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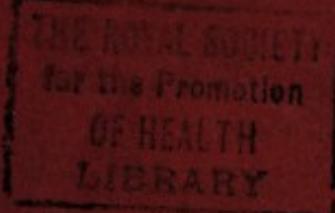
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CITY OF WINNIPEG HEALTH DEPARTMENT

ANNUAL REPORT 1967

R.G. CADHAM, M.D.
MEDICAL HEALTH OFFICER

RCB/30 67



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

P. CONSTANTINIDIS, M.D., C.R.C.P.(C.)
DEPUTY MEDICAL HEALTH OFFICER



HEALTH DEPARTMENT
ADMINISTRATION BUILDING,
CIVIC CENTRE,
WINNIPEG 2, MANITOBA

OUR FILE NO. _____

YOUR FILE NO. _____

June 27, 1968.

City of Winnipeg

Chairman and Members,
Committee on Public Health and Welfare.

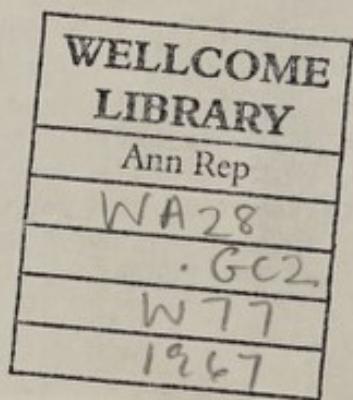
Madam and Gentlemen,

I have the honour to present the Annual Report of the City Health Department for the year 1967. The year was essentially a healthy one for the citizens with no major illness of any proportion.

The birth rate declined to 17.9 per thousand population, which is the lowest recorded since 1944. The infant mortality rate increased from 17.6 to 21.1 per thousand, and although this is below the Canadian average, it is unfortunate. In the main, this increase was due to the increase in deaths from immaturity. The illegitimate rate remained the same as for the previous year, being 16.3% of the total births. As was the case last year, it would appear that this high percentage of illegitimate births is due to the fact that unwed mothers come to Winnipeg to be delivered and give a Winnipeg address as their home. Cancer of the lung continued as the leading cause of cancerous deaths in males, and cancer of the breast the leading cause of cancerous deaths in females. This is regrettable as cancer in both these sites is largely preventable.

The incidence of infectious hepatitis decreased with only fifty-two cases being recorded, and is the least number of cases to occur for many years. In this regard we are fortunate as this disease has increased in incidence rather than decreased in many other parts of the continent. Sixty new cases of active tuberculosis were discovered compared to 67 in the previous year. There were 12 tuberculosis deaths with the majority of these occurring in the older age group.

Over 27,000 inoculations were given for the prevention of the common communicable diseases. Fourteen thousand dental appointments were kept in the School Dental Services. Eighteen thousand tuberculin tests were carried out in conjunction with the Manitoba Sanatorium Board in our tuberculosis control program. More than 90,000 pupils were referred or sought advice from the Public Health Nurses during the year. Over 44,000 pupils in the School System were tested for myopia, and 8,900 pupils were given audiometric tests. The attendance at the Expectant Mothers' Classes again increased.



CONTENTS

- 2 -

Committee on Public Health and Welfare - Staff

The Pan-American Games provided an extra workload for our Inspections Branch who were active in the supervision of housing accommodation and the preparation and distribution of food products for the many thousands of athletes and tourists. We were indeed fortunate to survive the onslaught of so many individuals from all parts of the world without any serious health problem.

Live Births and Infant Deaths

The Minimum Standards of Housing Repair By-law was again enforced to the maximum of our ability and has been very effective in the prevention of housing blight. Although the City Council approved a recommendation that this By-law apply to privately owned and occupied dwellings as well as rented accommodation, the necessary legislation to amend the City Charter was not approved by the Manitoba Legislature.

Deaths, Births, Stillbirths and Infants

One problem with which we were confronted, which is common to other parts of Canada, is the number of pupils, particularly in the Junior High Schools, who are inhaling glue and nail polish remover. No ready solution to this problem is in the offing at the moment.

Medical Relief and Other Services

It is with regret that the sudden death of Mr. George Kelly, who had been with the Department for over forty years, is recorded.

Child Dental Services 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.

Services to School Children

Services to Expectant Parents

Services to Students and Special Classes

Nutrition Service

School Audiometric Tests

Children Examined for Fresh Air Camps

Children's Hospital - Eye Clinic

RGC:lv

Order of Nurses

Registry of Handicapped School Children

Inspection Services

Inspections Branch

Dairy Division

Food Division

Housing Division

Sanitation & Hygiene

Financial Statement

Respectfully submitted,

R. G. Cadham

Medical Health Officer.

the Pan-American Games being held in the same month for the International Federation and the Pan-American Games are held in the same month for the Pan-American Games.

The International Federation has been invited to hold its meetings in the City of Guatemala during the month of November, 1931, and the Pan-American Games will be held in the same month.

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Respectfully submitted,



Herbert Oelrich
President

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COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

The present Committee on Public Health and Welfare was created in 1909 when the City of Altona was incorporated. The first Health Officer was appointed in 1909.

From 1901 to 1905 Altona had a Medical Officer of Health and a Health Inspector.

In 1905 a change was made in the School Board and a Health Officer was appointed. In 1906 a Health Officer was appointed and the services extended to all public and private institutions in the City with the exception of the Hospital.

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. Konyk, D.D.S.
Director, Public Health Nursing Miss L. MacKenzie, R.N., M.A., P.D.
Chief Health Inspector R.C. Morrow, D.V.M., C.P.H.I.(C).
Secretary and Statistician R.D. Scrymgeour

The City covers a total area of 21 square miles, of which 10.27 square miles (26,156 acres) are land and water .73 square miles (1,840 acres) are water. The density of the population is 33.1 persons per acre.

For statistical purposes the population increased from a census of 1,000 in 1901 to 29,637 in 1956, an increase of 29,637 persons. In 1957 the natural increase of 1,000 persons.

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VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1967.

(including Non-Residents)

HISTORY

1967	1966
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LIVE BIRTHS 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 252,000 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 Service 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.

INFANT DEATHS (-1 year) Male 56 53
Female 39 28
Total 95 81

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 13.1 persons per acre of land.

BIRTHS For statistical purposes the population for 1967 is 251,995, a decrease of 1,902 from 253,897 in 1966 as determined by the Assessment Commissioner. In 1967 the natural increase (live births less deaths) was 1,963.

Rate per 1,000 Live Births Total 62 72
Male 33 36
Female 39 28

MATERNAL DEATHS

Rate per 1,000 Live Births

(Population - December 31, 1967 = 251,995)

HISTORY

The City was incorporated in 1853 under a charter from the State of California. It had a population of 312, which increased to 1,800 by 1860, with a population of 3,125 in 1870, and reached 25,000 by 1880. The city was incorporated in 1887 with a population of 1,800.

The Bureau of Health Department took over the Health Department from Dr. A. T. Donahue who succeeded the first full-time Health Officer.

From 1881 to 1900, the City had a series of part-time Health Officers.

In 1901 amalgamation with the Second Machine Service concentrated and the service increased and expanded to all child-care institutions to the City of San Francisco. The addressees to the City and Machine Services.

The City Health Service was set up to deal with the Department to a considerable number, including public health in the City of San Francisco. This board was established in 1922 by a municipal ordinance of the same legislative electorate of the Second Board and the Health Department.

The Department has now several branches to carry out the functions of the Public Health Act of legislation, the Health Board of the City and a number of other City departments.

AREA AND POPULATION

The City covers a total area of 37 square miles -- land 30.57 square miles (10,186 acres), and water, 5.7 square miles (1,586 acres). The density of the population is 17.1 persons per acre of land.

Population of the city at the last census of 1905 was 25,000. The population of 1905 grew to 25,000 in 1910, 32,800 in 1920, and 35,000 in 1930. The increase in population is due to the annexation of a number of smaller towns (the latter less than 1,000).

LIVE BIRTHS

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1967.

A total of (including Non-Residents)		to Winnipeg residents in 1967,
		giving a rate of 17.9 per 1,000 population compared with a rate of 18.1
1 Live Births	6,143	1967 1966
2 Deaths	2,907	7,558 children
3 Stillbirths	99	3,229

INFANT MORTALITY

There was a Summary of Vital Statistics, Residents, 1967 giving a rate of 21.1 per 1,000 live births. Deaths of infants during the first week accounted for 65% with 52% of these occurring during the first day.

1967	1966
------	------

<u>Live Births</u> in 1967 there were 62 stillbirths and 62 deaths for a total of 124 which represented 1,000 total births. Comparative rates were 26.5 and 30.8 respectively.	Male	2,289	2,384
	Female	2,210	2,220
	Undetermined	-	-
	Total	4,499	4,604

Rate per 1,000 population	17.9	18.1
---------------------------	------	------

<u>Deaths</u> In 1967 there were 62 stillbirths and 62 deaths for a total of 124 which represented 1,000 total births. Comparative rates were 26.5 and 30.8 respectively.	Male	1,469	1,518
	Female	1,067	1,148
	Undetermined	-	-
	Total	2,536	2,666

Rate per 1,000 population	10.1	10.5
Natural increase	1,963	1,938

For the fourth successive year there were no deaths recorded from <u>Infant Deaths (- 1 year)</u> .	Male	56	53
	Female	39	28
	Undetermined	-	-
	Total	95	81

Rate per 1,000 Live Births	21.1	17.6
----------------------------	------	------

<u>Stillbirths</u> has been the case for many years. The leading cause of death with a total of 99 stillbirths in 1967. Disease is at a minimum up to age 46 but increases to maximum in old age with over 78% of all deaths occurring to people 65 years of age and over.	Male	32	35
	Female	29	37
	Undetermined	1	-
	Total	62	72
	Rate per 1,000 Live Births	13.8	15.6

<u>Maternal Deaths</u>	-	-
	Rate per 1,000 Live Births	-

Malignant neoplasms were the leading cause of death with 235 male and 239 female deaths. The site of the disease of the bronchus and lung continues to be the most common site among males and accounts for over one quarter of all deaths of males. Cancer of the breast is the most common site among females with over half of the deaths occurring under 65 years of age.

(Population - December 31, 1967 = 251,995)

ACTIVE STATISTICS OF RESIDENTS IN MUNICIPAL 1982

(excluding Muñoz-Guindulana)

<u>1982</u>	<u>1981</u>		
822,5	811,8	.....	Rate per 1,000 Population
833,0	801,5	.....	Death Rate
111	98	.....	Infant Mortality

Summary of Active Residents, 1982

<u>1982</u>	<u>1981</u>		
482,5	482,5	.....	Rate per 1,000 Population
555,5	510,5	.....	Rate per 1,000 Population
-	-	.....	Infant Mortality
408,0	393,8	Total	
1.81	1.71	.....	Rate per 1,000 Population
812,1	808,1	.....	Rate per 1,000 Population
811,1	780,1	.....	Rate per 1,000 Population
-	-	.....	Infant Mortality
888,5	882,5	Total	
2.01	1.91	.....	Rate per 1,000 Population
859,1	839,1	.....	Rate per 1,000 Population
-	-	.....	Infant Mortality
82	82	.....	Rate per 1,000 Population
80	83	.....	Rate per 1,000 Population
-	-	.....	Infant Mortality
18	20	Total	
0.71	1.15	.....	Rate per 1,000 Population
22	22	.....	Rate per 1,000 Population
16	25	.....	Rate per 1,000 Population
-	1	.....	Infant Mortality
25	25	Total	
8.21	8.11	.....	Rate per 1,000 Population
-	-	.....	Rate per 1,000 Population
-	-	.....	Rate per 1,000 Population

(Population - December 31, 1981 = 521,000)

LIVE BIRTHS

Vascular lesions affecting the central nervous system was the third leading cause taking 263 lives or 14% of all deaths. The majority of these deaths A total of 4,499 live births occurred to Winnipeg residents in 1967, giving a rate of 17.9 per 1,000 population compared with a rate of 18.1 recorded in 1966. This is a decrease of 1.1% from 1966 and is the lowest rate recorded for over two decades. In 1967 there were 1,036 males born for every 1,000 females. First children accounted for 42.6% of all births, second children 26.9% and third children 13.0%. Children born to mothers in the 15 year age group, 20 - 34 years, numbered 3,429 or 76.1% of all births.

Our approximate death toll for 1967 was 2,536. The causes of death associated with us during the year were as follows: heart disease 865, cancer 524, vascular lesions 263, cerebrovascular diseases 140, and other diseases of the heart 110. Approximately two thirds of these deaths occurred to people over 65 years of age. Suicides accounted for 28 deaths with three times as many males as females committing suicide.

INFANT MORTALITY

There were 95 deaths of infants under one year of age giving a rate of 21.1 per 1,000 live births. Deaths of infants during the first week accounted for 65% with 52% of these occurring during the first day.

Immaturity 16, congenital malformations 13, accidental causes 11, post natal asphyxia 8, birth injury 7, were principal causes accounting for 58% of infant deaths. A detailed list of the causes of infant deaths is on page 21 of this report.

PERINATAL MORTALITY

In 1967 there were 62 stillbirths and 62 deaths of infants under one week for a total of 124 which represents a perinatal death rate of 27.6 per 1,000 total births. Comparative rates for 1966, 1965 and 1964 were 24.8, 26.5 and 30.8 respectively.

MATERNAL MORTALITY

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

GENERAL MORTALITY

There were 2,536 deaths of Winnipeg residents recorded during the year giving a rate of 10.1 per 1,000 population.

As has been the case for many years, diseases of the heart have been the leading cause of death with a total of 865 being recorded in 1967. The disease is at a minimum up to age 44 but increases each year thereafter to a maximum in old age with over 78% 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 784 deaths.

Malignant neoplasms was the second leading cause of death recorded accounting for 524 deaths or 20.7% of all deaths. There were 285 male and 239 female deaths with over 95% occurring after age 44. Cancer of the Trachea, Bronchus and lung continues to be the most common site among males and accounts for over 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.

LIVE BIRTHS

A total of 4,900 live births occurring to Minuteman residents in 1962, giving a rate of 17.0 per 1,000 population compared with a rate of 18.1 recorded in 1961. This is a decrease of 1.1% from 1960 and is the lowest rate recorded for over two decades. In 1962 there were 1,092 stillbirths making 1,092 total for every 1,000 deliveries. Major difference accounted for 45.6% of all stillbirths, second conception 26.6% and third conception 13.0%. Only 17 cases of stillbirths, 30 - 34 years, occurred at 3.50 or 50.1% of all stillbirths.

INFANT MORTALITY

There were 32 deaths of infants under one year of age giving a rate of 21.1 per 1,000 live births. Deaths of infants during the first week account for 92% with 25% of these occurring during the latter day.

Incidentally 16, congenital malformations 13, accidents 11, birth asphyxia 8, birth trauma 5, male infantile cancer accounts for 28% of infant deaths. A decrease of 6% in the number of infant deaths in no part due to better medical care.

PERINATAL MORTALITY

In 1962 there were 92 stillbirths and 93 deaths of infants under one week for a total of 185 giving a stillbirth rate of 25.0 per 1,000 total births. Compared to 1961, 1962 and 1960 rates of 24.8, 26.2 and 30.8 respectively.

MATERNAL MORTALITY

For the fourth consecutive year there were no deaths recorded from complications pertaining to the pregnancy of Minuteman residents.

GENERAL MORTALITY

There were 5,238 deaths of Minuteman residents recorded during the year giving a rate of 10.1 per 1,000 population.

As can be seen the cause for many deaths, disease of the heart gave the leading cause of death with a total of 883 deaths in 1962. The disease to be a minimum of 100 deaths was heart disease followed by maximum of 94 who died with 782 or 511 deaths from stroke. Diseases of the respiratory system caused 700 deaths, diseases of the digestive system 590, diseases of the nervous system 480, diseases of the circulatory system 460, diseases of the urinary system 360, diseases of the skin 300, diseases of the eyes 200, diseases of the ear 100, diseases of the teeth 50, diseases of the bones 40, diseases of the blood 30, diseases of the heart 20, diseases of the lungs 10, and other diseases 10.

Major causes of death among Minuteman residents were the second leading cause of death recorded for 254 deaths or 50.1% of all deaths. There were 282 more and 263 fewer deaths with a total of 852 occurring after age 65. Cancer of the stomach and lung continues to be the most common site among males and second for females. Bladder and prostate cancer are the next most common sites among females and second for females. Over one quarter of all deaths of males from cancer came from the prostate and over one half from the lung. Cancer of the liver and gallbladder was the third leading cause of death for both males and females.

Vascular lesions affecting the central nervous system was the third leading cause taking 263 lives or 10.4% of all deaths. The majority of these deaths occur to people over 60 years of age.

Accidents, poisonings and violent deaths to 177 lives or 7.0% of all deaths. Motor vehicle accidents caused 49 deaths with almost half of them occurring to people under 30 years of age. Almost twice as many males as females died as a result of motor vehicle accidents. Accidental falls were the second major cause of death by accidents accounting for 41 deaths. Approximately two thirds of these deaths occurred to people over 64 years of age. Suicides accounted for 28 deaths with three times as many males as females committing suicide.

1952	5,417	24.4	24.4
1953	5,586	24.7	24.7
1954	5,920	21.6	21.6
1955	6,016	24.4	24.4

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.

1959	6,063	23.1	23.1
1960	6,281	24.5	24.5
1961	6,105	23.8	22.8
1962	5,938	23.2	22.7
1963	5,859	22.8	21.0
1964	5,543	21.7	21.1
1965	5,222	20.5	19.7
1966	4,604	18.1	17.6
1967	4,499	17.9	21.1

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER - 1967
(Percentage of Total compared with 1966)

	10-14	15-19	20-24	25-29	30-34	35-39	40+	100+ UNKNOWN	TOTAL	1967 % of TOTAL	1966 % of TOTAL
1st	7	552	935	318	73	30	5	-	1,920	42.6	37.5
2nd.	-	116	551	376	117	39	11	1	1,213	26.9	26.0
3rd	-	14	171	213	120	47	15	2	585	13.0	13.8
4th	-	6	73	120	96	29	15	1	365	8.2	8.0
5th	-	-	15	52	55	29	12	-	175	3.7	4.0
6th & Over	-	-	6	65	68	63	34	-	235	5.2	4.6
Unknown	-	-	4	1	2	1	-	-	8	0.2	0.1
Total	7	688	1,755	1,165	529	278	93	4	5,409	100.0	100.0

Percent 0.2 15.3 39.0 25.6 11.7 6.2 7.1 0.1

Accident rate among drivers who had been
driving longer than 30 years or 10 years. The majority of
drivers occur to people over 60 years of age.

To 20.5 in cases of 15 years
and to 11.5 in cases of 30 years.
All accidents, regardless of age, were
caused by people under 30 years of age. Among those
occurred to people under 30 years of age, almost twice as many
died as a result of motor vehicle accidents. Accidents that
major cause of death of accident of 20.5 cases, about two
times as frequent as deaths from all causes for 15 years.
For 20 years there were as many cases as deaths from all causes for 30 years.

Our interpretation may apply to the
as driving the road to the right
and driving on the left for the
and driving on the right for the

Table Showing Number of Births, Deaths, Infant Deaths and
Maternal Mortality with Rates for Winnipeg for Years 1911-1967.

LIVE BIRTHS & INFANT DEATHS 1947 - 1967

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
1967	4,499	17.9	95	21.1

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER - 1967
(Percentage of Total compared with 1966)

	10-14	15-19	20-24	25-29	30-34	35	39	40+	UN- KNOWN	TOTAL	1967 % of TOTAL	1966 % of TOTAL
1st	7	552	935	318	73	30	5	-	-	1,920	42.6	37.5
2nd	-	116	551	376	117	39	11	1	-	1,211	26.9	26.0
3rd	-	14	171	213	120	47	16	2	-	583	13.0	15.8
4th	-	6	73	120	94	59	15	1	-	368	8.2	9.0
5th	-	-	15	52	55	39	12	-	-	173	3.9	4.8
6th & Over	-	-	6	65	68	63	34	-	-	236	5.2	6.8
Unknown	-	-	4	1	2	1	-	-	-	8	0.2	0.1
Total	7	688	1,755	1,145	529	278	93	4	-	4,499	100.0	100.0

Percent 0.2 15.3 39.0 25.4 11.7 6.2 2.1 0.1

Table Showing Number of Births, Deaths, Infant Deaths and
Maternal Mortality With Rates for Winnipeg for Years 1911-1967.

YEAR ** *	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS	MATERNAL MORTALITY	RATE PER 1,000 LIVE BIRTHS
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
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	-	-
1965	5,222	20.5	2,681	10.5	103	19.7	-	-
1966	4,604	18.1	2,666	10.5	81	17.6	-	-
1967	4,499	17.9	2,536	10.1	95	21.1	-	-

Table Showing Number of Deaths and Rate per 100,000 Population
From Certain Diseases for Winnipeg for the Years 1911-1967.

