

# ANNUAL REPORT

of the

## DEPARTMENT OF NATIONAL HEALTH AND WELFARE

for the

FISCAL YEAR ENDED  
MARCH 31, 1947



OTTAWA  
EDMOND CLOUTIER, C.M.G., B.A., L.Ph.,  
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1948

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## TABLE OF CONTENTS

Directory of departmental personnel .....	8
Directory of departmental establishments .....	11
Introduction .....	13

### HEALTH BRANCH

Sanitation Council of Health .....	17
General Health Administration .....	18
Municipal Control Division .....	19
Child and Maternal Health Division .....	19

*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, 1947.

Respectfully submitted,

**PAUL MARTIN,**  
*Minister of National Health and Welfare.*

**April 1, 1947.**

Laboratory of Hygiene .....	20
Mental Health Division .....	21
Nurses Division .....	21
Public Health Engineering Division .....	21
Quarantine Medical Service and Treatment of Sick Mariners .....	21
Immigration Medical Service .....	21
Treatment of Sick Mariners .....	21
Leprosy .....	21
Venereal Disease Control Division .....	21
Cancer .....	21
World Health Organization .....	21

### WELFARE BRANCH

General .....	22
Family Allowances Division .....	23
Old Age Pensions and Pensions for Blind Persons .....	24
Physical Fitness Division and the National Council on Physical Fitness .....	25
Voluntary War Relief Division .....	26
War Charities Division .....	27
Women's Voluntary Services Division .....	28

### ADMINISTRATION BRANCH

General .....	29
Information Services Division .....	30
Personnel Division .....	31
Research Division .....	32
Chief Treasury Officer's Statement .....	33

TABLES

TABLE OF CONTENTS

	PAGE
Directory of departmental personnel.....	9
Directory of departmental establishments.....	11
Introduction.....	13

HEALTH BRANCH

Dominion Council of Health.....	17
General Health Administration.....	18
Blindness Control Division.....	18
Child and Maternal Health Division.....	19
Civil Service Health Division.....	23
Dental Health Division.....	24
Food and Drugs Divisions.....	25
Laboratory Services.....	25
Advertising and Labels Division.....	28
Proprietary or Patent Medicine Division.....	29
Health Insurance Studies, Directorate of.....	30
Hospital Design Division.....	30
Indian Health Services, Directorate of.....	31
Industrial Health Division.....	33
Laboratory of Hygiene.....	36
Mental Health Division.....	46
Narcotic Division.....	47
Nutrition Division.....	52
Public Health Engineering Division.....	55
Quarantine, Immigration Medical Service and Treatment of Sick Mariners.....	58
Quarantine Service.....	58
Immigration Medical Service.....	59
Treatment of Sick Mariners.....	60
Leprosy.....	60
Venereal Disease Control Division.....	61
Cancer.....	65
World Health Organization.....	67

WELFARE BRANCH

General.....	69
Family Allowances Division.....	69
Old Age Pensions and Pensions for Blind Persons.....	76
Physical Fitness Division and the National Council on Physical Fitness.....	77
Voluntary War Relief Division.....	86
War Charities Division.....	87
Women's Voluntary Services Division.....	88

ADMINISTRATION BRANCH

General.....	89
Information Services Division.....	89
Personnel Division.....	93
Research Division.....	93
Chief Treasury Officer's Statement.....	94

