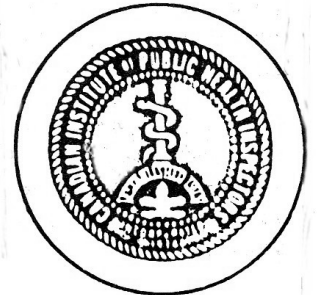
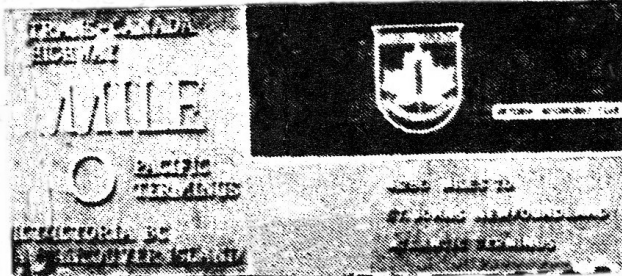


B.C. PAGE

SPRING 1980



Beginning

Mile 0 begins at both sides of our country. The accompanying picture illustrates the beginning of our National Highway in Victoria. The four thousand miles between these two beginnings cover a very diversified and interesting country.

It should be noted that "In The Beginning" is the title of a book that was written by one of our Founding Members, Mr. Alex Cross, of the Manitoba Branch. Recently our National Organization has begun to issue National Certificates to qualifying Members of our Institute. So whether or not British Columbia can boast of a beginning our Association does spread from Coast to Coast.

From the accompanying Minutes you can appreciate that our Branch is embarking on many broad innovations. The Charter under which we are incorporated as a Branch in British Columbia have had some suggestions made to change the Consitution and this will strengthen our Organization.

An invitation has been received by our Branch to join in Educational Conferences with our counterparts in the adjoining State of Washington. Also our Social Committee has been working strenuously and arrangements are now completed for a spring skiing vacation at Mount Whistler during the week of April 13th to the 20th. These are but a few of the progressive steps that have been initiated by our Branch recently. Our Membership rate amongst qualifying persons is probably higher than any other Branch could boast. To maintain this enthusiastic support every Member will have to continue to become more involved and try harder to promote our professional efforts.

After the 1980 Conference in Saskatoon our Branch will probably be coming home with the responsibility of steering our National Organization for at least one term. This is the beginning of a new era.

Note: The response that we received to our April foolishness was very heartening. The only objective that seemed to require a comment should be summarized by saying; that if Health Inspectors were to adopt a standard uniform, we would agree that the shoes should be white.

On January 14, 1980, a call was received from the local General Hospital concerning a suspected food borne illness. A food sample had been retained by the hospital staff. The food sample and the names of the two individuals involved were obtained for further investigation.

The suspected food borne illness involved Mr. & Mrs. X. Initial contact with Mrs. X indicated that the suspect meal was eaten at approximately 6:00 p.m. on Sunday, January 13. Prior to this Mrs. X had not had anything to eat since Saturday evening. Mr. X had eaten a cheese sandwich for lunch on Sunday. Both Mr. and Mrs. X had eaten a Ukrainian dinner at a Church Hall on Saturday evening, consisting of cabbage rolls, pyrohee, and buns.

The suspect meal was prepared at home and consisted of fried rice and chow mein. The fried rice was prepared by adding fresh frozen shrimp, fresh mushrooms, and peas to an instant fried rice mix. The chow mein was made with chow mein noodles, fresh steak, mushrooms and celery. On the advice of a doctor, a sample of the fried rice was submitted to the General Hospital, but not the chow mein.

The symptoms experienced by Mr. and Mrs. X began to occur approx. ten minutes after the suspect meal was consumed. These included headache, dizziness, near blacking-out, vomiting, abdominal pain, numbness in lips and hands, and difficulty in swallowing. Most of these symptoms soon disappeared, but headache, nausea and stomach cramps continued for a prolonged period.

The sample of fried rice left at the General Hospital was submitted to the Provincial Lab for bacteriological and chemical testing. The bacteriological tests were negative. Chemical testing for M.S.G. was not carried out because the test is fairly expensive and because there is no control on the quantities of M.S.G. allowed in commercial products.

The company that produces the instant fried rice product was contacted concerning the levels of M.S.G. used in the mix. This product consists of a can of pre-processed rice and a package of seasoning mix. The 21.0 gm. of seasoning mix contains 3.74 gm. (17%) M.S.G. One package of product is meant to feed four persons. Therefore, each person would consume approximately 0.94 gm. M.S.G. in a normal serving.

The Health Protection Agency was contacted regarding the apparent lack of control on M.S.G. It was discovered that:

1. M.S.G. is not controlled because it is considered a flavour enhancer, not a food additive.
2. At a level of approximately 1.0 gm./person, 10-15% of the population will demonstrate a reaction to M.S.G.
3. This reaction could be more severe under certain conditions, for example:
 - a) if the M.S.G.-containing product is eaten on an empty stomach
 - b) if alcohol is consumed at the same time
 - c) if more than a "normal" service is consumed
4. The symptoms and time of onset displayed by Mr. and Mrs. X could be considered a classical reaction to M.S.G.
5. The symptoms, while considered to be somewhat distressing, are not serious and are usually shortlived.

On January 23, Mrs. X reported that her headache, nausea and stomach cramps were continuing. Her doctor felt she is suffering from chemical intoxication and prescribed a medication to help relieve this condition.

