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Mrs. Allan Haley.

The enclosed C.P.H.A. for Sanitary Inspectors dates back to my tenure at O.A.C. — after 43 yrs. it is surprising what one stores away! It may be of reading interest to you & perhaps Mrs. Lee. However, dispose of it as you desire — or it may be worthwhile forwarding it to the Ryerson Library.

We made use of it during some of our micro. courses in the earlier years.

I don't think U.G.B. would want it — only historic items on O.A.C., etc., for their archives.

The other book re environmental aspects / biological health risks may be of interest to you or your library.



Kind regards,

J. D. Cunningham

L. A. M. Dermott

August, 1951

MANUAL FOR SANITARY INSPECTORS

prepared under the direction  
of

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(1)

From the time of the British North America Act, which brought about the confederation of the provinces in 1867, until the year 1872, public health in relation to Canada, as a whole, was under the guiding hand of the Department of Agriculture. Later the administration was divided among the Departments of Marine and Fisheries, Agriculture, and Inland Revenue. The prevention and treatment of tuberculosis were divided between the Department of Finance and the Commission of Conservation. There was, in addition, a National Council of Health operating under the authority of the Commission of Conservation, whose privilege it was to advise the Federal and Provincial Governments on matters concerning public health. In view of this division of responsibility it is scarcely to be wondered that the subject of health was inadequately treated by the Dominion Government, and also that the Canadian Medical Association and the Canadian Public Health Association passed resolutions and petitioned the Government many times for the creation of a Department of Health. From year to year petitions were presented to the Government by various public organizations, notably women's societies, for the creation of such a department.

PUBLIC HEALTH ORGANIZATION IN CANADA

*Insert (1) here*

The first public health legislation in Canada was enacted in 1794, when a quarantine act was passed. Further enactments were made in Nova Scotia, New Brunswick, Quebec, and Ontario, when cholera appeared in 1833. In 1840 Upper Canada and Lower Canada were united by the Act of Union; and in 1849, due to the prevalence of cholera and the occurrence also of typhus fever, a Central Board of Health was established by Act of Parliament. *Public Health Act of 1849.*

*omit*

Under the British North America Act, which brought about the confederation of the provinces in 1867, the Dominion was given jurisdiction over quarantine and the establishment and maintenance of marine hospitals, while the provinces were assigned the establishment, maintenance and management of hospitals, asylums, charities, and charitable institutions in and for the province, other than marine hospitals. As a result, the activities of both were limited to narrowly defined functions. As there was no conception of the term "public health" when the respective functions of the Dominion and the provinces were being considered, it was not realized that there were many public health activities which were not defined. With the increase in our knowledge of public health, it became obvious that the narrow limitations imposed by the Act on both the Dominion and the provinces could not always be adhered to.

The Dominion, therefore, assumed responsibility for public health problems exclusively national in character, as well as others, notably the control of food and drugs and the care of lepers, which are primarily a provincial responsibility. By virtue of necessity, the provinces undertook responsibility for public health problems that were nearest at hand, such as the control of infectious diseases. For a time the Dominion Government administered only quarantine and marine hospitals but, as the conception of public health expanded, it undertook other activities. Some interest was taken in the control of tuberculosis, which became a joint responsibility of the Department of Finance and the Commission of Conservation, and under the latter, a National Council of Health was established to advise the Federal and Provincial Governments on public health matters.

Finally, as the result of pressure ~~extending back to the days of Confederation~~ the Department of Health was established in 1919 and later merged with the Department of Soldiers' Civil Re-Establishment to form the Department of Pensions and National Health. In 1944, the responsibility for veterans of World War II was placed with a new Department of Veterans Affairs, and a new Department of National Health and Welfare was established, with a Minister, a Deputy Minister of National Health, and a Deputy Minister of Welfare.