## TABLES

	PAGE
<b>BLINDNESS CONTROL DIVISION—</b>	
TABLE 1.—Number and Rate per 1,000 of Blind Pensioners.....	95
TABLE 2.—Expenditures for Eye Examinations, by months.....	95
TABLE 3.—Expenditures for Eye Examinations, by Provinces.....	95
<b>FOOD AND DRUGS DIVISIONS—</b>	
TABLE 4.—Amendments to the Food and Drugs Act and Regulations.....	96
TABLE 5.—Analytical Work.....	96
TABLE 6.—Examinations of Foods.....	97
TABLE 7.—Examinations of Drugs.....	98
TABLE 8.—Advertisements and Labels Reviewed.....	98
<b>LABORATORY OF HYGIENE—</b>	
TABLE 9.—Distribution in Canada of Types of C. Diphtheriae (Virulent) Examined.....	98
TABLE 10.—Summary of Specimens Collected.....	99
TABLE 11.—Fleas Found on Rats in British Columbia.....	100
<b>NARCOTIC DIVISION—</b>	
TABLES 12-14.—Details of Convictions.....	100
TABLE 15.—Number of Import and Export Licenses Issued.....	103
TABLE 16.—Number of Wholesale and Retail Druggists' Licenses Issued.....	103
TABLE 17.—Imports of Main Narcotics, 1937-46.....	104
TABLE 18.—Estimated Consumption of Main Narcotics, 1937-46.....	105
TABLE 19.—Imports of Narcotic Drugs.....	106
TABLE 20.—Exports of Narcotic Drugs by Countries.....	107
TABLE 21.—Aliens Deported from Canada for Narcotic Offences.....	108
TABLE 22.—Narcotic Drugs Seized or Received from Illicit Channels.....	109
<b>QUARANTINE, IMMIGRATION MEDICAL SERVICE AND TREATMENT OF SICK MARINERS—</b>	
<b>QUARANTINE SERVICE—</b>	
TABLE 23.—Ships Boarded by Quarantine Officers.....	110
TABLE 24.—Vessels Inspected for Deratization.....	111
<b>IMMIGRATION MEDICAL SERVICE—</b>	
TABLE 25.—Statistical Summary of Activities.....	111
TABLE 26.—Details of Examinations.....	112
TABLE 27.—Details of Certifications and Disposals of those Mentally or Physically Defective.....	113
<b>TREATMENT OF SICK MARINERS—</b>	
TABLE 28.—Diseases and Injuries Treated.....	114
TABLE 29.—Vessels Dues and Expenditures.....	114
TABLE 30.—Revenues and Expenditures by Provinces.....	114
TABLE 31.—Treatment and Hospitalization of Sick Mariners.....	115
<b>VENEREAL DISEASE CONTROL DIVISION—</b>	
TABLE 32.—Cases of Venereal Infection Reported by Provincial Health Departments.....	115
TABLE 33.—Comparison of Totals of all Types of V.D. Cases.....	116
TABLE 34.—Number of Cases of Venereal Disease in Canada.....	116
TABLE 35.—Incidence and Rate per 100,000 per annum of Syphilis, all Types.....	117
TABLE 36.—Incidence and Rate per 100,000 per annum of acquired Syphilis, Primary and Secondary.....	117
TABLE 37.—Incidence and Rate per 100,000 per annum of Gonorrhoea.....	118
TABLE 38.—Pamphlets and Booklets furnished to Provinces.....	119
<b>CANCER—</b>	
TABLE 39.—King George V Silver Jubilee Cancer Fund—Financial Statement.....	120