Conclusion:

It is felt that M.S.G. should be reclassified as a food additive and that the levels of this substance should be controlled in commercial products. It is unacceptable to allow the use of a substance at levels to which 10-15% of the population can react. Low detection of reactions in the general population is most likely due to a lack of awareness as to the possible cause.

Submitted by: Lorraine Kwitkoski

NEWS AND APPOINTMENTS

- There may be other offices that can boast of a 100% membership. These are four that we have heard of:
 - South Central Health Unit, Kamloops
 - Coast Garibaldi Health District, Powell River
 - Simon Fraser Health District, New Westminster
 - South Mainland Zone, Salmon Arm..... Congratulations et al ...
- Clean up campaign of Proxy ballots is under way. Please send yours to:
 - Attention: Mr. H. Thakore
 - 325 Granville Street, 5th Floor, Vancouver, B.C. V6C 1S8.
- Ken Christian has purchased a new home in a fashionable subdivision at Kamloops. It is possible that this lanky, handsome bachelor may appreciate some special kind of homemaking assistance.
- Steve Brown, formerly with the City of Vancouver Health Department, has now joined the Workers Compensation Board to work in their noise control programme.
- Plans should be made as soon as possible for your attendance at the Saskatoon Conference, 21 to 25 July 1980. Enquire now to see what assistance is available. Then register with:
 - Mr. B. Winsley, Secretary Treasurer, Saskatchewan Branch C.I.P.H.I.
 - 1522 - 97th Street, North Battleford, Saskatchewan, S9A 0K4.



NEW APPOINTMENT

Mr. Ron White, formerly of Vancouver Island has taken up his new duties as Chief Public Health Inspector at the Kelowna Office of the South Okanagan Health Unit.

JOKE BOX

Customer Always Right: She was an exasperating customer and constant complainer. "Why is it," she snapped at last, "that I never get what I ask for in this restaurant?" "Perhaps, Madam" said the waitress, "It's because we are too polite."

Health Lesson:

I sneezed a sneeze into the air
It fell to the ground I know not where
But hard and cold were the looks of those
In whose vicinity I had snoze.
When you stretch the truth,
people usually see through it.

PUBLIC SERVICE COMMISSION

POSITION FACTORY INSPECTOR 1	MINISTRY Labour	MONTHLY SALARY RANGE \$1,689 - \$2,058
	LOCATION Occupational Environment Nelson	
WHEN APPLYING QUOTE THIS COMPETITION No. B80:848	CLOSING LOCATION Burnaby	CLOSING DATE April 23, 1980

- * This position is open to both male and female applicants.
- * Canadian citizens are given preference.

DUTIES: Under supervision, to be responsible for examining and approving plans on new construction, expansion or alterations of factories to determine conformity with the Factories Act 1966 and the Occupational Environment Regulations; to conduct routine inspections of existing factories, stores and offices pertaining to lighting, heating, ventilation, exhaust systems, air conditioning, air contamination and toxic substances, to instrument test and determine corrective measures for such systems; to determine provision of employee services; to conduct services and investigations pertaining to these areas; to interpret regulations, standards and pertinent codes for architects, engineers and others in a technical context; to conduct technical seminars for interested groups and private sectors; to deal effectively with labour and management on matters pertaining to occupational environment.

QUALIFICATIONS: Graduation from a recognized technical institute or university in a relevant field or an equivalent combination of education and experience; sound knowledge of the Factories Act and pertinent regulations; ability to prepare technical reports and directives; a thorough knowledge of health and safety practices in industry; a working knowledge of heating, ventilation, air-conditioning and exhaust systems; ability to meet and deal with the public; considerable experience in all, or part, of the duties to be performed; experience and ability in public speaking; a valid B.C. driver's licence.

NOTES: Must agree to relocate to regional offices within the province when required.
Will be required to use own car on expenses or drive government vehicle.

POSITION PUBLIC HEALTH INSPECTOR 4 #184788	MINISTRY Health	MONTHLY SALARY RANGE \$1,938 - \$2,155
	LOCATION Upper Fraser Valley Health District - Chilliwack	
COMPETITION No. H80:917	CLOSING Victoria	CLOSING April 23, 1980

- * This position is open to both male and female applicants.
- * Canadian citizens are given preference.

DUTIES: Under limited direction of Medical Health Officer, will be responsible for the Public Health Inspection programs in the health unit area; supervising public health inspectors; planning, administering and evaluating the local public health inspection program; making recommendations concerning the program and changes in policies/regulations to the Medical Health Officer; directing inspectional and educational programs in public health; organizing/supervising the PHI Trainee program and similar programs; preparing comprehensive reports to the Medical Health Officer, Local and Union Boards of Health and Municipal Councils conducting specific public health inspectional programs as required; preparing budget estimates for submission to the Medical Health Officer and assisting in cost controlling; initiating legal action where deemed necessary; performing other related duties as required.

QUALIFICATIONS: A certificate in Public Health Inspection (Canada) issued by the Board of Certification of P.H.I., preferably membership in good standing with Canadian Institute of P.H.I.; an excellent knowledge of the Health Act and other provincial acts and regulations related to public health; an excellent knowledge of the Community Care Facilities Licensing Act, Factories Act, Municipal Act, Pollution Control Act and procedures respecting emergency health services; an excellent understanding of the functions and responsibilities of Local Boards of Health; considerable experience as an Inspector-Public Health preferably with some experience as an Inspector Public Health 3 and/or with experience in more than one health unit on the equivalent.

NOTE: Normally two years in the present location to be considered for lateral transfer.