	5	36	641	8,645	8	9,335
Primary Smallpox Vaccinations	282	171	219	49	16	737
TOTAL IMMUNIZED	<u>753</u>	<u>1,358</u>	<u>3,561</u>	<u>25,907</u>	<u>31</u>	<u>31,610</u>

MEDICAL BELIEF AND OTHER SERVICES

1,437	.....	Patients visited by District Physicians
1,101	.....	Diseases supplied to school children
108	.....	Persons receiving Insulin (monthly average)
1	.....	Persons receiving liver extract (monthly average)
322	.....	Persons receiving Prophyllin (monthly average)

(Persons with a history of rheumatic fever receive a daily dose of penicillin as a preventive measure against recurrence of the disease. The Health Department supplies this service indicated.)

COMPLETED IMMUNIZATION AND VACCINATIONS

Disease	Completed Immunizations for:				
	Under 1 Year	1 Year	2 - 5 Years	6 - 15 Years	Over 15 Years
<u>Completed Primary Immunizations for:</u>					
Diphtheria	151	280	342	38	-
Tetanus	151	285	346	0	-
Scarlet	151	279	343	38	-
Poliomyelitis	103	262	304	25	1
<u>Completed Returning Immunizations for:</u>					
Diphtheria	4	38	134	8,263	3,424
Tetanus	4	37	133	8,264	3,425
Poliomyelitis	2	36	131	8,262	3,423
Primary Scarlet Vaccinations	273	171	219	49	16
TOTAL IMMUNIZED	<u>779</u>	<u>1,352</u>	<u>2,173</u>	<u>27,817</u>	<u>17,270</u>

TUBERCULOSIS CONTROL

During 1966 there were eight deaths from tuberculosis in Winnipeg. In some of these cases, other disease causes were also in operation and, in reality, fewer than eight cases died directly as a result of active pulmonary tuberculosis. This is certainly a quite satisfactory state of affairs in comparison to only a few decades ago, when tuberculosis was ravaging, even in North America. More work is certainly needed for many more years to eradicate the disease but Public Health hopes that this goal can be achieved.

The following table illustrates the number of deaths from tuberculosis and the rates per 100,000 population in certain selected years since 1910, and is presented here for comparative purposes:

Deaths from Tuberculosis for Certain Years with Rates per 100,000 Population

<u>Winnipeg Residents</u>	
<u>(City Population 254,000 in 1966)</u>	
<u>Year</u>	<u>Rate per 100,000</u>
1910	123.6
1940	23.0
1950	8.3
1960	6.3
1961	3.8
1962	2.7
1963	4.7
1964	3.9
1965	2.0
1966	2.0

Six of these cases were in people sixty or over, four were over sixty-five and two were over seventy-five years of age. This illustrates the point that tuberculosis deaths today in North America are mainly claiming the lives of the elderly.

New Active Cases of Tuberculosis

There were sixty-seven new cases of tuberculosis in 1966, a figure essentially unchanged from last year (when there were sixty-four) and exactly the same figure as in 1964.

Only a relatively small number of these new cases were found in mass surveys. In the past, such population-screening procedures, were more rewarding as case-finding tools. Today, the main source of new cases is individual medical attention to patients, (by physician, hospital or clinic) and also investigation of contacts of a newly discovered patient. Diagnostic chest x-rays are used nowadays to a considerably greater extent than in the past; many of these are ordered routinely, for example, on admission to hospital. The increased awareness of tuberculosis among the medical profession also leads to an increased ordering of the necessary diagnostic tests, of which x-ray is a part. This practice resulted in the limiting of missing the diagnosis and virtually all those under medical supervision are effectively discovered. This leaves us with a number of

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The following table illustrates the number of deaths from tuberculosis and the rates per 100,000 population in certain selected years since 1910, and is presented here for comparative purposes:

Deaths from Tuberculosis for Certain Years with Rates per 100,000 Population
Winnipeg, Manitoba
(City Population 251,000 in 1956)

Year	Number	Rate per 100,000
1910	104	123.6
1915	75	123.0
1920	51	83.3
1925	35	63.3
1931	19	35.8
1935	7	13.7
1940	12	21.1
1945	10	19.9
1950	3	6.0
1956	8	31.0

Six of these cases were in people sixty or over, four were over sixty-five and two were over seventy-five years of age. This illustrates the point that tuberculosis tends to be more common in the elderly, claiming the lives of the elderly.

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in the past. Hence, the importance of following very closely all those in the tuberculosis registry and making that regular check-ups are performed individuals, usually elderly and living alone, who perhaps harbour the disease, yet little chance exists for its discovery because they seldom seek medical attention. These so-called "marginal men" are the very same that mass surveys miss because they do not come out to take advantage of the screening procedure. They pose many health problems to the community, of which tuberculosis is only a minor part because they are often suffering from many other serious health and mental problems. The health needs of these people, how they could be reached and helped, remains a challenge for public health and social welfare agencies. Fewer cases will remain unnoticed in the future if all these inaccessible individuals are found and health services given to them.

New Cases of Tuberculosis with Rates per 100,000 Population for Winnipeg
1959-1966

<u>Year</u>	<u>New Cases</u>	<u>Rate per 100,000 Population</u>	<u>Found on Surveys</u>
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.4	3
1962	65	25.3	4
1963	74	28.8	6
1964	67	26.2	4
1965	64	25.1	1
1966	67	26.4	4

Tuberculosis New Active Cases and Reactivations by Age Groups 1966

<u>Age Group</u>	<u>New</u>	<u>Reactivations</u>
0 - 4	4	-
5 - 14	2	-
15 - 24	16	-
25 - 39	12	1
40 - 59	20	7
60 - 79	10	2
80 and over	3	-
	<u>67</u>	<u>10</u>

The majority of new cases usually belong to the adult and older age groups. This past year quite a few were found in the young as well, (mainly adolescents and young adults). Only six cases, however, were found below the age of fourteen years, which is considerably less than the sixteen cases found in 1965 in this age group. During the year only thirteen new inactive cases were added to our files for follow-up. These people do not have active disease at the present time and either represent newcomers into the City of Winnipeg, or were discovered at a stage when the disease had already been quiescent.

In 1966 there were ten cases of reactivation of tuberculosis on the list of those already known to our department of having had the disease in the past. If one ever had tuberculosis before he is at a much greater risk of developing active disease again than one who never had it

Individuals, usually elderly and living alone, who perhaps harbor the disease, few little disease exists for its discovery because they seldom seek medical attention. Those so-called "sentinel men" are the very ones that have surgery also because they do not come out to take advantage of the screening procedure. They pose many health problems to the community, of which tuberculosis is only a minor part because they are often suffering from many other serious health and mental problems. The health needs of these people, how they could be reached and helped, remains a challenge for public health and social welfare agencies. Fewer cases will remain undetected in the future if all these inaccessible individuals are found and health services given to them.

New Cases of Tuberculosis with Rates per 100,000 Population for Winnipeg 1952-1959

Year	New Cases	Rate per 100,000 Population	Funds on Survey
1959	70	26.2	4
1958	75	27.4	4
1957	88	28.4	4
1956	92	29.3	4
1955	114	32.8	4
1954	92	26.2	4
1953	94	25.1	4
1952	92	26.4	4

Tuberculosis New Active Cases and Reactivations by Age Group 1952

Age Group	New	Reactivations
0 - 4	4	-
5 - 14	2	-
15 - 24	10	-
25 - 34	12	-
35 - 44	20	7
45 - 54	10	2
55 and over	1	1
	69	10

The majority of new cases usually belong to the adult and older age groups. This past year quite a few were found in the young as well (mainly adolescents and young adults). Only six cases, however, were found below the age of fourteen years, which is considerably less than the average cases found in this age group. During the year only three new inactive cases were added to our files for follow-up. These people do not have active disease at the present time and either represent new converts into the City of Winnipeg, or were discovered at a stage when the disease was already been diagnosed.

In 1952 there were ten cases of reactivation of tuberculosis on the list of those already known to our department of health and the disease in the past. It was noted that tuberculosis patients in the past had a greater risk of developing active disease again than the one who never had it.

in the past. Hence, the importance of following very closely all those in the tuberculosis registry and ensuring that medical check-ups are performed at desired intervals. If a recurrence was in the process of developing it will be, hopefully, discovered at an early stage and treated promptly to prevent further lung damage or spread to others.

The low recurrence rate certainly reflects the excellent work of our Public Health Nurses in following these people and ensuring that the medical examinations are carried out when ordered by the doctor in charge of the case. This is not the easiest job in the world to do and tremendous difficulties arise because human nature is inclined to neglect and complacency when one is not acutely ill and has been disease-free for some years. Unresponsive or uncooperative ex-patients require repeated visits by the nurse for persuasion to attend to their overdue medical check-ups; failing this, registered letters, visiting by a health inspector or a doctor are used and most delinquents are eventually effectively examined.

How New Active Cases and Reactivations were Discovered

	<u>New</u>	<u>Reactivations</u>
General Hospital	38	1
Private Physicians	7	1
Community Surveys	5	-
Chest Clinics	16 (11 were contacts of active cases)	7
Vital Statistics	<u>1</u>	<u>1</u>
Total	<u>67</u>	<u>10</u>

Hospitals, chest clinics and private doctors are the main sources of discovery of new cases. Note that eleven of the sixteen cases listed under "chest clinics" for new cases, were, in fact, contacts of known active cases.

Classification of New and Reactivated Cases for 1966

	<u>New Cases</u>	<u>Reactivations</u>
<u>PULMONARY -</u>		
Primary	6	1
Minimal	17	-
Moderately Advanced	9	-
Far Advanced	17	6
Unclassified	<u>-</u>	<u>-</u>
Total	<u>49</u>	<u>7</u>

Note that not all of the pulmonary cases are "minimal" at the time of discovery.

National Employment Service
(Canada Employment Centre) 1 - F.I.T.B. active

Central Tuberculosis Clinic
Survey Unit 1 - F.I.T.B. active

Survey of Nursing Homes 1 - F.I.T.B. active, 1 - F.I.T.B. inactive

In the past, however, the importance of following very closely all those in the tubercular family and watching that contact should be maintained as long as possible. It is recognized that in the process of investigation it will be, hopefully, discovered at an early stage and means generally to prevent further lung damage or spread to others.

The low recurrence rate certainly reflects the excellent work of our Public Health Nurses in following these people and ensuring that the medical examinations are carried out when ordered by the doctor in charge of the case. This is not the easiest job in the world to do and tremendous difficulties arise because human nature is inclined to resist and non-compliance when one is not acutely ill and has been disease-free for some years. Unresponsive or uncooperative ex-patients require repeated visits by the nurse for persuasion to attend to their periodic medical check-ups. Lacking this, registered letters, visited by a health inspector or a doctor are used and most delinquents are eventually effectively controlled.

How New Active Cases and Reactivations were Discovered

Reactivation	New	
1	28	General Hospital
1	7	Private Physicians
-	5	Community Surveys
1	10 (11 were contacts of active cases)	Chest Clinics
1	1	Vital Statistics
1	67	Total
===	===	

Hospitals, chest clinics and private doctors are the main sources of discovery of new cases. Note that eleven of the sixteen cases listed under "chest clinics" for new cases, were, in fact, contacts of known active cases.

Classification of New and Reactivated Cases for 1961

Reactivation	New Cases	
1	6	Pulmonary
-	17	Miliary
-	9	Moderately Advanced
6	17	Far Advanced
1	-	Unclassified
1	49	Total
===	===	

Note that not all of the pulmonary cases are "primary" at the time of discovery.

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	<u>New Cases</u>	<u>Reactivations</u>
<u>EXTRA PULMONARY-</u>		
Pleurisy	8 (act.)	-
Glandular	1 "	2
Renal & Genital	5 "	-
Bone	2 "	1
Meningeal	-	-
Miliary	2 "	-
Peritonitis	-	-
Other	-	-
Total	<u>18</u>	<u>3</u>
Pulmonary	49	7
Total	<u><u>67</u></u>	<u><u>10</u></u>

Tuberculin Tests in Winnipeg in 1966

The total number of tests done during the 1966 surveys was 6,902, as compared with 20,422 in 1965. Three active cases were found.

	<u>Tests</u>	<u>Tests Read</u>	<u>Positive</u>	<u>Negative</u>
Schools	1,754	1,707	38	1,669
%	-	97.3	2.2	97.8
Colleges	1,852	(Not available)	(Not available)	1,656
%	-	-	-	-
Industrial	3,296	1,421	540	881
%	-	43.1	38.0	62.0
TOTAL	<u>6,902</u>	<u>3,128</u>	<u>578</u>	<u>4,206</u>
		(plus Colleges)	(plus Colleges)	

2.2% of tuberculin tests were positive in the schools among students examined. 38.0% were positive among industrial workers.

Positive reactors were subsequently submitted to an x-ray examination.

X-ray Surveys in Winnipeg in 1966

	<u>Number</u>	<u>New Active Cases</u>
Industrial and Red River Exhibition	2,083	
Schools and Colleges	1,341	
National Employment Service (Canada Manpower Centre)	6,869	1 - F.A.T.B. active
Central Tuberculosis Clinic Survey Unit	2,335	1 - F.A.T.B. active
Survey of Nursing Homes	<u>3,083</u>	<u>1 - F.A.T.B. active, bac.</u>
TOTAL	<u>15,711</u>	<u>3</u>

Discharges from Sanatorium in 1966

Cases admitted in 1965 - Discharged in 1966 -	13
Cases admitted in 1966 - Discharged in 1966 -	44
Discharged	39
Left against advice -	3
Died -	2
	<u>44</u>
TOTAL Discharges from Sanatorium in 1966 -	<u><u>57</u></u>

Period of Stay in Sanatorium

<u>0-1 mo.</u>	<u>1-2 mos.</u>	<u>2-3 mos.</u>	<u>3-4 mos.</u>	<u>4-5 mos.</u>	<u>5-6 mos.</u>	<u>Over 6 mos.</u>
6	11	14	7	4	9	6

Note that the majority of new cases stay in the hospital for less than four months.

1966 Chest X-ray

<u>Schools</u>	<u>Industrial</u>
Kinsmen 82	Winnipeg Post Office 286
Sisler 193	Hudson's Bay 414
275	Sterling Cloak 161
	Man. Telephone System 507
	Winnipeg Free Press 469
	<u>1,837</u>
<u>Colleges</u>	
United College 479	
Manitoba Law School 57	<u>Survey</u>
Medical College 530	Nursing Homes 3,083
1,066	Red River Exhibition 246
	<u>3,329</u>
TOTAL - <u>6,507</u>	
GRAND TOTAL - <u><u>15,711</u></u>	

During 1966, we had eight deaths from tuberculosis in the City of Winnipeg, sixty-seven new active cases and ten reactivations.

Our most important contribution in the tuberculosis control field has been the investigation of new cases and ensuring an adequate follow-up of almost 1,000 patients listed in our files as having had the disease in the past. Supervision of treatment at home has also become a prime concern of public health. This responsibility has increased as more tuberculosis patients are now being treated with chemotherapy on an out-patient basis.

Our greatest difficulty remains our inability to convince all ex-patients that a regular follow-up is necessary; whatever methods of

Discharges from Hospital in 1965

13	-	Discharged in 1965	-	Cases admitted in 1965
44	-	Discharged in 1965	-	Cases admitted in 1965
	39	Discharged		
		Late against advice		
		Died		
	<u>39</u>			
<u>57</u>				TOTAL Discharges from Hospital in 1965

Period of Stay in Hospital

<u>Over 6 mos.</u>	<u>3-6 mos.</u>	<u>4-5 mos.</u>	<u>3-4 mos.</u>	<u>2-3 mos.</u>	<u>1-2 mos.</u>	<u>0-1 mo.</u>
6	9	4	7	16	11	6

Note that the majority of new cases stay in the hospital for less than four months.

1965 Chest X-ray

	<u>Industrial</u>		<u>Schools</u>
286	Winipeg Post Office	89	Kinsman
411	Infant's Bay	103	Stuart
101	Starling Clock	<u>192</u>	
307	Man. Telephone System		<u>Colleges</u>
<u>1,105</u>	Winipeg Free Press		United College
			Manitoba Law School
	<u>Survey</u>	479	Medical College
3,089	Nursing Homes	27	
<u>406</u>	Red River Exhibition	<u>230</u>	
<u>4,595</u>		1,066	
		<u>6,307</u>	TOTAL
		<u>12,711</u>	GRAND TOTAL

TUBERCULOSIS CASES REGISTER SUMMARY
For one-year period ending January 31, 1967

Case Load during 1966

Tuberculosis cases in current file at beginning of period	1,118*
Tuberculosis cases added to register during period	
1. Newly reported cases:	
New active cases - 67	
New inactive cases - <u>13</u>	80
2. Cases returned to current file from closed file (includes clinically reactivated cases)	80
3. Transferred to Winnipeg (from Central Registry)	<u>63</u>
	153
	<hr/>
Total tuberculosis cases in Registry during period	1,271
Cases transferred to closed file during period	
1. Tuberculosis deaths	8
2. Non-tuberculous deaths	15
3. Inactive	334
4. Diagnosis changed to non-tuberculous	4
5. Lost - unable to locate	67
6. Moved out of city	<u>114</u>
	542
	<hr/>
Tuberculosis cases in current file at end of period (included non-pulmonary cases)	<u>729</u>

* This figure represents the approximate number of cases in current file at beginning of year, 1966.

SUMMARY

During 1966, we had eight deaths from tuberculosis in the City of Winnipeg, sixty-seven new active cases and ten reactivations.

Our most important contribution in the tuberculosis control field has been the investigation of new cases and ensuring an adequate follow-up of almost 1,000 patients listed in our files as having had the disease in the past. Supervision of treatment at home has also become a prime concern of public health. This responsibility has increased as more tuberculosis patients are now being treated with chemotherapy on an out-patient basis.

Our greatest difficulty remains our inability to convince all ex-patients that a regular follow-up is necessary; whatever methods of

TUBERCULOSIS CASES REGISTERED
For one-year period ending January 31, 1967

Cases Lost during 1966

Tuberculosis cases in current file at beginning of period
Tuberculosis cases added to register during period

	1. Newly reported cases:	
	New active cases	67
	New inactive cases	13
80		
10	2. Cases returned to current file from closed file (includes officially reactivated cases)	
63	3. Transferred to Winnipeg (from Central Registry)	
153		
1,277	Total tuberculosis cases in Registry during period	

Cases transferred to closed file during period

	1. Tuberculosis deaths	8
	2. Non-tuberculosis deaths	17
	3. Inactive	334
	4. Diagnosis changed to non-tuberculosis	4
	5. Lost - unable to locate	67
	6. Moved out of city	114
544		

Tuberculosis cases in current file at end of period
(includes non-pulmonary cases)

* This figure represents the approximate number of cases in current file at beginning of year, 1966.

SUMMARY

During 1966, we had eight deaths from tuberculosis in the City of Winnipeg, sixty-seven new active cases and ten reactivations.

Our most important contribution in the tuberculosis control field has been the investigation of new cases and ensuring an adequate follow-up of almost 1,000 patients listed in our files as having had the disease in the past. Supervision of treatment as well as becoming a prime concern in public health. This responsibility has increased as more tuberculosis patients are now being treated with chemotherapy on an out-patient basis.

Our greatest difficulty remains our inability to convince all ex-patients that a regular follow-up is necessary; whatever methods of

DENTAL SERVICES

persuasion are to be used, 100% success cannot be achieved but we are trying to ensure follow-up in as many cases as is humanly possible.

Our department extends its thanks and appreciation to the Sanatorium Board of Manitoba, without the basic work and help of which no tuberculosis fighting program would be possible. The clinical and public health measures can only be effective if they are supplementing each other, and cooperation between these two bodies was excellent in 1966, as it has always been in the past. We also wish to thank all those who assisted our work during the year, especially the public health nurses and our health inspectors, who spared no efforts to ensure first quality performance.

In all fields of education as in dental health the most important step is to (a) create an interest, (b) activate people to action, and (c) attempt to maintain improvements on a sustaining basis. Our programme places major emphasis on the primary school children up to the Grade III level, and their parents. This is accomplished through our annual classroom dental inspections, parent notifications and talks by dentists with demonstrations in the classrooms.