YEAR ** *	T.B.	RATE PER 100,000 POP.	4 ACUTE COMM. DISEASES ***	RATE PER 100,000 POP.	DISEASES OF HEART	RATE PER 100,000 POP.	CANCER ALL FORMS	RATE PER 100,000 POP.
1911-15	131	72	142	78	117	64	87	48
1916-20	136	72	135	72	138	73	135	72
1921-25	94	48	65	33	174	88	178	90
1926-30	86	42	37	18	233	115	209	103
1931-35	65	29	15	7	308	141	268	123
1936-40	52	24	11	5	450	205	283	129
1941-45	51	22	8	4	613	270	324	143
1946-50	34	14	4	2	676	291	333	143
1951-55	20	8	1	0.4	804	334	412	169
1956-60	17	6.5	1	0.5	952	374	466	183
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
1967	13	5	1	0.4	865	343	524	208

* 1911-1930 include non-residents; 1931-1967 include residents only.

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

*** Measles, Scarlet Fever, Diphtheria, Whooping Cough.

CHIEF CAUSE OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1967

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CHIEF CAUSES OF DEATH 1967 RESIDENTS ONLY
ALL AGES

No.	<u>CAUSE OF DEATH</u>	1967		1966	
		Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
1	Diseases of the Heart	865	34.1	938	35.2
2	Malignant Neoplasms	524	20.7	542	20.3
3	Vascular Lesions affecting Central Nervous System	263	10.4	290	10.9
4	Accidents, Poisoning and Violent Deaths	177	7.0	174	6.5
5	Pneumonia	119	4.7	141	5.3
6	Diseases of Arteries	106	4.2	102	3.8
7	Malformations and Diseases of Early Infancy	74	2.9	66	2.5
8	Cirrhosis of Liver	37	1.5	36	1.3
9	Diabetes Mellitus	29	1.1	32	1.2
10	Intestinal Obstruction & Hernia	25	1.0	18	0.7
11	Ulcer of Stomach & Duodenum	20	0.8	12	0.4
12	Bronchitis	16	0.6	20	0.8
13	Infection of Kidney	14	0.5	16	0.6
14	Nephritis and Nephrosis	11	0.4	16	0.6
15	Hypertension without mention of Heart	10	0.4	7	0.3
	All other causes	246	9.7	256	9.6
<u>TOTAL</u>		2,536	100.0	2,666	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1967 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.

CHARGE CHARTER OF DEATH 1951 SUBDIVISIONS ONLY

ALL AGES

Item No.	Description	Total				CHARGE OF DEATH
		To Z of Death	Death Number	To Z of Death	Death Number	
1	Delivery to the Next	5.21	822	1.46	362	
2	Maintain Hospitalization	1.05	247	1.05	252	
3	Accidental Death or Survival	0.01	020	0.01	125	
4	Accidental Positioning and Arrival Death	2.2	551	0.3	151	
5	Funerality	1.2	341	1.3	611	
6	Delivery of Address	8.1	201	5.3	101	
7	Maintainance and Disposal of Body Insurance	2.5	68	0.5	25	
8	Disposition of Tissue	1.1	32	1.1	51	
9	Disposal Mortician	5.1	131	1.1	21	
10	Initial Preparation of Remains	1.0	81	0.1	25	
11	After Service Preparation and Disposition	0.0	11	0.0	05	
12	Discrepancy	8.0	20	8.0	01	
13	Inspection of Remains	2.0	51	2.0	01	
14	Maintainance and Disposal of Hospital Mortification	0.0	01	0.0	11	
15	Delivery Mortification of Remains	1.0	5	1.0	01	
16	All Other Charges	0.4	625	0.48	245	
	TOTAL	0.001	869,3	0.001	328,5	

Charges of Death

Below are the charges according to the sequence of events in minutes
for the year 1951 classified according to cause, age and sex. The cause
of death is the cause according to the sequence of events in the
order of occurrence and the cause according to the sequence of events in
the order of death.

CHIEF CAUSE OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1967

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No.	<u>Cause of Death</u>	<u>Deaths in age group</u>		<u>Deaths at all ages</u>	
		<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
<u>0 - 1 Year</u>					
1	Ill defined diseases peculiar to early infancy	19	20.0	19	100.0
2	Immaturity	16	16.8	16	100.0
3	Congenital Malformations	13	13.7	22	59.1
4	Accidental Causes	11	11.6	177	6.2
5	Postnatal Asphyxia & Atelectasis	8	8.4	8	100.0
6	Birth Injuries	7	7.4	7	100.0
7	Diseases of the Nervous System	4	4.2	296	1.4
8	Intestinal Obstruction and Hernia	3	3.1	25	12.0
9	Infections of the newborn	1	1.1	1	100.0
	All other causes	13	13.7	1,965	0.7
	Total	95	100.0	2,536	3.7
<u>1 - 4 Years</u>					
1*	Accidental Causes	7	38.8	177	3.9
2	Congenital Malformations	6	33.3	22	27.3
3	Malignant Neoplasms	2	11.1	524	0.4
4	Mental Deficiency	1	5.6	2	50.0
5	Diseases of the Nervous System	1	5.6	296	0.3
	All other causes	1	5.6	1,515	-
	Total	18	100.0	2,536	10.7
* Motor Vehicle - 2 Drowning - 1					
Fire & Explosion - 2					
<u>5 - 14 Years</u>					
1*	Accidental causes	7	53.8	177	4.0
2	Malignant Neoplasms	3	23.1	524	0.6
3	Measles	1	7.7	1	100.0
	All other causes	2	15.4	1,834	-
	Total	13	100.0	2,536	0.5
* Motor Vehicle - 5 Drowning - 2					
<u>15 - 24 Years</u>					
1*	Accidental causes	28	77.8	177	15.8
2	Malignant Neoplasms	3	8.3	524	0.6
3	Late effects of Poliomyelitis	2	5.6	3	66.7
4	Intestinal Obstruction and Hernia	1	2.7	25	4.0
	All other causes	2	5.6	1,807	-
	Total	36	100.0	2,536	1.4
* Motor Vehicle - 15 Suicide - 3					
<u>25 - 44 Years</u>					
1	Malignant Neoplasms	18	16.7	524	3.4
2	Motor Vehicle Accidents	14	13.0	49	28.6
3	General Accident Causes	13	12.0	50	26.0
4	Diseases of the Heart	12	11.1	865	1.4
5	Suicide	9	8.3	28	32.1
6	Vascular lesions affecting Central Nervous System	8	7.4	263	3.0
7	Cirrhosis of the liver	6	5.6	37	16.2
8	Accidental Falls	4	3.7	41	9.8
9	Accidental Poisoning	3	2.8	9	33.3
	All other causes	21	19.4	670	3.1
	Total	108	100.0	2,536	4.3

THE CAUSE OF DEATH OF MINING RESULTS
IN THE UNITED STATES

0.001	18	0.02	18		ALL OTHER CAUSES
0.001	18	8.01	18		ALL OTHER CAUSES
1.82	55	1.81	51		ALL OTHER CAUSES
5.8	551	5.11	11		ALL OTHER CAUSES
0.001	8	0.8	8		ALL OTHER CAUSES
0.001	5	0.5	5		ALL OTHER CAUSES
2.1	885	5.2	9		ALL OTHER CAUSES
0.51	25	1.0	2		ALL OTHER CAUSES
0.001	1	1.1	1		ALL OTHER CAUSES
3.0	882.1	5.81	61		ALL OTHER CAUSES
5.8	882.5	0.001	88	Total	ALL OTHER CAUSES
					ALL OTHER CAUSES
0.8	551	8.88	5		ALL OTHER CAUSES
1.38	55	1.88	5		ALL OTHER CAUSES
3.0	552	1.11	5		ALL OTHER CAUSES
0.002	5	0.2	1		ALL OTHER CAUSES
2.0	589	0.2	1		ALL OTHER CAUSES
-	818.1	0.2	1		ALL OTHER CAUSES
2.0	882.5	0.001	88	Total	ALL OTHER CAUSES
					ALL OTHER CAUSES
0.8	551	8.88	5		ALL OTHER CAUSES
0.0	552	1.88	5		ALL OTHER CAUSES
0.001	1	1.8	1		ALL OTHER CAUSES
-	MEB.1	0.21	5		ALL OTHER CAUSES
2.0	882.5	0.001	88	Total	ALL OTHER CAUSES
					ALL OTHER CAUSES
8.21	551	8.88	88		ALL OTHER CAUSES
8.0	552	0.8	3		ALL OTHER CAUSES
1.88	5	0.2	5		ALL OTHER CAUSES
0.8	55	5.2	1		ALL OTHER CAUSES
-	588.1	0.2	5		ALL OTHER CAUSES
8.1	882.5	0.001	88	Total	ALL OTHER CAUSES
					ALL OTHER CAUSES
0.8	552	1.88	88		ALL OTHER CAUSES
0.88	58	0.11	18		ALL OTHER CAUSES
0.88	50	0.11	14		ALL OTHER CAUSES
2.1	588	1.11	51		ALL OTHER CAUSES
1.58	85	1.8	15		ALL OTHER CAUSES
0.8	885	0.5	8		ALL OTHER CAUSES
2.81	58	0.8	8		ALL OTHER CAUSES
8.0	18	0.2	8		ALL OTHER CAUSES
1.88	18	0.2	8		ALL OTHER CAUSES
0.88	88	0.2	15		ALL OTHER CAUSES
2.8	882.5	0.001	88	Total	ALL OTHER CAUSES

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1967

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No.	<u>Cause of Death</u>	Deaths in age group		Deaths at all ages	
		<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
45 - 64 Years					
1	Diseases of the heart	171	33.8	865	19.8
2	Malignant Neoplasms	155	30.7	524	29.6
3	Vascular lesions affecting Central Nervous System	33	6.5	263	12.5
4	General Accidental Causes	18	3.6	100	18.0
5	Pneumonia all forms	11	2.2	119	9.2
6	Diseases of the Arteries	10	2.0	106	9.4
7	Motor Vehicle Accidents	10	2.0	49	20.4
8	Suicide	8	1.6	28	28.6
9	Diabetes mellitus	5	1.0	29	17.2
	All other causes	84	16.6	453	18.5
	Total	<u>505</u>	<u>100.0</u>	<u>2,536</u>	<u>19.9</u>
65 - 84 Years					
1	Diseases of the Heart	532	39.1	865	61.5
2	Malignant Neoplasms	300	22.0	524	57.3
3	Vascular lesions affecting Central Nervous System	150	11.0	263	57.0
4	Diseases of the Arteries	63	4.6	106	59.4
5	Pneumonia all forms	60	4.4	119	50.4
6	Diseases of Circulatory System	33	2.4	49	67.3
7	Diabetes mellitus	21	1.6	29	72.4
8	Accidental Falls	14	1.0	41	34.1
9	Cirrhosis of the Liver	13	1.0	37	35.1
	All other causes	176	12.9	603	2.9
	Total	<u>1,362</u>	<u>100.0</u>	<u>2,536</u>	<u>53.7</u>
85 Years and Over					
1	Diseases of the Heart	148	37.1	865	17.1
2	Vascular lesions affecting Central Nervous System	69	17.3	263	26.2
3	Malignant Neoplasms	43	10.8	524	8.2
4	Pneumonia all forms	42	10.5	119	35.3
5	Diseases of the Arteries	31	7.8	106	29.2
6	Accidental Falls	13	3.2	41	31.7
7	General Accidental Causes	8	2.0	136	5.9
8	Bronchitis	4	1.0	16	25.0
9	Hypertension without mention of heart	4	1.0	10	40.0
	All other causes	37	9.3	456	8.1
	Total	<u>399</u>	<u>100.0</u>	<u>2,536</u>	<u>15.7</u>

Note: In the above tabulations, some items such as measles and late effects of poliomyelitis are included not because of their frequency of occurrence, which is negligible, but because of the interest in such causes of death.

				Number of Deaths
				Deaths in the Second
				Deaths in the First
8.91	288	8.35	151	
8.95	452	7.03	221	
				Deaths of the public
				Differences in the public
				Hospitalized individuals
				Absenteeism following dietary methods
				Shares
2.51	283	2.8	12	
0.81	100	0.3	81	
2.9	111	2.5	11	
4.4	108	0.5	01	
4.4	46	0.5	01	
8.85	85	0.1	8	
5.15	25	0.1	2	
7.81	423	1.0	38	
8.81	228	0.0	202	Total
2.18	288	1.92	223	
7.32	452	0.55	300	
				Differences in the health
				Hospitalized individuals
				Absenteeism following dietary methods
				Shares
0.50	283	0.11	320	
2.84	108	0.4	65	
2.04	111	0.3	50	
3.53	42	2.5	32	
4.34	25	0.1	15	
1.24	18	0.1	11	
1.23	25	0.	11	
0.5	208	0.51	121	
5.81	228	0.001	1,321	Total
1.51	288	1.75	282	
5.85	452	0.71	38	
5.8	283	0.01	35	
2.23	111	2.01	35	
5.05	108	0.5	16	
5.16	41	2.5	31	
0.2	125	0.2	8	
0.25	16	0.1	4	
0.04	10	0.1	4	
1.8	424	1.9	32	
5.81	228	0.001	989	Total

In this report, some terms such as "malaria" and "tuberculosis" refer to specific diseases or conditions, while others, such as "diseases of the heart", refer to groups of diseases. The term "deaths" refers to deaths from all causes, while "deaths from diseases" refers to deaths from specific diseases.

DEATHS OF WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1967

Int'l List No.	Cause of Death Intermediate List (7th Rev.)	Age			Sex	Total	90 yrs. +																	
			All Causes	1			Infective & parasitic diseases	85 - 89 yrs.	80 - 84 yrs.	75 - 79 yrs.	70 - 74 yrs.	65 - 69 yrs.	60 - 64 yrs.	55 - 59 yrs.	50 - 54 yrs.	45 - 49 yrs.	40 - 44 yrs.	35 - 39 yrs.	30 - 34 yrs.	25 - 29 yrs.	20 - 24 yrs.	15 - 19 yrs.	10 - 14 yrs.	5 - 9 yrs.	28 d. - 1 yr.	0 - 27 days
		T	2,536	67	28	18	8	5	18	10	20	34	44	55	92	161	197	261	332	390	379	274	125	
		M	1,469	41	15	4	3	4	13	16	7	15	22	29	35	49	92	130	158	201	230	210	137	58
		F	1,067	26	13	14	5	1	5	2	3	5	12	15	20	43	69	67	103	131	160	169	137	67
A1	Tuberculosis of Respiratory System	T	20	-	1	-	1	-	-	-	-	-	-	-	-	-	2	1	2	2	-	3	1	-
	A. Active	M	9	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	B. Inactive	F	4	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A5	Tuberculosis, all other forms	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A20	Septicaemia & Pyaemia	M	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A30	Late effects of Poliomyelitis	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A32	Measles	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	Neoplasms	T	530	-	-	2	2	1	2	1	2	3	12	17	47	58	67	92	80	62	34	10		
		M	287	-	-	-	2	-	1	1	2	6	11	16	24	32	29	50	45	40	20	7		
		F	243	-	-	-	2	-	1	1	1	6	6	20	23	38	42	35	22	14	3			
A44-A59	All Malignant Neoplasms	(M)	285	-	-	-	2	-	1	1	2	6	11	16	23	31	29	50	45	40	20	7		
		(F)	239	-	-	2	1	-	1	1	1	6	6	20	23	38	42	34	22	13	3			

AGE	Cause of Death	Int'l List		Intermediate List			
		No.	(7th Rev.)				
90 yrs. +							
85 - 89 yrs.							
80 - 84 yrs.							
75 - 79 yrs.							
70 - 74 yrs.							
65 - 69 yrs.							
60 - 64 yrs.							
55 - 59 yrs.							
50 - 54 yrs.							
45 - 49 yrs.							
40 - 44 yrs.							
35 - 39 yrs.							
30 - 34 yrs.							
25 - 29 yrs.							
20 - 24 yrs.							
15 - 19 yrs.							
10 - 14 yrs.							
5 - 9 yrs.							
1 - 4 yrs.							
28 d. - 1 yr.							
0 - 27 days							
Total							
Sex							
VIII cont.							
A90 Bronchopneumonia	M	46	-				
	F	32	-				
A91 Primary, atypical, other and unspecified pneumonia	M	11	-				
	F	10	-				
A92 Acute Bronchitis	M	1	-				
	F	1	-				
A93 Bronchitis chronic and unqualified	M	11	-				
	F	3	-				
A95 Empyema and abscess of lung	M	3	-				
	F	1	-				
A97 All other respiratory diseases	M	24	-				
	F	4	-				
IX Diseases of the Digestive System	T	123	3	2	-	3	5
	M	73	3	1	-	1	2
	F	50	-	1	1	2	2
A99 Ulcer of Stomach	M	6	-	-	-	1	3
	F	5	-	-	-	1	1
A100 Ulcer of Duodenum	M	6	-	-	-	1	1
	F	3	-	-	-	1	1
A103 Intestinal obstruction and hernia	M	13	3	-	1	2	3
	F	12	-	-	1	1	1
A104 Gastro - enteritis & colitis except diarrhoea of new-born	M	8	-	1	1	1	1
	F	5	-	1	1	1	1

Int'l Cause of Death
List Intermediate List
No. (7th Rev.)

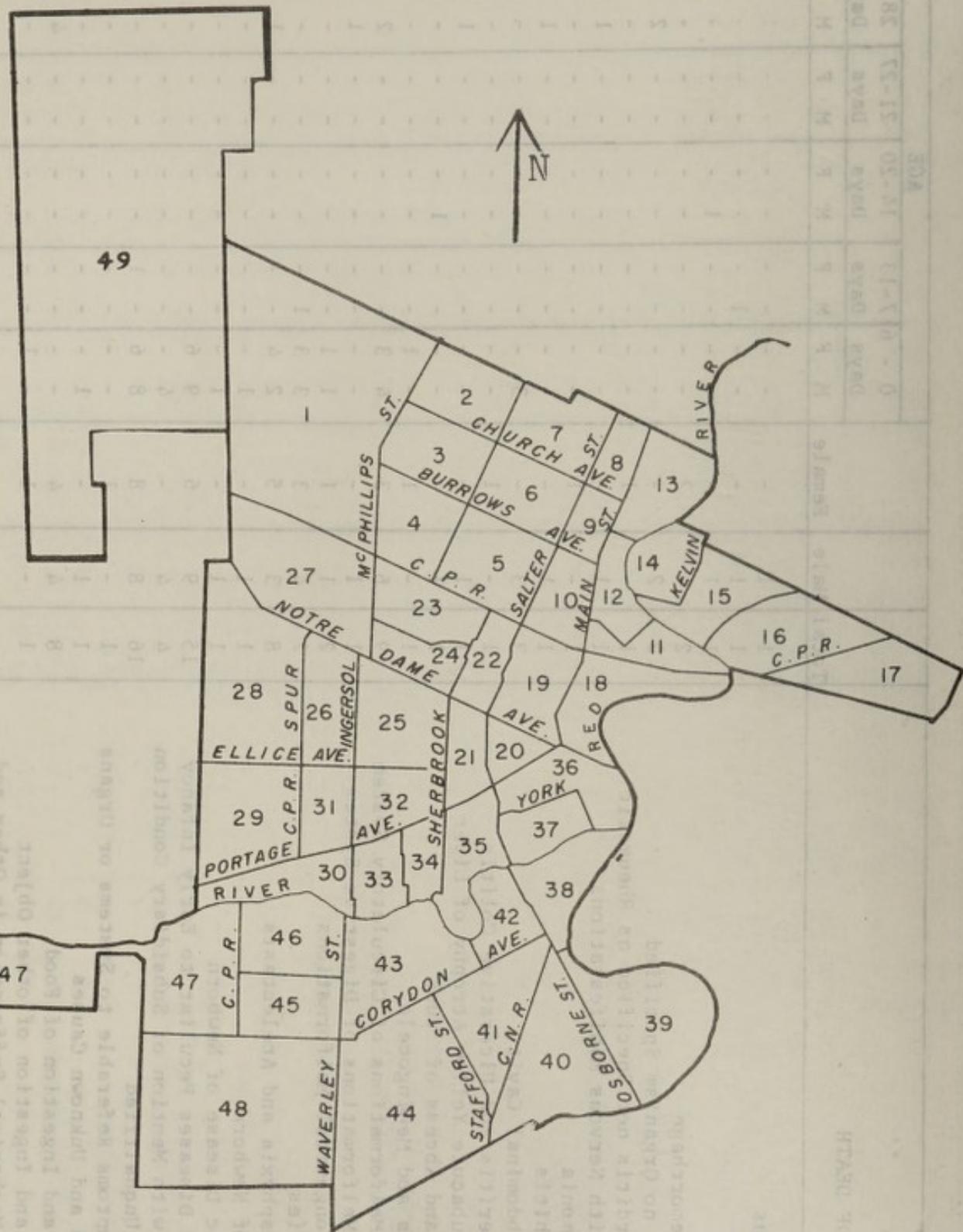
AGE

	XV Certain diseases of early Infancy	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. +		
		M	F																								
A130	Birth Injuries	M 52	F 49	T 30	P 29	M 22	F 20	M 4	F 3	M 3	F 3	M 5	F 4	M 3	F 2	M 4	F 3	M 3	F 3	M 2	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A131	Postnatal asphyxia and atelectasis	M 4	F 4	T 22	P 20	M 20	F 22	M 3	F 3	M 5	F 5	M 4	F 4	M 3	F 3	M 2	F 2	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A132	Infections of the newborn	M 1	F 1	T 1	P 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A134	All other defined diseases of early infancy.	M 1	F 1	T 1	P 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A135	Ill defined diseases peculiar to early infancy and immaturity unqualified	M 21	F 21	T 14	P 13	M 13	F 14	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
XVI	Symptoms, Senility and Ill defined conditions	M 9	F 1	T 4	P 1	M 5	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A136	Senility without mention of psychosis	M 3	F 1	T 5	P 5	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1
A137	Ill defined and unknown causes	M 3	F 1	T 5	P 5	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1	M 1	F 1