The Department of National Health and Welfare has a very broad charter, as presented in the Act of the Dominion Government. Section V of the Act states that "the duties, powers and functions shall include all matters relating to the promotion or the preservation of the health, social security, and social welfare of the people of Canada over which the Parliament of Canada has jurisdiction". The last phrase is of importance because, under the Act of Confederation and the division of responsibilities between the Federal Government and the provinces, health, including care of those who are physically or mentally ill, and all work of a charitable character, as well as education and other important fields is considered a responsibility of the provinces. The Parliament of Canada has passed certain Acts, including the Food and Drugs Act, the Opium and Narcotic Drugs Act, the Quarantine Act (maritime quarantine), the Public Health Works Act (dealing with the construction of Federal Government buildings, railways, etc.), the Proprietary or Patent Medicine Act, the National Physical Fitness Act and the Family Allowances Act. The administration of these Acts has been placed with the Department of National Health and Welfare. There is no conflict, since the Acts relate to subjects which are national in scope and which of necessity are responsibilities of the Federal Government. The duties of the Department of National Health and Welfare include:

- (a) The administration of such Acts of the Parliament of Canada as are by by-law assigned to the Department. (Those at present in force have been enumerated above)
- (b) Investigation and research into public health and welfare.
- (c) Inspection and medical care of immigrants and also of seamen of any country who are ill or shipwrecked.
- (d) Supervision as regards public health of all common carriers (railways, boats, planes).

- (e) Health services for Civil servants and other government employees.
- (f) International agreements relating to the sanitation of boundary waters; international standards for serums, vaccines and related products, etc.
- (g) Co-operation with provincial authorities with a view to the co-ordination of efforts made or proposed for preserving and improving the public health and providing for the social security and welfare of the people of Canada.

In regard to vital statistics, their collection, tabulation and publication is made by the Dominion Bureau of Statistics, which is responsible for statistics in all fields. The Department of National Health and Welfare uses the statistical data as collected and prepared by the Dominion Bureau for its reports and for international use.

In connection with clause (g), co-operation with provincial authorities, it is important to note that the Federal Department is established to co-operate and to endeavour to co-ordinate efforts. Section VIII of the Act clearly states that the Department of National Health and Welfare has no jurisdiction or control over any provincial or municipal board of health or other health authority operating under the laws of any province. It is apparent, therefore, that the role of the Federal Government in health, as outlined in the Act, is designed to assist the provinces and to co-ordinate efforts which are designed to preserve and improve public health and the welfare of the people. In addition, the Federal Government has specific responsibilities which are mentioned below.

To advance this co-ordination, a statutory body known as the Dominion Council of Health has been provided under the Act. This body consists of the Deputy Minister of Health, the chief executive officer of each provincial department of health, and five other members appointed for a term of three years, representing agriculture, labour, rural women's work, urban women's work, and one scientific adviser on public health matters. There is also the Nutrition Council which was established as part of international agreements relating to health. It is an advisory body to the Department of National Health and Welfare.

#### Functions of the National Health Division:

1. Federal responsibilities of an international character
  - (a) Sanitation of international waters - International Joint Commission.
  - (b) Approval of water supplies for drinking and culinary purposes on international carriers.
  - (c) Certifying fishing grounds in Canada for shellfish for export to the U.S.A. (The U.S. Public Health Service reciprocates.)
  - (d) Licensing biological laboratories exporting products to Canada.
  - (e) Exchange of information regarding diseases for which there is maritime quarantine, and reports of other communicable diseases - through the World Health Organization.
  - (f) Reporting as required under the international agreements relating to opium and narcotic drugs.
  - (g) Participation in maintaining standards relating to biological products (vaccines and serums) and related products, as well as certain vitamin preparations and certain glandular extracts for which international standards exist.
  - (h) Providing free medical care for all sick and shipwrecked mariners.
  - (i) Freeing ships from rats on arrival from foreign countries.
2. Federal responsibilities for national purposes - carried out abroad or at borders.
  - (a) Food and drugs inspection, conducted at ports of entry from foreign countries.
  - (b) Proprietary and patent medicine supervision.
  - (c) Licences to import and export opium and narcotic drugs.
  - (d) Immigration medical inspection - physicians appointed by the Department of National Health and Welfare are serving overseas and arrangements are made with practising physicians in Great Britain to make possible the inspection of all immigrants before they leave for Canada.
  - (e) Maritime quarantine (cholera, yellow fever, plague, typhus fever, small-pox).
  - (f) Medical consultation services as relating to persons to be deported.