Co-operation by the public health nurses, the personnel of the City of Winnipeg School Division No. 1, and the dental profession has indeed enhanced and produced a well balanced programme.

Free Dental Health Education material and teaching aids are made available to all nurses, principals, teachers, parents, and pupils in order to create an interest with a resultant positive action towards improving the dental health of their community.

The supplementary dental health programme was continued during the 1966-67 school term. The material was generously supplied by one of the large commercial companies who are active in the dental health field. Posters, pamphlets, and teaching outlines were again distributed to all classrooms. Every grade one child received a coloring book aimed at dental health education, and each grade three pupil a dental instruction kit (toothpaste and toothbrush). This supplementary programme is being very well received.

Dental inspections are another positive approach in an education programme. Interest and action can be obtained through notifications sent to the parents on their child's dental health and a request for information on the family's arrangement for providing dental services.

In addition to the advisory services provided through the treatment clinics, the Director acted as a consultant to the Winnipeg General Hospital Veterans Dental Clinic, Mount Carmel Clinic, and the Winnipeg School Board.

The annual in-service training programme for the staff members was held on the first school day in September. The topics included conferences on policy, organization, administration and techniques.

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to ensure follow-up in as many cases as is humanly possible.

Our department extends its thanks and appreciation to the
Sanitation Board of Montreal, without the past work and help of which no
substantial fighting program would be possible. The citizens and public
health measures can only be effective if they are implemented each day,
and cooperation between these two bodies was essential in 1950, as it was
always seen in the past. We also wish to thank all those who assisted our
work during the year, especially the public health nurses and our health
inspectors, who spared no efforts to ensure that our performance.

CHILD DENTAL SERVICES

The City of Winnipeg Child Dental Services Programme actively engages in the following health measures:

- (1) Dental Health Education
- (2) Studies of the Local Dental Health Problems
- (3) Utilization of Public Health Measures
- (4) Dental Treatment

1. Dental Health Education:

In all fields of education as in dental health the most important step is to (a) create an interest, (b) motivate people to action, and (c) attempt to maintain improvements on a sustaining basis. Our programme places major emphasis on the primary school children up to the Grade III level, and their parents. This is accomplished through our annual classroom dental inspections, parent notifications and talks by dentists with demonstrations in the classrooms.

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- (1) Dental Health Education
- (2) Dentures of the Local Dental Health Program
- (3) Utilization of Public Health Resources
- (4) Dental Treatment

1. Dental Health Education

In all fields of education as to dental health the most important was to (a) create an interest, (b) motivate people to action, and (c) attempt to maintain improvements on a sustaining basis. Our program places major emphasis on the primary school children up to the Grade VII level, and their parents. This is accomplished through our annual classroom dental inspections, parent meetings and talks by dentists with demonstrations in the classroom.

Co-operation by the public health nurses, the personnel of the City of Winnipeg School Division No. 1, and the dental profession has indeed enhanced and produced a well balanced program.

Free Dental Health Education material and teaching aids are made available to all classes, principals, teachers, parents, and public in order to create an interest with a resultant positive action towards improving the dental health of their community.

The supplementary dental health program was continued during the 1966-67 school year. The material was generously supplied by one of the large commercial companies who are active in the dental field. Posters, pamphlets, and teaching outlines were again distributed to all classrooms. Every Grade one child received a coloring book aimed at dental health education, and each grade three pupil a dental instruction kit (toothpaste and toothbrush). This supplementary program is being very well received.

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The annual in-service training program for the staff was held on the first school day in September. The agenda included conferences on policy, organization, administration and techniques.

2. Studies of the Local Dental Health Problems

Information collected through annual classroom inspections by the dental branch indicates a definite trend has developed toward an improvement in the oral health of the child population in Winnipeg.

Provision of comprehensive dental treatment for a select group (Social Welfare and Indigent children) by the dental branch seems to be effective in encouraging utilization of this service. Regular maintenance care through recall examinations and treatment planning spreads dental manpower hours over a larger group of children. Failure rates are kept to a minimum. The table below indicates that welfare recipients are seeking and co-operating in providing dental treatment for their children.

Welfare Children on Active Files

1959	345
1960	659
1961	852
1962	877
1963	1,328
1964	1,576
1965	1,925
1966	1,753

Dental supervision is available for pre-school children.

3. Utilization of Public Health Measures

A. Classroom Dental Inspection Analysis

Table I is a compilation of data collected during the school terms 1959-60 to 1965-66. Comparing the terms 1959-60 to 1965-66 favourable progress can be observed in the decreased percentage of children with caries, Kindergarten 77% to 50%; Grade I 84% to 53%; Grade II 88% to 55%. On analysis of the caries free columns for the 1965-66 term. (Kindergarten 50%; Grade I 47%; Grade II 45%; Grade III 44%) about 46% of the children inspected were in a preferred state of being caries free, as compared to 17% in the school term 1959-60. This increase must of necessity be mostly attributable to the benefits of fluoridation which was instituted in Winnipeg in the year 1957. It is interesting to note the progress in the percentage of children in the caries immune and dentistry completed columns. Of the children examined 13% are approved for treatment at the clinics and is significant in projecting the requirements if this service is to be extended into higher grades.

2. Studies of the Local Dental Health Program

Information collected through annual classroom inspections by the dental branch indicates a definite trend has developed toward an improvement in the oral health of the child population in Winnipeg.

Provision of comprehensive dental treatment for a select group (Social Welfare and indigent children) by the dental branch seems to be effective in encouraging utilization of this service. Similar maintenance care through weekly examinations and treatment planning spreads dental manpower over a larger group of children. Welfare rates are kept to a minimum. The table below indicates that welfare recipients are seeking and co-operating in providing dental treatment for their children.

Welfare Children on Active Files

1959	345
1960	400
1961	480
1962	577
1963	1,308
1964	1,376
1965	1,325
1966	1,731

Dental supervision is available for pre-school children.

3. Utilization of Public Health Resources

A. Classroom Dental Inspection Analysis

Table I is a compilation of data collected during the school terms 1959-60 to 1965-66. Comparing the years 1959-60 to 1965-66 favourable progress can be observed in the decreased percentage of children with water Kindergartens 7% to 5%; Grade I 6% to 3%; Grade II 8% to 4%; Grade III 10% to 5%; Grade IV 12% to 6%; Grade V 15% to 7%; Grade VI 18% to 9%; Grade VII 22% to 11%; Grade VIII 25% to 12%; Grade IX 28% to 14%; Grade X 30% to 15%; Grade XI 32% to 16%; Grade XII 35% to 17%. The increase must be regarded as mainly within the school years 1959-60. This increase must be regarded as mainly within the benefits of fluoridation which was instituted in Winnipeg in the year 1957. It is interesting to note the progress in the percentage of children in the various classes and dentists' completed courses. Of the children examined 15% are approved for treatment at the clinic and 12% significant in projecting the requirements in this city as to be extended into higher grades.

B. D.M.F.T. (Decayed, Missing, Filled Teeth-Permanent) "Specials"

Table II is a compilation of data on a sample of children born and raised in the Metro area of Winnipeg. Information was collected during regular school inspection visits, subjects selected on the basis of every tenth child according to the alphabetical listing of children in the school index card register. The age 7 group of children for the year 1966 show reduction in the D.M.F.T. rate of 66%. The average D.M.F.T. decrease in all groups (7, 9, 11, and 13) from 1958 to 1966 is about 50%. Fluoridation, education and readily available dental care may be cited as the chief factors for this marked improvement.

Table III is a breakdown of data from 1958-66 compiled on the samples of the seven year old children born and raised in Metropolitan Winnipeg. During the past three years the average has been more than a 63% reduction in the incidence of affected teeth from the 1958 figure.

4. Dental Treatment

(A) Dental Clinics

Dental treatment is provided at the following school clinics:-

- (1) 136 Ellen Street - 2 chairs (Emergency Clinic)
- (2) William Whyte School - 2 chairs
- (3) King Edward School # 2 - 2 chairs
- (4) John M. King School - 2 chairs

Dental clinics are located in strategic areas of the school system in order to conveniently provide for the bulk of eligible patients. Emergency treatment for all school children (no economic or age barrier) is provided at our Ellen Street Clinic at any time during the school hours.

Comprehensive dental treatment with some minor orthodontia is arranged for children whose families are on City of Winnipeg Welfare and resident children in Grade III and under, including pre-school children, whose families require economic assistance. Application for this service is subject to the approval of the public health nurse at the school or in the area of residency. A new dental unit and chair were installed during the year in the Ellen Street Clinic with funds made available through a National Health Grant.

B. Treatment

In 1966, 6,779 children were treated during the course of 16,992 patient visits to the clinics. Patients completed and provided with maintenance dental care to the extent of facilities available totalled 3,762 or 55%. 13,134 individual teeth were attended and of these 2,974 teeth were removed and 10,160 teeth were restored to healthy functioning units. Three quarters of the patients accepted on an emergency treatment basis were 8 years of age and over and would account for a majority of tooth extractions. Preventive and conservative dental procedures are emphasized in the management of child patients.

E. D.M.V. (Dental, Medical, Physical Exam) - Summary

Table II is a comparison of data on a sample of children born and raised in the Metro area of Winnipeg. Information was collected during regular school inspection visits, subjects selected on the basis of every tenth child according to the alphabetical listing of children in the school index card register. The age 7 group of children for the year 1955 show reduction in the D.M.V. rate of 55%. The average D.M.V. decrease in all groups (1, 2, 3, 4, 5, 6, 7) from 1955 to 1956 is about 40%. Factors for this marked improvement:

Table III is a presentation of data from 1955-56 compiled on the samples of the seven year old children born and raised in Metropolitan Winnipeg. During the past three years the average has been more than 65% reduction in the incidence of untreated teeth from the 1955 figure.

Dental Treatment

(A) Dental Clinics

Dental treatment is provided at the following schools:

- (1) 130 Elgin Street - 2 chairs (Kearney Clinic)
- (2) Wilton Wyke School - 2 chairs
- (3) King Edward School - 2 chairs
- (4) John M. King School - 2 chairs

clinics:-

Dental clinics are located in strategic areas of the school system in order to conveniently provide for the bulk of eligible patients. Emergency treatment for all school children (no economic or age barrier) is provided at our Elgin Street Clinic at any time during the school hours.

Comprehensive dental treatment with some minor orthodontic is arranged for children whose families live in City of Winnipeg Welfare and resident children in Grade III and under, including pre-school children whose families require economic assistance. Application for this service is subject to the approval of the public health nurse at the school or in the area of residence. A new dental unit and chair were installed during the year in the Elgin Street Clinic with funds made available through a National Health Grant.

B. Treatment

In 1955, 6,719 children were treated during the course of 16,922 patient visits to the clinic. Patients completed and provided with maintenance dental care to the extent of treatment available totaled 3,762 or 56%. 15,154 individual teeth were extracted and of these 3,975 teeth were removed and 10,180 teeth were retained in working functioning units. Three quarters of the patients accepted as emergency treatment had a 8 years of age and over and would account for a majority of tooth extractions. Preventive and conservative dental procedures are emphasized in the management of child patients.

C. Recall Systems

Further dental treatment coverage is extended to a large group of children from co-operative and interested families through a periodic recall system. Regular maintenance care has resulted in an increase in the number of children receiving benefits over a longer period of time. There were 6,255 patients recalled, and of these 2,339 or 37% were returned to optimum dental health on their first appointment.

Failed appointments are of major concern and precautions are taken to eliminate many of the causative factors. In 1966 out of 20,020 assigned appointments, 1,460 or 7.2% had failed (5.92% in 1965). Two hundred and sixteen (216) of these failed appointments were new patients after having requested assistance and been approved by the public health nurse. The advantage of having clinics located in select schools permits replacement from within the school to fill the allotted time, thus reducing lost dental manpower hours to a minimum.

One thousand, four hundred and twenty-six patients cancelled (7.12%) and arranged another suitable time. Courtesy of advising the clinics in advance of inability to keep an appointment suggests that the treatment service is appreciated by this clientele.

Table IV is a summary of the dental treatment groups by ages and Table V is an analysis of dental treatment services provided by the Health Department to school children for the year 1966.

Handicapped Children

Provision of dental treatment for mentally retarded children attending a special school in the City was continued throughout 1966. Arrangements were made again to transport the eligible students to one of the regular dental treatment centres. In the majority of cases a mentally retarded child can be treated using normal dental procedures and techniques. The chief problem is providing ways and means for families who have the burden of raising a handicapped child to obtain dental service for the child, followed by a programme to motivate the parents to take action in improving the child's dental health.

Adult Dental Services

The Winnipeg General Hospital Welfare Dental Clinic continued its operation throughout the year under the combined guidance of the Dental Branch, plus the University of Manitoba Dental College. The need for this type of clinic may be seen in the waiting list of patients accumulated during the year. The clinic is located in the Out-Patients Department and is in operation only in the afternoon. The programme which is available for adult welfare and medico-dental indigents in Manitoba includes preventive, interceptive and restorative dentistry to interested and co-operative patients. The clinic is financed by the Manitoba Hospital Commission. Resident patients of the City of Winnipeg are provided with appliances (dentures, partials, etc.) by the Health Department where indicated.

Further dental treatment services is extended to a large group of children from co-operative and interested families through a periodic recall system. Regular examinations were also carried in an increase in the number of children receiving dental care over a longer period of time. There were 6,255 patients recalled, and of these 2,150 or 34% were referred to optimum dental health on their first appointment.

Recalled appointments are of major concern and provision are taken to eliminate any of the causative factors. In 1966 out of 20,000 recalled appointments, 1,400 or 7.0% had failed (2.5% in 1965). Two hundred and sixteen (2.8%) of these failed appointments were due to patients either having requested assistance and been approved by the public health nurse. The advantages of having clinics located in school schools provide replacement free within the school so that the allocated time, thus reducing lost dental manpower hours to a minimum.

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Adult Dental Services

The Winnipeg General Hospital Adult Dental Clinic continued its operation throughout the year under the leadership of the Dental Branch, plus the University of Manitoba Dental College. The need for this type of clinic may be seen in the following list of patients accumulated during the year. The clinic is located in the Out-Patients Department and is in operation only in the afternoon. The programme which is available for adult patients and orthodontic treatment is provided includes preventive, restorative and orthodontic treatment to be provided and cooperative patients. The clinic is financed by the Manitoba Hospital Commission. Resident patients of the City of Winnipeg are provided with appliances (dentures, partials, etc.) by the Health Department where indicated.

Staff

The Dental Branch includes a director, plus a professional establishment equivalent to six full time dentists. Three dentists (including the Director) were retained on full time staff and fourteen (14) dentists were employed on a sessional fee part-time basis. The auxiliary staff includes eight dental assistants and one clerk. The number of patients now being seen by our clinics would definitely necessitate the hiring of a dental hygienist, thus releasing the dentist for work more suitable to his capabilities. The position has been created but as yet the funds are not readily available.

School Term	School Inspect.	Percentage of Children			
		Decayed	Filled	Restored	Missing
1955-1956	3,122	14	22	15	49
1956-1957	3,126	15	23	16	46
1957-1958	3,115	16	24	17	43
1958-1959	3,139	17	25	18	40
1959-1960	3,142	18	26	19	37
1960-1961	3,161	19	27	20	34
1961-1962	3,166	20	28	21	31
1962-1963	3,168	21	29	22	28
1963-1964	3,175	22	30	23	25
1964-1965	3,185	23	31	24	22
1965-1966	3,192	24	32	25	19
1966-1967	3,201	25	33	26	16
1967-1968	3,206	26	34	27	13
1968-1969	3,211	27	35	28	10
1969-1970	3,216	28	36	29	7
1970-1971	3,221	29	37	30	4
1971-1972	3,226	30	38	31	1
1972-1973	3,231	31	39	32	0
1973-1974	3,236	32	40	33	0
1974-1975	3,241	33	41	34	0
1975-1976	3,246	34	42	35	0
1976-1977	3,251	35	43	36	0
1977-1978	3,256	36	44	37	0
1978-1979	3,261	37	45	38	0
1979-1980	3,266	38	46	39	0
1980-1981	3,271	39	47	40	0
1981-1982	3,276	40	48	41	0
1982-1983	3,281	41	49	42	0
1983-1984	3,286	42	50	43	0
1984-1985	3,291	43	51	44	0
1985-1986	3,296	44	52	45	0
1986-1987	3,301	45	53	46	0
1987-1988	3,306	46	54	47	0
1988-1989	3,311	47	55	48	0
1989-1990	3,316	48	56	49	0
1990-1991	3,321	49	57	50	0
1991-1992	3,326	50	58	51	0
1992-1993	3,331	51	59	52	0
1993-1994	3,336	52	60	53	0
1994-1995	3,341	53	61	54	0
1995-1996	3,346	54	62	55	0
1996-1997	3,351	55	63	56	0
1997-1998	3,356	56	64	57	0
1998-1999	3,361	57	65	58	0
1999-2000	3,366	58	66	59	0
2000-2001	3,371	59	67	60	0
2001-2002	3,376	60	68	61	0
2002-2003	3,381	61	69	62	0
2003-2004	3,386	62	70	63	0
2004-2005	3,391	63	71	64	0
2005-2006	3,396	64	72	65	0
2006-2007	3,401	65	73	66	0
2007-2008	3,406	66	74	67	0
2008-2009	3,411	67	75	68	0
2009-2010	3,416	68	76	69	0
2010-2011	3,421	69	77	70	0
2011-2012	3,426	70	78	71	0
2012-2013	3,431	71	79	72	0
2013-2014	3,436	72	80	73	0
2014-2015	3,441	73	81	74	0
2015-2016	3,446	74	82	75	0
2016-2017	3,451	75	83	76	0
2017-2018	3,456	76	84	77	0
2018-2019	3,461	77	85	78	0
2019-2020	3,466	78	86	79	0
2020-2021	3,471	79	87	80	0
2021-2022	3,476	80	88	81	0
2022-2023	3,481	81	89	82	0
2023-2024	3,486	82	90	83	0
2024-2025	3,491	83	91	84	0
2025-2026	3,496	84	92	85	0
2026-2027	3,501	85	93	86	0
2027-2028	3,506	86	94	87	0
2028-2029	3,511	87	95	88	0
2029-2030	3,516	88	96	89	0
2030-2031	3,521	89	97	90	0
2031-2032	3,526	90	98	91	0
2032-2033	3,531	91	99	92	0
2033-2034	3,536	92	100	93	0
2034-2035	3,541	93	100	94	0
2035-2036	3,546	94	100	95	0
2036-2037	3,551	95	100	96	0
2037-2038	3,556	96	100	97	0
2038-2039	3,561	97	100	98	0
2039-2040	3,566	98	100	99	0
2040-2041	3,571	99	100	100	0
2041-2042	3,576	100	100	100	0
2042-2043	3,581	100	100	100	0
2043-2044	3,586	100	100	100	0
2044-2045	3,591	100	100	100	0
2045-2046	3,596	100	100	100	0
2046-2047	3,601	100	100	100	0
2047-2048	3,606	100	100	100	0
2048-2049	3,611	100	100	100	0
2049-2050	3,616	100	100	100	0
2050-2051	3,621	100	100	100	0
2051-2052	3,626	100	100	100	0
2052-2053	3,631	100	100	100	0
2053-2054	3,636	100	100	100	0
2054-2055	3,641	100	100	100	0
2055-2056	3,646	100	100	100	0
2056-2057	3,651	100	100	100	0
2057-2058	3,656	100	100	100	0
2058-2059	3,661	100	100	100	0
2059-2060	3,666	100	100	100	0
2060-2061	3,671	100	100	100	0
2061-2062	3,676	100	100	100	0
2062-2063	3,681	100	100	100	0
2063-2064	3,686	100	100	100	0
2064-2065	3,691	100	100	100	0
2065-2066	3,696	100	100	100	0
2066-2067	3,701	100	100	100	0
2067-2068	3,706	100	100	100	0
2068-2069	3,711	100	100	100	0
2069-2070	3,716	100	100	100	0
2070-2071	3,721	100	100	100	0
2071-2072	3,726	100	100	100	0
2072-2073	3,731	100	100	100	0
2073-2074	3,736	100	100	100	0
2074-2075	3,741	100	100	100	0
2075-2076	3,746	100	100	100	0
2076-2077	3,751	100	100	100	0
2077-2078	3,756	100	100	100	0
2078-2079	3,761	100	100	100	0
2079-2080	3,766	100	100	100	0
2080-2081	3,771	100	100	100	0
2081-2082	3,776	100	100	100	0
2082-2083	3,781	100	100	100	0
2083-2084	3,786	100	100	100	0
2084-2085	3,791	100	100	100	0
2085-2086	3,796	100	100	100	0
2086-2087	3,801	100	100	100	0
2087-2088	3,806	100	100	100	0
2088-2089	3,811	100	100	100	0
2089-2090	3,816	100	100	100	0
2090-2091	3,821	100	100	100	0
2091-2092	3,826	100	100	100	0
2092-2093	3,831	100	100	100	0
2093-2094	3,836	100	100	100	0
2094-2095	3,841	100	100	100	0
2095-2096	3,846	100	100	100	0
2096-2097	3,851	100	100	100	0
2097-2098	3,856	100	100	100	0
2098-2099	3,861	100	100	100	0
2099-2100	3,866	100	100	100	0
2100-2101	3,871	100	100	100	0
2101-2102	3,876	100	100	100	0
2102-2103	3,881	100	100	100	0
2103-2104	3,886	100	100	100	0
2104-2105	3,891	100	100	100	0
2105-2106	3,896	100	100	100	0
2106-2107	3,901	100	100	100	0
2107-2108	3,906	100	100	100	0
2108-2109	3,911	100	100	100	0
2109-2110	3,916	100	100	100	0
2110-2111	3,921	100	100	100	0
2111-2112	3,926	100	100	100	0
2112-2113	3,931	100	100	100	0
2113-2114	3,936	100	100	100	0
2114-2115	3,941	100	100	100	0
2115-2116	3,946	100	100	100	0
2116-2117	3,951	100	100	100	0
2117-2118	3,956	100	100	100	0
2118-2119	3,961	100	100	100	0
2119-2120	3,966	100	100	100	0
2120-2121	3,971	100	100	100	0
2121-2122	3,976	100	100	100	0
2122-2123	3,981	100	100	100	0
2123-2124	3,986	100	100	100	0
2124-2125	3,991	100	100	100	0
2125-2126	3,996	100	100	100	0
2126-2127	4,001	100	100	100	0
2127-2128	4,006	100	100	100	0
2128-2129	4,011	100	100	100	0
2129-2130	4,016	100	100	100	0
2130-2131	4,021	100	100	100	0
2131-2132	4,026	100	100	100	0
2132-2133	4,031	100	100	100	0
2133-2134	4,036	100	100	100	0
2134-2135	4,041	100	100	100	0
2135-2136	4,046	100	100	100	0
2136-2137	4,051	100	100	100	0
2137-2138	4,056	100	100	100	0