55 deaths and injury purposely inflicted by other persons (not in care)

INFANT DEATHS, WINNIPEG RESIDENTS - BY CAUSE, SEX AND AGE - 1967

Code No.	Cause of Death		Total	Male	Female	M	F	N	M	F	N	P	AGE				
													0 - 6 Days	7-13 Days	14-20 Days	21-27 Days	28 + Days
053.0	Streptococcus		1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
292.7	Anaemia		1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
325.4	Mongolism		1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
331	Cerebral Haemorrhage		2	2	-	-	-	-	-	-	-	-	-	-	-	-	2
340.3	Meningitis, no Organism Specified		2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
431	Acute Myocarditis not Specified as Rheumatic		1	-	1	-	-	-	-	-	-	-	-	-	-	-	2
483	Influenza with Nervous Manifestations		1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
491	Bronchopneumonia		1	-	1	-	-	-	-	-	-	-	-	-	-	-	1
500	Acute Bronchitis		1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
560.4	Hernia of Abdominal Cavity		3	3	-	-	-	-	-	-	-	-	-	-	-	-	-
572.3	Chronic Enteritis and Ulcerative Colitis		1	-	1	-	-	-	-	-	-	-	-	-	-	-	1
580	Acute and Subacute Yellow Atrophy of Liver		1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
692.1	Cellulitis and Abscess of Trunk		1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
751	Spina Bifida and Meningocele		1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
754	Congenital Malformations of Circulatory System		9	6	3	-	-	-	-	-	-	-	-	-	-	-	2
756	Congenital Malformations of Digestive System		1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
759	All other Congenital Malformations		2	1	1	-	-	-	-	-	-	-	-	-	-	-	-
760-761	Birth Injuries		7	4	3	3	3	1	-	-	-	-	-	-	-	-	-
762	Postnatal Asphyxia and Atelectasis		8	3	5	2	4	-	-	-	-	-	-	-	-	-	1
763	Pneumonia of Newborn		1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
771	Haemorrhagic Disease of Newborn		1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
773	Ill-defined Diseases Peculiar to Early Infancy		15	9	6	9	6	-	-	-	-	-	-	-	-	-	-
774	Immaturity with Mention of Subsidiary Condition		4	4	-	4	-	-	-	-	-	-	-	-	-	-	1
776	Immaturity Unqualified		16	8	8	8	6	-	-	-	-	-	-	-	-	-	-
788	General Symptoms Referable to Systems or Organs		1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
795	Ill-defined and Unknown Causes		1	4	4	-	-	-	-	-	-	-	-	-	-	-	4
921	Inhalation and Ingestion of Food		8	4	4	-	-	-	-	-	-	-	-	-	-	-	4
922	Inhalation and Ingestion of other Object		1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
925	Accidental Mechanical Suffocation in Other and Unspecified Circumstances		2	1	1	-	-	-	-	-	-	-	-	-	-	-	1
Total			95	56	39	37	25	2	1	2	-	-	-	-	-	-	15 13



City of Winnipeg - Statistical Districts

DEATHS, BIRTHS, INFANT DEATHS, STILLBIRTHS BY STATISTICAL
DISTRICTS WITH RATES AS SHOWN - WINNIPEG RESIDENTS 1967

DISTRICT	POPULATION **	DEATHS *		BIRTHS *		INFANT DEATHS		STILLBIRTHS	
		No.	Rate	No.	Rate	No.	Rate per 1,000 Live Births	No.	Rate per 1,000 Live Births
1	6,972	57	8.2	153	21.9	7	45.8	4	26.1
2	4,291	27	6.3	34	7.9	-	-	-	-
3	7,399	57	7.7	81	10.9	2	24.7	1	12.3
4	3,495	37	10.6	47	13.4	1	21.3	-	-
5	8,904	68	7.6	156	17.5	3	19.2	7	44.9
6	9,200	77	8.4	151	16.4	2	13.2	3	19.9
7	6,466	56	8.7	92	14.2	1	10.9	1	10.9
8	3,262	32	9.8	52	15.9	1	19.2	-	-
9	4,218	43	10.2	90	21.3	1	11.1	-	-
10	5,796	55	9.5	61	10.5	2	32.8	-	-
11	1,688	28	16.6	30	17.8	-	-	-	-
12	3,857	50	13.0	46	11.9	-	-	-	-
13	5,364	41	7.6	87	16.2	2	23.0	3	34.5
14	3,216	32	10.0	48	14.9	1	20.8	-	-
15	4,788	48	10.0	71	14.8	-	-	1	14.1
16	6,088	56	9.2	127	20.9	2	15.7	1	7.9
17	4,714	20	4.2	91	19.3	2	22.0	1	11.0
18	1,554	38	24.5	20	12.9	-	-	-	-
19	5,927	105	17.7	116	19.6	7	60.3	3	25.9
20	3,925	86	21.9	74	18.9	1	13.5	3	40.5
21	7,490	81	10.8	182	24.3	7	38.5	2	11.0
22	4,576	42	9.2	105	22.9	2	19.0	2	19.0
23	2,145	15	7.0	46	21.4	4	87.0	1	21.7
24	4,215	28	6.6	88	20.9	2	22.7	-	-
25	13,147	115	8.7	228	17.3	3	13.2	2	8.8
26	4,496	43	9.6	47	10.5	3	63.8	-	-
27	8,495	58	6.8	174	20.5	4	23.0	3	17.2
28	3,154	22	7.0	23	7.3	1	43.5	-	-
29	4,117	48	11.7	59	14.3	2	33.9	2	33.9
30	4,242	28	6.6	86	20.3	-	-	-	-
31	3,651	32	8.8	44	12.1	-	-	-	-
32	8,308	76	9.1	170	20.5	-	-	1	5.9
33	5,981	54	9.0	142	23.7	4	28.2	1	7.0
34	4,613	43	9.3	88	19.1	1	11.4	2	22.7
35	8,664	126	14.5	150	17.3	2	13.3	2	13.3
36	1,576	44	27.9	21	13.3	1	47.6	-	-
37	4,447	73	16.4	62	13.9	2	32.3	-	-
38	5,669	59	10.4	137	24.2	4	29.2	1	7.3
39	5,863	50	8.5	71	12.1	1	14.1	3	42.3
40	7,651	62	8.1	110	14.4	2	18.2	1	9.1
41	8,189	55	6.7	156	19.0	3	19.2	2	12.8
42	4,459	61	13.7	104	23.3	1	9.6	3	28.8
43	7,595	68	9.0	117	15.4	1	8.5	-	-
44	7,786	49	6.3	101	13.0	4	39.6	-	-
45	3,819	31	8.1	39	10.2	-	-	-	-
46	3,967	39	9.8	45	11.3	1	22.2	2	44.4
47	4,505	37	8.2	46	10.2	1	21.7	2	43.5
48	11,485	76	6.6	220	19.2	4	18.2	2	9.1
49	450	3	6.7	10	22.2	-	-	-	-
Unknown	-	5	-	1	-	-	-	-	-
	TOTALS	2,536	10.1	4,499	17.9	95	21.1	62	13.8

* Population according to Dominion Bureau of Statistics - 1961 Census.
** Rate per 1,000 population.

INFECTIOUS AND OTHER DISEASES

co-operated with the Department of Preventive Medicine and Epidemiology) and cancer, congenital anomalies, etc., are carrying out in the field.

The control of communicable disease is still one of the primary activities of local health departments. Although the size of this problem is not as great as in the past, it still constitutes a very time-consuming but nevertheless necessary job considering that the personnel devoted to this work has been considerably curtailed; also that so many other activities in new fields are imposing a demand on our time.

Infectious disease has not disappeared. Although in 1967 we had no deaths, for example, from diphtheria, at the time this report is being written we have already lost two children from the dreadful disease, and one is struggling for his life at the Children's Hospital. In 1967 there were twelve deaths from tuberculosis and one death from infectious hepatitis. We are not considering, of course, the very numerous deaths that have occurred from pneumonia, viral diseases, infectious wound complications, and many others that are not in the list of the traditionally reportable infectious conditions and for which no immediate effective control measure can be applied at Health Department level.

Our sources of information regarding the notifiable infectious diseases come from doctors, nurses, laboratories, and the public at large. An idea about the prevalence of other non-reportable infections in the City is given by the public health nurses in schools in their weekly reports. Some of this information is passed on to practising physicians and has proven of help to the medical profession.

In 1967 we were quite active with visiting people with health problems in their own homes. Some of these are welfare recipients and indigents; some were not but their circumstances were such that our help had been requested either directly from the patient or from relatives or landlords. These cases with which we are confronted usually present some problem which is difficult to solve, such as placing old people in nursing homes or compulsory admissions of the mentally ill to an institution. The Department is offering an acute crisis psychiatric service for the mentally disturbed indigent patients. Requests for this type of service have increased tremendously. This is explained partly by increased public interest in mental health; diminished tolerance of relatives, neighbours and landlords for disturbed individuals as well as increased awareness of the availability of this type of service by the public. We believe that health agencies should get together to make recommendations for a better-organized community service in this field.

During 1967 our Department has co-operated very closely with the Social Audit Committee established to study social and health facilities available in the Greater Winnipeg area. The Deputy Medical Health Officer and the Director of Nursing have participated in their study committees and our entire staff has contributed to collection of information and material. This effort has been a worth while one and we believe that some benefit will result from reviewing our needs in the Greater Winnipeg area, how they are presently met and what can be done to improve their efficiency with less duplication and confusion for the one utilizing these services.

The Department is carrying out a research project on hepatitis, on the management of compulsory admissions for mental disease, and has also

DISCUSSION AND OUTLINE DISCUSSION

and so on will be the result of common knowledge between the two sides of the
negotiations and the result of the negotiations. Accordingly, if one side has
information which is not available to the other, it can be used to advantage.
Communication of information which is not available to both sides
is important, but it is also important to have a method of communication
which is not available to either side.

There are many ways of doing this. One way is to have a common language
which is understood by both sides. Another way is to have a common code
which is understood by both sides. A third way is to have a common
language which is understood by both sides. This is the most common
method of communication. It is also the easiest method of communication.
However, there are other methods of communication which are more
difficult, but they are also more effective. For example, if one side has
information which is not available to the other, it can be used to advantage.
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co-operated with the Medical College (Department of Preventive Medicine and Epidemiology) in several projects they are carrying out in the field of cancer, congenital anomalies, and others.

Now, some comments on particular diseases: Infectious skin diseases are considered trivial by family physicians. Indeed, they are, in the sense that they never cause death or serious disability. I must admit, however, that they constitute a serious health problem in the poorer areas of the City. Impetigo, ringworm, scabies, and pediculosis, are not only a nuisance to the sufferers but also a cause of absenteeism, economic loss, and sometimes loss of a school year. Their treatment and control necessitates considerable effort from this Department.

Diphtheria There were forty-nine cases of bacillary dysentery during the year. They also occurred in the poorer areas of the City. They constitute a family infection spreading from home to home and their control is at times difficult. There were thirteen cases of salmonella infection that clinically and epidemiologically resemble dysentery.

Dysentery, Inf. There were fifty-two cases of hepatitis reported in the City in 1967, a drop from the seventy-five cases we had last year. A few of these cases were contracted from animals and the study of them proved tremendously interesting.

We have noticed a considerable drop in cases of measles in 1967. This disease is not reportable and exact figures are therefore not at hand. Yet the reduction in incidence was striking enough to convince all observers. We believe that money and effort invested in the very effective live attenuated measles vaccine, which is now widely used in our community by both practising physicians and the Health Department, is starting to pay off handsome dividends in terms of lessened suffering and complications.

We had no poliomyelitis during the year. With the exception of the one case in a visitor in 1966, there has been practically no trouble from this disease for many years, again the result of an effective immunization program. This will be particularly appreciated by those who remember the dreadful epidemics of the 1950's.

During 1967 this Department has continued to give medical examinations for new civic employees. Most of these were pre-employment medicals but many were to advise the respective Departments when a health matter had interfered with an employee's work or performance. We also have administered first-aid treatment to a great number of people, most of whom are working in the building, who presented to the Department following an injury or sickness. This service is very time-consuming to us as it comes unannounced and interferes with our other work; it is largely unavoidable but is appreciated as a public service by those who use it.

co-operative with the medical officer (superior to the medical officer in rank) who carried out the examinations and issued the certificate of fitness or unfitness, and so on, to the conscript.

With some exceptions no particular distinction was observed between the conscripts of the various districts by rank, though, probably, there was some slight difference due to the fact that the men were not all from the same district. In some districts, however, there was considerable variation between the conscripts from the different districts, and the conscripts from the more rural areas were often found to be younger than those from the towns.

There was considerable variation between the conscripts from the different districts in age, though, this was not so great as between the conscripts from the rural and urban areas. Thus, while the mean age of the conscripts from the rural areas was 21.7 years, that of the urban areas was 22.2 years. There was also a marked difference between the conscripts from the different districts in age, the mean age being 21.8 years for the northern districts and 22.1 years for the southern districts.

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MEDICAL RELIEF AND OTHER SERVICES

Patients visited by medical relief services 1,101
TABLE OF REPORTABLE INFECTIOUS DISEASES

Glasses supplied to school children 946

Persons receiving Insulin (monthly average) 1967 1966

<u>CASES AND DEATHS REPORTED</u>	<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>
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Diarrhoea of the New Born

1967

CASES

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MEDICAL RELIEF AND OTHER SERVICES

Patients visited by District Physicians.....	1,101
Glasses supplied to school children	946
Persons receiving Insulin (monthly average)	104
Persons receiving Liver Extract (monthly average)	1
Persons receiving Prophylactic Penicillin (monthly average)	331

(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

	Under 1 Year	1 Year	2 - 5 Years	6 - 16 Years	Over 16 Years	Total
<u>Completed Primary Immunizations for:</u>						
Diphtheria	69	258	251	21	-	599
Pertussis	65	247	208	2	-	522
Tetanus	69	258	251	19	-	597
Poliomyelitis	63	219	216	20	-	518
<u>Completed Reinforcing Immunizations for:</u>						
Diphtheria	2	29	617	7,235	6	7,889
Tetanus	2	29	597	7,232	5	7,865
Poliomyelitis	2	22	565	7,284	9	7,882
Measles Inoculations	240	277	640	-	-	1,157
Primary Smallpox Vaccinations	132	170	240	33	15	590
<u>TOTAL IMMUNIZED</u>	<u>644</u>	<u>1,509</u>	<u>3,585</u>	<u>21,846</u>	<u>35</u>	<u>27,619</u>

There were sixty new cases of tuberculosis in 1967, seven less than the previous year. Mass Surveys are no longer an important source

TUBERCULOSIS CONTROL

During 1967 there were twelve deaths from tuberculosis in Winnipeg, in comparison to eight last year. The difference is small and, in all probability, statistically insignificant but it shows that tuberculosis is by no means a negligible source of mortality, even today.

The age distribution of the fatal cases is shown below:

Total Number of Tuberculosis Deaths in 1967 According to Age

<u>Age</u>	<u>Number</u>
32	1
39	1
53	1
56	2
61	1
65	1
69	1
70	1
73	1
80	1
81	1
	<hr/>
	12

Ten of the twelve cases were over the age of fifty years.

Deaths from Tuberculosis for Certain Years with Rates per 100,000 Population Winnipeg Residents (City Population 252,000 in 1967)

<u>Year</u>	<u>Number</u>	<u>Rate per 100,000</u>
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7
1963	12	4.7
1964	10	3.9
1965	5	2.0
1966	8	2.0
1967	12	4.7

New Active Cases of Tuberculosis

There were sixty new cases of tuberculosis in 1967, seven less than the previous year. Mass surveys are no longer an important source

of new cases. Hospitals, clinics, private physicians and above all investigation of contacts of new cases are the most fruitful avenues of discovery of new tuberculosis cases. I suspect, however, that the "inaccessible individual" is still an important hidden focus of tuberculosis. Fewer cases will remain undetected in the future if we develop a method to reach these inaccessible people and bring them in for screening.

New Cases of Tuberculosis with Rates per 100,000 Population for Winnipeg
1959-1967

<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
1967	60	23.3	5

Tuberculosis New Active Cases and Reactivations by Age Groups 1967

<u>Age Group</u>	<u>New</u>	<u>Reactivations</u>
0 - 4	3	-
5 - 14	3	2
15 - 24	8	-
25 - 39	13	3
40 - 59	15	4
60 - 79	14	3
80 and over	4	-
	<u>60</u>	<u>12</u>

Newly discovered cases ranged in all age groups but most of them were adults.

In 1967 there were twelve cases of reactivations of tuberculosis between those already known to us as having had tuberculosis in the past.

If one ever had tuberculosis before, he is at a much greater risk of developing disease again than the average person. Hence the importance of following very closely all those having a previous tuberculosis file to ensure that the disease remains quiescent. If a recurrence was in the process of developing it would thus be discovered at an early stage and treated promptly to prevent further lung damage or spread to others. Our Public Health Nurses follow the cases of these people closely, ensuring (in most cases) that medical examinations are carried out as requested by the physician in charge. This is not the easiest job in the world and repeated visits, letters etc. may be needed to accomplish the task.

TUBERCULIN SKIN TEST AND CHEST X-RAY SURVEY IN WINNIPEG IN 1967

	Chest X-ray	Then, X-ray	Tests done	Roster of cases	Number negative
	100	%	New	5.0	Reactivations
<u>How New Active Cases and Reactivations were Discovered</u>					
Schools					12,201
Colleges					
General Hospital	33				5
Private Physicians	2,619				2,497
Community Surveys	95.5	5	(2 out of City)		-
Chest Clinics		12	(6 were contacts of active cases)		6
Industries	Vital Statistics	1,721	1		1
		92.7			
		22.0			
		60			12
GRAND TOTAL	4,332	19,001	16,991	1,236	15,755

Classification of New and Reactivated Cases for 1967

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

<u>Findings in schools</u>	<u>New Cases</u>	<u>Reactivations</u>
1 case PULMONARY		
Primary	4	
Minimal	17	1
Moderately Advanced	6	1
Far Advanced	10	6
Unclassified	2	
Total	39	8

EXTRA PULMONARY

	<u>New Cases</u>	<u>Reactivations</u>
Pleurisy	4	
Glandular	6	2
Renal & Genital	4	1
Bone	3	
Meningeal	2	
Miliary	1	1
Peritonitis	1	
Other	-	
Total	21	4
Central T.B. Clinic Survey Unit	2,657	
TOTAL	15,490	

TUBERCULIN SKIN TEST AND CHEST X-RAY SURVEYS IN WINNIPEG IN 1967

SECTION	Chest X-rays	Tbcn. Tests	Tests Read	Number Positive	Number Negative
Schools	2,757	13,628	12,350	649	12,201
%		100	94.2	5.0	95.0
1. Cases currently hospitalized for T.B.					26
Colleges	712	2,518	2,415	206	2,209
%		100	95.9	8.0	92.0
2. Cases not hospitalized for T.B.					
*Industries	863	1,855	1,726	381	1,345
%		100	93.0	22.0	73.0
Total Cases					763
GRAND TOTAL	4,332	18,001	16,991	1,236	15,755
Total Cases					763
% Not over-due for exam.		100	94.4	7.3	92.7
Over due for exam.					23.7

*Findings in schools

1 case Pulmonary T.B. Minimal, Active, Non-bacillary

1 case Miliary T.B. Active, Bacillary

*Findings in industries

1 case Pulmonary T.B. Minimal, Active, Positive Culture

CHEST X-RAY SURVEYS IN WINNIPEG IN 1967

	<u>Number</u>	<u>New Active Cases</u>
1. Transferred in to city		
Industries	5,769	
Red River Exhibition	1,261	1,338
Nursing Homes (Metro Winnipeg)	3,080	437
Canada Manpower Commission	3,723	
Central T.B. Clinic Survey Unit	2,657	
TOTAL	16,490	
4. Transferred out of city		
5. Lost - unable to locate		
6. Moved out of city		
7. Total cases in School Children in active case registry		56
8. T.B. Cases in Current File at end of period		56

HOSPITAL TREATMENT OF TUBERCULOSIS CASES REGISTER SUMMARY REPORT 1967

Winnipeg Health Department for one year period ending March 12th, 1968

SECTION I Status of Cases in Register at End of Reporting Period

A. Supervision of Registered Cases. Total Cases in Current File..... 851

1. No. not admitted for treatment..... 10

1. Cases currently hospitalized for T.B..... 26

2. Cases not hospitalized for T.B..... 825

B. Cases not hospitalized for T.B.

Treated in hospital from	Total	Active	Act. Undet.	Inactive
Treated in hospital from				
Treated in hospital over				
Total Cases	325	39	23	763

1. By Clinical Activity and Recency of Examination

Total Cases	325	39	23	763
Not over due for exam.		34	11	526
Over due for exam.		5	12	237

2. Cases with drug therapy prescribed..... 122

No. of T.B. patients on O.P.D. since during 1967..... 122

SECTION II Shift in Case Load During Past Year

C. T.B. Cases in Current File at beginning of Period..... 729

D. T.B. Cases added to Register During Period..... 128

1. New Diagnosed Cases..... 77

New Active Cases including reactivations..... 72

New Inactive Cases..... 5

2. Cases returned to Current File from Closed File..... Not Counted
(Excluding clinically reactivated cases)

3. Transferred in to Winnipeg..... 20

4. Immigrants..... 31

E. Total T.B. Cases in Registry during period..... 1,338

F. Cases Transferred to closed file during period..... 487

1. T.B. Deaths..... 12

2. Non T.B. Deaths..... 13

3. Inactive - Transferred to Central T.B. Registry

Supervision..... 321

4. Diagnosis changed to non-T.B. disease Not Counted

5. Lost - unable to locate..... 40

6. Moved out of city..... 101

G. Total cases in School Children in active case registry 58

H. T.B. Cases in Current File at end of period..... 851

TRIUMPHANT ESTUARY CROWN REEDS

WINTER HABITAT DESCRIPTION FOR THE EASTERN BAY OF GIBSON ISLAND, 1988

SECTION I: STATUS OF CROWN REED

198 1981 cases of crown reed in Gibson Island. Subdivision of R. T. .A.

