



3) ANNUAL REPORT

1) Canada

OF THE

2) DEPARTMENT OF NATIONAL
HEALTH AND WELFARE

FOR THE

FISCAL YEAR ENDED
MARCH 31, 1946



OTTAWA
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To His Excellency Field Marshal the Right Honourable Viscount Alexander of Tunis, G.C.B., G.C.M.G., C.S.I., D.S.O., M.C., LL.D., A.D.C., Governor General and Commander-in-Chief of the Dominion of Canada.

MAY IT PLEASE YOUR EXCELLENCY:

The undersigned has the honour to present to your Excellency the Annual Report of the Department of National Health and Welfare, for the fiscal year ended March 31, 1946.

Respectfully submitted,

BROOKE CLAXTON,
Minister of National Health and Welfare.

April 1, 1946

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J. W. MACFARLANE.

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IAN EISENHARDT, B.A., B. Com.

Chief, Women's Voluntary Services Division
MISS F. HELD.

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Chief, Space and Equipment Division,
M. J. CULLEN.

Chief Treasury Officer,
T. F. PHILLIPS.

Principal Translator,
G. A. SAUVE.

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

ADMINISTRATIVE OFFICES

OTTAWA—JACKSON BUILDING

HEALTH BRANCH

FOOD AND DRUGS LABORATORIES

Ottawa—35 John Street
Halifax—Dominion Public Building, (P.O. Box 605)
Montreal—379 Common Street
Toronto—59 Victoria Street
Winnipeg—Corner Magnus and Main Streets
Vancouver—Federal Building.

IMMIGRATION MEDICAL SERVICE OFFICES

In Canada—

Halifax—Immigration Building, Pier 21
North Sydney—Immigration Building
West Saint John—Lancaster Hospital
Quebec West—Immigration Hospital
Montreal—Immigration Building, 1162 St. Antoine Street
Vancouver—Immigration Building
Victoria—Immigration Building.

Overseas—

British Isles—London, England—Sackville House, 40 Piccadilly.

INDUSTRIAL HEALTH LABORATORY

Ottawa—35 John Street

LABORATORIES OF HYGIENE

Ottawa—35 John Street
Kamloops, B.C.

PUBLIC HEALTH ENGINEERING—DISTRICT OFFICES

Halifax—736 Dominion Public Building
Saint John—119 Custom House
Montreal—379 Common Street
St. Catharines—9 James Street
Port Arthur—326 Ray Boulevard
Winnipeg—Corner Magnus and Main Streets
Edmonton—302 Williamson Building
Vancouver—321 Federal Building.

QUARANTINE STATIONS

Halifax—Rockhead Hospital
West Saint John—Lancaster Hospital
Quebec West—Immigration Hospital
Victoria—William Head.

INDIAN MEDICAL SERVICES

HOSPITALS

Maliseet, N.B.—Tobique Indian Hospital
Manitowaning, Ont.—Manitowaning Indian Hospital
Ohsweken, Ont.—Lady Willingdon Indian Hospital
Fort William, Ont.—Squaw Bay Indian Hospital

Selkirk, Man.—Dynevov Indian Hospital
 Hodgson, Man.—Fisher River Indian Hospital
 Pine Falls, Man.—Fort Alexander Indian Hospital
 Le Pas, Man.—Clearwater Lake Indian Hospital
 Norway House, Man.—Norway House Indian Hospital
 Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital
 Brocket, Alta.—Peigan Indian Hospital
 Calgary, Alta.—Sarcee Indian Hospital
 Morley, Alta.—Morley Indian Hospital
 Gleichen, Alta.—Blackfoot Indian Hospital
 Sardis, B.C.—Coqualeetza Indian Hospital
 Fort Norman, N.W.T.—Fort Norman Indian Hospital.

NURSING STATIONS

Hobbema, Alta.—Hobbema Nursing Station
 Wabasca, Alta.—Wabasca Nursing Station
 Broadview, Sask.—Crooked Lake Nursing Station
 Muncey, Ont.—Caradoc Nursing Station

WELFARE BRANCH

FAMILY ALLOWANCES REGIONAL OFFICES

Charlottetown—59 Queen Street
 Halifax—Brenton Building
 Fredericton—City Hall
 Quebec—15 Boulevard des Capucins
 Toronto—120 Wellington Street, West
 Winnipeg—Lindsay Building
 Regina—Saskatchewan Motors Building, Broad Street
 Edmonton—10209, 100th Avenue
 Victoria—Weiler Building.