The Dental Branch includes a director, plus a professional establishment equivalent to six full time dentists. Three dentists (including the Director) were retained on full time staff and fourteen (14) dentists were employed on a seasonal two part-time basis. The auxiliary staff includes eight dental assistants and one clerk. The number of patients now being seen by our clinics would definitely necessitate the hiring of a dental hygienist, thus increasing the benefit for work more similar to the capabilities. The position has been created but as yet the funds are not readily available.

Table II

School Dental Examinations of Children born in Metropolitan Winnipeg showing age, number examined and the average number of decayed, missing and filled teeth per child.

Year	Age 7		Age 9		Age 11		Age 13	
	Number Exam.	D.M.F.T. per child	Number Exam	D.M.F.T. per child	Number Exam	D.M.F.T. per child	Number Exam	D.M.F.T. per child
1958	106	2.1	80	3.8	99	5.2	81	8.3
1960	81	1.5	109	3.1	110	4.5	110	7.9
1961	221	1.4	192	2.7	174	4.3	44	6.0
1962	278	1.0	236	2.6	233	3.9	71	5.5
1963	243	.8	229	2.4	217	3.4	87	5.8
1964	238	1.0	276	2.3	214	3.4	57	4.5
1965	190	.6	180	1.7	153	2.9	50	4.5
1966	183	.7	178	2.1	200	3.0	53	4.6

1958, 1960 single examiner, selected schools (high, medium & low income)

1961 5 examiners, random sample
 1962 6 examiners, random sample
 1963 8 examiners, random sample
 1964 10 examiners, random sample
 1965 8 examiners, random sample
 1966 7 examiners, random sample

Table III

A sample of seven-year-old children born and raised in Metro Winnipeg showing premature lost, destroyed crowns, caries and restored permanent teeth. Average number of permanent teeth affected per child.

Year	Children Examined	Premature lost	Crowns Destroyed	Other Caries	Restored	D.M.F.T.
1958	106	0.01	0.03	1.40	0.68	2.1
1960	81	0.00	0.00	0.86	0.65	1.5
1961	221	0.02	0.01	0.93	0.39	1.4
1962	278	0.00	0.02	0.67	0.34	1.0
1963	243	0.00	0.00	0.53	0.29	0.8
1964	238	0.00	0.00	0.63	0.33	1.0
1965	190	0.00	0.00	0.25	0.37	0.6
1966	183	0.00	0.00	0.42	0.27	0.7

Table II

School Dental Examinations of Children born in Metropolitan Winnipeg showing age, number examined and the average number of decayed, missing and filled teeth per child.

Year	Age 7		Age 9		Age 11	
	Number Exam.	D.M.F.T. per child	Number Exam.	D.M.F.T. per child	Number Exam.	D.M.F.T. per child
1958	106	2.1	80	1.8	87	2.3
1959	81	1.5	108	1.1	130	1.9
1961	221	1.4	192	2.7	74	2.0
1962	278	1.0	236	2.6	71	2.7
1963	247	1.8	229	2.4	81	2.8
1964	238	1.0	276	2.3	77	2.7
1965	190	1.6	183	1.7	71	2.3
1966	183	1.7	178	2.1	73	2.2

1958, 1960, 1961, 1962, 1963, 1964, 1965, 1966
 7 examiners, random sample
 8 examiners, random sample
 10 examiners, random sample
 8 examiners, random sample
 5 examiners, random sample
 2 examiners, random sample
 single examiner, selected schools (1960, section 2 low income)

Table III

A sample of seven-year-old children born and raised in Metro Winnipeg showing percentage lost, decayed crowns, caries and restored permanent teeth. Average number of permanent teeth affected per child.

Year	Children Examined	Percentage Lost	Crown		D.M.F.T.
			Decayed	Restored	
1958	106	0.01	0.03	0.58	2.1
1959	81	0.00	0.00	0.65	1.5
1961	221	0.02	0.01	0.33	1.4
1962	278	0.00	0.02	0.34	1.0
1963	247	0.00	0.00	0.33	2.3
1964	238	0.00	0.00	0.33	1.9
1965	190	0.00	0.00	0.37	2.0
1966	183	0.00	0.00	0.37	2.7

Table IV

Summary of Dental Treatment Groups
(Number of Children)
1966

	A G E								
	Preschool	5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	361	569	693	823	930	936	851	1,831	6,994
B. Failed Initial Appointment	10	32	29	34	27	25	20	39	216
C. Completed Patients	177	290	420	446	548	580	528	872	3,861
D. Patients Recalled 6-8 months	179	279	493	700	878	971	950	1,805	6,255
E. Recalls - Completed 1st visit	66	103	200	230	310	380	396	654	2,339
F. Recalls Failed Appointments	10	15	26	38	58	51	64	170	432
G. Emergency Patients	34	77	117	118	166	171	182	511	1,376

Table IV - 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.
- D. Patients recalled (6-8 months) - following last appointment when completed, (1964-1965).
- 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.
- G. Emergency Patients - arrive at clinics for relief of pain and infection, no definite appointment scheduled.

Table IV

Summary of Dental Treatment Groups
(Number of Patients)
1954

	A B C								Total
	Emergency Patients	Failed Appointment	Completed	Recalled (6-8 weeks)	Recalled (10-12 weeks)	Completed	Failed Appointment	Emergency Patients	
A. Patients notified of appointments	361	299	693	687	339	339	339	6,924	
B. Failed initial appointment	10	32	29	34	37	23	23	216	
C. Completed Patients	177	290	480	448	366	366	366	2,661	
D. Patients recalled (6-8 weeks)	179	173	163	170	167	167	167	6,222	
E. Recall - Completed first visit	60	120	200	230	370	380	380	5,139	
F. Recall - Failed Appointment	10	17	20	38	31	31	31	439	
G. Emergency Patients	34	77	117	126	171	182	182	2,326	

Table IV - 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 inspection and approved by the school nurse.
- C. Patients completed - patients from Section A receiving comprehensive dental treatment as provided by the clinics.
- D. Patients recalled (6-8 weeks) - following first appointment when completed, (1954-1955).
- E. Recall completed on first appointment - includes children whose emergency 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.
- G. Emergency Patients - arrive at clinics for relief of pain and infection, no definite appointment scheduled.

Table V

Analysis of Child Dental Services provided by
City of Winnipeg Health Department - 1966

X - rays (single film)	3,992
Exodontia - Deciduous Teeth	2,657
- Permanent Teeth	317
Anaesthetic (local)	8,905
Restorative - (Number Teeth Completed - Filled)	
- Deciduous	5,083
- Permanent	4,510
- Treatment Fillings	318
- Endodontics - Teeth completed	407
Crowns - Celluloid	14
- Stainless Steel	145
Space Maintainers	58
Prosthetic Appliances	17
Prophylaxis (Complete)	3,152
Topical Fluoride (Completed)	980
Fillings Polished	642
Parents Counselling	971
Other Treatments	9,188
Refused (non co-operative)	62
Total Number assigned Dental Appointments	19,878
Cancelled Appointments	1,426
Failed Appointments	1,460
Referred to Private Dentists	17
Recalls (6-8 months)	6,295
School Inspection Clinics	105
Classroom Dental Inspection (Approx. no. of children)	16,500

Table V

Analysis of Child Dental Services provided by
City of Chicago Health Department - 1960

16,500	.....	District Dental Inspection
100	.....	School Inspection Clinics
6,000	.....	Recalls (6-8 months)
11	.....	Referral to Private Dentists
1,400	.....	Refused Appointments
1,425	.....	Cancelled Appointments
19,825	.....	Total Number of Dental Appointments
80	.....	Retained (non-operative)
9,100	.....	Other Treatments
971	.....	Permanence Consultations
670	.....	Filling Referrals
90	.....	Topical Fluoride (Completed)
2,100	.....	Prophylaxis (Completed)
11	.....	Prosthodontic Appliances
30	.....	Space Maintainers
145	.....	Crowns - Gold/Plastic
14	.....	Crowns - Gold
400	.....	Extraction - Teeth completed
37	.....	Prosthetic Fittings
1,310	.....	Treatment - Periodontal
.....	.....	Restorative - (Rubber Teeth Completed - Filled)
8,000	.....	Anesthetic (Local)
2,377	.....	Extraction - Root
2,377	.....	Extraction - Root
3,000	.....	X-ray (single film)

PUBLIC HEALTH NURSING

The City of Winnipeg public health nursing program is family centered, embracing both physical care and emotional support and requiring skill in teaching and counselling. The public health nurse is a family health teacher. She is interested in the health needs of all age groups from the newborn to the senior citizen. She visits homes and schools, counsels mothers in child health conferences, demonstrates nursing care and treatments, teaches expectant parents in day and evening classes, participates with other professional personnel in the rehabilitation of the sick, injured and handicapped and is the link between the hospital, the school and the home. Her chief concern is with the general welfare of people and families rather than with disease and infirmity. A close working agreement exists between the City of Winnipeg Public Health Nursing Division and the Victorian Order of Nurses in order that duplication and fragmentation of service is prevented.

Since its inception 25 years ago, the work of the Nursing Division has been decentralized. At the present time there are four district nursing offices each housing a nursing supervisor and from 11 to 15 nurses. Frequent communication takes place between the nursing districts and the central administrative office. Every effort is made to offer Winnipeg citizens a smooth, efficient, well co-ordinated nursing program. The following paragraphs highlight some of the nursing activities in 1966.

School Health Services

The health of school age children is a vital concern to all, both now and in the future. The physical and emotional ills which so often start in childhood must be discovered and placed under treatment as soon as possible so that the child will be capable of getting the greatest benefit from his education.

To this end, an extensive health service program for school children is maintained in Winnipeg schools by the Health Department. It is a co-operative activity involving parents, educators, private physicians, public health personnel and treatment agencies.

The success of the school health program depends mainly on the public health nurse who, as a health teacher, counsellor, interpreter and co-ordinator, spends more than 50% of her time in this area of service. It is the public health nurse's responsibility to screen out pupils with health problems and to assist them to obtain the necessary treatment or correction in order that their educational progress is not impeded.

In the past year, public health nurses tested the eyes of 41,932 pupils. The Snellen visual acuity test was used. As a result of these tests, 5,172 pupils were referred for further medical attention. Sixty-eight percent of these pupils had new glasses prescribed or their prescription changed. Since the problem of farsightedness is not easily detected with the Snellen test, the Health Department plans to purchase lenses next year so the pupils with problems of hyperopia may be picked up early.

PUBLIC HEALTH NURSING

The City of Winnipeg public health nursing program is family centered, emphasizing both physical care and emotional support and requiring skill in teaching and counseling. The public health nurse is a family health teacher. She is interested in the health needs of all age groups from the newborn to the senior citizen, the village home and schools, convalescent homes, child health conferences, demonstration nursing care and treatment, teaches expectant parents in day and evening classes, participates with other professional personnel in the rehabilitation of the sick, injured and handicapped and in the link between the hospital, the school and the home. Her chief concern is with the general welfare of people and families rather than with disease and infection. A close working agreement exists between the City of Winnipeg Public Health Nursing Division and the Manitoba Order of Nurses in order that duplication and fragmentation of service is prevented.

Since its inception 25 years ago, the work of the Division has been demonstrated. At the present time there are four district nursing offices each housing a nursing supervisor and from 11 to 15 nurses. Frequent communication takes place between the nursing districts and the central administrative office. Every effort is made to offer Winnipeg citizens a smooth, efficient, well co-ordinated nursing program. The following paragraphs highlight some of the nursing activities in 1966.

School Health Services

The health of school age children is a vital concern to all, both now and in the future. The physical and emotional life which so often starts in childhood must be discovered and placed under treatment as soon as possible so that the child will be capable of getting the greatest benefit from his education.

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In the past year, public health nurses screened the eyes of 41,922 pupils. The Schiotz visual acuity test was used. As a result of these tests, 2,175 pupils were referred for further medical attention. Sixty-eight percent of these pupils had new glasses prescribed or their prescription changed. Since the problem of nearsightedness is not easily detected with the Schiotz test, the Health Department plans to purchase lenses next year so the pupils with problems of hyperopia may be picked up early.

For a number of years, the Winnipeg Health Department has carried out colour vision tests in the Technical Vocational School. The purpose of this test is to prevent boys from preparing for occupations for which a colour vision defect might render them unsuitable. In the past year, 220 boys were given an individual pseudo-isochromatic colour vision test by a public health nurse. Six percent of these boys failed the test.

There were 6,399 children screened for hearing defects in 1966. The majority of these pupils were grade 1. Of this number 2,352 were re-tested and 408 of them referred for further medical attention.

Each year our public health nurses keep close surveillance on the health of approximately 1,000 school children with serious handicapping conditions such as diabetes, epilepsy, cardiac, visual and neuromuscular disorders. Their reports on both old and new cases form the basis for the central office handicap registry and are the means by which private doctors are kept informed about any difficulties these children are having in the classroom.

The public health nurse in the school not only deals with the individual pupil who is referred to her because of a physical or emotional problem (83,000 visits made by pupils to the nurse in 1966) but she also counsels and supports each member of the school staff in the management of health problems within the school.

During 1966, the public health nurse arranged for 7,277 pupils in grades 1 to 4 and 8 to have a reinforcing dose of triad (diphtheria, tetanus and poliomyelitis vaccine) and also for 4,110 pupils to be examined by the school doctor. The findings of these examinations and consultations with pupils were communicated to parents, teachers and other health agencies in the community (45,678 such conferences in 1966).

One of the concerns expressed by public health nurses in the past year, was the increasing number of emotionally disturbed pupils in Winnipeg schools. These pupils become a real problem to the nurse because they are constantly at the nurse's office with minor complaints which when investigated have no apparent physical basis and seem to be used to cover up some deeper anxiety.

The magnitude of the public health nurse's work in the school system is verified by a review of the tables that follow. These tables are as significant for what they reveal as for what they conceal. They do not show the intangible complex problems faced by public health nurses in dealing with children from broken homes, children suffering from parental neglect, children from alcoholic or working parents, children from homes where there is mental illness or sex problems. They do not indicate changing patterns in community health and the new dimensions to the knowledge and skills required for public health practice.

Home Visiting Service

In 1966 public health nurses made 53,865 home visits to 7,469 families. Approximately 3,492 of these families were in receipt of public assistance. In making home visits, one nurse is responsible

For a number of years, the Winnipeg Health Department has carried out colour vision tests in the local Vocational School. The purpose of this test is to prevent boys from preparing for occupations for which a colour vision defect might render them unsuitable. In the past year, 250 boys were given an individual pseudo-isochromatic colour vision test by a public health nurse. Sixty percent of these boys failed the test.

There were 2,300 children screened for hearing defects in 1966. The majority of these pupils were grade 1. Of this number 2,125 were re-tested and 400 of them referred for further medical attention.

Each year our public health nurses have done surveys on the health of approximately 1,500 school children with various health-carrying conditions such as diabetes, epilepsy, asthma and neuro-muscular disorders. Their reports on both ill and well cases form the basis for the medical officer's planning, and are also used by vision private doctors who are kept informed about any difficulties these children are having in the classroom.

The public health nurse in the school not only deals with the individual pupil who is referred to her by means of a physician or educational problem (25,000 visits made by pupils to the nurse in 1966) but she also counsels and suggests each teacher of the school staff in the management of health problems within the school.

During 1966, the public health nurse arranged for 7,277 pupils in grades 1 to 8 and 2 to have a retinoscopic dose of Iridin (hyperbatic, tetanic and polioepidemic vaccine) and also for 4,110 pupils to be examined by the school doctor. The findings of these examinations and consultations with pupils were communicated to parents, teachers and other health agencies in the community (47,673 such communications in 1966).

One of the concerns expressed by public health nurses in the past year, was the increasing number of emotionally disturbed pupils in Winnipeg schools. These pupils cause a real problem to the nurse because they are constantly at the nurse's elbow with their complaints which when investigated have no apparent physical basis and seem to be need to cover up some deeper conflict.

The magnitude of the public health nurse's work in the school system is verified by a review of the figures that follow. These tables are as significant for what they reveal as for what they conceal. They do not show the intangible complex problems faced by public health nurses in dealing with children from broken homes, children suffering from parental neglect, children from alcoholic or working parents, children from homes where there is mental illness or sex problems. They do not indicate changing patterns in community health and the new dimensions to the knowledge and skills required for public health practice.

Home Visiting Service

In 1966 public health nurses made 25,867 home visits to 7,469 families. Approximately 2,432 of these families were in receipt of public assistance. In making home visits, one nurse is responsible

for meeting the health needs of all members of the family. A variety of services might be given in one home. For example, the Smith family were all infected with scabies. The public health nurse explained to Mrs. Smith how this condition had to be treated. She also taught Mrs. Smith how to use a vaporizer and how to posture Sandra who had a chronic chest condition. She arranged for Fred to be seen at the Children's Hospital Developmental Clinic because of his very small stature. At the request of the school principal, she pointed out to Mrs. Smith and 15 year old Sharron the danger of glue sniffing and the importance of Sharron's regular attendance at school. She arranged for a medical examination for Mrs. Smith at the gynecology clinic and when it became necessary for Mr. Smith to enter hospital for surgery for a cancerous condition, the public health nurse assisted Mrs. Smith with plans for the care of the children.

Because of scientific and technological advances in medicine, patients are now being discharged home from hospital on treatment much earlier. These early discharges are having an effect on the role and responsibility of the public health nurse. The tuberculosis patient, for example, is detained in hospital only long enough to be diagnosed and established on treatment. The responsibility for the tuberculosis patient's continued treatment and rehabilitation then rests with the public health nurse. In 1966, for example, there were more than 200 such patients in the community on drug therapy.