80	80	Crown reed distribution for R.T.	.5
802	802	Crown reed for Gibson Island	.5
		Crown reed for R. T.	.5
		Crown reed for Gibson Island	.5

Division	Detail Area	Division	Detail	Total Cases
80	80	80	80	Total Cases

by Crown Reeds and Subdivision of Gibson Island .5

801	80	80	80	Total Cases
802	11	11	11	Over due for review
702	11	11	11	Over due for review

SSI Cases with high probability interpretation .5

SECTION II: STATUS IN CASE TODAY DOWNTIDE FROM YESTERDAY

RSV better in current life as perishing of perior .C

SSI	80	80	80	80	80
70	11	11	11	11	11
SI	11	11	11	11	11
8	11	11	11	11	11

beginning of day cases in current life from day before (cases becoming significantly oxidized)

DS	80	80	80	80	80
----	----	----	----	----	----

SI	80	80	80	80	80
----	----	----	----	----	----

800, 1 better in current life than previous day .B.T Total Cases .8

TVA better in current life than previous day .C

SI	80	80	80	80	80
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SI	80	80	80	80	80
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SSI	80	80	80	80	80
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beginning of day cases in current life from day before (cases becoming significantly oxidized)

DS	80	80	80	80	80
----	----	----	----	----	----

SI	80	80	80	80	80
----	----	----	----	----	----

80 cases in current life from day before (cases becoming significantly oxidized)

RSV cases in current life .B.T .H

HOSPITAL TREATMENT OF NEW ACTIVE T.B. CASES AND REACTIVATIONS IN 1967

Total No. of New Active and Reactivations in 1967..... 72

1. No. hospitalized for T.B. treatment..... 54
2. No. deceased in hospital or at home without treatment for T.B..... 8
3. No. not admitted for treatment..... 10

*Average stay in hospital for treatment..... 3.0 months

- | | |
|---|----|
| Treated in hospital less than 2 months..... | 11 |
| Treated in hospital from 2 - 4 months..... | 20 |
| Treated in hospital from 4 - 6 months..... | 15 |
| Treated in hospital over 6 months..... | 8 |

Total No. of new active cases..... 54

* 6 cases admitted in 1967 are still in hospital

T.B. OUT-PATIENT CHEMOTHERAPY IN 1967

Total No. on O.P.D. chemo in 1967..... 226

- | | |
|---|-----------|
| No. of T.B. patients on O.P.D. chemo during 1967..... | 193 |
| No. of T.B. contacts on O.P.D. chemo during 1967..... | <u>33</u> |

Total No. of Tuberculin reactors found..... 226

Total No. of T.B. patients and contacts discontinued chemo during 1967..104

- | | |
|---|-----------|
| No. of patients completing chemo..... | 61 |
| No. of contacts completing chemo..... | 17 |
| *No. of patients <u>not</u> completing chemo..... | <u>26</u> |

104

* Reasons for not completing chemo

- | | |
|-------------------------------|----|
| Left City..... | 15 |
| Unable to locate..... | 5 |
| Unco-operative..... | 4 |
| Unable to tolerate drugs..... | 2 |

26

Total No. of persons still on O.P.D. chemo at end of 1967..... 122

- | | |
|--|-----------|
| No. of T.B. patients still on O.P.D. chemo at end of 1967..... | 106 |
| No. of T.B. contacts still on O.P.D. chemo at end of 1967..... | <u>16</u> |

122

Grand Total..... 226

ГДР НІ УЧАСТНІКОВ МИ СІДЕ .Б.Т ВІДОМ НЕ ТІЛЬКИ ІДІОТ

57 ГДР ні антиєвропейськими були відомі та .од ідиот

58 дипломатії .Б.Т ні безінформовані .од ,1
інформація щодо цього інформації ні важливі .од ,5
8 /..... .Б.Т ні заслужений
10 /..... .Б.Т ні бездумний .од ,5

виборів 0.8 /..... .Б.Т ні заслужений .од ,5

11 /..... .Б.Т ні заслужений .од ,5
12 /..... .Б.Т ні заслужений .од ,5
13 /..... .Б.Т ні заслужений .од ,5
14 /..... .Б.Т ні заслужений .од ,5

Інформація з Іллієвів та Гайдара є *

ГДР НІ УЧАСТНІКОВ МИ СІДЕ .Б.Т

252 ГДР ні заслужений .Б.Т ні .од ідиот

253 ГДР ні заслужений .Б.Т ні .од
254 ГДР ні заслужений .Б.Т ні .од

255

201.. ГДР ні заслужений .Б.Т ні .од ідиот

202 ГДР ні заслужений .Б.Т ні .од
203 ГДР ні заслужений .Б.Т ні .од
204 ГДР ні заслужений .Б.Т ні .од

205

21 ГДР ні заслужений .Б.Т ні .од *

22 ГДР ні заслужений .Б.Т ні .од
23 ГДР ні заслужений .Б.Т ні .од
24 ГДР ні заслужений .Б.Т ні .од
25 ГДР ні заслужений .Б.Т ні .од

26

201 ГДР ні заслужений .Б.Т ні .од ідиот

202 ГДР ні заслужений .Б.Т ні .од
203 ГДР ні заслужений .Б.Т ні .од

204

205 ГДР ні заслужений .Б.Т ні .од ідиот

Some Observations Regarding Treatment and Supervision of Tuberculosis Patients
and their Contacts by the City Health Department in 1967

The control and eventual eradication of tuberculosis is dependent upon the early detection and treatment of the T.B. patient as well as the searching out and examining of all close contacts of active T.B. cases, so that those who have become infected may be given prophylactic chemotherapy and examinations at regular intervals for any signs of disease which may require treatment.

33

REPORT OF REGISTRY OF T.B. CONTACTS OF ACTIVE CASES DIAGNOSED IN 1967

Total No. of Active Cases Diagnosed in 1967.....	72
Total No. of New Active Cases.....	60
Total No. of Reactivated Cases.....	12
Total No. of Newly Diagnosed Cases with contacts identified.....	54
Total No. of Contacts identified	239
Total No. of Contacts examined.....	186
Total No. of Tuberculin reactors found	44
Total No. of Tuberculin reactors put on prophylaxis.....	11
Total No. of New Active Cases found among contacts.....	6 or 2.5%
Total No. of Old T.B. cases among contacts.....	7
<u>REPORT OF REGISTRY OF T.B. CONTACTS, T.B. SUSPECTS, T.B. IMMIGRANTS</u>	
No. of T.B. contacts - Positive tuberculin reactors.....	158
No. of T.B. contacts among school children.....	61
No. of T.B. suspects.....	11
No. of Immigrants reported to City with previous history of T.B.....	161

The City Public Health Nurses reported in 1967:-

628 home visits to 312 tuberculosis cases
772 home visits to 398 tuberculosis contacts

These figures did not include the repeated telephone contacts and letters that were written to remind patients and their families to attend their doctor or the Central Tuberculosis Clinic for their examinations.

YEAR VI GEDULDING THERAS SVITOS TO BTOATMUS .B.T TO TETRIONE TO TROXER

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 DB assaG svitok wsl to .oh InfoT
 SI assaG bavikjones to .oh InfoT
 AR bavikjones assaG svitok wsl to .oh InfoT
 PES bavikjones assaG to .oh InfoT
 DBI bavikjones assaG to .oh InfoT
 AA bavikjones assaG to .oh InfoT
 II bavikjones assaG to .oh InfoT
 A?S TO D bavikjones assaG svitok wsl to .oh InfoT
 ? assaG svitok wsl to .oh InfoT

STRAIGHTEN .B.T , BTOATMUS .B.T , BTOATMUS .B.T TO TETRIONE TO TROXER

BCI assaG svitok - assaG .B.T to .oh
 IJ assaG svitok - assaG .B.T to .oh
 II assaG .B.T to .oh
 IBIB.T to .oh

Some Observations Regarding Treatment and Supervision of Tuberculosis Patients and their Contacts by the City Health Department in 1967

The control and eventual eradication of tuberculosis is dependant upon the early detection and treatment of the T.B. patient as well as the searching out and examining of all close contacts of active T.B. cases, so that those who have become infected may be given prophylactic chemotherapy and examinations at regular intervals for any signs of disease which may require treatment.

In the City of Winnipeg in 1967, 60 new active cases of tuberculosis as well as 12 reactivated tuberculosis cases were diagnosed and put on active treatment - 47 were pulmonary cases.

A registry of the contacts of these newly diagnosed active and reactivated tuberculosis cases was maintained at Central Office. A total of 239 contacts were identified and of these 136 were examined, with the result that 6 were diagnosed as new tuberculosis cases. Seven were found to be old tuberculosis cases and 44 were found to be positive tuberculin reactors. Eleven of the reactors were put on prophylactic INH treatment.

Note that only 136 of 239 identified contacts eventually came and were submitted to an examination. Fifty-three contacts or 22% of the total number identified and in spite of all efforts made by the City Health Department, were not eventually examined. This is a lot to miss but, surprisingly, the figure is not in great discrepancy with that observed in other centres. Moving, reluctance to lose pay from work for clinic attendance but, above all, personal resistance were the principal factors for failure to bring these people in.

The fact, that among the mass tuberculin surveys done in the city in 1967, 18,000 tests were done and only 3 new tuberculosis cases were discovered, whereas, the examination of 136 close contacts of active tuberculosis cases yielded 6 new cases, only proves once more that the diligent searching out and examination of the close tuberculosis contact is the most productive source of tuberculosis case finding.

Among the 44 positive tuberculin reactors, a fair number were found in children which seems to indicate the importance of tuberculin testing in children as an effective method of case finding.

The supervision of over 1,200 cases of inactive tuberculosis formed the bulk of the public health nurse's case-load. As indicated in the report, many of these patients did not attend for regular medical examinations in 1967, in spite of repeated home visits, phone calls and letters from the nurses.

The City Public Health Nurses reported in 1967:-

628 home visits to 312 tuberculosis cases
772 home visits to 398 tuberculosis contacts

These figures did not include the repeated telephone contacts and letters that were written to remind patients and their families to attend their doctor or the Central Tuberculosis Clinic for their examinations.

In this section we will discuss the following topics:

• **What is the purpose of the rule?**
 • **What does the rule require?**
 • **How can the rule be implemented?**
 • **What are the key considerations for implementation?**

The purpose of the rule is to ensure that the deployment of automated driving systems (ADS) is safe and reliable. The rule requires that ADS must be designed, tested, and deployed in a way that minimizes the risk of accidents and injuries.

What does the rule require? The rule requires that ADS must be designed, tested, and deployed in a way that minimizes the risk of accidents and injuries. This includes ensuring that the system is reliable, accurate, and capable of handling unexpected situations. It also requires that the system is properly tested and validated before it is deployed.

How can the rule be implemented? The rule can be implemented by following a series of steps:

1. Define the requirements: The first step is to define the requirements for the system. This includes defining the functional requirements (what the system needs to do) and the non-functional requirements (how the system needs to perform).

2. Design the system: Once the requirements are defined, the next step is to design the system.

3. Implement the system: The third step is to implement the system. This involves building the system and testing it to ensure that it meets the requirements.

4. Deploy the system: The final step is to deploy the system.

What are the key considerations for implementation? There are several key considerations for implementation:

• **Reliability:** The system must be reliable and able to handle unexpected situations.

• **Accuracy:** The system must be accurate and able to correctly identify objects and situations.

• **Scalability:** The system must be able to handle multiple vehicles and situations simultaneously.

• **Adaptability:** The system must be able to adapt to changing conditions and situations.

• **Cost:** The system must be cost-effective and able to be deployed at a reasonable cost.

Some of the factors which interfere with the regular supervision of the tuberculosis patient as well as involving the public health nurse in a considerable loss of visiting time are:-

1. The mobility and loss of address of many itinerant patients and families. For example, many Indian and Metis families move in and out of the City on a seasonal basis. In some instances considerable treatment time is lost before the patient is found.

As many of this type of families are receiving services from several health and welfare agencies in the community, it would be of great assistance to have them registered at a Central Registry and thus assist in having their addresses current. At present every known change of address is reported to the Central Tuberculosis Registry in an effort to keep the patient under supervision.

Over 40 patients moved into the City of Winnipeg in 1967 and 141 moved out of the City or were lost to follow-up.

2. Difficulties in getting the patient examined.

- a) Many patients are working and find it difficult to attend clinics during the day.
- b) Some patients insist in being supervised by their own physician. This wish is respected but many do so very irregularly and it is only with great effort that the nurses are able to have them examined for their tuberculosis.

Out-Patient Treatment of Patients on Chemotherapy

Of the 72 new diagnosed active tuberculosis cases and reactions which were discovered in the City in 1967, only 54 were hospitalized and 10 were not admitted for treatment. Of those hospitalized, the average stay in hospital was 3.0 months and 31 patients remained less than 4 months.

As the average period of treatment is from 13 months to 2 years, the out-patient management of treatment for the tuberculosis patient on chemotherapy has become increasingly important. Also the fact that our nurses are not directly a part of the Clinic where the patients are treated poses some additional difficulties as in the eyes of many patients the nurse appears to have little authority invested in her and is perhaps regarded as a messenger in getting the patient back to the Clinic for examinations or refill of his drugs.

CITY DENTAL SERVICES

SUMMARY

The Dental Branch of The City of Winnipeg Health Department is geared to four major objectives:

During 1967, we had twelve deaths from tuberculosis in the City of Winnipeg, sixty new active cases and twelve reactivations.

Our most important contribution in the tuberculosis control field has been the investigation of new cases and ensuring an adequate follow-up of more than 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 contacts and ex-patients that examinations and regular follow-ups are necessary; whatever methods of 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 1967, 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.

The probable success of any dental health program would depend on creating an interest, and then a desire to action, and then attempt to maintain improvements on a steady, on basis. This, I may add, in the dental health field seems to be a never ending struggle. Even in this day and age there exists in our community too many people with little or no appreciation of what good dental health means to the individual. The battle against dental decay must of necessity fall into two main areas, the foremost of which is prevention, and failing that, repair. Success will only be achieved if we direct our major attack on prevention.

On December 28, 1966 the City of Winnipeg and suburbs took a giant step forward in the prevention arena with the fluoridation of their water supply. Since 1965, a sample of seven-year-old children born and raised in large Winnipeg has reached a constant of 67% reduction in the D.M.F.T. rate. (see Table I & III). Future increases must be made through dental health education and would involve the following:

- a) application of topical fluorides
- b) using a dentifrice containing stannous fluoride
- c) reduction of in-between meal snacks (nutrition)
- d) practicing good oral hygiene habits
- e) regular visits to a dentist.

To help achieve the victory over dental decay there must also be a great deal of co-operation by all concerned, not only health personnel, but by the teachers, parents, children, etc. It is hoped that the acquired knowledge and training of good dental habits in this younger age group will provide a solid foundation for their future oral health. Human nature being what it is, this foundation must be kept strong through constant re-education and instruction.

CHILD DENTAL SERVICES

The Dental Branch of the City of Winnipeg Health Department is geared to four major objectives:

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

1. Dental Health Education:

In this area the major emphasis of our program is directed at the primary school children and their parents up to and including the grade 3 level. This is accomplished in a number of ways, the following of which are outlined below:

- a) Classroom dental inspections of all children (grade III and under) attending a school in the City of Winnipeg School Division No. 1, plus 7 parochial schools.
- b) Notification to the parents or guardian of the results.
- c) Talks, lectures, and demonstrations to all children examined in classrooms by the dentist or dental hygienist.
- d) Distribution of dental health posters, pamphlets, and teaching aids to all classrooms inspected.
- e) Continuing this education in our clinics of patients accepted for dental treatment.

The probable success of any dental health program would depend on creating an interest, motivating people to action, and then attempt to maintain improvements on a sustaining basis. This, I may add, in the dental health field seems to be a never ending struggle. Even in this day and age there exists in our community too many people with little or no appreciation of what good dental health means to the individual. The battle against dental decay must of necessity fall into two main areas, the foremost of which is prevention, and failing that, repair. Success will only be achieved if we direct our major attack on prevention.

On December 28, 1956 the City of Winnipeg and suburbs took a giant step forward in the prevention arena with the fluoridation of their water supply. Since 1965, a sample of seven-year-old children born and raised in Metro Winnipeg has reached a constant of 67% reduction in the D.M.F.T. rate. (see Table II & III). Future inroads must be made through dental health education and would involve the following:

- a) application of topical fluorides
- b) using a dentifrice containing stannous fluoride
- c) reduction of in-between meal snacks (nutrition)
- d) practicing good oral hygiene habits
- e) regular visits to a dentist.

To help achieve the victory over dental decay there must also be a great deal of co-operation by all concerned, not only health personnel, but by the teachers, parents, children, etc. It is hoped that the acquired knowledge and training of good dental habits in this younger age group will provide a solid foundation for their future oral health. Human nature being what it is, this foundation must be kept strong through constant re-education and instruction.

of traditional values reflected in both oral and written sources and
the resulting values and by factors

qualitative research findings. In
addition, the author's personal experiences and observations
are included to facilitate the reader's understanding of what "local
knowledge" means.

The following sections will explore the concept of local knowledge and
the ways in which it can be used to understand local communities and
identify the potential conflicts between local knowledge and global
knowledge. The first section will introduce the concept of local
knowledge and its relationship to global knowledge. The second section will
explore the potential conflicts between local knowledge and global
knowledge and the ways in which they can be resolved.

Local knowledge is often defined as the unique wisdom and
experience of people from a specific culture or community. It includes all
of the information that is passed down through generations and is usually
passed on orally. Local knowledge is often used to explain
natural phenomena and to predict future events. It is also used to
explain social phenomena and to predict future trends. Local
knowledge is often used to explain natural phenomena and to predict future trends.
Local knowledge is often used to explain social phenomena and to predict future trends.

Local knowledge is often used to explain natural phenomena and
social phenomena. It is often used to predict future trends. Local
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A local community has significant historical, cultural, and social
roots in its environment and these roots provide the basis for its local knowledge. This
local knowledge is often used to predict future trends. Local
knowledge is often used to explain natural phenomena and to predict future trends.
Local knowledge is often used to explain social phenomena and to predict future trends.

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knowledge is often used to explain natural phenomena and to predict future trends.
Local knowledge is often used to explain social phenomena and to predict future trends.

A further step for the City of Winnipeg in the field of prevention came with the addition of two dental hygienists in July of 1967. The additional assistance we have received through their services has provided our dental branch with much needed impetus in our cause.

The supplementary dental health program was continued during the 1967-68 school term. Dental health material (posters, pamphlets, teaching outlines, letters) supplied by a large commercial concern was distributed to all inspected classrooms. Once again all grade 3 pupils received a dental health kit (toothbrush and toothpaste).

Participation in our program of various associated groups e.g. 4th year dental students, 2nd year dental hygiene students, student nurses from a local hospital, we hope, has given these people some appreciation of the problems we encounter in the dental public health field.