3. Federal responsibilities purely national in scope

- (a) Food and Drugs Act enforcement.
- (b) Proprietary and patent medicines - licensing and supervision.
- (c) Opium and Narcotic Drugs Act - licensing of manufacturers and auditing of drug stores, hospitals, etc.; control of trafficking
- (d) Public Health Works Act.
- (e) Hospitalization of lepers.

4. Federal assistance to other federal departments and to the provinces and voluntary health agencies.

- (a) Grants-in-aid to voluntary health agencies.
- (b) Loan of personnel and equipment to provinces at their request and for co-operation with them.
- (c) Assistance to other medical departments - medical supervision of sick leave (Civil Service Commission), medical and hospital supplies (North-west Territories, Royal Canadian Mounted Police, penitentiaries, national defence).

The Department is divided into two main sections, Health and Welfare, each with a deputy minister. The welfare division began to function following the passing of the Act in 1944 and is therefore quite new. The enactment of the Family Allowances Act placed heavy responsibilities on this new division. The Physical Fitness Act of Canada, which is also administered by this division, is designed to encourage effective programs in local communities, particularly among young people, making use of the community's resources in buildings, playgrounds, etc., for the improvement of physical fitness. The Old Age Pension Act provides pensions for those seventy years and over, subject to certain regulations; these pensions are provided jointly by the Federal and Provincial Governments. This division has a Director of Old Age Pensions. There is also provision for the appointment of a Director of Women's Voluntary Services. Thus the Welfare Division is concerned with all measures relating to social welfare.

Branches of the National Health Section:

Immigrant and Mariners Health:

(a) Quarantine Service -- DUTIES: Prevention of the introduction of infectious diseases through shipping, and administration of leper hospitals. STATIONS: Saint John, N.B.; Halifax, N.S.; Quebec, Montreal, P.Q.; William Head, B.C. HOSPITALS FOR THE CARE OF LEPERS: Tracadie, N.S.; Bentick Island, B.C.

(b) Immigration Medical Service -- DUTIES: Medical examination of prospective immigrants in Great Britain and Europe, and medical care of immigrants at Canadian ports - Halifax, Saint John, Quebec, Montreal, Vancouver, and Victoria.

(c) Marine Hospitals Service -- DUTIES: Medical and hospital care of sick mariners, provision being made through authorized physicians and hospitals in all ports of maritime provinces. Payment is provided through a tax on tonnage of all ships arriving, as provided by the Canada Shipping Act. Care is also provided for ship-wrecked sailors.

Food and Drugs: - DUTIES: Establishment and maintenance of quality and standards for all foodstuffs and drugs, Central laboratory, Ottawa; sub-laboratories, Halifax, Montreal, Toronto, Winnipeg, Vancouver. AUTHORITY: Food and Drugs Act and Regulations.

Narcotics Control: - DUTIES: Registration and licensing of proprietary or patent medicines; raising the standards and eliminating fraud and exaggerated claims. AUTHORITY: Proprietary or Patent Medicine Act.

Laboratory of Hygiene -- DUTIES: Research and duties under the Food and Drugs Act, and regulations relating to schedule on Biological Products, hormones, certain drugs, etc. The Laboratory supervises the production of serums, vaccines and related products and ensures that all products, including vitamins, for which there are international standards established by the World Health Organization, meet the requirements. It also is a research institution for the study of public health problems in bacteriology, virus diseases and other fields.

Health Engineering -- DUTIES: Supervision of international boundary waters pollution; water supplies on railways, on vessels on the Great Lakes and inland waters; health and sanitation in connection with persons engaged in public works construction; sanitary surveys of shellfish beds. AUTHORITY: (1) Public Works Act and Regulations; (2) Regulations concerning water for drinking and culinary purposes on common carriers engaged in international and provincial traffic; (3) Regulations concerning water for drinking or culinary purposes on vessels navigating on the Great Lakes and inland waters.

Civil Service Health Medical -- DUTIES: The physical examination of civil servants upon confirmation of appointment, absence through illness, and superannuation prior to retiring age.

Venereal Disease Control -- Venereal disease was recognized after the first World War as a national public health problem. The Department of National Health aids the provinces by supplying arsenical drugs for the treatment of syphilis. This is, however, the only direct assistance being given to the Provincial Departments, because the treatment of sick persons is specifically, under the British North America Act, a provincial responsibility. The Department provides leadership and furthers the efforts to control venereal diseases.