An increasing number of patients from the Children's Hospital are being discharged home early on treatment. The public health nurses are being asked to explain the prescribed treatment to the patient's mother and to give them support and reassurance.

Many of these families have social problems as well as health problems. It is impossible to deal with their health problem without considering the social factors. For this reason, the public health nurse's role is changing and becoming more complex and time consuming.

Maternal Hygiene and Child Care Service

The provision of good maternal care is an important aspect of the Winnipeg public health nurses' family-centered program. The purpose of this program being:

1. To conserve the life and health of expectant mothers and to insure the delivery of a healthy baby.
2. To provide continuing support and health supervision to expectant parents and their family throughout the maternity cycle.

In carrying out this purpose, public health nurses made 1,087 home visits to teach pre-natal hygiene in 1966. This is a slight decrease over the number of similar visits made in 1965. However, statistics indicate there were approximately 619 fewer births during the year. For the third year in succession there were no maternal deaths amongst Winnipeg residents.

The number of expectant mothers registered at pre-natal classes and at evening classes was 533, an increase of 75 mothers over 1965. Approximately 46 percent of the mothers registered were referred by private doctors. Since the majority of expectant mothers attending these classes are primiparas, it would appear that approximately 30 percent of mothers of first children attend the Winnipeg classes.

In the past year, at the request of the Director of Villa Rosa -- a home for unmarried mothers -- a City of Winnipeg Public Health Nurse conducted a series of 10 classes for the 28 unmarried mothers domiciled at the time, in this institution. This request was made in order to help the staff nurse of the institution organize similar classes as a regular procedure in the institution.

It is a routine practice for a physician's notice of birth to be received by the Health Department for all Winnipeg residents. On receipt of such notice, public health nurses visit the homes, usually within the first two weeks following the birth of the child.

Certain groups are selected as requiring priority home visiting. These consist of primiparas, especially those under 20 or over 40; premature infants; the multiparas of low socio-economic level, where care of previous infants has been known to be questionable. Any special request for a home visit is made the day the information is received.

During the newborn home visit the public health nurse discusses with the mother any area where she might be asked to obtain specific information, as well as areas in which the nurse realizes the mother needs help.

The concerns of the mother vary with her age and experience in child care. Generally, she indicates concern for the physical care of her infant in feeding, sleeping, bathing and elimination. As the child grows, the need for understanding the normal growth and development of her child and disease prevention develops. Discipline and habit training are other areas in which the mother requests assistance from the public health nurse.

A group that is giving the public health nurse much concern is the unmarried mothers. There is a rising incidence of illegitimacy in this City. In the year 1966, it reached an all time high of 752 registered illegitimate births. This represents 16.3 percent of the total live births and is nearly four times the national average. Out of the 752 illegitimate births, 73 or 9.7 percent occurred in young women 17 years and under and 7 of these young women had 2 illegitimate pregnancies. The largest number of illegitimate children were born to women between the ages of 18 to 25 years. This age group made up 58.9 percent of the total illegitimate births. In this age group 181 or 39.5 percent had 2 or more illegitimate children.

It would seem that a number of variables need to be considered in analyzing this problem, and intensive investigation seems to be warranted. No one to date has carried out any extensive research in this area to determine why this incidence is so high in Winnipeg. Perhaps birth

The number of registered nurses... classes and at evening classes... 1905. Approximately 60 percent of the... by private doctors. Since the... these classes are... cost of... classes.

In the past year, at the request of the... Rose -- a nurse for... Nurse conducted a series of... doubted as to... in this... order to help the... as a regular... in the... .

It is a... for a... to be... by the... receipt of... within the... .

Certain... as... visiting. These... of... care of... request for a... .

During the... discuss with... specific... mother... .

The... of the... in child... bar... growth, the... child and... other... nurse.

A group... is the... this... 11... and... 1 of... of... years. This... birth. In... children.

It would... in... .

registration forms should request the legal residence of mothers. Perhaps this problem points up the need for intensive education and an improvement in family living.

Child Health Conference Service

During the past year the Mount Carmel Child Health Conference was discontinued. This centre had only been used once a month for immunization purposes. It was felt that the small number of children attending the centre did not justify its operation and children in the neighborhood needing this type of service could be referred to other centres.

At present, the Health Department operates 8 Child Health Conferences in various areas of the City. These conferences offer well-child supervision to mothers of children who because of financial or geographic reasons are not able to attend a private doctor. The staff at these centres consists of doctors and public health nurses. The nutritionist visits each centre once a month to deal with special problems in nutrition. Volunteers are used to assist with clerical and other routine duties.

In the child health conferences parent education is carried out on an individual basis between the public health nurse and the parent or between the doctor and the parent. The topics discussed with parents consist of physical, mental and emotional growth and development of the child, with anticipatory guidance on these subjects and information regarding nutrition and accident prevention. Appointments are made to have children medically examined and immunized against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox. Although the Guthrie test to detect phenylketonuria is a routine procedure in Winnipeg hospitals, the Health Department has continued to administer the ferric chloride test for phenylketonuria detection as a precautionary measure. It is hoped that next year measles vaccine will be available to children attending child health conferences.

After two years of research, the child health centre record has been revised and was introduced into the centre in September, 1966. It is hoped that this new record will eliminate duplication in recording and that it will give a more complete picture of the child's growth and development and factors influencing this development.

Statistics for 1966 indicate that 1,937 infants and 2,612 pre-school children were enrolled at these centres. This is 380 infants and 222 pre-school children less than in 1965. The lower number of births in 1965 and 1966 accounts for some of this decrease in enrollment.

Our records indicate that only 36.5 percent of public recipient families with pre-school children attended child health conferences in the past year yet public health nurses frequently find children from these families who require treatment which has been neglected until a crisis arises requiring costly hospital care. Therefore, it would seem essential that a comprehensive health service combining preventive and curative medicine be established in the lower income neighborhoods. Such a program, it is believed, would improve attendance, be more acceptable to the families, and more satisfying to the professional personnel.

registration forms which request the birth registration of children. Parents
this problem points of the need for better co-operation and an improvement
in family living.

Child Health Conference Series

During the past year the Mount Sinai Child Health Conference
was discontinued. This center not only had one a month for exam-
ination purposes. It was felt that the small number of children attending
the center did not justify the operation and addition to the public health
budget. This type of service could be retained at other centers.

At present, the Health Department operates 8 Child Health
Conferences in various areas of the City. These conferences offer well-
child supervision to parents of children who reside in 15-minute or
geographic centers are not able to attend a public health center. The staff
of these centers consists of doctors and public health nurses. The staff
of these centers does a month to deal with special problems in
children. Volunteers are used to assist with clinics and other routine
duties.

In the child health conferences parent education is carried
out on an individual basis between the public health nurse and the parent
or between the doctor and the parent. The topics discussed with parents
consist of physical, mental and emotional growth and development of the
child, with particular emphasis on these subjects and the relation re-
sulting from them and preventive measures. Emphasis is made to have
children and adults examined and vaccinated against diphtheria, tetanus,
whooping cough, poliomyelitis and measles. Through the Child Health
to detect phenylketonuria is a routine procedure in many hospitals.
The Health Department has continued to maintain the Child Health
test for phenylketonuria detection as a mandatory procedure. It is
hoped that next year similar reports will be available to children and
the child health conferences.

After two years of research, the child health center
record has been revised and was introduced into the center in September,
1966. It is hoped that this new record will eliminate duplication in
recording and that it will give a more complete picture of the child's
growth and development and factors influencing this development.

Statistics for 1965 indicate that 1, 57 infants and 2,612
pre-school children were enrolled at these centers. This is 300 infants
and 622 pre-school children less than in 1964. The lower number of births in
1965 and 1966 accounts for most of this decrease in enrollment.

Our records indicate that only 36.5 percent of public
school children with pre-school children attended child health con-
ferences in the past year yet public health nurses frequently find children
from these families who require treatment which has been neglected until
a crisis arises requiring costly hospital care. Therefore, it would seem
essential that a comprehensive health service including preventive and
curative medicine be established in the lower income neighborhoods.
Such a program, if believed, would improve attendance, be more accep-
table to the families, and save existing to the professional personnel.

Child Caring Institutions

Four day nurseries, 16 nursery schools, 7 child caring institutions, 10 group foster homes, and approximately 300 children's boarding homes received regular public health nursing visits and were recommended for licenses by the Nursing Division in 1965. The total enrollment in these child caring institutions is more than 2,500 children.

Meetings were held during the year with representatives from the Children's Aid Society, the Health Department and the Health Committee to discuss the use of unlicensed boarding homes and the Children's Aid Society's submission on the alteration of the Welfare Institution By-law governing foster homes.

A member of the Nursing Division has been on a sub-committee of the Provincial Board of Health which is revising Child Caring regulations. It is hoped that the revised regulations will provide more uniform standards for these various institutions in Metropolitan Winnipeg.

Throughout the year, several interviews were held with citizens to interpret the regulations in the Welfare By-laws governing day nurseries and nursery schools. The lack of qualified nursery school personnel continues to be the greatest difficulty the Nursing Division faces in maintaining desirable standards in these institutions. It is hoped that a two year course for the training of nursery school personnel which was established as a pilot project at the Manitoba Institute of Technology in October, 1966, will be continued and eventually an adequate supply of well-qualified nursery school educators will be available.

Nutrition Service

The nutrition service was established by the Health Department to develop educational programs which would improve the health and nutritional status of Winnipeg citizens.

Nutrition education is an important aspect of different areas of the Health Department service, particularly the public health nursing program. A city nutritionist is employed to act as a consultant on nutrition to the Health Department personnel and the general public.

In 1966, 411 consultation visits regarding special diets and problems of budgeting and home management were made by the nutritionist. In addition, the nutritionist held 28 consultations with public health nurses and public welfare workers regarding families they were assisting with food and budget problems. During the year, the diets of 315 pre-natals were assessed and advice given where improvement in the diet was indicated.

Each of the 8 child health conferences were visited on a regular basis once a month by the nutritionist and discussions held with mothers on problems of infant feeding, general nutrition of the family and food purchasing. Regular meetings were also held one afternoon a month in each of the four district nursing offices to keep the nurses up to date on nutrition information.

Child Care Institutions

Four day nurseries, 10 day care centers, 7 child care institutions, 10 group foster homes, and approximately 200 children's boarding homes received regular public health nursing visits and were recommended for inclusion in the Health Division in 1955. The total enrollment in these child care institutions is now 2,500 children.

Meetings were held during the year with representatives from the Children's Aid Society, the Health Department and the Health Committee to discuss the use of and control boarding homes and the Children's Aid Society's adoption on the basis of the Health Institution In-law governing foster homes.

A member of the Health Division has been on a sub-committee of the Provincial Board of Health which is studying Child Care Institutions. It is hoped that the various regulations will provide more uniform standards for these various institutions in Western Manitoba.

Throughout the year, several interviews were held with officials to interpret the regulations in the Health In-law governing day nurseries and nursery schools. The lack of certified nursery school personnel continues to be the greatest difficulty in the Health Division. It is hoped that a two year course for the training of nursery school personnel which was established as a pilot project at the Brandon Institute of Technology in October, 1955, will be completed and eventually an adequate supply of well-qualified nursery school educators will be available.

Nutrition Service

The nutrition service was established by the Health Department to develop educational programs which would improve the health and nutritional status of Manitoba children.

Nutrition education is an important aspect of different areas of the Health Department service, particularly the public health nursing program. A city nutritionist is employed to act as a consultant on nutrition to the Health Department personnel and the general public.

In 1955, 411 consultation visits regarding special diets and problems of budgeting and meal management were made by the nutritionist. In addition, the nutritionist held 58 consultations with public health nurses and public welfare workers regarding families they were assisting with food and budget problems. During the year, the diet of 315 pre-natal was assessed and advice given where improvement in the diet was indicated.

Each of the 8 child health conferences were visited on a regular basis once a month by the nutritionist and discussions held with mothers on problems of infant feeding, general nutrition of the family and food purchasing. Regular meetings were also held and attention given to each of the four district nurses in order to keep the nurses up to date on nutrition information.

Student Program

The Nursing Division continued its policy of providing observation experience for student nurses from the St. Boniface, Victoria and Winnipeg General Hospitals. Supervised field practice was also arranged for students in public health nursing from the University of Manitoba. The Nursing Division has also co-operated with the Faculty of Medicine by arranging home visits for medical students during their paediatric training.

Special Projects

During the year, the Nursing Division members --

1. Continued to assist Dr. D. Grewar with his follow-up project on Low Birthweight Children.
2. Assisted with the preparation and presentation of a brief on public health nursing to the Minister of Health's Committee on the Supply of Nurses.
3. Participated in the Canadian Public Health Project on "A Statement of the Functions and Qualifications for the Practice of Public Health Nursing in Canada".
4. Contributed to a Statement on Day Care Facilities for the Canadian Welfare Council.
5. Participated in the Welfare Planning Council's Social Service Audit.
6. Participated on panel discussions on the Management and Care of Premature and Newborn Infants -- Family Planning-- Use of Volunteers in School.
7. Assisted in the preparation of the Health Education Curriculum for the Manitoba Department of Education.

In-Service Education

Twelve members of the Nursing Division spent three weeks at Selkirk Hospital for Mental Diseases and were briefed on the hospital's philosophy and treatment of mental illness and rehabilitative practices and obtained up-to-date information on psychopharmacology. All members of the staff attended the Diabetic Day Care Centre at the Winnipeg General Hospital and a one-day institute on Home Care services at the Children's Hospital. During the year, Dr. H. Reed spoke to the public health nurses on visual problems of school children and Dr. Andison on Family Planning and the Use of Contraceptives. Twelve members of the Nursing Division attended an institute on "Preparing Children for their Society". An institute on The Hard of Hearing was attended by the audiometer nurse and the supervisors attended a five day institute on supervision.

Subject Program

The Nursing Division continued its efforts of providing observation experiences for student nurses from the St. Elizabeth's Hospital and Westinghouse General Hospital. Supervised field practice was also arranged for students to gain practical nursing from the University of Medicine. The Nursing Division has also co-operated with the Faculty of Medicine by arranging home visits for student nurses during their pediatric training.

Special Projects

During the year, the Nursing Division has been --

1. Continued to assist Dr. H. Gower with his follow-up project on low birthweight children.
2. Assisted with the preparation of presentation on a field on which health nursing is the Minister of Health's Committee on the Supply of Nurses.
3. Participated in the Canadian Public Health Council on "A Review of the National and Provincial Health Services for the Province of Ontario Health Services in Canada."
4. Contributed to a statement on key developments for the Ontario Health Council.
5. Participated in the Ontario Planning Council's Social Services Audit.
6. Participated on panel discussions on the Home Care and Use of Volunteers in Schools -- Family Planning.
7. Assisted in the preparation of the Health Education Guidelines for the Ontario Department of Education.

In-Service Education

Twelve members of the Nursing Division spent three weeks at St. Elizabeth's Hospital for special courses and were invited on the hospital's philosophy and treatment of mental illness and psychiatric procedures and obtained up-to-date information on epidemiology. All members of the staff attended the District for Care Centre at the Westinghouse General Hospital and a one-day institute on Home Care services at the Children's Hospital. During the year, Dr. H. Gower spoke to the public health nurses on various projects of school children and Dr. Anderson on Family Planning and the Use of Contraceptives. Twelve members of the Nursing Division attended an institute on "Preparing Children for their Country" and an institute on The Role of Nursing was attended by the staff nurses and the supervisors attended a five day institute on supervision.

Looking back, 1966 has been a very busy year. As usual, nothing would have been accomplished without the untiring, enthusiastic and loyal co-operation of every member of the Nursing Division. We have accomplished much in the past year despite the extraordinary conditions under which we work. Our make-shift quarters which house our child health conferences and pre-natal classes leave much to be desired, yet we carry on confident in the hope that somewhere, someday, we shall be given accommodation worthy of the important work of our Division.

Eye	3,301	3,037	2,580	3,152	12,070
Ear	675	779	686	804	2,944
Nose & Throat	2,217	1,113	1,487	2,730	7,547
Dental	378	606	1,375	1,215	3,574
Allergies	348	316	217	401	1,382
Asthma	126	97	57	12	392
Tuberculosis	3	23	51	40	119
Cardiac	50	31	62	104	247
Diabetes	63	31	39	44	177
Underweight & Overweight	714	849	537	645	2,745
Gastro-Intestinal	2,025	962	895	1,891	7,285
Genito-Urinary	174	78	151	220	623
Menstrual Complaints	603	201	198	621	1,623
Injuries	5,001	3,625	2,471	5,667	16,764
Neurological	81	92	50	182	405
Behaviour	405	133	227	692	1,457
Headaches	1,347	730	624	1,339	3,740
Communicable Skin Conditions	476	1,107	1,747	1,577	5,907
Bediculous	15	15	403	434	967
Acne	225	198	201	471	1,195
Other Suspect Communicable Diseases	661	764	444	1,194	3,063
Other	2,216	2,289	2,227	4,701	11,433
TOTAL NURSING APPRAISALS	27,350	16,403	16,287	28,674	88,714

OTHER NURSING ACTIVITIES

Health Education (No. of Talks)	76	127	194	152	549
Acute Communicable Inspections (No. of Classrooms)	14	34	22	20	90
General Inspections (No. of Classrooms)	130	224	303	311	1,068
Snellen Vision Tests (No. of Pupils)	12,371	8,903	7,243	10,625	39,142
Colour Vision Tests (No. of Pupils)	-	252	-	-	252
Treadmills (No. of Pupils)	2,347	3,210	3,006	3,094	11,657
Teacher-Nurse Conferences (No. of Conferences)	211	211	308	304	1,034
Principal-Teacher Meetings (No. of Meetings)	2	20	11	31	64
Conf. with parents, guardians, teachers, others (No. of Conferences)	13,056	7,756	8,297	16,356	45,465

Looking back, 1950 has been a very busy year. As usual, nothing would have been accomplished without the excellent, enthusiastic and loyal co-operation of every member of the Hunting Division. We have accomplished much in the past year despite the extraordinary conditions under which we work. Our year-end results were excellent and this feeling of success and pride in our work is well reflected in the fact that we have no intention of changing our staff. We are very confident in the future and we shall be given every opportunity of the future by our Division.