During the year contributions in the form of public health lectures were given to students at the Dental College and School of Dental Hygiene. An orientation course for new public health nurses on the City of Winnipeg staff is an annual affair. An in-service training program for all dental staff was again held on the first school day in September. Throughout the year staff dentists attend certain clinics conducted by the local dental society relating to our type of work in order to keep abreast of new developments.

Dental public health in our city has certainly come of age in the last decade. Continued co-operation between allied health workers and the constant education of the public-at-large must not be relaxed in the battle against dental disease.

2. Studies of the Local Dental Health Problems.

Information through statistics collected during our annual inspection of classrooms indicate certain developing trends in the oral health of the children in Winnipeg.

The limitations of our dental resources necessitates a definite treatment service policy. Dental emergencies are given priority and include all children who are in full time attendance at any of the schools in the City of Winnipeg. Those children attending school whose families are on city welfare are also eligible for our service, in addition to children up to and including grade 3 whose families are deemed as "medically indigent" by the school nurse, or approved through an application form. Regular maintenance care through recall examinations for cooperative and interested patients is of vital importance in our program. Failure rates are kept to a minimum. (Average - all clinics 1966 - 7.4%: 1967 - 6.4%).

Throughout 1967, a policy was instituted in all clinics to shift the emphasis for new and recall appointments on the "family unit". Previously, a direct contact by telephone was used to book these patients. In 1967, a letter was sent to the family asking them to make their own appointments. The resultant decline of active welfare recipients listed below from 1966 to 1967, is probably a direct result of this change in policy. In the light of these facts it again becomes clearly evident that re-education of the population as regards good dental habits is a never ending struggle.

4. Dental Services

(A) Dental Services - Welfare Children on Active Files

1959	345	1964	1,576
1960	659	1965	1,925
1961	852	1966	1,753
1962	877	1967	1,356
1963	1,328		

Two Sociological studies on Local Dental Health Problems were carried out during the year in the City of Winnipeg. The Dental Branch assisted in the program conducted by the Department of Sociology and the Dental School of the University of Manitoba in an attempt to gain;

- 1) reliable information about dental needs and dental services, and
- 2) the influence of social class and other selected variables upon the dental attitudes and knowledge of parents and the dental caries experience of their children.

3. Utilization of Public Health Measures:

a) Analysis - Classroom Dental Inspection

Table I is a compilation of statistical information collected during the school terms from 1959 - 1967. Favourable progress can be seen in many areas during the past 8 years, and it will be noted that in some columns a constant is being reached. The percentage of increase in the caries immune columns (Kindergarten - 14% to 33%; Gr. I - 6% to 22%; Gr. II - 3% to 15%) must, of necessity, be mostly attributable to the benefits of fluoridation. Of all children examined during 1966 - 67, 12% (1,862) were approved for treatment at the clinics. This figure is significant in projecting the requirements that would be necessary if this service is to be extended into higher grades.

b) D.M.F.T. (Decayed, Missing Filled Teeth - Permanent) (Special Survey)

Table II reflects the information on a sample of children born and raised in the Metro area of Winnipeg. Data was assimilated during regular classroom inspections; subjects selected on the basis of every tenth child according to the alphabetical listing of children in the school index card register. The 7 year old group of children showed a constant of 67% reduction in the D.M.F.T. rate. The average D.M.F.T. decrease in all groups (7, 9, 11 and 13) increased during the 9 years study to 56%. A standard error in a study such as this is inescapable due to the amount of examiners used, nevertheless the chief factors for this marked improvement must be fluoridation, education, and readily available dental care.

Table III is a breakdown of data from 1958-67 compiled on the samples of seven year old children born and raised in Metro Winnipeg. During the past three years the average reduction in the D.M.F.T. rate from the 1958 figure has been 67%. The first major offensive (Fluoridation) against dental decay has been a resounding success.

caffi avijo no machidó crítico

025,1	1001	210	.....	0205
225,1	2001	220	.....	0201
227,1	2001	220	.....	0201
025,1	2001	220	.....	0201

seu escalera drisse infusão fiscal no esforço tecnológico em que o poder político e os interesses econômicos sejam os que mais beneficiem. Afinal, é a classe política que tem o maior interesse em manter o sistema de impostos que favorece os grandes grupos econômicos. No entanto, é preciso lembrar que a classe política também é composta por pessoas que lutaram por uma economia mais justa e equitativa, como o ex-presidente Lula, que defendeu a reforma tributária para redistribuir a renda entre os ricos e os pobres. Portanto, é importante que a classe política seja mais transparente e responsável na sua atuação, buscando sempre o bem comum da sociedade.

mais avançado no Brasil é o sistema de tributação direta

mais avançado no Brasil é o sistema de tributação direta

o sistema de tributação direta é o mais avançado no Brasil. Ele é baseado na ideia de que a tributação deve ser direta, ou seja, o imposto é cobrado diretamente daqueles que o geram, sem intermediários. O sistema de tributação direta é mais eficiente, porque não gera burocracia e não é suscetível a evasão fiscal. Além disso, é mais justo, porque todos contribuem de acordo com seu nível de renda. No entanto, é importante lembrar que o sistema de tributação direta também tem desvantagens, como a dificuldade de aplicá-lo em todos os setores da economia e a necessidade de uma estrutura fiscal robusta para garantir a eficiência do sistema.

(verificada) (Assinado - Mário Henrique, presidente, T.R.I.)

é o que podemos dizer sobre o sistema de tributação direta no Brasil. Ele é mais eficiente, mais justo e mais transparente que o sistema de tributação indireta. No entanto, é importante lembrar que o sistema de tributação direta também tem desvantagens, como a dificuldade de aplicá-lo em todos os setores da economia e a necessidade de uma estrutura fiscal robusta para garantir a eficiência do sistema. No entanto, é importante lembrar que o sistema de tributação direta também tem desvantagens, como a dificuldade de aplicá-lo em todos os setores da economia e a necessidade de uma estrutura fiscal robusta para garantir a eficiência do sistema.

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4. Dental Services

(A) Dental Clinics.

Dental treatment is provided at the following school clinics:

- 1) Dufferin School - 3 operatories (Emergency Clinic)
- 2) William Whyte School - 2 operatories
- 3) King Edward School No. 2 - 2 operatories
- 4) John M. King School - 2 operatories.

Dental clinics are located in strategic areas of the school system in order to conveniently provide service for the bulk of eligible patients. Emergency treatment for all school children (no economic or age barrier) is now provided at the new Dufferin Dental Clinic at any time during regular school hours. All clinics are in operation the entire year, including July and August. Through the co-operation of the Winnipeg School Division No. 1, who generously supplied the accommodation for a new dental clinic, and money received from a National Health Grant to furnish new equipment, the Dufferin Clinic came into existence on October 2, 1967, replacing the old William and Ellen Clinic.

(B) I Treatment - Dentists

In 1967, 4,984 children were treated during the course of 13,889 patient visits to the clinics. Patients completed and provided with maintenance dental care to the extent of facilities available totalled 3,237 or 63%. 11,892 individual teeth were attended and of these 2,330 were removed and 9,562 teeth were restored to healthy functioning units. Fifty percent of the patients accepted on an emergency basis were 10 years of age or over and would probably account for a majority of teeth extractions. Preventive and conservative dental procedures are emphasized in the management of each patient. In all clinics, comprehensive treatment is arranged for approved children. Minor orthodontia can be attempted at all clinics on interested and co-operative patients. Complicated and/or advanced cases may be referred to the Dental College for post-graduate students in that particular field.

(B) II Treatment - Hygienists.

In July, the City of Winnipeg was fortunate enough to hire two staff hygienists. Their contribution in the dental operatory is outlined in Table V. A good portion of their time is spent on School Survey and classroom dental inspections. Through this medium they play a vital role in our program in the area of dental health education and prevention.

(C) Recall System

Continual treatment coverage is extended to a large number of children from co-operative and interested families by our periodic recall system. Regular maintenance care has resulted in an increased number of children receiving benefits over a longer period of time.

Failed appointments are of major concern and precautions are taken to eliminate many of the causative factors. In 1967, out of the 17,274 assigned appointments (Dentists & Hygienists), 1,092 or 6.3% had failed (7.2% in 1966). One hundred and forty-seven (147) of these failed appointments were new patients. The advantage of having clinics located in select schools permits immediate replacement from within the school, thus reducing lost dental manpower hours to a minimum. Nine-hundred and fifty-eight patients cancelled (5.5%) and arranged another suitable time. Courtesy of advising the clinics in advance of inability to keep an appointment would suggest that our service is appreciated.

(D) Handicapped Children

Provision of dental services for mentally retarded children attending a special school (Kinsmen) in the City was continued in 1967. Transportation for eligible patients was again arranged by the School to one of our dental clinics. However, in September of 1967 the majority of all students at the special school were incorporated into 6 regular schools throughout the city. The responsibility for transporting these patients must now, of necessity, be placed on the family unit. In our experience we have found that nearly all mentally retarded children can be treated using normal dental procedures. The main problem is to provide these families ways and means to obtain dental services, followed by a program to motivate the parents to take further action in improving the child's dental health.

(E) Adult Dental Services

The Winnipeg General Hospital Welfare Dental Clinic continued its operation throughout the year under the combined guidance of the University of Manitoba Dental College and the City of Winnipeg Dental Branch. The clinic is located in the Out-Patients Department and is in operation only in the afternoon. This program, available for adult welfare and medico-dental indigents in Manitoba, includes preventive, 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.

(F) Dental Staff

The Dental Branch includes a director, plus a professional establishment equivalent to six full time dentists, two dental hygienists, and eight qualified dental assistants. During the last quarter of 1967, five dentist (plus the Director) were retained on full time staff. Throughout the year ten (10) dentists were employed on a sessional fee basis. The addition of two staff hygienists in July was greatly appreciated, and has released, to a great extent, the dentists for work more suitable to their capabilities.

Table I
Class Room Dental Inspection Information compiled by the City of Winnipeg Dental Branch, on
the general child population attending Kdg., Gr. I, II, and III in the Wpg. School Div. No. 1.
(Permanent and Deciduous Dentition)

	School Term	Total	Inspect.	Percentage of Children							
				Caries		Dentistry Completed		Caries		Extractions	
				Imm.	Free	14	23	9	16	77	15
Kinder-	1959-60	3,322	14	23	9	77	15	27	59	37	13
-ergarten	1960-61	3,026	18	34	16	66	13	28	47	36	10
1962-63	3,539	31	45	14	55	8	24	38	30	33	12
1964-65	3,581	28	43	15	57	11	28	48	33	26	14
1966-67	3,448	33	48	15	52	10	25	57	29	26	13
Grade I	1959-60	4,381	6	16	10	84	28	40	72	57	25
1960-61	4,686	9	25	16	75	27	40	64	55	21	21
1962-63	4,555	16	37	21	63	23	40	63	51	21	19
1964-65	4,668	18	36	18	64	22	39	63	49	22	20
1966-67	4,518	22	44	22	56	20	38	61	46	27	14
Grade II	1959-60	4,054	3	12	9	88	43	49	-	70	-
1960-61	3,916	6	25	19	75	39	53	-	70	-	-
1962-63	3,958	10	37	27	63	36	55	-	70	-	-
1964-65	3,955	11	34	23	66	33	54	74	67	24	17
1966-67	3,722	15	43	28	57	29	53	69	62	21	10
Grade III	1964-65	3,635	8	34	26	66	39	62	80	74	22
1965-66	3,470	10	44	34	56	36	62	75	70	15	19
1966-67	3,832	12	42	30	58	34	58	71	68	19	10

Definition of Terms:-

- Caries Immune - no visible evidence of caries in the decid. or perm. teeth; X-ray not used.
- Caries Free - includes caries immune plus children whose dentistry has been completed.
- Dentistry Completed - children who attended a dentist and were in optimum dental health at time of inspection.
- Caries, Extractions, Filled - percentage of children with these conditions.
- Attend Dentist - as indicated by presence of extraction, or filling, or reported on questionnaire.
Does not include caries immune.
- Applied Dentistry - as indicated by the presence of a filling or premature extraction or both.
- Request Dentistry - a written request for dental treatment.
- Approved - eligible for free dental treatment (screened by school nurse)
- Nil Interest - questionnaire not returned.

NOTE:

The following school terms have been deleted for purposes of clarity; 1961-62; 1963-64; 1965-66.

Table IV
Summary of Dental Treatment Groups
Dentists and Dental Hygienists
Number of Children

Table II

School Dental Examinations of Children
born & raised in Metropolitan Winnipeg
(Permanent Teeth Only)

A. Patients notified of Appointments

Year	Age 7		Age 9		Age 11		Age 13	
	Number Exam.	Average 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
1967	227	.7	233	1.9	180	2.5	62	3.7

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

1961 5 examiners, random sample

1962 6 examiners, random sample

B. 1963 8 examiners, random sample

1964 10 examiners, random sample

1965 8 examiners, random sample

1966 7 examiners, random sample

1967 6 examiners, random sample

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

Table III

B. Failed to receive treatment

A sample of seven-year-old children born and raised in Metro Winnipeg showing prematurely lost, destroyed crowns, other caries and restored permanent teeth.

C. Completed dental treatment as provided by the dentist

Year	Children Examined	Prematurely lost	Crowns Destroyed	Other Caries	Restored	Average 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
1967	227	0.00	0.00	0.35	0.30	0.7

Table IV
 Summary of Dental Treatment Groups
 Dentists and Dental Hygienists
 Number of Children 1967

	Preschool	A G E								Total
		5	6	7	8	9	10	Older		
A. Patients notified of Appointments	D. 188 D.H. 28	261 33	428 40	562 55	609 49	663 60	644 74	1,766 186	5,121 525	5,646
B. Failed Initial Appointment	D. 8 D.H. -	10 -	20 2	15 3	18 3	18 2	13 -	35 -	137 10	147
C. Completed Patients	D. 92 D.H. 13	145 17	229 -	345 12	398 7	468 10	473 16	1,087 -	3,237 75	3,312
D. Patients Recalled 6-8 months	D. 72 D.H. 29	167 48	286 64	399 99	457 106	574 133	652 149	1,475 368	4,082 996	5,078
E. Recalls - Completed 1st visit	D. 16 D.H. 8	65 19	94 14	118 22	124 29	178 44	214 51	428 90	1,237 277	1,514
F. Recalls - Failed Appointments	D. 3 D.H. -	4 1	13 6	21 4	21 5	18 6	22 8	64 31	166 61	227
G. Emergency Patients	D. 14	41	66	75	84	67	78	265	690	

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. Completed Patients - Children from Section A receiving comprehensive dental treatment as provided by the clinics.
- D. Patients Recalled (6-8 months) - following last appointment when completed, (1966-67).
- E. Recalls - Completed 1st visit - includes children whose maintenance care is attended to during the recall examination appointment.
- F. Recalls - Failed Appointments - 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 - 1967

	Dentists	D.H.	Total
X-rays (single film)	3,280	451	3,731
Exodontia - Deciduous Teeth	1,985		1,985
- Permanent Teeth	345		345
Anaesthetic (local)	8,261		8,261
Restorative - (Number Teeth Completed - Filled)			
- Deciduous	3,569		3,569
- Permanent	5,551		5,551
- Treatment Fillings	254		254
- Endodontics - Teeth completed	320		320
Crowns - Celluloid	7		7
- Stainless Steel	115		115
Space Maintainers	18		18
Prosthetic Appliances	14		14
Prophylaxis (Complete)	2,400	1,065	3,465
Topical Fluoride (Completed)	1,653	1,055	2,708
Fillings Polished	515	122	637
Parents counselled	629	28	657
Other Treatments	5,773	1,150	6,923
Refused (non co-operative)	40	2	42
Total Number assigned Dental Appointments	15,743	1,531	17,274
Cancelled Appointments	867	91	958
Failed Appointments	987	105	1,092
Referred to Private Dentists	33		33
Recalls (6-8 months)	4,157	996	5,153
School Inspection Clinics	63	84	147
Classroom Dental Inspection (Approx. no. of children)	16,500		16,500

PUBLIC HEALTH NURSING

definitive signs of disease and treating that
the children affected may neglect medical attention.

Dramatic and complex "public" and "health" changes resulting from sociological and economic factors and technological and scientific advances in medicine are affecting the role and responsibilities of Winnipeg Public Health Nurses. Other conditions which might ultimately handicap a child may result from an illness or accident. For these reasons, public health nurses made 19,107 home visits to Services in the Homes of age in 1967.

There appears to be an increasing number of poor families moving into Winnipeg. Public health nurses report a tremendous mobility of population in the economically poor areas of the City. One-parent families or families on limited or no income are constantly on the move from one depressed area to another making it difficult for public health nurses to maintain satisfactory relationships with them. Physical and mental illness, illegitimacy, alcoholism, school drop-outs, and juvenile delinquency are some of the prevalent problems nurses find in these families. In 1967, approximately 53 percent of the families visited by public health nurses were receiving public assistance. To deal with their many faceted health and social problems is time consuming and requires frequent, intensive and supportive assistance.

Public health nurses' caseloads also reflect the technological and scientific advances in medicine. New drugs and modern surgery, for example, are shifting the load of sickness into middle and later life and out of the hospital and into care in the home and in the community.

The care of the tuberculosis patient is an example of this shift. A decade ago the average stay in hospital for a tuberculosis patient was 2 years. Today it is 3 months; just long enough to be diagnosed and established on treatment. The responsibility for the tuberculosis patients' continued care and rehabilitation is then transferred to the public health nurse. The present-day treatment and management of mental illness is also creating a similar situation.

While public health nurses' activities are centered mainly on preventive services, there has been an increasing involvement with illness. Last year public health nurses visited 6,500 individuals in their homes because of physical or mental illness. For example, 850 people were suffering from chronic ailments such as diabetes, arthritis, cancer and heart disease while another 276 had a diagnosed mental illness. People want to know about anything that will make them well and keep them that way.

Early discharge of the infant from the hospital nursery increases the importance of careful appraisal of the newborn. It has also created additional responsibilities for public health nurses in recognizing the early and often subtle as well as the more classic and

ENGLISH-HEBREW TRANSLATION

democratic and corporative "body"; "any" "public" conference is
an isolated and socio-economic factor and determines the
scientific analysis and synthesis in marketing the role of the
state in Winnipeg Public Welfare.

Services in the town

There are three types of public services in the town:
municipal into Winnipeg, public health and educational.
The first type of public service is the hospital which is open to all
families or limited to one income or one occupation.
From one quarter million to half million dollars is required per year
to maintain the hospital which is self-sufficient for its own
expenses. This is the largest item of the budget.
Health services are provided by the city council.
Public health services are concerned with the welfare of the
population. The public health department has a medical officer,
a public health nurse and a public health inspector.
Education is led by the Winnipeg Board of Education, which
provides primary and secondary education.

Police services are concerned with law and order.
The police force is organized into two main sections: the regular force and the
police constables. The regular force is organized into two
sections: the police constables, who have a higher rank than the
regular force, and the police constables, who have a lower rank than the
regular force.

The case of the cooperative building is typical of
this article. A scheme was made to build a building at a cost of
\$100,000. The plan was to sell it at \$100,000; but the
building was never sold. Instead, the building was used for
other purposes, such as a school, a library and a community center.
The building was used for these purposes because it was
located in the middle of the town and was easily accessible.

People buy public utilities such as electricity and
water from the city, which is responsible for the distribution of
these utilities. The city also provides services such as
post offices, telephones, gas and electric power, water and
sewerage. People buy their food from the city, which is
responsible for the distribution of food. The city also
provides services such as parks, playgrounds, libraries and
museums. People buy their clothing from the city, which is
responsible for the distribution of clothing. The city also
provides services such as hospitals, clinics and medical centers.

People buy their food from the city, which is
responsible for the distribution of food. The city also
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museums. People buy their clothing from the city, which is
responsible for the distribution of clothing. The city also
provides services such as hospitals, clinics and medical centers.

definitive signs of anomaly, dysfunction or disease and insuring that the children affected receive prompt medical attention.

The public health nurse's responsibility as a careful scientific observer and counsellor continues throughout the pre-school years. Many of the more subtle deviations of a congenital origin may escape detection during infancy, while other conditions which might ultimately handicap a child may result from an illness or accident. For these reasons, public health nurses made 19,107 home visits to children under 4 years of age in 1967.

Services in Child Health Conferences

Child Health Conferences provide further opportunity to observe children who might have growth and development problems requiring medical attention. The importance of early recognition of strabismus is recognized if treatment is to be undertaken to prevent amblyopia. This is one of the defects looked for in children attending Child Health Conferences.

The early recognition of a child with a hearing defect is important, since in many cases treatment can prevent further deterioration in hearing. Screening children for hearing difficulties is therefore another procedure carried out at Child Health Conferences as part of the medical examination. Tests for phenylketonuria and immunizations are also routinely carried out at these Centres. Both doctors and nurses counsel mothers on normal growth and development. A very comprehensive record has been devised on which milestones of development for each child are recorded as well as other information concerning the child's welfare. Children with deviations from normal are referred for further and more extensive medical examinations. Last year 296 such referrals were made.