Dental Health -- Its purpose is to advise the provinces and to further the development of dental health services as established by provincial and local health authorities.

Child and Maternal Health -- The work of this division is an example of assistance to the provinces in their own programs. One of its publications, "The Canadian Mother and Child", a book of some 100 pages, has been of great value and is widely used by physicians and nurses, who have placed it in the hands of mothers throughout Canada following their visit to the physician or clinic.

Mental Health -- This division has as its objective the furtherance of the provision of facilities for the care of the mentally ill, and particularly the advancement of programs for the prevention of mental illness.

Industrial Health -- To assist the provinces which have not as yet established their own divisions of industrial hygiene, this division supplies advice, conducts surveys and, through the organization of laboratories for the making of technical examinations, is rendering an important service.

Nutritional Health -- This division conducts surveys, endeavours to promote better nutrition in Canada through education and demonstrations, and assists the provinces in developing programs in nutrition.

Blindness Control -- Pensions for the blind are provided in Canada for all those who are totally blind, and amount to \$30 per month with payment commencing at age 40. This division is concerned with the study of the problems of blindness and of means to conserve the sight of those who are likely to be totally blind.

Indian Affairs -- Indians are the responsibility of the Dominion Government, and this division provides for their medical care, including facilities for the treatment of tuberculosis. This division also serves the Eskimo population.

Hospital Design - This division acts in a consultant capacity to municipalities and others desiring information relating to hospital planning, including sanatoria. The services of the division are purely advisory and it does not assume the duties of an architect.

Information Services -- It is planned to extend the present health-education program, which includes "spot" radio announcements and the supplying of pamphlets, by the preparation of exhibit material, the loan of motion picture films, etc. It is hoped that this division may serve all the provinces by preparing literature which the provinces in turn could distribute.

(2) To meet the emergency of threatened cholera outbreaks in Canada, provision had been made in Upper Canada by the Public Health Act of 1849 to permit of the functioning of a central board of health. The first Public Health Act in Ontario was passed in MArCh, 1873, and empowered the Lieutenant-Governor to establish a central board of health if a serious outbreak threatened. As a result of an organized movement among physicians in Toronto a Provincial Board of Health was established by the Public Health Act of 1882. This board was almost wholly of an advisory character. To effect the organization of local boards throughout the province, the Board prepared the Public Health Act of 1884, basing it on the English Consolidated Public Health of 1875. This Act gave authority to the Provincial Board to make regulations for the prevention or mitigation of disease and for all matters relating thereto, and outlined the powers and responsibilities of local boards of health.

Health Insurance Studies: - The Department of National Health has a Director of Health Insurance Studies whose responsibility is to further the study of problems relating to health insurance as it might apply in Canada.

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PROVINCIAL DEPARTMENTS OF HEALTH

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The accompanying diagram presents the organization of public health in the Province of Ontario. Similar organizations are provided by all of the other provinces in Canada. All of the provinces are under the direction of a Minister of Health. New Brunswick was the first province to have a Minister of Health appointed (1918); in fact, the first Minister of Health in the British Empire was appointed in this province.

The work of a provincial health department may be divided into the preventive and the treatment services. These may be summarized as follows:

PREVENTIVE SERVICES

Responsibilities:

Directional, Consultative, Educational (Informative and Promotional), Direct Service.

Directional:

1. The establishment of the necessary governing legislation either by statute or Order-in-Council, with reference to environmental sanitation, the control of communicable disease, etc.
2. The establishment of an acceptable unit of local public health service. }
3. The setting up of minimum standards in respect to qualifications of public health personnel employed by both Provincial and local Departments.
4. The conduct of local surveys of health needs.
5. The distribution of Provincial or Federal subsidies.
6. The collection and tabulation of statistical data in respect to births, deaths, marriages, etc., and the extent of illness (e.g., vital and medical statistics).

Consultative:

The employment of sufficiently well-trained staff, whose duties it shall be:

1. To give direction to the conduct of the local community program, particularly in such matters as the operation of sewage disposal and refuse disposal plants and the provision of a satisfactory water supply.
2. To aid local authorities in the event of outbreaks of communicable illness.
3. To aid the local administrative officer in the interpretation of governing legislation.
4. General supervision of local services.