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	Certifications			*Disposals		
	Examined by Canadian Medical Officers	Examined by British Roster Doctors	Totals	Admitted	Refused	Pending
<i>Overseas—</i>						
Section 3 (a)— Mental diseases and defects.....	19	38	57		20	
Section 3 (b)— Loathsome diseases, including tuber- culosis.....	66	119	185		44	
Section 3 (c)— Physical diseases and defects.....	464	795	1,259	1,281	61	160
Section 3 (k)— Constitutional Psychopathic inferiority.....	9	6	15		11	
Totals.....	558	958	1,516	1,281	136	160

* Includes 61 cases under sec. 3 (c) pending from fiscal year 1944-45

INDIAN HEALTH SERVICES DIVISION

By Order in Council P.C. 6495 the Indian Health Services Division (including Eskimos), of the Department of Mines and Resources was transferred, as of November 1, 1945, to the Department of National Health and Welfare. This report covers the operation of the Division for the entire year.

Indians who come within the responsibility of the Indian Health Services Division, according to the 1944 census number 125,686 and Eskimos approximately 7,700. The estimated yearly increase in the population of the foregoing is 1,500.

In addition to special medical services provided to Indians through health units and provincial treatment, 4,446 patients were treated at the following Departmental hospitals for a total of 176,760 patient days:

Name of Hospital	Province	No. of Patients	No. of Days
Tobique Hospital.....	New Brunswick.....	93	884
Manitowaning Hospital.....	Ontario.....	18	2,381
Lady Willingdon Hospital.....	Ontario.....	410	12,433
Squaw Bay Hospital.....	Ontario.....	31	7,062
Dynevor Hospital.....	Manitoba.....	231	17,200
Fisher River Indian Hospital.....	Manitoba.....	292	7,077
Fort Alexander Indian Hospital.....	Manitoba.....	254	3,204
Clearwater Lake Hospital.....	Manitoba.....	100	5,483
Norway House Hospital.....	Manitoba.....	500	12,139
Fort Qu'Appelle Hospital.....	Saskatchewan.....	585	23,569
Peigan Hospital.....	Alberta.....	124	1,005
Sarcee Hospital.....	Alberta.....	10	347
Morley Hospital.....	Alberta.....	183	1,406
Blackfoot Hospital.....	Alberta.....	433	7,462
Blood Hospital.....	Alberta.....	849	9,067
Coqualeetza Indian Hospital.....	British Columbia.....	232	60,863
Fort Norman Hospital.....	N.W.T.....	101	5,178
Totals.....		4,446	176,760

In addition, through contractual and special arrangements made with provincially and locally operated hospitals, 16,239 patients were treated for a total of 404,730 patient days. These services were performed in 434 hospitals in Canada.

The United States Army Airport Hospital at Le Pas, Manitoba, with bed capacity for 75 patients, was acquired by the Department during the year and by arrangement with the Sanatorium Board of Manitoba treated tubercular Indian patients to the capacity of the hospital. Enlargement of existing facilities is planned to provide for approximately 125 additional beds.

The Jesuit College Hospital at Edmonton, Alberta, was acquired from the Department of National Defence toward the end of the fiscal year and treated tubercular Indians and some patients of the Department of Veterans Affairs. The anticipated capacity of this hospital is about 400 patients.

The Miller Bay Hospital at Prince Rupert was acquired early in the year from the Department of National Defence for Air and, when staff is available, will accommodate nearly 150 patients.

In February the Indian Hospital at Fort Norman in the Northwest Territories was totally destroyed by fire. The personal effects of the patients and staff were also lost. Due to the prompt and heroic efforts of the staff, however, all the patients were evacuated without injury or loss of life.

The general health picture during the year remained about the same as in the previous year, with acute infectious diseases, tuberculosis, malnutrition and venereal disease still constituting the major health problems.

COMMUNICABLE DISEASES

The incidence of measles, whooping cough and mumps was about the same as among the white population. Epidemics of these infections affecting isolated bands were largely due to greater isolation and lack of immunity than in other areas.

Diphtheria

While cases of diphtheria occurred, these did not reach epidemic proportions. In view, however, of the nomadic habits of Indians in the northern areas of Canada, control of diphtheria and certain other infectious diseases, was difficult and administrative costs were higher.

Typhoid

The major epidemic which occurred during the year was an outbreak of typhoid in the Cape Dorset area of Baffin Land which caused about sixty deaths. When this epidemic was reported steps were at once taken to have Dr. N. R. Rawson, the Medical Officer at Chesterfield Inlet, flown into the area. Dr. Rawson immediately instituted all recognized and proper epidemic control measures.

Immunization

The requirement that all Indians be immunized against smallpox was responsible for the absence of any outbreak of this disease. Where indicated or where facilities were available, immunization against diphtheria, whooping cough and typhoid was actively undertaken. Because of difficulties of transportation and inaccessibility of the population concerned, this campaign was confined to the areas which could be reached and where its necessity was indicated.

Tuberculosis

The Advisory Committee for the Control and Prevention of Tuberculosis among the Indians, appointed by the Government, met in Ottawa on May 30th and 31st. The general problem of tuberculosis prevention and control was discussed and recommendations made at that time have since been implemented as far as possible. One recommendation covered the acquisition of certain hospitals, which has already been dealt with in this report. Other recommenda-

tions which were made are included in the plans for the Indian Health Services Division and will be implemented as soon as possible. Provincial anti-tuberculosis organizations which were represented on the Advisory Committee co-operated actively with the Department in making possible the hospitalization of a large number of tubercular patients.