During 1967, the Health Department continued to operate 8 of these Centres in various areas of need throughout the City. Statistics indicate that 1,757 infants and 2,749 pre-school children were enrolled during the year. In April 1967, measles vaccine was added to the immunizing antigens administered at these Centres. A total of 9,601 inoculations to prevent diphtheria, tetanus, whooping cough and poliomyelitis were given and 590 children were vaccinated against smallpox.

In 1967, the Provincial Government Health Education Division printed attractive pamphlets for the City Health Department outlining the services offered at Winnipeg's 8 Child Health Conferences and urging parents to have their children inoculated privately or at one of these Centres. A supply of these pamphlets was given to each hospital in Metropolitan Winnipeg for distribution to obstetrical patients.

Nursing records indicate that only 39 percent of public recipient families with pre-school children attended Child Health Conferences in 1967 for medical supervision, 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 clinics in the lower income neighborhoods. Public health nurses are convinced that such a program would improve attendance at Child Health Conferences, provide early treatment for defects, and be a more economical and efficient use of professional time.

Services to Child Caring Institutions

The need for well run day nursery facilities in Winnipeg has been recognized for some time. These facilities are needed particularly for children of sole-support mothers and for children coming from poor socio-economic groups who receive little or no intellectual stimulation at home. Such children show remarkable progress in their physical, emotional and social development under the guidance of an excellent day nursery teacher. This experience enables them to enter the school system without being at a tremendous disadvantage to the other children entering the school.

The lack of qualified nursery school personnel continues to be the greatest obstacle in expanding these facilities and in maintaining satisfactory standards. It is hoped that the pilot cause in nursery school methods, established at the Manitoba Institute of Technology in 1966, will continue and that eventually an adequate supply of well qualified nursery school educators will be available.

In 1967, a total of 1,457 children were enrolled in 4 day nurseries, 15 nursery schools, 7 child caring institutions, and 11 group foster homes. There was also approximately 300 children's boarding homes licensed by the City and supervised by the Health Department personnel during the year.

Meetings throughout the year continued between representatives of the Children's Aid Society, the Health Department, and the Health Committee over the use of unlicensed boarding homes by the Children's Aid Society and the Society's delay in dealing with reported cases of child neglect. It is hoped that these meetings will result in a better understanding of the role of each agency in meeting the needs of children.

Services to School Children

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, treatment agencies and the medical, nursing, and dental personnel of the Health Department. The basic goal is to maintain and improve the emotional and physical fitness for all children so that children will benefit from their education and become responsible citizens.

subsequently link application toward more formal and elaborate transmission codes. In fact, it is a critical issue to consider how communication might possibly serve to complement or even reinforce existing mechanisms of control in society. In the most extreme interpretation, public policy under the rubric of "soft power" may well become a tool of statecraft. Conversely, public discourse may well become a more economic and effective way of disseminating ideas.

Services to Civil Society Institutions

The need for civil and gay interests to maintain some degree of recognition for their cause is clear. These conflicts are no longer strictly political, but rather economic and social. Thus, both socio-economic groups must work together to find a common solution to the challenges ahead. Such entities would be best suited to do so, given their respective strengths and weaknesses. This collaboration will be a fundamental pillar of the civil rights movement's success, and

the last of our pillars of support. It is also important to note that gay interests must be willing to accept certain institutional changes in order to achieve their goals. In particular, the gay community must be willing to change its internal structures, such as its leadership, to reflect the needs of the gay population. This will require significant sacrifice and cooperation from all sides.

In 1981, a report by the Gay and Lesbian Alliance Against Defamation, titled "Gay Rights: A Guide to the Gay Community," found that the gay community was still far from achieving its goals. The report noted that while the gay community had made significant progress in recent years, there was still much work to be done. The report also highlighted the need for the gay community to continue to work towards equality and justice for all.

However, despite significant progress, the gay community continues to face challenges. One major challenge is the lack of recognition of the gay community's right to privacy, which is often denied by conservative religious groups. Another challenge is the lack of recognition of the gay community's right to marry, which is often denied by conservative religious groups. These challenges, among others, continue to pose obstacles to the realization of full equality for the gay community.

Services to Special Groups

An excellent example of this kind of service is the National Center for the Advancement of Women and Girls in Education. It is a non-profit organization that advocates for women and girls in education, science, technology, engineering, and math (STEM). The center's mission is to promote gender equality and provide resources and opportunities for women and girls to succeed in STEM fields. The center also provides advocacy services to help women and girls navigate the educational system and overcome barriers to success.

school nurses. In 1967, one new school -- the R.B. Russell Junior Vocational School -- was opened, bringing the total number of public and parochial schools served to 98 with a population of approximately 52,000 pupils. Four more schools enrolled nursery school pupils in 1967, making a total of 8 schools with classes for four year olds. Also in 1967, for the first time, approximately 285 trainable mentally handicapped children were registered in Winnipeg public schools. These children were located in 5 different schools throughout the City. Adjustments in nursing schedules were made to meet the many health needs of these pupils.

To make the school program more effective and responsive to present-day problems, attention was focussed throughout the year on problems accompanying growth and development, adolescence and handicapping conditions. As many of these problems originate in infancy, special attention was given to pre-school entrance examinations.

In addition to encouraging parents to have these entrance examinations carried out privately, public health nurses arranged for pre-school children from medically indigent families to be examined in neighborhood schools in June or at the nearest child health centre. Defects found were corrected during the summer months so that in September 1967 approximately 68 percent of the new admissions to nursery or kindergarten classes had been examined and inoculated.

A child's ability to learn is closely related to the possession of normal vision. In Winnipeg schools, all pupils in elementary grades, as well as pupils in Grades 7 and 10, are given visual tests by teachers and public health nurses. In the past year, the vision of 44,515 pupils was tested for myopia. Of this number, 5,595 or 13 percent were referred for further medical attention. Approximately 3,666 or 66 percent of the pupils required glasses or a change in their prescription. Other pupils were asked to return for further examinations after a period of six months to a year.

In 1967, the Health Department purchased +1.75 lenses to use in screening pupils for hypermetropia. As this program was only commenced in September, the results of the tests will not be available this year.

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, 226 boys were given an individual pseudo-isochromatic colour vision test by a public health nurse. Two percent or 4 boys failed the test in 1967.

Eighty-six schools were visited and revisited one month later by the audiometer nurse to test and retest the hearing of all pupils in Grade 1. In addition, referrals from teachers, parents,

in 1963, one -- located near the R.R. Russell plant
Accidently struck -- was opened, revealing the cargo which
was being transported to 20 miles away a position
25,000 pounds. Four more accidents involving
one Airtank, resulted in total a total of four
- these tank cars were damaged in total 285,000 pounds.
each time more damage was inflicted on railroads
A significant number of railroads were forced to cease
of these tanks.

of each the accident brought more litigation and liability
to railroad companies, which was followed immediately by
brought second-hand locomotives down from elsewhere, which was
carried out quickly. As a result of these changes originally in insurance
negotiations was given to bus-epoch experience elimination.

examination of accident statistics to prove these statements
bus-epoch company claims more liability insurance to
set up protection against the same source as that in
September 1963 subcommittee of the law committee to interest
of railroad companies had been fully functioning.

and of safety of railroads to the
- railroad in 1963, the accident investigation unit prepared a report
possessions of the railroad to determine the cause of the accident was
the engine was moving at 10 miles per hour when it hit a
bus-epoch company train which had stopped at 10 miles per hour.
as a result of the impact, 2,000 feet of track was torn up.
was forced to enter negotiations with the railroad to determine
as a result of the accident was caused by a collision between two
train. Other trains were forced to remain on the road
a result of the accident in a year.

in 1963, the House Committee investigating
use of railroads available for transportation was only
concerned in September, the Senate of the state will do the same
this year.

for a report of the accident, the Minnesota State
and railroad on the cause which was in the Transportation Accident
The purpose of this fact is to prevent such accidents from occurring
blame for major collision which resulted from overtake
in the case back track, 550 cars were damaged in individual locomotives
southern railroad took a public safety notice. Two because of a poor
resulting the fact in 1963.

highway-rail accidents were already under way
faster by the accident rate nine to one and faster the speed of the
bullets in October. In addition, less than ten percent, because
of the additional miles to cover and faster the speed of the

school nurses, and doctors were tested. A total of 8,901 individual tests were given. Three hundred and ninety-eight or 6 percent were referred for further medical attention. The follow-up of these referrals by public health nurses indicated that:

112 were diagnosed as an organic defect
186 were diagnosed as a temporary defect
39 had no defect
46 were awaiting diagnosis
8 moved away undiagnosed
4 parents refused to co-operate
3 were placed in a special class

Each year public health nurses keep close surveillance on the health of approximately 1,400 school children with serious handicapping problems such as diabetes, epilepsy, cardiac, asthmatic, neuro-muscular, and orthopaedic conditions, growth problems and serious visual and hearing impairments. Their reports on both old and new cases form the basis for the Central Office Handicap Registry and are the means by which private and clinic doctors are kept informed about any difficulties these children are having in the classroom.

In addition to the above handicapped children, the Winnipeg public schools now have approximately 285 trainable mentally handicapped children enrolled in 5 different schools. The majority of these children previously attended a private school known as the Kinsmen School for Retarded Children, and were believed to have been thoroughly investigated medically. After reviewing 200 files on these children in September 1967, it was decided that there was insufficient up-to-date health information on most of the children and if these children were going to be looked after intelligently, this information would have to be obtained. Accordingly, a medical form was drawn up and together with a letter of instructions was mailed to the parents of these children. The response to date from both parents, and private and clinic doctors has been excellent and it is expected that soon after the new year, all these children will have received a thorough medical examination.

Immunization statistics reflect the adequacy of pre-school child health supervision. Indications are that local school children have a fairly high degree of immunity as only 7.74 percent of Kindergarten and Grade 1 children entering Winnipeg schools for the first time in 1967 had no primary inoculations. Four percent of these new admissions came from outside of Winnipeg.

During 1967, the public health nurses arranged for 7,235 pupils in Grades 1, 4 and 7 to be given a reinforcing dose of diphtheria toxoid and tetanus vaccine and oral sabin poliomyelitis vaccine. This was 53 less than in 1966.

There was an increasing incidence of minor skin infections such as impetigo, scabies and ringworm in 1967. Public health nurses

give public health nurses much concern in the unvaccinated mothers. In the year 1967, there were 734 registered illegitimate births in Winnipeg.

Statistics indicate the number of children with lice or 129 percent.

reported 2,795 cases, an increase of 493 over 1966. There was also 408 pupils infected with pediculi. This is a slight increase over the number of cases reported in 1966. All infected pupils received the close observation and attention of public health nurses. Further details on the public health nurses' involvement with communicable diseases will be found in other sections of the Report.

Early in 1967 public health nurses became more involved with pupils who were making a practice of inhaling glue and nail polish solvents. No statistics were kept to indicate the prevalence of this practice. However, since cases were reported from schools in all four nursing districts, it appeared to be a City-wide problem involving boys and girls mainly from junior high schools who were below average students and who came from broken homes and were known behaviour problems.

The possible harmful effects of this practice were pointed out to these pupils and their parents by both public health nurses and school personnel. A school doctor, who is also Director of the Children's Hospital Poison Control Centre, met with school personnel and prepared written information about this problem for their use.

More than 90,000 pupils were referred or sought advice from the public health nurses during the year. The nurses not only dealt with each pupil, but they also counselled and supported each member of the school staff in the management of health problems within the school. A review of the tables that follow this report will indicate the extent and variety of school nursing appraisals in 1967. 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.

Service to Expectant Parents

In the past year a request to have public health nurses conduct pre-natal classes for clinic patients at the Maternity Pavilion of the Winnipeg General Hospital was made to the Medical Health Officer by the Medical Director of the Obstetrical Department of the Hospital. This request was willingly accepted and pre-natal classes for clinic patients started in May.

The total number of expectant mothers registered at pre-natal day classes and at evening parents' classes was 606, an increase of 73 over 1966 and 148 more than in 1965. Almost 50 percent of the mothers registered were referred by private doctors. The mothers who attend classes are usually married primiparas in their early twenties who have completed high school and are in the middle income group.

A high risk and less accessible group that continues to give public health nurses much concern is the unmarried mothers. In the year 1967, there were 734 registered illegitimate births in Winnipeg.

Statistics indicate that out of the 734 illegitimate births, 94 or 12.9 percent occurred in young women under 17 years. This is 3.2 percent more than in 1966. In this age group 7 have 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 57.6 percent of the illegitimate births and 173 of this group had 2 or more illegitimate children.

Because these young women and their newborn children are considered high-risk patients and frequently receive inadequate care, public health nurses made a special effort to contact them in the past year. Hospital obstetrical personnel were briefed on the public health nursing program and their assistance in referring unmarried mothers for public health nursing supervision was obtained. Also, the Children's Aid Society agreed to send written referrals of all unmarried mothers coming under their care.

The unmarried mothers are encouraged to attend conveniently located pre-natal classes in the community. Those who hesitate to do so are taught pre-natal care and hygiene in their home.

Public health nurses have been prepared to discuss family planning with individuals in the community and to answer questions on methods of family planning prescribed by physicians. No statistics have been kept, but public health nurses report this matter is frequently discussed at home visits and referrals are made to private doctors or clinics.

Services to Students

The Nursing Division continued its policy of providing periods of observation for student nurses from local hospitals as well as students from the University of Manitoba School of Nursing and the Faculty of Medicine.

Special Services

During the year the Nursing Division members:

1. Assisted with the preparation of the Health Education Curriculum for the Manitoba Department of Education material.
2. Participated in the orientation program for teachers for Trainable Mentally Handicapped classes.
3. Assisted with the preparation of regulations for Child Welfare Institutions in Manitoba.
4. Participated in the Welfare Planning Council's Social Service Audit.

participate fully in the CCP's international activities, or to
make better accounting to the Party members in the S.S. because
more than in 1960, in China the second 5 year plan to intensify
the largest impact of industrialization will have to move from
the area of 18 to 25 years. Thus the long range of 21.6 percent of the
industrialization plan and 11.5 of the first five-year plan
will be given.

Because there would now and still remains a difference between
considerately high-level education and secondary technical education
and the possibility that there may be a slight effect to concern come in the best
years. Most likely operational research will bring no immediate benefit
but could probably bring considerable improvement in the quality of work
and possibly postpone the first assessment until 1970. This will
be a society which has been able to send millions of workers
continuing under their care.

The remaining workers are encouraged to do more
teaching pre-teaching classes of the community. Those who possess
so far taught pre-teaching cases and programs in their power
will continue to do so.

Public health workers have been directed to identify
themselves with their communities in the community and to reward those who
make good to family planning particularly as a byproduct.
In such cases the public health workers will be better
able to serve the people in their areas to private clinics
and clinics at home visits and other forms of community
clinics.

Services to Science

Particular attention is given to the promotion of science
and technology to the public through the Ministry of Science
and Technology and the Ministry of Education and the
Ministry of Health.

Scientific Services

1. Activities with the dissemination of the health education
2. Collaboration for the main purpose Department of Education
3. Participation in the organization program for research for
scientific knowledge-building classes.
4. Activities with the dissemination of information for public
service work.

5. Submitted written comments to the Minister of Health on the Recommendations and the Report of the Minister's Committee on the Supply of Nurses.
6. Submitted a written statement to the Minister on the establishment of a Central School of Nursing in Manitoba.
7. Participated on Advisory Committees at the Manitoba Institute of Technology, the University of Manitoba School of Nursing, and on various committees of the Manitoba Association of Registered Nurses.

Nutrition Service

Although everyone knows that one must eat to live, no one knows intuitively what and how much one must eat to be as healthy as possible. That knowledge must be acquired. For this reason nutrition education is an important aspect of different areas of the Health Department program, particularly the services carried out by public health nurses.

A City nutritionist is employed to act as a consultant on nutrition to Health Department personnel and the general public. Her responsibilities also involve assisting with the development of educational programs which would improve the health and nutrition status of Winnipeg citizens.

In the past year, the nutritionist made 224 home visits to give guidance and help in the solution of family food problems, budgeting, home management or special diets. All people receiving insulin or oral hypoglycemic agents from the City were visited at least once during the year. Visits were also made to diabetics referred by private doctors or the Diabetic Day Care Centre. The food habits of these patients were discussed, their diets assessed and assistance in the management of their diets given as well as suitable recipes. Suggestions were also submitted to the National Diet Counsellor of the Canadian Diabetic Association for incorporation into the revised booklet on Exchange Lists for Meal Planning for Diabetics in Canada.

The nutritionist held 62 individual consultations with public health nurses, clinic nurses, social workers, hospital and provincial nutritionists regarding nutrition problems and resource material. During the year the diets of 330 pre-natals were assessed and advice given where improvement in the diet was indicated.

The City nutritionist assisted the Supervisor of the Winnipeg School Board Home Economics Department in carrying out a six-week project for the Mothers' Club of the Neighborhood Service Centre in demonstrating the cooking of low-cost foods, proper table setting and dishwashing and with discussions on meeting the nutrition needs of families with limited funds.

CHILD HEALTH SERVICES

Letters were sent to each elementary school principal suggesting ways of nutrition education for children by the use of animal experiments, films, and talks, and offering assistance with such projects. Two schools have availed themselves of this offer to date. More are booked for the new year.

Talks on nutrition were given to the Sanitary Inspectors, Ukrainian Women's Group, Selkirk Day Centre, Home Teachers of the City Welfare Department and public health nurses. The nutritionist also assisted in the orientation program for public health nurses, and the revision of the nutrition section of the public health nursing manual.

During the year, the nutritionist made 58 visits to the 8 Child Health Conferences to give advice on nutrition to mothers. She also made arrangements for both dietetic interns at City hospitals and some Home Economic students from the University to spend a day observing activities at Child Health Conferences and learning about other aspects of the community nutrition program.

Acknowledgment

Once again, may I express my personal appreciation to every member of the Nursing Division staff as well as to volunteers who by their efforts and devotion to the best interests of public health, have helped to maintain a high standard of service.