Educational:

1. Informative: editing and preparation of informative material and advice as to the use of other methods of dispensing helpful information.
2. Promotional: Stimulating local authorities and others to the point where necessary services are established (e.g., establishment of larger units of local administration; public health nursing; nutritional programs; etc.).

Direct Service:

Laboratory: Central and subsidized local laboratories for the examination of bacteriological, chemical (limited), toxic substances, and pathological specimens, free of charge.

Distribution of biologicals free.

Diagnostic clinics - conduct of diagnostic clinics; e.g., for detection of mental illness, tuberculosis, crippling, etc.

TREATMENT SERVICESDirectional:

Aid might be offered in the professional and business administration in general hospitals, private hospitals, sanatoria, etc. The scope of this service would be influenced by the degree to which grants were paid by the provinces towards the maintenance of such institutions.

Consultative:

On occasion it may be thought wise for the Provincial Department to focus professional interest on certain types or methods of treatment in communicable disease. This may be extended also on occasion to the methods designed to control cancer, or may extend to the point of setting up official bodies for the examination of claims made by proponents of new methods of treatment (e.g., the Ontario Cancer Commission). Official bodies may also be set up for the purpose of passing on the qualifications of professional personnel.

Educational:

There may be, in certain circumstances, a place for this type of service; for example, in the promotion of hospital insurance.

Courses of instruction in respect to new procedures and techniques may be provided for professional groups.

Direct Service:

1. Provision for the institutional care of the mentally ill and feeble-minded.
2. Provision of the necessary treatment for the tuberculous.
3. Provision for the treatment of venereal disease.
4. Provision for the treatment of major communicable diseases when present in epidemic proportion; e.g., poliomyelitis, [infective encephalitis, epidemic meningitis, etc.
5. Provision for the care of cancer patients.
6. Supplying of costly methods of treatment otherwise difficult to obtain; e.g., Insulin, liver extract, etc.
7. Provision for a reasonable minimum of good medical and dental care for all residents of the province in whatever fashion is most applicable to the local needs.
8. Provision of a reasonable minimum of home nursing care through grants-in-aid or otherwise.
9. Aid in the provision of institutional care in public hospitals, convalescent hospitals, hospitals for incurables.

The conduct of such a program presupposes (1) adequate funds; (2) some type of local administrative unit which is both geographically and economically sound; and (3) the availability of sufficient professional personnel with the required qualifications.

Note: No specific reference has been made to the responsibility of the Provincial Department in those sections of the various provinces which lack municipal organizations. It is presumed that the responsibilities normally shared by the municipality under ordinary circumstances will be assumed by the province.

## LOCAL HEALTH SERVICES

The local health department is a primary unit of health services. The provincial department performs the functions already outlined, rendering advisory service with some degree of supervision and requiring each local department to present an annual report. In every province the Public Health Act establishes the authority for the provision of health services and gives specific responsibilities to the local department. The local department renders actual personal service to its people. In general, the main functions are: (1) sanitation, including general sanitation, food and milk control, and related fields; (2) communicable disease control, including tuberculosis and venereal disease; (3) child hygiene in all its phases, including prenatal and maternal work, infant and preschool hygiene, school hygiene, etc.; (4) vital statistics, including the reporting of communicable diseases; (5) public health laboratory services; and (6) health education. Other functions relate chiefly to adult hygiene and include industrial hygiene, cancer control, prevention of accidents, nutrition programs, etc.

Municipalities are granted certain prerogatives. In different provinces the powers and functions vary greatly. The municipalities themselves vary in size and in per caput wealth, in the composition of the population and in the type of municipal government.

### Organization of a Municipal Health Department

There are two types of municipal government: the mayor-and-council plan and the city-manager plan. Under either plan there is required by the Public Health Act a Board of Health consisting of from three to five members. The duties of the Board of Health are set forth in the Public Health Act and regulations. In general, the Board of Health nominates the health officer; determines the general policies of the department, including approval of the budget and of the appointments of personnel; and makes rules and regulations which, when approved by the mayor and the council, have the effect of law.

The duties of the medical officer of health are also prescribed in the Public Health Act. In most of the provinces, he cannot be removed from office without cause which is considered sufficient by the Minister of Health of the province. This is an important provision and assures the security of the medical officer of health in the discharge of his duties.