SCHOOL HEALTH SERVICES

	<u>DISTRICTS</u>				
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>
<u>NURSING APPRAISALS</u>					
Individuals Served	21,192	16,602	16,803	28,281	82,878
Eye	3,301	3,037	2,549	3,192	12,079
Ear	675	579	644	894	2,792
Nose & Throat	2,217	1,110	1,457	2,830	7,614
Dental	378	606	1,075	1,215	3,274
Allergies	348	316	217	489	1,370
Asthma	126	47	57	58	288
Tuberculosis	5	23	51	40	119
Cardiac	50	51	62	104	267
Diabetes	63	31	39	44	177
Underweight & Overweight	714	449	337	646	2,146
Gastro-intestinal	2,025	562	805	1,891	5,283
Genito-urinary	134	78	151	220	583
Menstrual Complaints	803	201	198	611	1,813
Injuries	5,001	3,625	2,481	5,661	16,768
Neurological	83	92	50	182	407
Behaviour	495	133	337	692	1,657
Headaches	1,347	330	689	1,339	3,705
Communicable Skin Conditions	476	1,107	1,747	1,877	5,207
Pediculosis	15	115	423	434	987
Acne	225	198	203	473	1,099
Other Suspect Communicable Diseases	661	724	448	1,194	3,027
Other	2,216	2,989	2,827	4,593	12,625
TOTAL NURSING APPRAISALS	21,358	16,403	16,847	28,679	83,287

OTHER NURSING ACTIVITIES

Health Education (No. of Talks)	76	147	194	148	565
Acute Communicable Inspections (No. of Classrooms)	14	54	22	89	179
General Inspections (No. of Classrooms)	130	224	363	311	1,028
Snellen Vision Tests (No. of Pupils)	12,577	8,993	7,243	10,685	39,498
Colour Vision Tests (No. of Pupils)	-	252	-	-	252
Treatments (No. of Pupils)	3,520	3,210	3,026	7,094	16,850
Teacher-Nurse Conferences (No. of Conferences)	213	231	168	304	916
Principal-Teacher Meetings (No. of Meetings)	2	22	11	35	70
Conf. with parents, guardians, teachers, others (No. of Conferences)	13,056	7,769	8,297	16,556	45,678

SCHOOL HEALTH SERVICES

<u>INDIVIDUALS SERVED</u>				
	<u>Other</u>	<u>Other Special</u>	<u>Special</u>	<u>Total</u>
Other	2,516	8,909	2,587	13,912
Other Special	601	794	443	1,838
Special	253	198	303	754
Acute Communicable Diseases	12	112	413	537
Communicable Skin Conditions	475	1,747	1,747	3,969
Headaches	1,241	330	689	2,260
Behavior	403	133	337	873
Psychological	88	98	30	216
Injuries	2,007	2,682	2,401	7,090
Respiratory Conditions	803	301	198	1,302
Dental Services	154	78	122	354
Gender-Related	2,002	362	682	3,046
Behavioral & Developmental	714	449	337	1,500
Diabetes	63	31	39	133
Cystic Fibrosis	30	71	62	163
Tuberculosis	2	25	21	48
Asthma	702	47	27	776
Allergies	368	216	97	681
Seizures	378	606	1,072	2,056
Nose & Throat	2,217	1,110	1,407	4,734
Ear	673	279	604	1,556
Eye	2,307	2,027	2,109	6,443
Individuals Served	21,208	76,818	10,000	108,026

TOTAL NUMBER APPARATUS

<u>OTHER NURSING ACTIVITIES</u>				
	<u>Other</u>	<u>Other Special</u>	<u>Special</u>	<u>Total</u>
Other	13,006	7,769	8,207	28,982
Conf. with Parents, Students, Teachers	2	22	17	41
Principal-Teacher Meetings	213	297	168	678
Teacher-Parent Conferences	2,200	2,210	2,000	6,410
Treatments	-	222	-	222
Color Vision Tests	-	-	-	-
(No. of Pupils)	-	-	-	-
Boys' Vision Tests	12,277	6,003	7,842	26,122
(No. of Pupils)	-	-	-	-
Boys' Vision Tests	350	284	303	937
General Inspections	14	24	22	60
(No. of Classrooms)	-	-	-	-
Acute Communicable Inspections	70	147	102	319
(No. of Pupils)	-	-	-	-
Health Education	2	22	17	41

SCHOOL MEDICAL EXAMINATIONS

<u>Medical Statistics</u>	<u>Districts</u>				
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>
Doctors visits to schools	125	105	125	174	529
Number of Children Examined by Doctor	1,022	911	913	1,264	4,110
Number of Parents invited to Medical Examination	738	489	652	942	2,821
No. of Parents present at Medical Exam.	320	295	235	437	1,287
Diphtheria and Tetanus Booster Inoculations	1,634	1,606	1,580	2,404	7,224
Poliomyelitis Booster Inoculations	1,644	1,614	1,614	2,405	7,277
Number of defects reported by school doctors	408	514	524	580	2,026

CLASSIFICATION OF DEFECTS REPORTED BY SCHOOL PHYSICIANS

<u>Systemic Classification</u>	<u>Etiological Classification</u>								
	<u>Congenital</u>	<u>Traumatic</u>	<u>Infectious or Inflammatory</u>	<u>Allergic or Rheumatic</u>	<u>Neoplastic</u>	<u>Nutritional Metabolic Endocrine</u>	<u>Psychogenic</u>	<u>Idiopathic or Unknown</u>	<u>TOTAL</u>
Eye	110	6	31	2	-	-	2	34	185
Ear, Nose & Throat	19	11	187	9	1	6	1	15	249
Dental	12	2	238	-	-	61	1	206	520
Digestive	1	1	12	-	-	13	24	8	59
Respiratory	-	-	40	17	-	-	1	2	60
Cardiac	36	-	4	4	-	2	1	45	92
Neurological	11	2	5	-	-	-	19	12	49
Musculo-Skeletal	43	91	8	3	3	14	8	22	192
Genito-Urinary	21	3	12	1	-	15	29	20	101
Skin	6	27	143	61	5	19	5	24	290
Miscellaneous	11	-	13	-	-	72	92	41	229
TOTAL	270	143	693	97	9	202	183	429	2,026

SCHOOL MEDICAL EXAMINATIONS

<u>Medical Statistics</u>				<u>Districts</u>			
				<u>West</u>	<u>North</u>	<u>East</u>	<u>Total</u>
Doctors visits to schools				125	100	70	295
Number of children examined by doctor				1,022	911	919	2,852
Number of parents invited to medical examination				738	489	623	1,850
No. of parents present at medical exam.				320	292	139	751
Diphtheria and Tetanus booster inoculations				1,634	1,408	1,280	4,322
Poliovaccine booster inoculations				1,634	1,614	1,614	4,862
Number of defects reported by school doctors				408	374	294	1,076

CLASSIFICATION OF DEFECTS REPORTED BY SCHOOL PHYSICIANS

<u>Systemic Classification</u>	<u>Etiological Classification</u>							<u>Total</u>
	<u>Defective</u>	<u>Malocclusion</u>	<u>tooth decay</u>	<u>stomatitis</u>	<u>infectious diseases</u>	<u>allergic</u>	<u>tooth</u>	
Eye	110	6	31	2	-	-	153	
Ear, Nose & Throat	19	11	187	9	1	-	207	
Dental	12	2	238	-	-	-	252	
Digestive	1	1	12	-	-	-	14	
Respiratory	-	-	40	17	-	-	57	
Cardiac	36	-	4	4	-	-	44	
Neurological	11	2	5	-	-	-	18	
Musculo-Skeletal	43	91	8	3	14	0	159	
Genito-Urinary	21	3	12	1	-	-	37	
Skin	6	13	143	61	5	-	228	
Miscellaneous	11	-	13	-	-	-	24	
TOTAL	270	143	693	97	9	202	1,314	

HOME VISITING PROGRAM

Cases Admitted & Visits by Nursing Districts.

<u>Program</u>	<u>Cases Admitted</u>			<u>Visits</u>			
	<u>South</u>	<u>West</u>	<u>East</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>
<u>Maternity</u>							
Antepartum	58	161	148	255	288	368	1,087
Postpartum	905	1,136	857	1,316	966	1,020	4,305
<u>Health Promotion</u>	4,082	3,202	3,439	4,984	7,609	9,108	28,972
<u>Disease Control</u>							
<u>Injuries</u>	126	179	96	166	164	321	831
Eye	81	138	71	224	206	628	1,235
Ear	102	89	29	132	131	252	685
Arthritis	4	7	22	8	65	36	125
Cancer	8	4	15	15	63	57	151
Diabetes	9	15	13	17	56	29	119
Cardiovascular Disease	19	30	36	43	71	96	269
Cerebral Vascular Accidents	5	4	9	10	14	40	81
Other Chronic Diseases	89	82	78	166	205	536	1,111
Mental Illness	81	42	84	83	201	332	916
Mental Retardation	34	16	26	34	92	138	366
Other Non-Com. Diseases	159	229	245	375	597	1,129	2,446
Tuberculosis Cases	41	60	69	158	188	273	680
Tuberculosis Contacts	102	123	158	232	369	450	1,188
Other Com. Diseases	204	349	205	693	596	1,461	3,192
<u>Total - All Programs</u>	6,109	5,866	5,600	8,934	11,881	16,274	47,759
<u>Not-home, Not-found</u>	-	-	-	1,522	1,467	1,721	6,106
<u>GRAND TOTAL</u>	6,109	5,866	5,600	10,456	13,348	17,995	53,865

HOME VISITING PROGRAM

By Type of Visit, Age of Patient, By Nursing Districts.

Age on Day of Visit	Maternity Visits			Health Promotion Visits			Disease Control Visits				
	South	West	East	South	West	East	South	West	East	North	
Under 28 Days	-	-	-	819	978	697	842	16	12	25	34
28 Days - 1 Year	-	-	-	1,013	1,035	881	1,246	111	232	257	396
1 - 4 Years	-	-	-	1,667	1,185	2,154	2,437	474	464	639	1,168
5 - 19 Years	129	157	128	1,573	888	1,492	1,834	890	1,112	1,077	2,575
20 - 44 Years	1,042	1,412	1,095	2,000	837	2,048	2,435	512	408	596	1,158
45 - 65 Years	8	2	31	169	38	279	265	147	119	322	340
65 Years & Over	-	-	-	30	23	58	49	70	32	102	107
TOTAL	1,179	1,571	1,254	7,271	4,984	7,609	9,108	2,220	2,379	3,018	5,778

Family Serviced

	South	West	Districts	North	Total
			East		
New Families Enrolled	1,243	1,369	1,149	1,443	5,204
Families Carried Forward	510	460	586	709	2,265
Public Welfare Families	314	784	1,003	1,391	3,492

Pre-natal Classes

	South	West	Districts	North	Total
			East		
Enrollees at afternoon Pre-natal classes	138	97	120	79	434
Enrollees at Evening Pre-natal classes	55	-	-	44	99
TOTAL ENROLLEES	193	97	120	123	533
Attendance at afternoon Pre-natal classes	1,012	617	373	428	2,430
Attendance at evening Pre-natal classes	354	-	-	288	642
TOTAL ATTENDANCE	1,366	617	373	716	3,072
Number of Persons Viewing Films	1,443	825	358	1,265	3,891

WALTON OBTAINED FROM

BY THE USE OF AIRTEL VHS OF LETTERS BY HONORABLE DIRECTOR.

RECEIVED FROM THE DIRECTOR OF THE AIRTEL VHS OF LETTERS BY HONORABLE DIRECTOR.

DATE	TO	FROM	REMARKS	INITIALS	DATE	TO	FROM	REMARKS	INITIALS
1941	1941	1941	1941	1941	1941	1941	1941	1941	1941
1942	1942	1942	1942	1942	1942	1942	1942	1942	1942
1943	1943	1943	1943	1943	1943	1943	1943	1943	1943
1944	1944	1944	1944	1944	1944	1944	1944	1944	1944
1945	1945	1945	1945	1945	1945	1945	1945	1945	1945
1946	1946	1946	1946	1946	1946	1946	1946	1946	1946
1947	1947	1947	1947	1947	1947	1947	1947	1947	1947
1948	1948	1948	1948	1948	1948	1948	1948	1948	1948
1949	1949	1949	1949	1949	1949	1949	1949	1949	1949
1950	1950	1950	1950	1950	1950	1950	1950	1950	1950
1951	1951	1951	1951	1951	1951	1951	1951	1951	1951
1952	1952	1952	1952	1952	1952	1952	1952	1952	1952
1953	1953	1953	1953	1953	1953	1953	1953	1953	1953
1954	1954	1954	1954	1954	1954	1954	1954	1954	1954
1955	1955	1955	1955	1955	1955	1955	1955	1955	1955
1956	1956	1956	1956	1956	1956	1956	1956	1956	1956
1957	1957	1957	1957	1957	1957	1957	1957	1957	1957
1958	1958	1958	1958	1958	1958	1958	1958	1958	1958
1959	1959	1959	1959	1959	1959	1959	1959	1959	1959
1960	1960	1960	1960	1960	1960	1960	1960	1960	1960

LETTERS RECEIVED

DATE	TO	FROM	REMARKS	INITIALS
1941	1941	1941	1941	1941
1942	1942	1942	1942	1942
1943	1943	1943	1943	1943
1944	1944	1944	1944	1944
1945	1945	1945	1945	1945
1946	1946	1946	1946	1946
1947	1947	1947	1947	1947
1948	1948	1948	1948	1948
1949	1949	1949	1949	1949
1950	1950	1950	1950	1950
1951	1951	1951	1951	1951
1952	1952	1952	1952	1952
1953	1953	1953	1953	1953
1954	1954	1954	1954	1954
1955	1955	1955	1955	1955
1956	1956	1956	1956	1956
1957	1957	1957	1957	1957
1958	1958	1958	1958	1958
1959	1959	1959	1959	1959
1960	1960	1960	1960	1960

LETTERS SENT

DATE	TO	FROM	REMARKS	INITIALS
1941	1941	1941	1941	1941
1942	1942	1942	1942	1942
1943	1943	1943	1943	1943
1944	1944	1944	1944	1944
1945	1945	1945	1945	1945
1946	1946	1946	1946	1946
1947	1947	1947	1947	1947
1948	1948	1948	1948	1948
1949	1949	1949	1949	1949
1950	1950	1950	1950	1950
1951	1951	1951	1951	1951
1952	1952	1952	1952	1952
1953	1953	1953	1953	1953
1954	1954	1954	1954	1954
1955	1955	1955	1955	1955
1956	1956	1956	1956	1956
1957	1957	1957	1957	1957
1958	1958	1958	1958	1958
1959	1959	1959	1959	1959
1960	1960	1960	1960	1960

WALTON OBTAINED FROM

BY THE USE OF AIRTEL VHS OF LETTERS BY HONORABLE DIRECTOR.

LETTERS RECEIVED

LETTERS SENT

CHILD HEALTH CENTRES

<u>Child Health Centre Statistics</u>	<u>Districts</u>					
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>	
Number of Child Health Centres	1	3	2	2	8	
No. of Child Health Centre Sessions held	50	147	96	98	391	
<u>* Enrollment at Child Health Centres</u>						
Infants						
new	267	482	289	336	1,374	
old	182	189	80	112	563	
Total	<u>449</u>	<u>671</u>	<u>369</u>	<u>448</u>	<u>1,937</u>	
Pre-school						
new	274	363	344	325	1,306	
old	322	488	193	303	1,306	
Total	<u>596</u>	<u>851</u>	<u>537</u>	<u>628</u>	<u>2,612</u>	
<u>*Re-visits</u>						
Infants	408	1,136	300	730	2,574	
Pre-school	447	799	394	499	2,139	
Total	<u>855</u>	<u>1,935</u>	<u>694</u>	<u>1,229</u>	<u>4,713</u>	
<u>* TOTAL ATTENDANCE</u>	<u>1,900</u>	<u>3,457</u>	<u>1,600</u>	<u>2,305</u>	<u>9,262</u>	
<u>Discharges</u>						
Infants						
new	9	22	-	7	38	
old	43	104	19	20	186	
Pre-school						
new	14	21	7	6	48	
old	335	482	91	75	983	
<u>TOTAL DISCHARGES</u>	<u>401</u>	<u>629</u>	<u>117</u>	<u>108</u>	<u>1,255</u>	
<u>Transfers</u>						
	In	31	84	26	52	193
	Out	19	82	36	49	186
<u>TOTAL TRANSFERS</u>		<u>50</u>	<u>166</u>	<u>62</u>	<u>101</u>	<u>379</u>
<u>Doctors' Examinations & Consultations</u>						
Infants	232	457	350	534	1,573	
Pre-school	355	572	286	341	1,554	
Total	<u>587</u>	<u>1,029</u>	<u>636</u>	<u>875</u>	<u>3,127</u>	
<u>Nurses' Consultations</u>						
Infants	534	1,040	310	749	2,633	
Pre-school	637	851	400	685	2,573	
Total	<u>1,171</u>	<u>1,891</u>	<u>710</u>	<u>1,434</u>	<u>5,206</u>	
Number of Immunizations	1,917	3,593	1,779	2,483	9,772	
Number of Completed Diphtheria, Pertussis, Tetanus & Polio	237	633	201	331	1,402	
Number of Smallpox Vaccinations	154	309	92	181	736	

(*Enrollment - new - attending for first time

*TOTAL ATTENDANCE- - old - attending for first time in 1966

(*Re-visits includes new & old enrollment for 1966

CHILD HEALTH CENTERS

Districts

District	Child Health Center Statistics				Total																	
	North	West	South	East																		
Number of Child Health Centers	2	2	1	3	8																	
	2	2	1	3	8																	
No. of Child Health Center Sessions held	20	20	10	20	70																	
	20	20	10	20	70																	
* Enrollment at Child Health Centers	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>200</td> <td>200</td> <td>100</td> <td>200</td> <td>700</td> </tr> <tr> <td>Pre-school</td> <td>100</td> <td>100</td> <td>50</td> <td>100</td> <td>350</td> </tr> <tr> <td>Total</td> <td>300</td> <td>300</td> <td>150</td> <td>300</td> <td>1,050</td> </tr> </table>					Infants	200	200	100	200	700	Pre-school	100	100	50	100	350	Total	300	300	150	300
Infants	200	200	100	200	700																	
Pre-school	100	100	50	100	350																	
Total	300	300	150	300	1,050																	
* Re-visits	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>1,150</td> <td>1,150</td> <td>575</td> <td>1,150</td> <td>4,075</td> </tr> <tr> <td>Pre-school</td> <td>575</td> <td>575</td> <td>287</td> <td>575</td> <td>1,932</td> </tr> <tr> <td>Total</td> <td>1,725</td> <td>1,725</td> <td>862</td> <td>1,725</td> <td>5,992</td> </tr> </table>					Infants	1,150	1,150	575	1,150	4,075	Pre-school	575	575	287	575	1,932	Total	1,725	1,725	862	1,725
Infants	1,150	1,150	575	1,150	4,075																	
Pre-school	575	575	287	575	1,932																	
Total	1,725	1,725	862	1,725	5,992																	
* TOTAL ATTENDANCE	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>1,925</td> <td>1,925</td> <td>957</td> <td>1,925</td> <td>6,732</td> </tr> <tr> <td>Pre-school</td> <td>975</td> <td>975</td> <td>487</td> <td>975</td> <td>3,312</td> </tr> <tr> <td>Total</td> <td>2,900</td> <td>2,900</td> <td>1,444</td> <td>2,900</td> <td>10,044</td> </tr> </table>					Infants	1,925	1,925	957	1,925	6,732	Pre-school	975	975	487	975	3,312	Total	2,900	2,900	1,444	2,900
Infants	1,925	1,925	957	1,925	6,732																	
Pre-school	975	975	487	975	3,312																	
Total	2,900	2,900	1,444	2,900	10,044																	
Discharges	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>10</td> <td>10</td> <td>5</td> <td>10</td> <td>35</td> </tr> <tr> <td>Pre-school</td> <td>5</td> <td>5</td> <td>2</td> <td>5</td> <td>17</td> </tr> <tr> <td>Total</td> <td>15</td> <td>15</td> <td>7</td> <td>15</td> <td>52</td> </tr> </table>					Infants	10	10	5	10	35	Pre-school	5	5	2	5	17	Total	15	15	7	15
Infants	10	10	5	10	35																	
Pre-school	5	5	2	5	17																	
Total	15	15	7	15	52																	
* TOTAL DISCHARGES	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>10</td> <td>10</td> <td>5</td> <td>10</td> <td>35</td> </tr> <tr> <td>Pre-school</td> <td>5</td> <td>5</td> <td>2</td> <td>5</td> <td>17</td> </tr> <tr> <td>Total</td> <td>15</td> <td>15</td> <td>7</td> <td>15</td> <td>52</td> </tr> </table>					Infants	10	10	5	10	35	Pre-school	5	5	2	5	17	Total	15	15	7	15
Infants	10	10	5	10	35																	
Pre-school	5	5	2	5	17																	
Total	15	15	7	15	52																	
* Transfers	Total																					
	<table border="1"> <tr> <td>In</td> <td>31</td> <td>31</td> <td>15</td> <td>31</td> <td>108</td> </tr> <tr> <td>Out</td> <td>10</td> <td>10</td> <td>5</td> <td>10</td> <td>35</td> </tr> <tr> <td>Total</td> <td>41</td> <td>41</td> <td>20</td> <td>41</td> <td>143</td> </tr> </table>					In	31	31	15	31	108	Out	10	10	5	10	35	Total	41	41	20	41
In	31	31	15	31	108																	
Out	10	10	5	10	35																	
Total	41	41	20	41	143																	
Doctors' Examinations & Consultations	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>232</td> <td>232</td> <td>116</td> <td>232</td> <td>702</td> </tr> <tr> <td>Pre-school</td> <td>116</td> <td>116</td> <td>58</td> <td>116</td> <td>356</td> </tr> <tr> <td>Total</td> <td>348</td> <td>348</td> <td>174</td> <td>348</td> <td>1,058</td> </tr> </table>					Infants	232	232	116	232	702	Pre-school	116	116	58	116	356	Total	348	348	174	348
Infants	232	232	116	232	702																	
Pre-school	116	116	58	116	356																	
Total	348	348	174	348	1,058																	
Nurses' Consultations	Total																					
	<table border="1"> <tr> <td>Infants</td> <td>234</td> <td>234</td> <td>117</td> <td>234</td> <td>702</td> </tr> <tr> <td>Pre-school</td> <td>117</td> <td>117</td> <td>58</td> <td>117</td> <td>356</td> </tr> <tr> <td>Total</td> <td>351</td> <td>351</td> <td>175</td> <td>351</td> <td>1,058</td> </tr> </table>					Infants	234	234	117	234	702	Pre-school	117	117	58	117	356	Total	351	351	175	351
Infants	234	234	117	234	702																	
Pre-school	117	117	58	117	356																	
Total	351	351	175	351	1,058																	
Number of Immunizations	Total																					
	<table border="1"> <tr> <td>Tetanus & Polio</td> <td>237</td> <td>237</td> <td>118</td> <td>237</td> <td>702</td> </tr> <tr> <td>Diphtheria</td> <td>118</td> <td>118</td> <td>59</td> <td>118</td> <td>356</td> </tr> <tr> <td>Total</td> <td>355</td> <td>355</td> <td>177</td> <td>355</td> <td>1,058</td> </tr> </table>					Tetanus & Polio	237	237	118	237	702	Diphtheria	118	118	59	118	356	Total	355	355	177	355
Tetanus & Polio	237	237	118	237	702																	
Diphtheria	118	118	59	118	356																	
Total	355	355	177	355	1,058																	