OTHER NURSING ACTIVITIES

Health Education (No. of Talks)	56	87	157	146	679
Acute Communicable Inspections (No. of Classrooms)	12	34	54	29	125
General Inspections (No. of Classrooms)	122	66	357	270	1,097
Snellen Vision Tests (No. of Pupils)	13,541	8,972	8,907	12,095	44,515
Colour Vision Tests (No. of Pupils)	-	261	-	-	261
Treatments (No. of Pupils)	4,933	4,111	4,011	8,711	21,755
Teacher-Nurse Conferences (No. of Conferences)	208	137	351	386	1,091
Principal-Teacher Meetings (No. of Meetings)	3	23	79	31	118
Conf. with parents, guardian, teachers, others (No. of Conferences)	13,195	7,236	8,201	14,721	43,763
Autometer Tests	1,359	969	106	501	2,919

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	23,778	17,332	18,649	31,145	90,904
Eye Children Examined by Doctor	3,830	2,905	3,068	3,869	13,672
Ear	707	503	781	798	2,789
Nose & Throat Invited to Medical Exam.	2,536	1,040	1,605	2,915	8,096
Dental	467	694	1,278	1,303	3,742
Allergies	467	378	287	605	1,737
Asthma	139	66	67	106	378
Tuberculosis	77	13	9	88	187
Cardiac	33	32	34	87	186
Diabetes	99	24	49	30	202
Underweight & Overweight	597	218	241	737	1,793
Gastro-intestinal	2,373	757	1,017	2,574	6,721
Genito-urinary	145	72	184	287	688
Menstrual Complaints	1,026	240	272	869	2,407
Injuries	5,946	3,571	3,198	7,074	19,789
Neurological	130	133	135	175	573
Behaviour	566	148	305	752	1,771
Headaches	1,442	454	709	1,500	4,105
Communicable Skin Conditions	480	1,591	1,850	2,750	6,671
Pediculosis	33	258	550	255	1,096
Acne	300	226	165	528	1,219
Other Suspect Communicable Diseases	499	561	570	948	2,578
Other	2,426	3,639	2,872	3,749	12,686
TOTAL NURSING APPRAISALS	24,318	17,523	19,246	31,999	93,086
<u>OTHER NURSING ACTIVITIES</u>					
Health Education (No. of Talks)	86	87	157	146	476
Acute Communicable Inspections (No. of Classrooms)	12	34	54	29	129
General Inspections (No. of Classrooms)	122	348	357	270	1,097
Snellen Vision Tests (No. of Pupils)	13,541	9,972	8,907	12,095	44,515
Colour Vision Tests (No. of Pupils)	-	261	-	-	261
Treatments (No. of Pupils)	4,938	4,111	4,011	8,711	21,771
Teacher-Nurse Conferences (No. of Conferences)	208	137	361	386	1,092
Principal-Teacher Meetings (No. of Meetings)	3	23	29	31	86
Conf. with parents, guardian, teachers, others (No. of Conferences)	13,106	7,736	8,201	14,221	43,264
Aurometer Tests	1,159	549	706	501	2,915

SCHOOL MEDICAL EXAMINATIONS

<u>Medical Statistics</u>	<u>Districts</u>				<u>Total</u>
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	
Doctors visits to schools	126	106	127	211	570
Number of Children Examined by Doctor	1,008	753	827	1,408	3,996
Number of Parents invited to Medical Exam.	585	508	669	1,020	2,782
Number of Parents present at Medical Exam.	343	269	223	468	1,303
Diphtheria and Tetanus Booster Inoculations	1,771	1,376	1,579	2,338	7,064
Poliomyelitis Booster Inoculations	1,820	1,381	1,581	2,338	7,120
Number of defects reported by school doctors	344	507	504	758	2,113

CLASSIFICATION OF DEFECTS REPORTED BY SCHOOL PHYSICIANS

<u>Systemic Classification</u>	<u>Etiological Classification</u>									<u>TOTAL</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>		
Eye	132	6	40	2	-	-	1	52		233
Ear, Nose & Throat	28	6	190	4	1	6	-	30		265
Dental	5	3	170	-	-	95	-	236		509
Digestive	4	-	18	-	-	5	4	12		43
Respiratory	2	-	32	11	-	-	1	1		47
Cardiac	33	-	11	4	-	1	2	44		95
Neurological	7	3	5	-	1	2	16	22		56
Musculo-Skeletal	45	73	16	2	-	22	-	38		196
Genito-Urinary	29	3	12	-	-	5	19	28		96
Skin	11	38	151	41	5	14	3	34		297
Miscellaneous	10	2	34	1	1	83	73	72		276
Total	306	134	679	65	8	233	119	569		2,113

HOME VISITING PROGRAM

Individuals Served and Re-visited by Nursing Districts

Program	Individuals Served			Health Promotion Visits			Re-Visits			TOTAL
	South	West	East	North	TOTAL	South	West	East	North	
<u>Maternity</u>										
Antepartum	90	182	140	195	607	961	146	286	287	389
Postpartum	936	1,073	811	868	3,688	870	1,065	1,189	987	1,004
<u>Health Promotion</u>										
	3,763	3,152	3,420	4,706	15,041		7,059	5,220	7,778	10,494
<u>Disease Control</u>										
Injuries	193	128	110	289	720	291	184	202	464	1,141
Eye	94	89	77	297	557	199	148	205	634	1,186
Ear	79	69	65	98	311	144	122	196	203	665
Arthritis	4	4	18	17	43	24	9	53	42	128
Cancer	5	10	14	13	42	18	56	51	36	161
Diabetes	8	15	16	17	56	24	24	55	43	146
Cardiovascular Disease	20	25	36	56	137	55	42	78	106	281
Cerebral Vascular Accidents	8	5	3	13	29	13	11	14	29	67
Other Chronic Diseases	112	106	78	247	543	268	234	254	813	1,569
Mental Illness	80	43	51	102	276	320	88	147	361	916
Mental Retardation	27	18	32	36	113	1,203	113	24	99	122
Other Non-Com. Diseases	207	208	280	607	1,302	610	522	365	838	1,254
Tuberculosis Cases	25	92	85	110	312	390	45	164	187	232
Tuberculosis Contacts	63	78	90	167	398	101	140	206	325	772
Other Com. Diseases	236	310	322	782	1,650	431	594	738	1,316	3,079
Total - All Programs	5,950	5,607	5,648	8,620	25,825	10,838	8,900	12,375	17,867	49,980
Not Home, Not Found	-	-	-	-	-	1,387	1,675	1,548	1,679	6,289
Attendance at Evening Pre-natal Classes										
GRAND TOTAL	5,950	5,607	5,648	8,620	25,825	12,225	10,575	13,923	19,546	56,269

HOME VISITING PROGRAM

By Type of Visit, Age of Patient, Nursing Districts

Age on Day of Visit	Maternity Visits			Health Promotion Visits			Disease Control Visits				
	South	West	East	South	West	East	North	South	West	East	North
Under 28 Days	-	-	-	924	998	761	808	33	10	28	18
28 Days - 1 Year	-	-	-	899	1,058	961	1,116	178	171	284	422
1 - 4 Years	-	-	-	1,662	1,229	1,870	2,641	549	426	816	1,245
5 - 19 Years	150	166	168	144	1,600	914	1,469	2,361	1,090	966	1,119
20 - 44 Years	1,058	1,307	1,097	1,245	1,816	940	2,355	3,257	523	466	624
45 - 65 Years	3	2	9	4	137	60	282	253	137	120	315
65 Years & Over	-	-	-	-	21	21	80	58	58	46	137
TOTAL	1,211	1,475	1,274	1,393	7,059	5,220	7,778	10,494	2,568	2,205	3,323

Families Serviced

	Districts			Districts		
	South	West	East	South	West	East
New Families Enrolled	1,203	1,477	1,310	1,366	5,356	
Families Carried Forward	610	617	824	906	2,957	
Public Welfare Families	390	873	1,340	1,800	4,403	
Pre-Natal Classes	105	113	118	79	69	131
Enrollees at Afternoon Pre-natal Classes						
Enrollees at Evening Pre-natal Classes						
TOTAL ENROLLEES	167	113	118	148	546	546
Attendance at Afternoon Pre-natal Classes	569	619	416	549	2,153	2,153
Attendance at Evening Pre-natal Classes						
TOTAL ATTENDANCE	916	619	416	808	2,759	2,759
Number of Persons Viewing Films	1,517	967	339	2,352	5,175	5,175

CHILD HEALTH CENTRES

<u>Child Health Centre Statistics</u>	Drs. Consu.	South	Districts			North	Total
			West	East			
Number of Child Health Centres		1	3	2		2	8
Number of Child Health Centre Sessions Held		51	154	100		102	407
*Enrollment at Child Health Centres							
Infants	New	187	466	245	247	1,145	
Old	97	188	104	223	223	612	
Total	284	654	349	470	470	1,757	
Pre-school	New	189	326	305	381	1,201	
Old	366	536	297	349	349	1,548	
Total	555	862	602	730	730	2,749	
*Re-Visits							
Infants		422	1,017	339	576	2,354	
Pre-school		371	856	397	616	2,240	
Total		793	1,873	736	1,192	4,594	
*TOTAL ATTENDANCE							
TOTAL		1,632	3,389	1,687	2,392	9,100	
Discharges							
Infants	New	12	20	1	4	37	
Old	36	100	14	13	13	163	
Pre-school	New	22	30	4	18	74	
Old	370	552	97	431	431	1,450	
TOTAL DISCHARGES							
	South	440	702	116	466	1,724	
		====	====	====	====	====	
Transfers							
In		45	103	26	45	219	
Out		51	87	25	35	198	
TOTAL TRANSFERS							
		96	190	51	80	417	
		====	====	====	====	====	
Doctors' Examinations & Consultations							
Infants		255	450	403	609	1,717	
Pre-school		321	627	363	691	2,002	
Total		576	1,077	766	1,300	3,719	
		====	====	====	====	====	
Nurses' Consultations							
Infants		694	1,232	282	871	3,079	
Pre-school		924	1,193	631	1,126	3,874	
Total		1,618	2,425	913	1,997	6,953	
		====	====	====	====	====	
Number of Immunizations							
Negative		1,685	3,383	1,902	2,631	9,601	
Positive							
No. of Completed Diphtheria, Pertussis, Tetanus & Polio	C.H.C. Doctors	250	517	286	343	1,396	
Number of Smallpox Vaccinations	C.O.S.	112	218	84	176	590	
	Hospital Clinics	====	====	====	====	====	

(*Enrollment - new - attending for first time)

(*TOTAL ATTENDANCE - old - attending for first time in 1967)

(*Re-visits includes new & old enrollment for 1967)

ATTENDANCE AT CHILD HEALTH CENTRES

<u>Name of Centre</u>	Total Immun.	Drs. Consult. & Exams.	Nurses' Consult.	Total Exam. & Consult.	Total Sessions
St. Luke's	1,685	576	1,618	2,194	51
St. Matthew's	1,815	458	1,191	1,649	52
St. Jude's	932	336	502	838	51
Sparling	636	283	732	1,015	51
St. Andrew's	1,318	436	669	1,105	50
Grey Street	584	330	244	574	50
Robertson House	1,278	578	906	1,484	50
Holy Ghost	1,353	722	1,091	1,813	52
TOTAL	9,601	3,719	6,953	10,672	407

CHILD HEALTH CENTRE FINDINGS & REFERRALS

<u>Child Health Centre Findings</u>	South	<u>Districts</u>			North	Total
		West	East			
Physical	226	433	153		311	1,123
Neuro-Motor	11	15	8		27	61
Language	26	39	15		46	126
Socializing	14	41	44		57	156
Feeding & Nutrition	118	317	303		250	988
Elimination	26	100	30		59	215
Sleeping	12	44	27		49	132
Family	8	13	25		21	67
P.K.U. Tests	Negative Positive	107 -	153 -	77 -	91 -	428 -
Referrals to:	C.H.C. Doctors	168	282	239	179	868
	Private Doctors	24	18	20	27	89
	Hospital Clinics	30	60	45	72	207
	Community Agencies	6	3	-	10	19
	Home Visits	22	63	8	11	104

CHILDREN'S HOSPITAL CLINICSCHOOL AUDIOMETRIC TESTS

Number of Clinics Held	237
Total Number of Children Tested	9,090
Number of Children Receiving First Test	6,745
Number of Children Receiving Re-test	2,345
Number of Children Referred For Further Medical Examination	436
Number of Teachers or Others Tested	85

NUTRITIONIST'S REPORT

Consultations with Patient re Diet or Home Management	231
Consultations with P.H.N. or Agencies re Diets	86
Pre-natal Diet Assessments	330
Meetings with Nurses or Others	95

CHILDREN EXAMINED FOR FRESH AIR CAMPS

Number of Children Examined For Fresh Air Camps	1,373
Number of Children Examined For Fresh Air Camps (including residential)	1,373
Camp Morton	128
Salvation Army	244
Y.M.C.A.	445
Y.W.C.A.	183
United Church	635
Camp Playmore	206
Camp Tikvah	170
Logan Day Camp	79
Lakeside Camp	200
Camp Funland	57
Adult	
TOTAL	2,347

Patients Not Seen	815
On Behalf of Patients	19
Total	834
Night Calls included in above	641

SCHOOL AERONAUTRIC TESTS

9,080	Total Number of Children Tested
	Number of Children Receiving Free Test
	Number of Children Receiving Re-test
438	Number of Children Receiving Hot Water Medical Examination
28	Number of Teachers of Colors Tested

MILITARY REPORT

131	Confusion with Patients in Diet of Home Management
86	Confusion with P.H.N. or Venetian in Diet
990	Big-utiful Diet Assumption
27	Meatigue with Nurse of Colors

CHILDREN EXAMINED FOR FRESH AIR CAMP

128	Cards Motto
544	Safavieh Yella
942	T.W.G.A.
183	T.W.G.A.
922	Gutteig Chincor
506	Gum Elastomer
140	Grain Diflavan
28	Pebon Gas Gum
300	Fibreatics, Gumb
25	Gum Luminous
5342	TOTAL CAMP EXAMINATION

CHILDREN'S HOSPITAL - EYE CLINIC

Number of Clinics Held 237

Number of Children Examined

New	565
Re-examined	<u>1,308</u>
Total	<u>1,873</u>

REFRACTIONS

Refractions Completed

Not needing glasses	399
No change in prescription	422
Glasses discontinued	5
Glasses prescribed	<u>683</u>
Total	1,509

Refractions Not Completed

Refractions not needed	-
Returned for observation	<u>364</u>
Total	<u>364</u>

As was reported last year, regular coverage of children on drug therapy for convulsive disorders has been maintained. In addition, appropriate drug selection Number of Children with 1/3 or Less Normal Vision with glasses 1
Number of Out-patient Consultations (Winnipeg residents) 423
Number of Children referred to Orthoptic Clinic 67

VICTORIAN ORDER OF NURSES

(Report for Metropolitan Winnipeg)

New Cases 2,372

	<u>Nursing Care Visits</u>	<u>Health Inst. Visits</u>	<u>Total</u>
Pre-natal	60	71	131
Post-natal	17	126	143
Newborn	140	268	408
Infant	415	35	450
Pre-school	969	90	1,059
School	440	17	457
Adult	<u>77,934</u>	-	<u>77,934</u>
TOTAL	<u>79,975</u>	<u>607</u>	<u>80,582</u>

Patients Not Seen	815
On Behalf of Patients	19
Total	<u>834</u>
Night Calls included in above	641

CHIROPRACTIC DOCTORAL - THE CLINIC

100

Number of Chiropractic field

Number of Chiropractic bureaus

202	.....	new
<u>802,1</u>	.....	off-examination

CTB, I

TOTAL

EXEMPTIONS

202	.....	Reflexctions Commissio
<u>802</u>	.....	Not designated bureaus
245	.....	No counterparts to chiropractors
2	.....	Chiropractic associations
<u>802</u>	.....	Classes descriptions
<u>802,1</u>	.....	TOTAL

REFLEXCTIONS NOT COMMISSION

Reflexction not designated

Reflexction not operating

Reflexion for examination

TOTAL

CTB, ICTB, I

1	.....	Number of Chiropractor with 1/3 or less than 1/3 of gross income with grosses
<u>802</u>	.....	Number of out-of-pocket Commissions (finances less than 1/3)
2	.....	Number of chiropractic referring to Chiropractic Clinic

ACQUISITION OF OWN OR RENTED OFFICES OR SPACES
(Success for Mergers/Partnerships)

Own offices

Total

Total	Own, Acquis.	Rent, Acquis.	Gross Rentals	Number of offices	Mean Gross
111	57	60			111-annual
143	128	15			143-annual
202	208	140			202-annual
220	22	172			220-annual
202,1	90	90			202,1-annual
222	71	140			222-annual
<u>400,11</u>	<u>233</u>	<u>17,338</u>			<u>400,11-annual</u>
<u>582,08</u>	<u>196</u>	<u>12,412</u>			<u>582,08-annual</u>
				TOTAL	

Partitions not seen

On separate or fractional

Total

High definition in space

INSPECTIONS BRANCH

Dairy

REGISTRY OF HANDICAPPED SCHOOL CHILDREN

Bentham, Gart, R.San.I.

Food

Principal Inspector

R.H.Kenne,Cert.R.San.I.,H.R.S.B.

The Registry continues to serve as a useful technique for orderly review of every City of Winnipeg school child with a health problem which could be regarded as a potential educational handicap. Children with diabetes, neuromuscular disease, convulsive disorder, asthma, disorders of communication and heart disease have their health and school records reviewed regularly, and a considerable volume of communication between private physician, school health service, school nurse and teacher results. Every effort is made to make sure that participation in physical training is allowed where possible.

During the past year, special attention has been given to children with asthma. There are well over one hundred such children and in most cases school attendance and performance are below expectations. In addition, several children in this category are retarded in growth.

A Conference is being planned for early 1968 to include a visiting medical expert as well as local specialists in respiratory diseases and allergy. Attendance will be arranged for Public Health Nurses, Physiotherapy Directors and technicians, as well as educationalists.

As was reported last year, regular review of children on drug therapy for convulsive disorder brought to light instances of inappropriate drug selection and dosage, as well as discontinuous medical care. Private physicians and Out-patient Department Clinics were contacted, appointments made, and adjustments leading to improved alertness in class and better control of seizures resulted.

The addition, in September 1967, of some three hundred children formerly in the care of the Kinsmen's School for Mentally Retarded Children, has added an interesting new group to the Registry, and these children will occupy some of our attention this coming year.

Four in Mr. Barry Bermack, a Fourth-Year Medical student, spent the summer working with Assistant Professor Choi, Department of Social and Preventive Medicine, on Congenital Malformations.

It is hoped that in the summer of 1968 a medical student can be assigned to study the effect of asthma on school performance.

The Pan-American Games were held in Winnipeg from Sunday, July 2nd to Sunday, August 2nd, and this department assisted as a member of the Public Health Committee which was responsible for all aspects pertaining to public health. Numerous meetings were held in planning and providing sanitary facilities at the various locations in Winnipeg and surrounding municipalities where the various events were staged. A great majority of the participating athletes were housed and fed at the "Pan-Am Village" located at Selkirk Lines, Fort Osborne Barracks with not one complaint being lodged - in fact, the athletes and officials were greatly impressed with the housing and eating facilities provided and very appreciative of the variety, quality and quantity of foods provided, as shown in the complimentary remarks from all participating countries.

DAIRY DIVISION:INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham, Cert.R.San.I.
Food	Principal Inspector	R.H.Keena,Cert.R.San.I.,M.R.S.H.
Housing	Principal Inspector	D.M.Graham, C.P.H.I.(C).
Sanitation & Hygiene	Asst.Chief Health Inspector	A. Cross, C.P.H.I.(C).,F.R.S.H.
Chief Health Inspector		R.C. Morrow, D.V.M.,C.P.H.I.(C).

The personnel of the Branch in addition to those listed above consists of 29 certified inspectors and 2 clerks as of the end of the year, and for the first time in several years had a full establishment. In the month of September, five uncertified inspectors successfully completed courses and examinations set by the Canadian Public Health Association and were certified by the Institute of Public Health Inspectors. During the year 2 inspectors left the department, one due to death and one due to retirement, however 2 certified inspectors were taken on staff from other sources.

On August 8th, 1967, the Inspection Branch lost the services of Mr. George Kelly due to death. Mr. Kelly joined the department in 1928 and was with the department for 38 years in various inspectional positions and at the time of his death held the position of Consultant in the Inspections Branch.

During 1967, one inspector attended a three week course on Water and Sewage Treatment, and one inspector attended a course on Industrial Hygiene Engineering in Cincinnati, Ohio, sponsored by the United States Public Health Service.

The seventeenth Annual In Service Training Conference for Health Inspectors was held this year at the Montcalm Hotel, Fort Garry, from October 23rd to 27th. This Conference was sponsored jointly by the Manitoba Department of Health and the Department of National Health & Welfare, and was financed by a National Health Grant. Four inspectors from this department participated in this conference by presenting a paper, as a member of a discussion panel or chairing the meeting for a day. As it is not practical to have all inspectors attend sessions simultaneously, arrangements were made to have inspectors attend the discussions that were of greatest interest to them.

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DAIRY DIVISION:

At the end of 1967 there were 607 licensed producers shipping milk to 8 pasteurization plants. The volume of milk shipped has increased to 15,200,000 pounds per month. Every producer has a refrigerated stainless steel bulk tank on the farm which is kept at a temperature of around 38°F. The milk is picked up by tanker truck every other day. The drivers of these trucks are qualified to inspect the milk, measure for volume, and take any necessary samples to be tested. Twice a month milk from each producer is tested for quality using the plate loop count test. A bonus of 10¢ per hundred pounds is paid for all milk which tested 50,000 bacteria or less, milk testing between 50,000 and 100,000 bacteria is considered to be acceptable. The area is divided into approximately 55 routes handled by 26 tanker trucks.

The producer farms are inspected every three to four months, some are inspected every month. The condition of the premises continues to improve. 108 of these farms now use pipe lines in their milking procedure. A few farms have now switched over to "free stall" housing. All the cattle are tested for tuberculosis and brucellosis.

The pasteurization plants are inspected regularly and some samples of the pasteurized products are taken each day for test. The samples are tested for bacterial count, proper pasteurization, butterfat and coliform count. In 1967 1,938 samples were tested. Samples of soft ice cream are tested each month from the soft ice cream establishments, 614 samples were tested in 1967.

FOOD DIVISION:

This division is responsible for the inspection and sanitary operation of all premises where food is manufactured, processed, stored or served to the public in the City of Winnipeg.

There are 1,900 such establishments. Licenses to operate are required for 1,525 premises and 725 food and drink vending machines. Licensed premises include 550 restaurants, 52 caterers, 52 bakeries, 85 dance halls, 55 hotels and 7 sausage manufacturers. Many other food establishments, wholesale and retail, including grocery stores, fish processing plants, canteens and others, while not required to obtain a license, are subject to inspection from this division. Restaurants, grocery stores and bakeries are inspected once a month, however, in many cases more frequent inspections are required.

An annual event in the City is the Red River Exhibition. Many problems are encountered due to the temporary nature of the refreshment booths located throughout the extensive grounds. It was necessary to assign two inspectors for duty at the exhibition for the duration of the event.

Seven wholesale sausage manufacturers operate in the City at present. All are using Federal inspected meat for the manufacture of their products and in that respect no difficulty has been experienced. Their operation is under continuous supervision by the City Health Department to ensure safety of the finished products.

Swab testing of dishes, glasses and restaurant utensils to determine if they have been properly washed and sanitized has continued in 1967. The test used has a great educational value. Owners and operators appreciate the importance of good sanitary practises. 578 restaurants and beverage rooms were examined and 3,177 utensils were tested.

hatcheries and pet shops; some metal yards; laundry houses performed second All plans for construction or alteration for food handling establishments must be first approved by the Food Division prior to initiation of any building or changes. Plans for 22 new premises and 25 alterations were approved in 1967.