Large cities have well-developed health departments with budgets providing a minimum of \$1.50 per person. It is essential, in making reference to health expenditures, to state the items included in the budget, as wide variations are found in the health budgets of cities. Frequently hospital costs, medical-care programs and other items are included in some budgets while they do not appear in others.

The divisions of the health department correspond to the functions and usually include: (1) administration; (2) vital statistics; (3) sanitation; (4) communicable disease control, including tuberculosis and venereal disease; (5) child hygiene; (6) public health nursing; (7) public health laboratories; and (8) health education. In very large departments sub-divisions may be provided; for instance, the division of sanitation may have sub-divisions of milk control, food control, industrial hygiene, and general sanitary inspection.

### Public Health and Public Welfare

Public health and public welfare are intimately related. There are differences of opinion in regard to the combining of the two fields of work in one division designated "public health and welfare". With the increasing responsibilities of municipal administration in welfare, many authorities recommend the maintaining of separate departments. In some instances the combining of the care of the indigent, sick, aged and infirm with the public health functions of the city has resulted in unsatisfactory operation.

### Metropolitan Areas

In Canada, the introduction of metropolitan health areas has been limited to the city of Windsor, with its neighbouring municipalities and townships, and to the city of Vancouver where the municipalities are directed by the Metropolitan Health

Committee. It is well-known that suburban areas present serious health problems and that they are of concern to the city which they adjoin. The creation of a metropolitan health area has many advantages. It results in important economies and provides proper health supervision for the suburban areas.

### Rural Health Administration

The problems in health administration of the town and country districts are different from those of large cities. A city of 50,000 population should have its own health organization. In general, the combining of townships and other rural areas is necessary in order to provide an adequate population to permit of the employment of full-time staff. In the past, the rural areas have in very large measure not been provided with health services. It is true that, under the Public Health Acts, all parts of Canada were provided with the services of a medical officer of health and, usually, of a sanitary inspector. However, the medical officer of health was engaged primarily in private practice and received only a small honorarium for performing his statutory duties under the Public Health Act. There was no provision for public health nurses or for the functioning of a department.

It was not until 1908, in Jefferson County, and in 1911 in Guilford County, North Carolina, that full-time health services were provided for counties in the United States. The movement for adequate health services in rural areas was greatly advanced by the International Health Division of the Rockefeller Foundation. In Canada, the first full-time rural health program was established at Saanich, near Victoria, B.C., in 1921. In 1923, Beauce County, in the Province of Quebec, was supplied with health services on a full-time basis, marking the first of the county health units in that province. To-day all but two of the counties in Quebec have full-time health services. The movement has progressed in the other provinces and plans are well advanced to provide for the whole rural population.

In New Brunswick the province is divided into health districts and there are no local health departments. Each district is under the direction of a full-time medical officer of health, with a staff of public health nurses. Further developments of these district departments will be made, so that a fully-rounded program will be provided.

### Essentials in the Organization of a County Health Unit

1. The health department must be part of the governmental services of the area, as are the school department, police, etc.
2. The funds for the department must be met by the area served. Generally, financial assistance is given by the provincial government. In some provinces the grant provides the larger part of the budget, and in such instances the staff are named by the provincial department and are directed by it. In other provinces a grant of from 25 to 50 per cent of the cost is made and the staff appointments are made by the county or other unit of government.
3. The health service must be generalized and meet the needs of the community rather than concentrate on one problem.
4. The essential personnel of the unit must be employed on a full-time basis and must be qualified for their duties by training and experience.
5. All health activities should be under the direction of the health unit.

A standard plan of organization would provide a board of health, with proper representation of the community served; an advisory committee, with representatives of important organizations; and a minimum staff of a medical officer of health, public health nurses (1 nurse for every 5,000 of the population), sanitary inspectors (1 for every 20,000 population), and office assistants.

The basic activities of a county health department are the same as those of a municipality. A budget of \$1.00 per caput is a bare minimum for the maintenance of an adequate program. Such a program would not make provision for dental services, which are not only needed but are desired by municipalities. The services of a dentist part-time and the maintenance of a dental clinic would increase the minimum to \$1.25. A budget of \$1.50 per person would be much more satisfactory for the functioning of a rural unit.