* Re-visits includes new & old enrollment for 1966
 * Enrollment - new - attending for first time in 1966
 * Enrollment - old - attending for first time in 1966

ATTENDANCE AT CHILD HEALTH CENTRES

<u>Name of Centre</u>	<u>Total Immun.</u>	<u>Drs. Consult. & Exams.</u>	<u>Nurses' Consult.</u>	<u>Total Exam. & Consult.</u>	<u>Total Sessions</u>
St. Lukes	1,917	587	1,171	1,758	50
St. Matthews	1,887	417	860	1,277	51
St. Judes	1,013	282	390	672	47
Sparling	693	330	641	971	49
St. Andrews	1,171	395	437	832	50
Grey Street	608	241	273	514	46
Robertson House	1,162	522	662	1,184	48
Holy Ghost	<u>1,321</u>	<u>353</u>	<u>772</u>	<u>1,125</u>	<u>50</u>
TOTAL	<u>9,772</u>	<u>3,127</u>	<u>5,206</u>	<u>8,333</u>	<u>391</u>

CHILD HEALTH CENTRE FINDINGS & REFERRALS

<u>Child Health Centre Findings</u>	<u>South</u>	<u>West</u>	<u>Districts</u>		<u>Total</u>	
			<u>East</u>	<u>North</u>		
Physical	204	395	172	367	1,138	
Neuro-Motor	41	23	13	30	107	
Language	39	43	20	43	145	
Socializing	32	34	45	32	143	
Feeding & Nutrition	159	253	257	266	935	
Elimination	96	104	47	56	303	
Sleeping	58	36	27	40	161	
Family	16	14	23	16	69	
P.K.U. Tests						
	Negative	135	165	68	118	486
	Positive	-	-	-	-	-
Referrals to:	C.H.C. Doctors	80	496	328	247	1,151
	Private Doctors	27	41	12	35	115
	Hospital Clinics	17	61	67	70	215
	Community Agencies	6	5	-	3	14
	Home Visits	22	48	4	8	82

ATTENDANCE AT CHILD HEALTH CENTRES

Centre	Total	No. Consults	No. Nurses	Total
St. James	1,917	287	1,177	1,178
St. Matthews	1,587	417	680	1,577
St. Judea	1,013	282	300	272
Spurling	623	330	601	277
St. Andrews	1,171	280	107	632
Grey Street	608	261	273	214
Robertson House	1,162	222	623	1,167
Holy Ghost	1,321	323	112	1,222
TOTAL	9,772	2,127	4,702	6,332

CHILD HEALTH CENTRE FINDINGS & REFERRALS

Centre	Child Health Centre Findings		Referrals	
	Boys	Girls	Boys	Girls
Physian	202	192	172	307
Neuro-Motor	41	57	12	30
Language	30	43	20	142
Socializing	32	34	48	143
Feeding & Nutrition	129	222	227	322
Elimination	26	107	47	303
Sleeping	30	36	27	161
Family	12	14	13	69
P.R.U. Tests	122	122	68	402
Referrals to: C.H.C. Doctors	60	496	208	1,127
Private Doctors	27	41	12	113
Hospital Clinics	17	67	67	202
Community Agencies	6	2	-	34
Home Visits	22	18	4	22

SCHOOL AUDIOMETRIC TESTS

Total Number of children tested	8,751
Number of Children receiving first test	6,399
Number of Children receiving re-test	2,352
Number of children referred for further medical examination.....	408
Number of teachers or others tested.....	84

NUTRITIONIST'S REPORT

Consultations with patient re diet or home management	411
Consultations with P.H.N. or Agencies re diets	28
Pre-natal diet assessments	315
Meeting with nurses or others	83

CHILDREN EXAMINED FOR FRESH AIR CAMPS

Camp Morton	217
Salvation Army	264
Y.M.C.A.	218
Y.W.C.A.	222
United Church	518
Camp Playmore	206
Camp Tikvah	88
Logan Day Camp	93
Lakeside Camp	116
Camp Funland	114
TOTAL CAMP EXAMINATIONS	<u>2,056</u>

Adult	7,281
Patients not seen	1,372
On behalf of patients	84
Total	8,737
Night calls included in above	19

SCHOOL ADMINISTRATION

8,777	Total Number of children tested
	Number of Children receiving first test 8,700
	Number of Children receiving re-test 777
108	Number of children referred for further medical examination.....
84	Number of teachers or others tested.....

NUTRITIONIST'S REPORT

417	Consultations with patient re diet or home management
28	Consultations with P.N.M. or Assistant re diet
315	Pre- and post-examinations
8	Meets with nurse or other

CHILDREN EXAMINED FOR NIGHT AIR CAMP

317	Camp Horton
304	Bellevue Ave.
378	Y.W.C.A.
333	Y.W.C.A.
378	United Church
306	Camp Pleasant
88	Camp Tivoli
93	Logan Day Camp
110	Lincoln Camp
114	Camp Pritchard
<u>8,400</u>	<u>TOTAL CAMP EXAMINATIONS</u>

CHILDREN'S HOSPITAL - EYE CLINIC

Number of Clinics held 295

Number of Children Examined

New	586	
Re-examined	<u>1,317</u>	
Total		<u>1,903</u>

REFRACTIONS

Refractions completed

Not needing glasses	301	
No change in prescription	422	
Glasses discontinued	9	
Glasses prescribed	<u>893</u>	
Total		1,625

Refractions Not Completed

Refractions not needed	9	
Returned for observation	<u>269</u>	
Total		<u>278</u>
		<u>1,903</u>

Number of children with 1/3 or less normal vision with glasses	-
Number of Out-patient consultations (Winnipeg residents)	484
Number of children referred to Orthoptic Clinic	105

VICTORIAN ORDER OF NURSES
(Report for Metropolitan Winnipeg)

New Cases 2,480

	<u>Nursing</u> <u>Care Visits</u>	<u>Health</u> <u>Inst. Visits</u>	<u>Total</u>
Pre-natal	1	33	34
Post-natal	18	263	281
Newborn	174	720	894
Infant	877	104	981
Pre-school	958	212	1,170
School	854	40	894
Adult	<u>71,143</u>	-	<u>71,143</u>
TOTAL	<u>74,025</u>	<u>1,372</u>	<u>75,397</u>

Patients not seen	656
On behalf of patients	<u>15</u>
Total	<u>671</u>
Night calls included in above	515

REGISTRY OF HANDICAPPED SCHOOL CHILDREN

Continuing experience with the Health Registry for potentially handicapping conditions in school children has already demonstrated to our satisfaction that it is an effective method of concentrating professional personnel time on those school children who most require it. The addition of a comprehensive pre-school medical examination by either the private or school physician, and screening procedures to recognize as early as possible defects of vision and hearing; as well as medical questionnaires twice during the eleven years of school to screen out those who have developed health problems which may or may not be significant in their effects on the child's educational potential; have made possible the reasonable realization of what we consider to be our objectives in the Winnipeg School Health Program. These objectives may be stated as follows:

1. An adequate pre-school health assessment for every child.
2. The early recognition of health problems which constitute potential or actual handicaps to successful academic progress.
3. Periodic review of the health status of those school children with known health problems.
4. Surveillance of the school environment to ensure that it is as safe as possible for the school personnel who spend five days a week within its boundaries.

During the last year of the project, a summer student, Miss J. Ingimundson, after a period of three weeks of special training with Assistant Associate Professor K. C. McRae of the Children's Hospital, Child Development Department, carried out a comprehensive examination of 91 school children. In addition, some special studies were made with a modification of a new device designed to give a more comprehensive screening for visual defects. Using this "Atlantic City" device, it is possible with great speed, to screen large numbers of children not only for refractive errors, both myopia and heterometropia, but also for significant muscle imbalance. With the assistance of Dr. Andrew Karsgaard, Associate Ophthalmologist, Children's Hospital, and Ophthalmologist to the Winnipeg Clinic, this device was used within the City Health Department and is now being tried out in the Outpatients' Department at the Children's Hospital. It will be important to establish before it is used routinely in the schools that there will not be unnecessary referrals to Ophthalmology, to the private Ophthalmologist, or to the Ophthalmology Department of the Outpatients' Department. At the present time over-referrals following the use of the Snellen test are, for practical purposes, insignificant. Our latest figures show only 2.3% of over-referrals in almost 2,000 cases referred to the Outpatients' Department, Children's Hospital, by the school nurse.

Stemming from the use of the Health Registry, there has developed a very large and active correspondence with private physicians concerning school children under their care who have health problems which interfere with attendance, scholastic achievement, or participation in physical education. In more than 50 % of cases a letter sent to the private physician is rewarded with a reply within ten days, and in

REQUIREMENTS OF HANDICAPPED SCHOOL CHILDREN

Continued experience with the Health Department for the past few years has shown that it is an effective method of identifying and locating children with health problems who are not being served by the school system. The addition of a comprehensive pre-school health examination by either the private or school physician, and subsequent procedures to be followed as possible defects of vision and hearing as well as dental examination twice during the eleven years of school to screen out those who have health problems which may or may not be identified in their later years of school. The child's educational potential; have also provided the necessary foundation of what we consider to be our objectives in the Health Department's health program. These objectives may be stated as follows:

1. An adequate pre-school health examination for every child.
2. The early recognition of health problems which contribute potential or actual handicaps to educational progress.
3. Periodic review of the health status of those school children with known health problems.
4. Surveillance of the school environment to ensure that it is as safe as possible for the school population who spend their days in the classrooms.

During the last year of the project, a master student, Miss J. Ingleson, after a period of three years of special training with Assistant Associate Professor K. C. Mohr of the Children's Hospital, Child Development Department, carried out a comprehensive examination of 100 school children. In addition, some special studies were made with a modification of a new device designed to give a more comprehensive assessment of visual defects. During this "Atlantic City" device, it is possible with great speed, to screen large numbers of children not only for refractive errors, both myopia and hypermetropia, but also for significant macular anomalies. With the assistance of Dr. Andrew Ferguson, Associate Consultant, Children's Hospital, and Ophthalmologist to the Winnipeg Children's Hospital, this device was used within the City Health Department and is now being tried out in the Department's Department at the Children's Hospital. It will be important to establish before it is used routinely in the school that there will not be unnecessary referrals to Ophthalmology, to the Ophthalmologist, or to the Ophthalmology Department of the Department. At the present time over-referrals following the use of the device are, for practical purposes, eliminated. Our latest figures show only 0.5% of over-referrals in almost 5,000 cases referred to the Department, Children's Hospital, by the school nurse.

Increasing the use of the Health Department, there has developed a very large and active correspondence with various physicians concerning school children under their care who have health problems which interfere with attendance, scholastic achievement, or participation in physical education. In more than 50% of cases a report sent to the private physician is received with a reply within ten days, and in

approximately 90% of cases within the month. Rarely is a follow-up telephone call or letter necessary. In only one or two instances have letters not been answered.

In the process of correspondence with the family physician, information is given to the physician about the school progress of the child patient at the same time that a request is made for further guidance or information. In many instances children who have been on restricted physical activity for some time have been permitted full physical activity after correspondence with the private physician. Children with convulsive disorders who have presented difficulties in the classroom due to poorly-controlled seizures or to drowsiness associated with over-medication, have been reviewed by the family physician and in nearly every instance, improvement in the child's school attendance and achievement has resulted.

During this coming year we plan to experiment further on some of our screening techniques in order to make them more effective. This includes the health questionnaire as well as the recognition of vision defects. Audiometry is now done at Kindergarten and Grade I levels and has been done this way for the last two years. This has led to earlier detection of hearing defects, and although it is more time-consuming, we believe this to be a worthwhile development. Considerable interest has been shown in the methods employed in the School Health Service of the City Health Department, and requests have come from many places in Canada and the United States for copies of our health examination forms, health questionnaires, and the operation of our Handicap Registry.

A. MAJOR DEFECTS

1. <u>Vision</u>	
Refractive error	9
Strabismus	3
Previously known	2
2. <u>Elusis</u>	4
3. <u>Cardiac</u>	4
Previously known	2
4. <u>Speech</u>	2
Prev. known	1
5. <u>Arthritis</u>	1
(R.S. prev. 3)	

B. MINOR DEFECTS

1. <u>Dental Caries</u>	20
2. <u>Miscellaneous</u>	3
<u>Stomach Defect</u>	
3. <u>Eyes</u>	3
4. <u>Orthopedic</u>	4
Previously known	3
5. <u>Emotional</u>	10
<u>Maturations</u>	
6. <u>Hyposmia</u>	1

C. ACTIVE CONDITIONS

P.N.T.	10
Public	3
Class	1

IMMUNIZATION STATUS

Not started	2
Not up-to-date	20

approximately 90% of cases within the month. There is a follow-up letter-
phone call or letter necessary. In only one or two instances have letters
not been answered.

In the process of correspondence with the family physician,
information is given to the physician about the actual progress of the child
patient at the same time that a review is made of the written records of the
formation. In many instances children who have been so treated by special
activity for some time have been permitted full, general activity since their
response with the private physician. Children with convulsive disorders
who have presented difficulties in the classroom due to poor concentration
seizures or to drowsiness associated with overstimulation, have been reviewed
by the family physician and in nearly every instance improvement in the
child's school attendance and achievement has resulted.

During the coming year we plan to experiment further on some
of our screening techniques in order to make them more effective. This in-
cludes the health questionnaire as well as the recognition of vision defects.
Autism is now done at Kindergarten and Grade 1 levels and has been done
this way for the last two years. This has led to earlier detection of hear-
ing defects, and although it is more time-consuming, we believe this to be
a worthwhile development. Considerable interest has been shown in the schools
employed in the School Health Service of the City Health Department, and
requests have come from many places in Canada and the United States for copies
of our health examination forms, health questionnaires, and the operation of
our Sanitop Registry.

PRE-SCHOOL EXAMINATIONS 1966

No. appointments made	153	
No. re-appointments made	18	
No. children examined	91	(59%)

RESULTS OF EXAMINATIONS

1. Children with defects	47	(52%)
With 1 minor defect	23	
More than 1 minor defect	4	
With 1 major defect	11	
More than 1 major defect	-	
1 major - 1 minor defect	9	
2. Children with no defects	44	(48%)
Total No. of Defects	78	
Major -	26	
Minor -	52	

A. MAJOR DEFECTS

1. <u>Vision</u>	
Refractive error	- 9
Strabismus	- 3
Previously known	- 2
2. <u>Enuresis</u>	- 4
3. <u>Cardiac</u>	- 4
Previously known	- 2
4. <u>Speech</u>	- 2
Prev. known	- 1
5. <u>Anaemia</u>	- 1
(8.5 gms. %)	

B. MINOR DEFECTS

1. <u>Dental Caries</u>	- 20
2. <u>Minor Articulation Defect</u>	- 9
3. <u>Skin</u>	- 5
4. <u>Orthopaedic</u>	- 4
Previously known	- 3
5. <u>Emotional Disturbance</u>	- 10
6. <u>Hydrocoele</u>	- 1

C. ACUTE CONDITIONS

E.N.T.	- 19
Skin	- 5
Chest	- 1

IMMUNIZATION STATUS

Not started	- 2
Not up-to-date	- 30

PRE-SCHOOL EXAMINATIONS 1952

	No. children examined	No. re-appointments made	No. appointments made
(297)	91	18	123

RESULTS OF EXAMINATIONS

(297)	77	1. Children with defects	
		With 1 minor defect	53
(482)	44	2. Children with no defects	
		More than 1 minor defect	1
		With 1 major defect	11
		More than 1 major defect	-
		1 major - 1 minor defect	9
		Total No. of defects	78
		Major	26
		Minor	52

A. MAJOR DEFECTS

1. Vision	Retractive error	9
	Strabismus	3
	Previously known	2
2. Hearing		4
3. Carpal	Previously known	2
		4
4. Speech	Prev. known	1
		1
5. Anemia		1

B. MINOR DEFECTS

1. Dental Caries	20
2. Minor Arterio-sclerosis	2
3. Skin	5
4. Orthopedic	4
Previously known	3
5. Bronchial Inflammation	10
6. Hydrocele	1

C. ACUTE CONDITIONS

E.N.T.	10
Skin	5
Chest	1

IMMUNIZATION STATUS

Not started	2
Not up-to-date	30

GROWTH AND DEVELOPMENTAL ASSESSMENT

1. <u>Height and Weight</u>			
Food	Less than 3 percentile	-	7
Household	3 - 10 percentile	-	33
Sanitary	25 percentile	-	45
Hygiene			
2. <u>Haemoglobin</u>			
Chief	Less than 12.3 ± 2 gms %	-	78 (86%)
3. <u>Urinalysis</u>			
	Albuminuria (trace only)	-	2
	Glucosuria	-	0
4. <u>"Mental" Development</u>			
	(a) Adaptive	-	3 delayed ½ - 1 year
		-	2 delayed 2 years
	(b) Language	-	29 delayed ½ - 1 year
		-	2 delayed 2 years
	(c) Social	-	4 delayed ½ - 1 year
	(d) Motor	-	All at normal levels

1. Control of Infections
 2. Control of Insects and Rodents
 3. Control of Communicable Diseases

All inspectors were successful in passing the final examination upon completion of these courses.

The Sixteenth Annual Conference of the Institute for Health Inspectors was held this year in October 17 - 21; it was sponsored jointly by the Manitoba Department of Health and the Department of National Health and Welfare, and was financed by a National Health Grant. As it was not practical to have all inspectors attend all sessions simultaneously arrangements were made to have inspectors attend the portions that were of greatest interest to them.

On Friday, March 4, 1956, the City of Winnipeg experienced one of the coldest winters in its history, and a state of emergency was declared. The Food Service was particularly busy during that period and participated in all emergency activities which involved other employees from other Departments. Milk plants were shut down and plants of stock or meat had delivery was extremely difficult. Supplies were

INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham, Cert. R. San. I.
Food	Act. Principal Inspector	R.H. Keena, R.San.I., M.R.S.H.
Housing	Principal Inspector	G.W. Kelly, R. San. I.
Sanitation & Hygiene	Act. Asst. Chief Inspector	A. Cross, C.P.H.I.(C), F.R.S.H.
Chief Health Inspector		** R.C. Morrow, D.V.M., C.S.I. (C).
Chief Health Inspector		* E.J. Rigby, D.V.M., B.S.A., C.S.I.(C).
* Retired Sept. 10, 1966		** Appointed Sept. 24, 1966.