In 1967 food condemned by this division amounted to 21,814 lbs. This was due to damage by fire, water or other waste. Many more examinations were carried out at the request of owners or the public to determine wholesomeness and safety. During the year 47 fire calls in food premises were attended - most of these after normal working hours.

HOUSING DIVISION:

In 1967 the Housing Division was requested by the Advisory Committee on Housing and Urban Renewal to provide detailed reports for the Committee on the Minimum Standard Housing Repair By-law, Rooming House Inspections and the Areas Suitable for Rehabilitation in the City. This work was completed by our inspectors in the last three months of the year to the satisfaction of the Advisory Committee.

In enforcing the Minimum Standards of Housing Repair By-law the Housing Division dealt with 94 new properties. The properties were distributed by wards as follows: Ward One - 11; Ward Two - 43; Ward Three - 40. Distribution by zoning was R-1, 5; R-2, 41; R-3, 22; R-4, 15; C-1, 1; C-2, 1; C.M., 2; M-1, 1; M-2, 6. The owners of 72 properties complied fully with the notices issued to them resulting in the painting of the walls of 43 buildings, of sheds at 12 premises, of the shingled roofs of 7 buildings, in the repair of walls of 9 buildings, verandahs and steps of 35 buildings, fences of 13 properties, sheds at 9 properties and in some reglazing. A number of dilapidated accessory buildings in yards were demolished. The Better Housing Commission dealt with 6 appeals against orders to comply with the By-law. Four applicants were granted extensions of time to comply with the By-law, one applicant was refused a variation in the order and one application was sustained because of change of ownership, the Medical Health Officer being requested to rescind the notice and serve a new notice.

During 1967 the great bulk of the Housing Division's work was in the investigation of 1,638 complaints. Only 33 of these complaints were concerning alleged violations of the exterior maintenance by-law. (The Minimum Standard of Housing Repair By-law). 226 were regarding non-compliance with the Winnipeg Heating By-law. The remaining 1,379 complaints were concerning violations of the Regulations pertaining to housing made under the Manitoba Public Health Act.

In 1967 we supplied the Winnipeg Engineering Department with a monthly list of houses that had been condemned by our Department for a period of twelve months or more. Steps were then taken by the Commissioner of Buildings, Mr. W.D. Hurst, to have these placarded houses demolished according to the requirements of the Winnipeg Charter. In some cases owners of the condemned houses appealed the demolition order and were granted a limited extension of time to properly rehabilitate their houses.

During 1967, 48 houses were placarded "Unsanitary" by the Housing Division, 17 were renovated and 33 were demolished. As of December 31st, 1967 there were 65 placarded houses recorded in our files.

SANITATION & HYGIENE DIVISION:

This Division is responsible for the routine inspection of factories, workshops, offices and office buildings; barber shops and beauty salons; swimming pools; wading pools; schools; comfort stations; billiard parlours; bowling alleys;

hatcheries and pet shops; scrap metal yards; laundries, massage parlours; second-hand stores; skating rinks; tanneries and undertaking parlours. In addition the Division reports on conditions in yards, shed and areas; on temporary surface closets for workmen; on noises; on smoke, dust and fumes; on offensive odours; on infestation of insects and rodents; and on the control of pigeons. Inspectors of this Division collect water samples for bacteriological analysis of the City's water supply and also samples from swimming pools and wading pools.

In July and August the Division's staff was augmented by the employment of a second year science student who collected the water samples from thirty-six swimming pools and the thirty-nine wading pools. Inspectors also assisted in the training of wading pool operators employed as temporary help by the Department of Parks and Recreation. Around eighty trainees received instruction.

As in past years, pigeon control was maintained throughout the year. When requested, advice was given on the control of pigeons and where necessary pigeons are shot.

The Division is responsible for the control and regulation of air pollution sources in both local and ambient atmospheres. Particulate emission was investigated by means of stack sampling in four instances and the remainder of complaints were handled by dustfall collection and microscope identification techniques. Local situations involving industry were dealt with by means of ventilation studies and sampling for air borne contaminants such as dusts, fumes, mists, vapours and odours. These included spray painting, welding, plating and degreasing operations. Hazards of three major categories were covered - chemical, physical and biological. Lead in air surveys of foundries resulted in a decrease of stippled cell counts in employees. The installation of costly control equipment by the industry was attributed to the work done in this area.

Carbon monoxide surveys of underground parking facilities were major projects with ten such surveys completed.

Other surveys of special mention were the CO₂ survey of caissons; benzene in rubber cement; selenium in rectifiers; use of perchloroethylene; and spray welding operations.

Factories and workshops continue to receive at least two inspections per year and periodic inspections are made of all hairdressing establishments.

The Division's statistics show that the staff completed 22,684 inspections and re-inspections; gave 2,315 interviews; collected 3,528 water samples; and dealt with 6,860 defects requiring 6,683 notices.

The tabulated reports of the various divisions follow;

Permits Issued	2,076
Permits Cancelled	42
Temperatures Taken	1,243
	18,274

DAIRY DIVISION

<u>COUNTRY:</u>	<u>INSPECTIONS</u>	<u>CONTACTS</u>
Milk Producers	2,308	206
Prospective Producers	24	6
Bulk Milk Tanks	2,284	

CITY:

Pasteurization Plants	187	1,579
Ice Cream Manufacturers	181	
Counter Freezers	576	
Butter Plants	180	
Cheese Plants	170	
Tests of Equipment	22	
Tanker Trucks Inspected	298	
Vehicles-Delivery	88	
		6,318
		1,791

SAMPLES:

Wholes	Milk Shippers	16,117
Fices	Milk Retail	1,366
Vehicle	Milk Special	747
Vending	Cream	572
Special	Ice Cream	614
Bottles for sterility	96	
Water	56	
Special Samples Tested	103	
Complaints	271	
		19,671

GENERAL:

Phone Calls	1,450
Complaints	47
Letters sent re: Premises	161
Letters sent re: Quality of Milk	237
Cancellations for Poor Quality	2
Test Result Cards Sent	15,076
Permits Issued	9
Permits Cancelled	43
Temperatures Taken	<u>1,249</u>
Canned Goods	207 lbs
Cereal	3,749 lbs
Fruit & Vegetables	1,901 lbs
Chili	1,080 lbs
Dairy Products	155 lbs
Eggs	333 lbs
Detergent	102 bottles
Paper Goods	12 cases

DATA DIVISION

<u>CONTENTS</u>	<u>INSTRUCTIONS</u>	<u>COMPUTER:</u>
508	508,5	BLW PROPERTIES
5	50	BLW PROPERTIES
5,384	5,384	BLW MTR TUBE
		<u>CITY:</u>
1,278	1,278	BALTIMORE BALTIMORE
181	181	LOS ANGELES LOS ANGELES
256	256	CHICAGO CHICAGO
180	180	HONOLULU HONOLULU
150	150	GREENSBORO GREENSBORO
35	35	TAMPA TAMPA
895	895	TAMPA TAMPA
88	88	ASPINWELL-DELLAWAY
		<u>SAMPLES:</u>
10,113	10,113	BLW SPIDERS
1,380	1,380	BLW REACTI
273	273	BLW SPECIAT
325	325	CHEN
614	614	LOS CLOTHES
36	36	SCOTTISH FISH
26	26	METAL
103	103	SCOTTISH SWEETBRIAR
		<u>GENERAL:</u>
1,420	1,420	CALIF.
73	73	COMBINATIONS
101	101	LEPTERA SPECIES OF N.Y.
255	255	LEPTERA SPECIES OF N.Y.
5	5	CHOCOLATE CHIP COOKIES
12,028	12,028	TEAC RANUT CHOCO COOKIES
9	9	SCOTLISH JAMMY
23	23	SCOTLISH CHOCOLATE
1,254	1,254	TEMPERATURES TAKEN
		18,318

FOOD DIVISION

	INSPECTIONS	CONTACTS
Bakeries	705	219
Banquet Halls	101	23
Beer Parlors	230	64
Breweries & Bottling Plants	21	7
Candy Manufacturers	47	21
Canteens & Hotel Kitchens	93	20
Caterers	188	36
Cereal Mills	31	11
Cocktail Lounges	217	28
Dance Halls	124	27
Egg & Poultry Wholesale	15	7
Fish-filleting, Cold Storage etc.	56	21
Food Processing	79	23
Frozen Food Locker Plants	11	0
Ice Houses & Depots	8	2
Pickle & Vinegar Factories	1	1
Poultry Slaughterhouses	83	30
Poultry Keeper	1	0
Private Clubs	34	6
Producer's Markets, Vegetables Stalls ...	232	68
Restaurants	4,098	1,200
Retail Food Stores, Grocer, Butcher etc..	2,362	523
Sausage Manufacturers	142	78
Spice Mills	6	0
Wholesale- Groceries & Vegetables	173	64
Fires in Food Premises	47	3
Vehicles	43	1
Vending Machines	173	10
Special Calls	402	96
TOTALS....	9,723	2,589

Complaints 279

Samples: Food

Notices: Verbal 3,084
Written 288

Samples: Food 15
Water 3

Plans Examined 47

Plans Approved 44

Bacteriological Tests (Restaurants & Beer Parlors):

No. of Premises 578

No. of Utensils 3,177

Condemnations (destroyed in City Incinerator):

Baked Goods	5,086 lbs	Fats	207 lbs
Canned Goods	206 lbs	Fish & Sea Foods	3,749 lbs
Cereal	8,518½ lbs	Fruit & Vegetables	1,901 lbs
Chili	10 lbs	Meat & Meat Products	1,080½ lbs
Dairy Products	543½ lbs	Poultry	155 lbs
Eggs	125 Doz.	Sugar	233 lbs
Detergent	125 lbs	Liquor	102 bottles
Paper Goods	8 Boxes	Soft Drinks	12 cases

HOUSING DIVISION

Primary inspections of dwellings	367
Primary inspections of rooming houses and lodging houses	45
Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels, nursing homes, and welfare institutions	279
Other inspections and re-inspections	<u>10,461</u>

Notices issued: Verbal warnings 5,293

11,152

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 - 43 buildings; shingled roofs - 7 buildings; sheds - 12 properties.

Exterior Repairs: walls - 9 buildings; roofs - 4 buildings; verandahs & steps - 35 buildings; reglazing - 1 building; sheds - 9 premises, fences - 13 properties.

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

Overcrowding remedied	68 families
Damp or dark cellars vacated.....	5 cellars
Dark, low-ceilinged attics vacated	2 attics
Lighting improved in attics	1 attic
Bedbugs exterminated	199 buildings
Cockroaches exterminated	82 buildings
Silverfish, lice, fleas, beetles, ants, sowbugs exterminated ...	77 buildings
Rats exterminated	7 properties
Mice exterminated	141 buildings
Defective cellars repaired	49 buildings
Leaky roofs repaired	77 buildings
Walls, ceilings, floors repaired	324 buildings
Defective eavestroughing repaired or renewed	85 buildings
Defective heating equipment repaired or renewed	143 buildings
Fly screens and/or storm sashes provided	361 buildings
Defective plumbing repaired	360 buildings
Additional plumbing installed 94 (or type of occupancy changed to conform with plumbing fixture requirements 22)	116 buildings
Hot water facilities provided or improved	72 buildings
Additional heat provided	187 buildings
Redecorated	348 buildings
Gas stoves removed from bedrooms	9 buildings
Floor coverings renewed	200 buildings
Additional electric light provided	30 buildings
Blinds provided for windows	10 buildings
Filthy or torn mattresses or bedding and filthy or dilapidated furniture cleaned, repaired or renewed	48 buildings
Floors, walls washed	196 buildings
Garbage nuisances corrected	242 properties
Miscellaneous defects remedied	61 buildings

NONCLINIC DIVISION

800 primary transmission of salmonella
74 primary transmission of salmonella from food to person
65 primary transmission of salmonella from food to person
60 primary transmission of salmonella from food to person
55 primary transmission of salmonella from food to person
50 primary transmission of salmonella from food to person
45 primary transmission of salmonella from food to person
40 primary transmission of salmonella from food to person
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5 primary transmission of salmonella from food to person
1 primary transmission of salmonella from food to person

Rebaiti (Eti-uni) zemboho gurute sive arat mabu ete nimeko eto
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zgabiliud 5 - siboo belgutie; zgabiliud 4 - ziboo belgutie;
zgabiliud 3 - siboo belgutie; zgabiliud 2 - siboo belgutie;
zgabiliud 1 - siboo belgutie;

Eksetile rebaiti:
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zgabiliud 5 - siboo belgutie; zgabiliud 4 - siboo belgutie;
zgabiliud 3 - siboo belgutie;

Altojimo de ope hantip kof mabu jokonon zemboho gurute sive arat mabu ordenez
izero eje Horario Diabeto

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DIVISION OF SANITATION - 1967

INSPECTIONS

Placarded Houses As at December 31st, 1966 = 67.

During 1967 - 48 additional houses were placarded "Unsanitary"
17 were renovated; 33 were demolished

Placarded Houses as at December 31st, 1967 = 65.

Notices Issued: Verbal warnings 5,293
Formal notices 2,146

Complaints attended to:	Lack of heat	226
	Exterior By-law	33
	Other complaints	<u>1,379</u>
		1,638
		<u>=====</u>

62 Police Court Cases: 34 convictions; 16 withdrawals; 2 dismissals; 10 pending.

34 Police Court Convictions:

Insufficient heat (2)	59.90
9 convictions re exterior maintenance by-law (including 2 reprimands). .	133.10
Failed to provide screen sashed (3)	62.90
Failed to exterminate bedbugs (2 including 1 reprimand)	8.30
Failed to install required plumbing fixtures (2 including 1 reprimand)	13.30
Failed to properly dispose of garbage (1)	23.30
Allowed placarded premises to be occupied (2)	51.60
Failed to make required repairs (11 including 2 reprimands)	209.70
Failed to provide storm sashes (1)	8.30
Total fines (including costs of Court)	\$ 570.40
	<u>=====</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	80 buildings
Fire Inspectors	fire hazards	2 buildings
Building Inspectors	other safety hazards	51 buildings
Zoning Inspectors	zoning violations	1 building
Plumbing Inspectors	plumbing permits required	8 buildings
Weed Inspector		11 premises
		<u>=====</u>
DELIVERIES	Total referrals in writing	153
COMPLAINTS		<u>=====</u>
PROSECUTIONS		1,316
PLANS APPROVED DURING THE YEAR		<u>=====</u>

NOTICES:

Verbal	5,632
Letter	216
Informal	502
Specification	101
Mandatory	232
Total notices	<u>=====</u>
	6,063

DIVISION OF SANITATION & HYGIENE

72

INSPECTIONS

OFFICES, WORKSHOPS AND FACTORIES	6,083
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HAIRDRESSING ESTABLISHMENTS	986
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LICENSED PREMISES:

Billiard Parlors	159
Bowling Alleys	50
Hatcheries and Pet Shops	10
Junk Yards	68
Laundries	150
Massage Parlors	83
Poultry Keepers	2
Second-hand Stores	337
Skating Rinks	29
Soap Manufacturing	4
Tanneries and Hide Curing	11
Theatres	33
Undertaking Parlors	22
Total licensed premises	958

OTHER INSPECTIONS:

Air Pollution	156
Comfort Stations	104
Community Centres	328
Garbage and Refuse	4,413
Lanes, Streets and Lots	6,560
Schools	16
Swimming Pools	1,024
Wading Pools	572
Wells	26
Workmen's Closets	1,154
Miscellaneous	304
Total Other Inspections	14,657

TOTAL NUMBER OF INSPECTIONS	22,684
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INTERVIEWS	2,315
WATER SAMPLES	3,528
DELIVERIES	824
COMPLAINTS	1,316
PROSECUTIONS	4
PLANS APPROVED DURING THE YEAR	8

NOTICES:

Verbal	5,632
Letter	216
Informal	502
Specification	101
Mandatory	232
Total notices	6,683

DIVISION OF SANITATION & HYGIENEINSPECTIONS

880	.....	OFFICES, WORKSHOPS AND FACTORIES
888	.....	RAT-ERADICATING ESTABLISHMENTS
221	.....	LICENSED PREMISES:
00	.....	BETTERED BUILDINGS
01	.....	GOVTLG ALIENS
88	.....	HOTELS/INNS AND MOTELS
081	.....	JUNK YARDS
08	.....	LANDFILLS
5	.....	MISCELLANEOUS TRADES
321	.....	POLE/PILE DRIVERS
25	.....	SECOND-HAND STORES
8	.....	SPECIALTY BUSINESSES
11	.....	SECOND-MANUFACTURING
33	.....	TANNERS/LEATHER AND HIDE OUTLRS
55	.....	TRADE SHOWS
828	.....	UNDESIRABLE PERSONS
	.....	Total Licenses Issued

OTHER INSPECTIONS:

128	.....	AT POLLUTION
100	.....	COLLECTOR SERVICES
328	.....	COMMUNITY SERVICES
4,413	.....	CRIMINAL AND POLICE
0,260	.....	LAWS, SERVICES AND POLICE
10	.....	SCHOOLS
1,054	.....	STAMMERS/FOOTS
215	.....	WEIGHTS
36	.....	WEIGHTS/POOTS
1,124	WEIGHTS/POOTS
309	WEIGHTS/POOTS
	Total Other Inspections

14,821

22,584

14,821

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TOTAL NUMBER OF INSPECTIONS

5,312	INTERVIEWS
3,258	MATERIAL SAMPLES
858	DELIBERATES
1,316	.....	CONFIDENTIALS
4	.....	PROSECUTIONS
8	.....	PLANS APPROVED DURING THE YEAR

NOTICES:

2,065	.....	ADVISORY
270	.....	DECES
205	.....	DECREES
101	.....	SPECIFICATION
325	.....	MANUFACTURALS
828	.....	Total Notices

DEFECTS DISCOVERED AND DEALT WITH:

Bedding and Upholstery	1
Cleanliness, Lack of	247
Common Drinking Cups	76
Covered Waste Receptacles	181
Dampness	7
Drinking Facilities (Water)	67
Garbage and Refuse	2,235
Gas Installations	0
Heating: Lack of	37
" Furnaces & Equipment	4
" Chimneys, Ducts and Piping	0
Lanes, Streets and Lots	2,360
Lighting: Natural or Artificial	18
Noises	20
Overcrowding	0
Plumbing: Lack of	8
" Defective	46
" Illegally Installed	3
" Insufficient	10
" Dirty Fixtures	173
" Legible Signs, Lack of	74
" No Water Supply	8
" No Hot Water	33
" Privacy, Lack of	17
Pigeons and Poultry, Illegal	32
Rest Rooms: Lack of	3
" Dirty	19
" Furnishings	7
" Matron, Lack of	0
Rodents: Rats	20
" Mice, other	10
Smoke, Dust, Fumes, Odors	269
Soap and Towels, Lack of	96
Stagnant Water.....	7
Structural Defects: Roofs & Ceilings.....	9
" Eavestroughing & R.W.L.	1
" Cellars, floors, and walls	34
" Screen doors and windows	3
" Storm doors and windows	1
Swimming Pools, Wading Pools	93
Ventilation	29
Vermin	5
Workmen's Closets.....	159
Miscellaneous	314
Lack of X-Ray Cards	124
Total Defects and Irregularities ..	6,860

Cost per capita = \$3.83

DEBRETS DISCOVERED AND DEALT WITH

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CITY HEALTH DEPARTMENTSummary of Expenditures, 1967.

Personal Services	\$ 771,527.00
Outside Services	67,459.00
Materials, Supplies & Repairs	65,570.00
Equipment, Additions & Replacements	21,706.00
Other Expenses	10,178.00
Automobile Allowances	<u>27,528.00</u>
Total	<u>\$ 963,968.00</u>

<u>Expenditures by Branches</u>	<u>Total</u>	<u>Salaries</u>	<u>Other Expenses</u>
<u>Branch</u>			
Administration and Statistics	\$ 46,202.00	\$ 42,784.00	\$ 3,418.00
Communicable and Other Diseases	86,436.00	31,085.00	55,351.00
Inspection Services	169,975.00	153,843.00	16,132.00
Child Medical Services	40,710.00	6,122.00	34,588.00
Child Dental Services	120,090.00	91,350.00	28,740.00
Nursing Services	353,995.00	336,754.00	17,241.00
Health Service Extension	<u>146,560.00</u>	<u>109,589.00</u>	<u>36,971.00</u>
Total	<u>\$ 963,968.00</u>	<u>\$ 771,527.00</u>	<u>\$ 192,441.00</u>

<u>Sources of Revenue</u>		%
National Health Grants	\$ 93,478.00	9.7
Provincial Government Grant	90,265.00	9.4
Milk Control Board Grant	4,320.00	0.4
Social Allowance Act	138,732.00	14.4
City of Winnipeg	<u>637,173.00</u>	<u>66.1</u>
Total	<u>\$ 963,968.00</u>	<u>100</u>

Cost per capita = \$ 3.83