As part of the Tuberculosis Prevention and Control Campaign, it has been the policy of the Indian Health Services Division to make yearly surveys of children and staff in Indian residential schools. These surveys were continued throughout the year in all schools wherever a clinic service could be made available. Certain other surveys were also provided, where indicated, when beds in sanatoria were available.

As of January 31, 1946, there were 990 tubercular patients receiving treatment in hospitals of various types, as follows:—

Sanatoria	269
Departmental Hospitals	412
General Hospitals	237
Preventoria	72

Because tuberculosis constitutes one of the major Indian health problems, the utmost attention, consistent with available staff and existing facilities, was given to ensuring adequate measures for the prevention and control of tuberculosis amongst Indians.

Venereal Disease

Because of war conditions, large numbers of Indians moved to the more densely populated industrial areas, and the white population had greater contact with the Indian population in isolated areas. This was a factor in the increased incidence of venereal disease amongst Indians.

The wide distribution and isolation of Indians and Eskimos enormously increased the difficulty of an adequate venereal disease control campaign. All officers of the Indian Health Services Division were, however, given special instructions with respect to the control and treatment of venereal disease, and prompt and energetic treatment was arranged in all reported cases. Mention should be made of the assistance provided by Provincial Government organizations which actively aided the Division in the treatment of venereal disease, and in many areas supplied complete service to the Indian population at their local clinics. The use of new drugs, in particular penicillin, materially decreased the infectious period of both gonorrhoea and syphilis, with corresponding reduction in the treatment period.

MENTAL HEALTH

During the year 209 Indian patients received treatment in mental hospitals. Compared with 167 in the fiscal year 1942-43 this shows an increase in three years of only 42 patients. With a natural yearly increase in native population of approximately 1,500 this increase is not considered excessive.

DRUGS

By arrangement with the Central Medical Stores of the Department of Veterans Affairs, over 1,200 drug requisitions of all kinds were filled and shipped to approximately 500 centres throughout Canada and the Arctic. These centres include the aforementioned hospitals, nursing stations, trading posts, R.C.M.P. posts and missions. Biologicals were to a great extent purchased separately.

PERSONNEL

Throughout the war the Division suffered the loss of technical and professional personnel to the Armed Forces. Since the cessation of hostilities, however, an increasing number of such employees have returned to their employment with the Indian Health Services Division.

Many new positions were established to meet the continually expanding health needs of the native population. As of the end of the fiscal year, however, the Division still urgently required the service of additional doctors and nurses not only to meet the present situation but also to carry out the heavy programme planned for next year.

TRANSPORTATION

Due to lack of regular and organized means of transportation and communication in isolated outposts and to the nomadic habits of the natives, the problem of providing services, particularly to sparsely settled communities, was a very difficult one. In fact it was a practical impossibility to maintain adequate routine medical services for all the native population in such areas.

So far as epidemic diseases and emergency cases in such areas were concerned, service was, wherever possible, provided by air. This involved the use of commercial air transport facilities in the northern areas where regular air travel routes had been established. In many areas, however, which were not reached by such routes it was often necessary to charter commercial planes for special trips. Tribute is paid to the Royal Canadian Air Force and to the United States Army Air Force, which on numerous occasions furnished planes and, in some instances, professional personnel to undertake hazardous emergency trips to isolated and difficult areas in both the Eastern Arctic and the Northwest Territories. This service included the landing of medical and other supplies by parachute to areas where conditions were such that the plane could not land. In addition emergency cases were brought out for operative and other treatment in hospitals.

ESKIMOS

With the transfer of the Indian Health Services Division from the Department of Mines and Resources to the Department of National Health and Welfare, responsibility for the health of Eskimos, which was previously under the Northwest Territories Administration, was transferred to the Department of National Health and Welfare.

Toward the end of the fiscal year a conference of the Eastern Arctic administrators and medical officers who had seen service in the Arctic, was held at Ottawa. The general problem of Eskimos' health was discussed and recommendations were made with a view to ensuring an adequate medical health service for them. These recommendations will, as far as personnel and facilities are available, be implemented as soon as possible.

Arrangements were completed to have an eye specialist make a survey on the ground of eye conditions among the Eskimos and to assist them wherever possible. The eyes of 112 were examined and metal spectacle frames were fitted in 68 cases. Some whites were also fitted. This service, which will be repeated next year, should prove of very great value.

INDUSTRIAL HEALTH DIVISION

The work of the Industrial Health Division was related to the war effort during the first half of the past year and to peacetime reconversion during the later half.

War Activities

During the first half of the year the Industrial Health Division continued to function on a wartime basis under authority of Order in Council P.C. 1550 which made the Minister of National Health and Welfare responsible for measures to control time lost through industrial ill health in war contract premises. Dangerous materials and inexperienced employees, as in previous war