The personnel of the Branch in addition to those listed above consists of 23 certified inspectors, 6 uncertified inspectors (who are being trained by the Department to fill vacancies on the staff) and 2 clerks. During the year 3 inspectors left the Department; one due to retirement, 2 for other employment. The 6 uncertified inspectors are presently being trained by the Department by means of a systematic course consisting of lectures, demonstrations and correspondence lessons, the latter sponsored by the Canadian Public Health Association. This is supplemented with field work whereby they accompany certified inspectors. On completion of this training work they will write the examinations set by the Canadian Public Health Association in September 1967. Successful candidates will be certified by the Institute of Public Health Inspectors.

During 1966, 17 health inspectors of this Branch elected to pursue improvement courses by correspondence in order to further their knowledge in a variety of subjects, all related to their everyday work with the Department:

1. Basic Mathematics
2. Control of Insects and Rodents,
3. Control of Communicable Disease.

All inspectors were successful in passing the final examination upon completion of these courses.

The Sixteenth Annual Conference of the Institute for Health Inspectors was held this year in October 17 - 21; it was sponsored jointly by the Manitoba Department of Health and the Department of National Health and Welfare, and was financed by a National Health Grant. As it was not practical to have all inspectors attend all sessions simultaneously arrangements were made to have inspectors attend the periods that were of greatest interest to them.

On Friday, March 4, 1966, the City of Winnipeg experienced one of the worst snowstorms in its history, and a state of emergency was declared. The Food Division was particularly busy during that period and participated in all emergency activities which involved many other employees from other Departments. Milk plants and food stores had plenty of stock on hand but delivery was extremely difficult. Hospitals were short of milk and food supplies. With the help of all those concerned

INSPECTORIAL BRANCH

	Principal Inspector	Milk
H. Bessner, C.M.A., C.P.H.I.	Act. Principal Inspector	Food
H.B. Bessner, B.Sc., M.A., M.B.	Principal Inspector	Sanitation & Hygiene
G.W. Kelly, M.D., F.R.C.P.	Act. Asst. Chief Inspector	Chief Health Inspector
A. Cross, C.P.H.I.(C), F.R.C.P.	Chief Health Inspector	Chief Health Inspector
* R.O. Wether, D.V.M., C.P.H.I. (C)		
* E.J. Kelly, D.V.M., B.S.A., C.P.H.I.		
* Retired Sept. 10, 1966		
** Appointed Sept. 24, 1966		

The personnel of the Branch in addition to those listed above consists of 23 certified inspectors, 6 un-certified inspectors (who are being trained by the Department to fill vacancies on the staff) and 2 clerks. During the year 3 inspectors left the Department due to retirement, 2 for other employment. The 6 un-certified inspectors are presently being trained by the Department by means of a systematic course consisting of lectures, demonstrations and correspondence lessons. This the latter sponsored by the Canadian Public Health Association. This is supplemented with field work whereby they accompany certified inspectors. On completion of this training work they will write the examination set by the Canadian Public Health Association in September 1967. Successful candidates will be certified by the Institute of Public Health Inspectors.

During 1966, 17 health inspectors of this Branch elected to pursue improvement courses by correspondence in order to further their knowledge in a variety of subjects, all related to their everyday work with the Department:

1. Basic Mathematics
2. Control of Insects and Rodents
3. Control of Communicable Diseases

All inspectors were successful in passing the final examination upon completion of these courses.

The 21st Annual Conference of the Institute for Health Inspectors was held this year in October 1966. It was sponsored jointly by the Ontario Department of Health and the Department of National Health and Welfare, and was financed by a National Health Grant. As it was not practical to have all inspectors attend a 1 session simultaneously arrangements were made to have inspectors attend the portion that were of greatest interest to them.

On Friday, March 4, 1966, the City of Toronto experienced one of the worst snowstorms in its history, and a state of emergency was declared. The Food Division was particularly hard hit during that period and participated in all emergency activities which involved many other employees from other Departments. Milk plants and food stores had large stocks on hand and delivery was extremely difficult. Hospitals were short of all essential supplies. With the help of all concerned

including our food inspectors deliveries were ensured to critically short places in spite of difficulties listed above. Supermarkets remained open on Sunday 48 hours after the storm at the request of this Department in order that citizens could replenish their supplies. We would like to thank all City Departments for their co-operation and assistance during the storm period with special reference to the Engineering Department who helped by opening roads to hospitals for food supplies; to the Police and Fire Departments for taking care of a great number of emergencies involving transportation of sick people to and from centres where medical care could be administered.

Before the end of March and in the face of an impending threat of flooding of the Red River Valley another emergency situation was created. A flood control centre was organized at 156 Princess Street, mainly to provide information services to the public. It functioned from March 18th to April 10th, 1966, when the immediate danger was over. 13 of our inspectors assisted in the operation of this centre.

Housing Division:

One of the most gratifying features of the work of the Housing Division this year was the overall acceptance by the public of the Minimum Standards of Housing Repair By-law. We would like to express our appreciation to the City Urban Renewal and Survey Departments; their help contributed greatly to the success of initial enforcement measures. The new By-law establishes standards relating to the state of repair and maintenance of the exteriors of all residential buildings in the City and of buildings of all types and uses in any district classified as residential under Zoning By-laws. Maintenance includes not only repairs but also repainting "where more than 25% of the area of any plane or wall on which the protective surface paint is blistered, cracked, flaked, scaled or chalked away". Owner occupied single family dwellings are exempt. However, Council has instructed the City Solicitor to draft a By-law to enable waiving of the present exemption for owner occupied single family dwellings from the provisions of the By-law. In our opinion this By-law will especially contribute to prevention of slum creation and will eliminate or minimize eye-sores in the City.

In enforcing the new By-law the Housing Division issued formal notices to the owners of 92 properties consisting of 2 business premises, 1 garage, 1 barn, 2 terrace dwellings, 16 semi-detached dwellings, 1 apartment block, and 69 single family rented dwellings. The properties were distributed as follows: Ward One, 16; Ward Two, 15; Ward Three, 61. Distribution by Zoning was R-1, 10; R-2, 38; R-3, 36; R-4, 3; C.M., 3; M-2, 2. Of the 92 notices issued 85 had been fully complied with by the end of the year; 6 were only partially completed and 1 was not complied with. Cases were taken to Court and there were 13 convictions and no dismissals. The Season's work with respect to this By-law resulted in the painting of the walls of 81 buildings, of sheds at 18 premises, of the shingled roofs of 14 dwellings, and in the repair of walls of 9 buildings, verandahs and steps of 32 buildings, fences at 11 properties, sheds at 8 premises, and reglazing of many others. A side effect of our work was the demolition of a large old barn located in a residential district. Also a number of badly dilapidated outbuildings in rear yards in various parts of the City were torn down. The Better Housing Commission at five meetings held between June 14th and October 11th, dealt with 14 appeals against orders to comply with the new By-law. 8 applicants were granted extensions of time of

Including our food inspectors deliveries were assured to critical short places in spite of difficulties stated above. Inspectors remained open on Sunday 48 hours after the start of the request of this Department in order that citizens could replace their supplies. We would like to thank all City Departments for their co-operation and assistance during the above period with special reference to the Health Department who helped by opening roads to inspectors for food supplies to the Police and Fire Departments for taking care of a great number of emergencies involving transportation of sick people to and from centers where medical care could be administered.

Before the end of March and in the face of an impending threat of flooding of the Red River Valley another emergency situation was created. A flood control center was organized at 150 Broadway Street, mainly to provide information services to the public. It functioned from March 15th to April 10th, 1960, when the immediate danger was over. 13 of our inspectors assisted in the operation of this center.

Housing Division

One of the most gratifying features of the work of the Housing Division this year was the overall acceptance by the public of the Minimum Standards of Housing Repair By-law. We would like to express our appreciation to the City Urban Renewal and Survey Department; their help contributed greatly to the success of initial enforcement measures. The new By-law establishes standards relating to the state of repair and maintenance of the exterior of all residential buildings in the City and of buildings of all types and uses in any district classified as residential under zoning By-laws. Maintenance includes not only repairs but also repainting where more than 25% of the area of any plane of wall on which the protective surface paint is deteriorated, cracked, flaked, scaled or chipped away. Owner occupied single family dwellings are exempt. However, Council has instructed the City Solicitor to direct a By-law to enable waiving of the present exemption for owner occupied single family dwellings from the provisions of the By-law. In our opinion this By-law will especially contribute to prevention of blight creation and will eliminate or minimize eye-sores in the City.

In enforcing the new By-law the Housing Division issued formal notices to the owners of 92 properties consisting of 2 business premises, 1 garage, 1 barn, 2 terrace dwellings, 10 semi-detached dwellings, 1 apartment block, and 67 single family ranged dwellings. The properties were distributed as follows: Ward One, 104 Ward Two, 151 Ward Three, 61. Distribution by zoning was R-1, 104; R-2, 38; R-3, 36; R-4, 3; C.M., 1; M-2, 2. Of the 92 residential cases 67 had been fully complied with by the end of the year; 6 were only partially completed and 1 was not complied with. Cases were taken on Court and there were 13 convictions and no dismissals. The Division's work with respect to this By-law resulted in the painting of the walls of 61 buildings, of which 43 premises, of the exterior walls of 15 buildings, and the repair of walls of 6 buildings, verandas and steps of 35 buildings. In addition, 11 properties, sheds at 8 premises, and replacement of any others. A side-effect of our work was the demolition of a large old barn located in a residential district. Also a number of badly dilapidated outbuildings in rear yards in various parts of the City were torn down. The Better Housing Commission at five meetings held between June 14th and October 11th, dealt with 14 appeals against orders to comply with the new By-law. 8 appellants were granted extensions of time to

from one to three months, 3 were given extensions of from five months to one year, 2 applicants were refused variations in their orders, 1 application was sustained, the Medical Health Officer being requested to rescind the notice and serve a new notice.

Although our inspectors did some survey work during the year searching for violations of the exterior maintenance by-law, the great bulk of the Division's work was in the investigation of 1,655 complaints, a record number. Only 50 of these complaints were concerning alleged violations of the exterior maintenance by-law (The Minimum Standard of Housing By-law). 280 were regarding non-compliance with the Winnipeg Heating By-law. The remaining 1,325 complaints were concerning violations of the Regulations pertaining to housing, made under the Public Health Act.

Dairy Division:

During the year the number of licensed producers shipping fluid milk to the 8 pasteurization plants in the City dropped from 670 to 642. However, the volume of milk shipped increased from 14,900,000 lbs. per month to over 15,000,000 lbs. per month. Milk shipped by producers is tested twice a month for safety using the plate loop test. Milk testing under 40,000 count qualifies the producer for a 10¢ bonus per 100 lbs. shipped. Milk is considered acceptable with counts under 100,000. The milk is all cooled and stored on the farms in stainless steel bulk tanks and held at a temperature of around 38°F. or lower. The milk is collected every other day by tanker trucks and delivered direct to pasteurization plants. The 642 shippers are divided into 55 routes which are handled by 26 tanker trucks.

Milk producing farms are inspected regularly three or four times a year by 2 inspectors; more inspections are carried out if necessary. Conditions at these farms are improving continuously under the guidance of our milk inspection division. All cattle on the farms are tested regularly for tuberculosis and brucellosis.

Pasteurization plants are also inspected regularly and samples of the final ready-for-marketing products are tested for evidence of proper pasteurization, butterfat content; coliform and bacterial counts are taken. 1992 samples were tested in 1966.

Food Division:

The Food Division is responsible for inspection and sanitary operation of all premises where food is manufactured, processed, stored, sold or served to the public in the City of Winnipeg. There are approximately 1800 such establishments. Licences to operate are required for 1817 premises and 828 food and drink vending machines. The licensed premises include 545 restaurants, 49 caterers, 87 dance halls, 55 hotels, and 10 sausage manufacturers. Bakeries are to be licensed next year. In view of this pending licensing of bakeries the preliminary field work has been carried out during the year with repeated inspections of these establishments. Many other food establishments, wholesale or retail, including grocery stores, fish processing plants, canteens and others, while not required to obtain a licence, are subject to inspection by this division. Every effort is made to inspect all restaurants and bakeries once a month; more frequent inspections are required in many instances.

from one to three months, 3 were given citations of less than 30 days to one year, 2 citations were returned without citation to their owners, 1 application was sustained, the Medical Health Officer being requested to rescind the notice and serve a new notice.

Although our inspectors did not have work during the year searching for violations of the exterior maintenance by-law, the great bulk of the Division's work was in the investigation of complaints, a record number. Only 50 of these complaints were concerning alleged violations of the exterior maintenance by-law (The Minimum Standards of Housing by-law). 281 were involving non-compliance with the Winnipeg Heating by-law. The remaining 125 complaints were concerning violations of the Regulations pertaining to housing, made under the Public Health Act.

Dairy Division

During the year the number of licensed producers shipping fluid milk to the 6 pasteurization plants in the City dropped from 670 to 622. However, the volume of milk shipped increased from 14,900,000 lbs. per month to over 15,000,000 lbs. per month. Milk shipped by producers is tested twice a month for safety using the plate count test. Milk testing under 40,000 count qualifies the producer for a top bonus per 100 lbs. shipped. Milk is considered acceptable with counts under 100,000. The milk is all cooled and stored on the farm in stainless steel bulk tanks and held at a temperature of around 37° F. or lower. The milk is collected every other day by tanker trucks and delivered direct to pasteurization plants. The 622 shippers are divided into 23 routes which are handled by 70 tanker trucks.

Milk producing farms are inspected regularly from one to four times a year by 2 inspectors; some inspections are carried out by 1 inspector as these farms are improving continuously under the guidance of our milk inspection division. All visits on the farms are tested regularly for tuberculous and bacterial.

Pasteurization plants are also inspected regularly and samples of the fluid milk-for-marketing products are tested for evidence of proper pasteurization, bacterial content, coliform and bacterial counts are taken. 1992 samples were tested in 1944.

Food Division

The Food Division is responsible for inspection and satisfactory operation of all premises where food is sold, prepared, processed, stored or served to the public in the City of Winnipeg. There are approximately 1800 such establishments. Licenses to operate are required for 1017 premises and 225 food and drink vending machines. The licensed premises include 525 restaurants, 475 taverns, 24 dance halls, 25 hotels, and 100 cottage restaurants. Inspected also are 10 licensed next year. In view of the pending legislation of behavior the public inquiry field work has been carried out during the year. 410 restaurants, 1000 of these establishments. Many other food establishments, wholesale or retail, including grocery stores, fish processing plants, canneries and others, which are required to obtain a license, are subject to inspection by this division. Every effort is made to inspect all restaurants and taverns once a month; more frequent inspections are required in some instances.

The Red River Exhibition, an annual event in the City, presents many problems due mostly to the temporary nature of refreshment booths located throughout the extensive grounds. It was found necessary to assign two inspectors for duty at the exhibition for the entire duration of the event.

There are 10 wholesale sausage manufacturers operating in the City at present. All are using Federally inspected meat for the manufacture of their products and in that respect no difficulty has been encountered. Their operation is however under continuous supervision by the City Health Department to ensure safety of the final product.

A new soft drink processing plant was constructed and opened this year in the Inkster Park Industrial Area. This plant is one of the most modern in Canada.

Swab testing of dishes, glasses and restaurant utensils to determine if they have been properly washed and sanitized has continued in 1966. The test used has a great deal of educational value. Owners and operators appreciate the importance of good sanitary practices when the tests substantiate the result of such practices.

All plans for construction or alteration for food handling establishments have to be first approved by the Food Division prior to initiation of any building or changes. Plans for 16 new premises and 35 alterations were approved in 1966.

Condemned food during the year amounted to 10,125 lbs. This was due to damage by fire, water or other waste. Many more examinations of food were carried out at the request of owners or public to determine wholesomeness and safety. During the year 49 fire calls in food premises were attended -- most of these outside working hours.

Sanitation & Hygiene Division:

The Division of Sanitation and Hygiene is responsible for routine inspection of factories, workshops, offices and office buildings; barbershops and beauty parlors; swimming and wading pools; schools; comfort stations; billiards, bowling allies, hatcheries, pet shops, junk yards, laundries, massage parlours, second-hand stores, skating rinks, poultry keepers, tanneries and undertaking establishments. In addition this division inspects and reports on conditions of yards, sheds, temporary surface closets for workers; noises, smoke, dust fumes, offensive odours and atmospheric pollution in general; infestations of insects and rodents (apart from houses which is within the jurisdiction of the Housing Division); and the nuisances resulting from the keeping of pigeons. Inspectors of this Division collect water samples for bacteriological analysis of the City's water supply; also samples from swimming pools and wading pools for regular testing.

At least 2 inspections are made annually of all factories and workshops; barbershops are regularly inspected as well. Early in the year legislation was enacted requiring barbers and hairdressers to have an x-ray or other screening test for excluding tuberculosis infection as all such persons are in close contact with the public. This will be required every second year.

The Red River Exhibition, an annual event in the City, presents many problems due mostly to the temporary nature of the booths located throughout the extensive grounds. It was found necessary to assign two inspectors for duty at the exhibition for the duration of the event.

There are 10 wholesale produce manufacturers operating in the City at present. All are using Federal inspectors for the manufacture of their products and in this respect no difficulty has been encountered. Their operation is however under constant supervision by the City Health Department to ensure safety of the final product.

A new soft drink processing plant was constructed and opened this year in the Industrial Area. This plant is one of the most modern in Canada.

Food testing of diabetes, vitamins and restaurant operations to determine if they have been properly washed and certified for consumption in 1950. The test used was a great deal of laboratory value. Owners and operators appreciate the importance of food safety practices when the tests substantiate the results of such practices.

All plans for construction or alteration for food handling establishments have to be first approved by the Food Division prior to installation of any building or changes. Plans for 15 new premises and 25 alterations were approved in 1950.

Condensed food during the year amounted to 10,125 lbs. This was due to damage by fire, water or other waste. Many new regulations of food were carried out at the request of owners or public to determine wholesomeness and safety. During the year 50 fire calls in food premises were attended -- most of them outside working hours.

Sanitation & Hygiene Division

The Division of Sanitation and Hygiene is responsible for routine inspection of factories, workshops, offices and other buildings; bathhouses and beauty parlors; swimming pools; schools; cowshed stations; dairies; bowling alleys, restaurants, bars, shops, junk yards, laundries, machine garages, second-hand stores, cleaning trucks, poultry keepers, tanneries and undertakers. In addition this division inspects and reports on conditions of yards, sheds, swimming pools, contact for workers; noise, smoke, dust, fumes, offensive odors and atmospheric pollution in general; installation of traps and vents (apart from houses which is under the jurisdiction of the Health Division); and the maintenance of the health of persons. Inspectors of this Division collect water samples for bacteriological analysis of the City's water supply; also samples from swimming pools and bathing pools for regular testing.

At least 2 inspections are made annually of all factories and workshops, bathhouses and regularly inspected as well. In the year 1950 the Division of Sanitation and Hygiene had 1,200 inspections in all. An x-ray or other scientific test for examining tuberculous infections in all such persons are in close contact with the public. This will be carried over every second year.

During the month of June the Sanitation Division assisted the Parks and Recreation Department in the training of temporary employees hired as operators of wading pools. 80 trainees received such instruction. In July and August one inspector was engaged full-time in the supervision of 37 wading pools and during the 2 months collected 296 water samples for bacteriological analysis. Provincial Health standards were met at all wading pools at all times. There are now 36 swimming pools exclusive of those privately owned in Winnipeg and when in operation these pools receive weekly inspection including sampling of water for bacteriological analysis. Each pool is also tested for residual chlorine and pH. Control of nuisance created by pigeons was maintained through the year and 2,164 pigeons were shot upon request from the public.

Perusal of the Division's statistics show that the staff made 21,246 inspections and re-inspections; gave 2,106 interviews; collected 3,178 water samples and dealt with 5,345 defects requiring 6,180 notices.

The tabulated reports of the various divisions follow:

	6,000	1,000
<hr/>		
<u>SAMPLES:</u>		
Milk Shippers	10,016	
Milk Retail	1,400	
Milk Special	373	
Cream	100	
Ice Cream	760	
Bottles for Sterility	50	
Water	50	
Special samples Tested	450	
	<hr/>	
	12,599	
<hr/>		
<u>GENERAL:</u>		
Calls	1,200	
Complaints	20	
Letters sent re: Purities	100	
Letters sent re: Quality of Milk	200	
Cancellations for Poor Quality	1	
Tests Small Cards sent	10,700	
Permits Issued	0	
Permits Cancelled	37	
Temperatures Taken	1,011	
	<hr/>	
	12,669	
	<hr/>	

During the month of June the Sanitation Division assisted the Parks and Recreation Department in the training of temporary employees hired as operators of wading pools. 50 trainees received such instruction. In July and August one inspector was engaged full-time in the supervision of 37 wading pools and during the 2 months collected 296 water samples for bacteriological analysis. Periodical health standards were met at all wading pools at all times. There are now 38 wading pools exclusive of those privately owned in Washington and when in operation these pools receive weekly inspection including sampling of water for bacteriological analysis. Each pool is also tested for residual chlorine and pH. Control of nuisance created by pigeons was maintained through the year and 2,104 pigeons were shot upon request from the public.

Records of the Division's statistics show that the staff made 21,246 inspections and re-inspections; gave 6,106 interviews; collected 2,178 water samples and debris with 2,342 defects reported; 6,180 notices.

The tabulated reports of the various divisions follow:

DAIRY DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
<u>COUNTRY:</u>		
Milk Producers	2,348	280
Prospective Producers	17	
Bulk Milk Tanks	2,347	
<u>CITY:</u>		
Pasteurization Plants	232	1,570
Ice Cream Manufacturers	240	
Counter Freezers	665	
Butter Plants	217	
Cheese Plants	205	
Tests of Equipment	60	
Tanker Trucks Inspected	410	
Vehicles-Delivery	82	
	<u>6,823</u>	<u>1,850</u>
<u>SAMPLES:</u>		
Milk Shippers	15,816	
Milk Retail	1,424	
Milk Special	375	
Cream	568	
Ice Cream	768	
Bottles for Sterility	94	
Water	52	
Special Samples Tested	456	
	<u>19,553</u>	
<u>GENERAL:</u>		
Calls	1,298	
Complaints	28	
Letters sent re: Premises	152	
Letters sent re: Quality of Milk	285	
Cancellations for Poor Quality	6	
Tests Result Cards sent	15,769	
Permits Issued	9	
Permits Cancelled	37	
Temperatures Taken	1,017	
	<u>18,601</u>	

DAIRY DIVISION

CONTRACTS INSPECTIONS

COUNTY:

254	2,348	.....	Milk Producers
17	17	.....	Prospective Producers
	2,365	.....	Dairy Milk Banks

CITY:

1,271	232	.....	Recreation Plants
	240	.....	Ice Cream Manufacturers
	665	.....	Candy Producers
	217	.....	Butter Plants
	202	.....	Cheese Plants
	60	.....	Tests of Equipment
	410	.....	Tanker Trucks Inspected
	88	.....	Vehicle-Delivery

1,621	6,823	=====
=====	=====	

COUNTY:

12,816	.....	Milk Shippers
1,424	.....	Milk Retail
372	.....	Milk Special
203	.....	Cream
108	Ice Cream
94	Bottles for Sterility
22	Water
436	Special Samples Taken

19,253	=====
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CITY:

1,208	Calls
28	Complaints
122	Letters sent re: Provisions
282	Letters sent re: Quality of Milk
0	.....	Generalions for Poor Quality
12,709	Tests of Milk
0	Permits Issued
1,011	Permits Cancelled
1,011	Permits Taken

14,001	=====
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FOOD DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
Bakeries	920	347
Banquet Halls	83	48
Beer Parlors	215	104
Breweries & Bottling Plants	8	21
Candy Manufacturers	74	53
Canteens & Hotel Kitchens	169	104
Caterers	313	83
Cereal Mills	25	20
Cocktail Lounges	237	126
Dance Halls	223	48
Egg & Poultry Wholesale	16	3
Fish-filleting, Cold Storage etc.	73	47
Food Processing	156	84
Frozen Food Locker Plants	11	1
Ice Houses and Depots	5	1
Pickle & Vinegar Factories	22	10
Poultry Slaughterhouses	35	19
Private Clubs	31	53
Producer's Markets, Vegetable Stalls ..	242	69
Restaurants	4,554	1,326
Retail Food Stores, Grocer, Butcher etc. .	2,829	975
Sausage Manufacturers	152	132
Wholesale - Groceries & Vegetables	181	44
Fires in Food Premises	52	62
Vehicles	41	6
Vending Machines	247	10
Special Calls	646	371
TOTAL	<u>11,560</u>	<u>4,167</u>

Complaints	250	Samples: Food	551
Notices: Verbal	4,835	Water	2
Written	811		
Plans Examined	97	Plans Approved	45

Bacteriological Tests - Restaurants & Beer Parlors.

Number of Premises	755	Number of Utensils	4,286
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Condemnations: (destroyed in City Incinerator)

Baked Goods	1,449 lbs.	Fruit & Vegetables	334 lbs.
Candy	369 lbs.	Lard	115 lbs.
Canned Goods	1,804 lbs.	Meat	851 lbs.
Cereal	295 lbs.	Nuts	80 lbs.
Eggs	3 doz.	Poultry	96 lbs.
Fish	4,712 lbs.	Sugar	20 lbs.

FOOD DIVISION

<u>CONTRACT</u>	<u>INSPECTORS</u>	
107	287	Bakeries
108	73	Pastry Shops
109	212	Beer Parlors
110	0	Ice Cream & Softening Plants
111	74	Candy Manufacturers
112	188	Canteens & Hotel Kitchens
113	313	Caterers
114	25	Corned Meat
115	237	Cocktail Lounges
116	222	Dance Halls
117	18	Hot & Cold Storage
118	13	Meat-Packing, Cold Storage etc.
119	158	Food Processing
120	11	Frozen Food Manufacturing
121	2	Ice Houses and Depots
122	21	Pickles & Vinegar Manufacture
123	22	Buttery Manufacturing
124	31	Private Clubs
125	242	Produce - Meats, Vegetables, etc.
126	4,224	Restaurants
127	2,819	Retail Food Stores, Grocers, Butcher etc.
128	122	Sausage Manufacturers
129	181	Meats - Groceries & Vegetables
130	22	Fishes in Food Establishments
131	41	Venues
132	247	Vending Machines
133	646	Special Calls
<u>4,107</u>	<u>11,220</u>	<u>TOTAL</u>

Periodical Tests - Restaurants & Beer Parlors

Number of Establishments	Number of Tests	Tests
4,208	175	Complaints
		Noticed: Verbal
		Written
45	97	Plans Examined

Commodities (destroyed in City Incinerator)

Commodity	Quantity
Baked Goods	1,449 lbs.
Candy	363 lbs.
Canned Goods	1,806 lbs.
Corned Meat	322 lbs.
Meat	2 lbs.
Pastry	2 lbs.
Sugar	1,412 lbs.

HOUSING DIVISION

Violations of the exterior maintenance by-law (The Minimum Standard of Housing Repair By-law) remedied during the year under orders from the Housing Division.

Exterior Painting: walls - 81 buildings; shingled roofs - 14 buildings; sheds - 18 properties;

Violations of the Health Act Regulations and Health By-laws pertaining to housing remedied during the year under orders from the Housing Division.

Overcrowding remedied	52 buildings
Damp or dark cellars vacated	12 cellars
Dark, low-ceilinged attics vacated	2 attics
Additional windows constructed and lighting improved in previously dark attics	7 attics
Bedbugs exterminated	223 buildings
Cockroaches exterminated	105 buildings
Silverfish, lice fleas, beetles, ants, sowbugs exterminated.	105 buildings
Rats exterminated	1 property
Mice exterminated	96 buildings
Defective cellars repaired	80 buildings
Leaky roofs repaired	112 buildings
Walls, ceilings, floors repaired	413 buildings
Defective eavestroughing repaired or renewed	125 buildings
Defective heating equipment repaired or renewed	146 buildings
Fly screens and/or storm sashes provided	436 buildings
Defective plumbing repaired	423 buildings
Additional plumbing installed	182 buildings
Hot water facilities provided or improved	135 buildings
Additional heat provided	231 buildings
Redecorated	436 buildings
Gas stoves removed from bedrooms	17 buildings
Floor coverings renewed	265 buildings
Additional electric light provided	26 buildings
Blinds provided for windows	10 buildings
Filthy or torn mattresses or bedding and filthy or dilapidated furniture cleaned, repaired or renewed	69 buildings
Floors, walls washed	164 buildings
Garbage nuisances corrected	349 properties
Miscellaneous defects remedied	50 buildings
Total inspections and re-inspections	12,206
Notices issued: verbal warnings	6,097
formal notices	2,503
Complaints attended to: lack of heat	280
re: exterior of buildings	50
other complaints	1,325
	<u>1,655</u>

HOUSING DIVISION

Violations of the exterior maintenance by-law (The Minimum Standard of Housing Repair By-law) remedied during the year under review from the Housing Division.

Exterior Paintings: walls - 81 buildings; awnings roofs - 14 buildings; sheds - 18 properties;

Violations of the Health Act Regulations and Health By-Laws pertaining to housing remedied during the year under review from the Housing Division.

52 buildings	Overcrowding remedied	12,208
19 buildings	Damp or dark ceilings vacated	6,007
2 buildings	Dark, low-ceilinged attics vacated	2,203
7 buildings	Additional windows constructed and lighting improved in previously dark attics	
223 buildings	Bedbugs exterminated	
145 buildings	Cockroaches exterminated	
102 buildings	Silverfish, lice fleas, beetles, ants, sowbugs exterminated.	
1 property	lice exterminated	
28 buildings	Mice exterminated	
84 buildings	Detective ceiling repairs	
212 buildings	Leaky roofs repaired	
473 buildings	Walls, ceilings, floors repaired	
135 buildings	Detective masonry/roughing repaired or renewed	
146 buildings	Detective heating equipment repaired or renewed	
436 buildings	Fly screens and/or storm screens provided	
424 buildings	Detective plumbing repaired	
185 buildings	Additional plumbing installed	
100 buildings	Hot water facilities provided or improved	
231 buildings	Additional heat provided	
450 buildings	Rebated	
14 buildings	Gas stoves removed from bedrooms	
203 buildings	Floor coverings renewed	
28 buildings	Additional electric light provided	
10 buildings	Blinds provided for windows	
69 buildings	Ripply or torn mattresses or bedding and ratty or dilapidated furniture cleaned, repaired or renewed	
104 buildings	Floors, walls washed	
340 properties	Garbage nuisance corrected	
30 buildings	Miscellaneous defects remedied	
	Total inspections and re-inspections	12,208
	Notices issued: verbal warnings	6,007
	Formal notices	2,203
	Complaints attended to: lack of heat	280
	ret. exterior of buildings	30
	Other complaints	1,353
	Total	1,633

SYSTEM OF INSPECTION AND REPAIRS

Placarded houses as at December 31, 1965: 72

During 1966 - 53 additional houses were placarded "Unsanitary"
 9 were renovated
 49 were demolished

Placarded houses as at December 31, 1966: 67

26 Police Court summonses: 15 convictions, 4 withdrawals,
 1 dismissal, 6 pending.

15 Police Court Convictions:

Failed to exterminate bedbugs	\$ 28.30
Failed to refit doors	18.30
13 convictions re exterior maintenance by-law	197.90
	<u>\$ 244.50</u>

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

Electrical Inspectors	hazardous wiring	92 buildings
Fire Inspectors	fire hazards	5 buildings
Building Inspectors	other safety hazards	48 buildings
Zoning Inspectors	zoning violations	1 building
Plumbing Inspectors	plumbing permit required	9 buildings
Weed Inspector		13 premises
Children's Aid Society		1 family
Greater Winnipeg Gas Company		1 building
	<u>Total referrals in writing</u>	<u>170</u>

Total Other Inspections 12,740

TOTAL WORK OF INSPECTORS

INTERVIEWS	2,106
WATER SAMPLES	3,170
DELIVERIES	75
COMPLAINTS	1,140
PROSECUTIONS	11

NOTICES:

Verbal	2,306
Letter	3,240
Informal	20
Specifications	1,140
Mandatory	11
<u>Total Notices</u>	<u>6,723</u>

Placarded houses as of December 31, 1965: 75

During 1966 - 23 additional houses were placarded "Unsanitary"
9 were renovated
49 were demolished

Placarded houses as of December 31, 1966: 67

66 Police Court summonses: 15 convictions, 4 withdrawn,
1 dismissal, 6 pending.

15 Police Court Convictions:

Failed to exterminate bedbugs \$ 28.30
Failed to refill hours 18.30
13 convictions re exterior maintenance by-law 187.90

\$ 234.50

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

52 buildings	hazardous wiring	Electrical Inspectors
7 buildings	fire hazards	Fire Inspectors
48 buildings	other safety hazards	Building Inspectors
1 building	sanitary violations	Health Inspectors
9 buildings	plumbing permits required	Plumbing Inspectors
13 premises		Wood Inspector
1 family		Children's Aid Society
1 building		Greater Winnipeg Gas Company

Total referrals in writing 170

DIVISION OF SANITATION AND HYGIENE

		<u>Inspections</u>
OFFICES, WORKSHOPS AND FACTORIES		6,416
HAIRDRESSING ESTABLISHMENTS		1,668
<u>LICENSED PREMISES:</u>		
Billiard Parlors	165	
Bowling Alleys	54	
Hatcheries and Pet Shops	15	
Junk Yards	142	
Laundries	132	
Massage Parlors	70	
Poultry Keepers	1	
Second-hand Stores	271	
Skating Rinks	6	
Soap Manufacturing	4	
Tanneries and Hide Curing	11	
Undertaking Parlors	25	
Theatres, concert halls, arena, stadium	26	
Total Licensed Premises		<u>922</u>
<u>OTHER INSPECTIONS:</u>		
Air Pollution	326	
Comfort Stations	191	
Garbage and Refuse	3,026	
Lanes, Streets and Lots	5,608	
Outbuildings	104	
Schools	13	
Swimming Pools	864	
Wading Pools	407	
Wells	56	
Workmen's Closets	1,231	
Community Clubs	22	
Miscellaneous	392	
Total Other Inspections		<u>12,240</u>
TOTAL NUMBER OF INSPECTIONS		<u>21,246</u>
INTERVIEWS		2,106
WATER SAMPLES		3,178
DELIVERIES		775
COMPLAINTS		1,149
PROSECUTIONS		11
<u>NOTICES:</u>		
Verbal	4,360	
Letter	1,402	
Informal	296	
Specification	30	
Mandatory	92	
Total Notices		<u>6,180</u>

DEPARTMENT OF SANITATION AND HYGIENE

Inspections

6,416
1,606

..... CANTINE, WORKSHOPS AND FACTORIES

..... HAIRDRESSING ESTABLISHMENTS

LICENSED PREMISES:

169	..... Billiard Parlors
24	..... Bowling Alleys
12	..... Barberies and Hair Shops
142	..... Lunch Parlors
132	..... Laundries
70	..... Massage Parlors
1	..... Public Restrooms
67	..... Second-hand Stores
6	..... Barber Shops
4	..... Soap Manufactories
11	..... Tanneries and Hide Curries
20	..... Undertaking Parlors
26	..... Theaters, concert halls, arenas, stadium
<hr/>	
	Total Licensed Premises

922

OTHER INSPECTIONS:

326	..... Air Pollution
101	..... Comfort Stations
3,086	..... Garbage and Refuse
2,600	..... Lanes, Streets and Lots
104	..... Establishments
13	..... Schools
62	..... Swimming Pools
477	..... Water Pools
21	..... Wells
1,221	..... Workmen's Clubs
22	..... Community Clubs
392	..... Miscellaneous
<hr/>	
	Total Other Inspections

12,240

67,246

TOTAL NUMBER OF INSPECTIONS

8,106
2,116
772
1,140
11

..... INTERVIEWING
..... WATER SAMPLES
..... DELIVERIES
..... COMPLAINTS
..... PROSECUTIONS

NOTICES:

4,760	..... Verbal
1,402	..... Letter
200	..... Informal
20	..... Specification
22	..... Mandatory
<hr/>	
	Total Notices

6,180

DEFECTS DISCOVERED & DEALT WITH:

Bedding and Upholstery	4
Cleanliness, Lack of.....	311
Common Drinking Cups	55
Covered Waste Receptacles	222
Dampness	3
Drinking Facilities (Water)	4
Garbage and Refuse	1,503
Gas Installations	43
Heating: Lack of	32
Furnaces & Equipment	1
Lanes, Streets and Lots	1,367
Lighting: Natural or Artificial	12
Noises	12
Plumbing: Lack of	6
Defective	51
Illegally Installed	2
Insufficient	8
Dirty Fixtures	202
Legible Signs, Lack of	46
No Water Supply	2
No Hot Water	2
Privacy, Lack of	1
Pigeons and Poultry, Illegal	45
Rest Rooms: Lack of	2
Dirty	22
Furnishings	2
Rodents: rats	14
mice, other	14
Smoke, Dust, Fumes, Odors	385
Soap and Towels, Lack of	41
Stagnant Water	10
Structural Defects: Roofs & Ceilings	20
Eavestroughing & R.W.L.	3
Cellars, floors and walls	28
Screen doors and windows	1
Swimming Pools, Wading Pools	103
Ventilation	37
Vermin	5
Workmen's Closets	142
Miscellaneous	582
	<hr/>
Total Defects and Irregularities	5,345
	<hr/> <hr/>

DEFECTS DISCOVERED & HEALT WITH:

1	Bedding and Upholstery
111	Cleanliness, Lack of
25	Common Drinking Cups
222	Covered Waste Receptacles
2	Lampness
1	Drinking Facilities (Water)
1,203	Garbage and Refuse
43	Gas Installations
32	Heating: Lack of
1	Paints & Equipment
1,387	Passes, Streets and Lanes
12	Plumbing: Natural or Artificial
12	Noises
6	Plumbing: Lack of
21	Defective
2	Illegally Installed
1	Insufficient
272	Dirty Fixtures
46	Labels Signs, Lack of
2	No Water Supply
2	No Hot Water
1	Privacy, Lack of
45	Pigeons and Poultry, Illegal
2	Heat Rooms: Lack of
22	Dirty
2	Purifications
14	Refrigerators: Lack of
14	also, other
305	Smoke, Gas, Fumes, Odors
41	Sinks and Tubs, Lack of
10	Stagnant Water
20	Structural Defects: Roofs & Ceilings
2	Investigating & R.W.I.
20	Ceilings, Floors and Walls
1	Broken Doors and Windows
103	Swimming Pools, Wading Pools
27	Ventilation
2	Vermin
120	Workmen's Closets
200	Miscellaneous
2,342	Total Defects and Irregularities

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1966

Personal Services	\$ 678,861.00
Outside Services	85,933.00
Materials Supplies & Repairs	62,734.00
Equipment, Additions & Replacements	2,906.00
Other Expenses	8,990.00
Automobile Allowances	26,208.00
Total	<u><u>\$ 865,632.00</u></u>

<u>Expenditures by Branches</u>			
<u>Branch</u>	<u>Total</u>	<u>Salaries</u>	<u>Other Expenses</u>
Administration and Statistics	\$ 43,464.00	\$ 39,600.00	\$ 3,864.00
Communicable and Other Diseases	89,288.00	30,039.00	59,249.00
Inspection Services	150,811.00	136,623.00	14,188.00
Child Medical Services	38,049.00	5,521.00	32,528.00
Child Dental Services	112,849.00	68,409.00	44,440.00
Nursing Services	311,340.00	295,744.00	15,596.00
Health Services Extension	119,831.00	102,925.00	16,906.00
Total	<u><u>\$ 865,632.00</u></u>	<u><u>\$ 678,861.00</u></u>	<u><u>\$ 186,771.00</u></u>

Sources of Revenue

National Health Grants	\$ 73,835.00	8.5%
Provincial Government Grant	90,265.00	10.4%
Milk Control Board Grant	4,320.00	0.5%
Dental Clinic at General Hospital	3,691.00	0.4%
Social Allowances Act	131,908.00	15.3%
City of Winnipeg	561,613.00	64.9%
Total	<u><u>\$ 865,632.00</u></u>	<u><u>100.0%</u></u>

Cost per capita \$ 3.41