## TABLES—Concluded

	PAGE
<b>FAMILY ALLOWANCES DIVISION—</b>	
TABLE 40.—Payments by Months.....	121
TABLE 41.—Families in Pay.....	122
TABLE 42.—Average Allowance per Family.....	123
TABLE 43.—Children in Pay.....	124
TABLE 44.—Average Allowance per Child.....	125
TABLE 45.—Transfers of Accounts between Provinces.....	126
TABLE 46.—Comparative Statement of Payments.....	127
TABLE 47.—Classification of Families by Number of Children showing Increases in Number of Families, with percentages.....	128
TABLE 48.—State of Birth Verification.....	128
TABLE 49.—Accounts in Pay through Child-Placing Agencies.....	129
<b>OLD AGE PENSIONERS DIVISION—</b>	
TABLE 50.—Number of Pensioners and Percentage of Population, by Provinces.....	129
TABLE 51.—Total Payments and Average Monthly Payments, by Provinces.....	130
TABLE 52.—Number of Blind Pensioners and Percentage of Population, by Provinces	130
TABLE 53.—Total Payments to Blind and Average Monthly Payments, by Provinces	131
<b>PHYSICAL FITNESS DIVISION—</b>	
TABLE 54.—National Physical Fitness Fund—Financial Statement.....	131
<b>WAR CHARITIES DIVISION—</b>	
TABLE 55.—Receipts and Expenditures of Registered Funds.....	132
<b>INFORMATION SERVICES DIVISION—</b>	
TABLE 56.—Health Education Films and Filmstrips.....	133
TABLE 57.—Health Education Publications and Posters.....	137
<b>PERSONNEL DIVISION—</b>	
TABLE 58.—Total Permanent and Temporary Staff.....	139
<b>CHIEF TREASURY OFFICER—</b>	
TABLE 59.—Statement of Allotment Balances.....	140
TABLE 60.—Open and Revenue Accounts.....	149

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Chief, Purchasing and Supply Division,  
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G. A. SAUVE.

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Chief, Dominion Analyst and Director, Food and Drugs Division,  
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Chief, Inspection Services,  
R. D. WHITMORE, O.B.E., F.C.I.C.  
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National Director of Family Allowances,  
R. B. CURRY, B.A., LL.B.  
Director, Old Age Pension Division,  
J. W. MACRAE  
Registrar, War Charities Division,  
I. TRENKLE.

## 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—211 Industrial Building  
Saint John—119 Custom House, P.O. Box 296  
Montreal—379 Common Street  
St. Catharines—9 James Street  
Port Arthur—273 Ray Boulevard  
Winnipeg—P.O. Box 4710, Postal Station "B"  
Regina—P.O. Box 487  
Edmonton—302 Williamson Building  
Vancouver—321 Federal Building, P.O. Box 1012

#### QUARANTINE STATIONS

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



## INDIAN HEALTH SERVICES

*Hospitals—*

Maliseet, N.B.—Tobique Indian Hospital  
 Manitowaning, Ont.—Manitowaning Indian Hospital  
 Ohsweken, Ont.—Lady Willingdon Indian Hospital  
 Port Arthur, Ont.—Squaw Bay Indian Hospital  
 Norway House, Man.—Norway House Indian Hospital  
 The Pas, Man.—Clearwater Lake Indian Hospital  
 Selkirk, Man.—Dynevov Indian Hospital  
 Pine Falls, Man.—Fort Alexander Indian Hospital  
 Hodgson, Man.—Fisher River Indian Hospital  
 Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital  
 Edmonton, Alta.—Charles Camsell Indian Hospital  
 Gleichen, Alta.—Blackfoot Indian Hospital  
 Brockton, Alta.—Peigan Indian Hospital  
 Cardston, Alta.—Blood Indian Hospital  
 Morley, Alta.—Stoney Indian Hospital  
 Sardis, B.C.—Coqualeetza Indian Hospital  
 Nanaimo, B.C.—Nanaimo Indian Hospital  
 Prince Rupert, B.C.—Miller Bay Indian Hospital

*Nursing Stations—*

Eskasoni, N.S.  
 Fort George, P.Q.  
 Gypsumville, Man.  
 Sandy Bay, Man.  
 Broadview, Sask.  
 Lac La Ronge, Sask.  
 Hobbema, Alta.  
 Wabasca, Alta.  
 Port Simpson, B.C.

*Medical Stations—*

Shubenacadie, N.S.  
 Bersimis, P.Q.  
 Caughnawaga, P.Q.  
 Abitibi, P.Q.  
 James Bay, Ont.  
 Caradoc, Ont.  
 Tyendinaga, Ont.  
 Port Arthur, Ont.  
 Birtle, Man.  
 Prince Albert, Sask.  
 Driftpile, Alta.  
 Gleichen, Alta.  
 Edmonton, Alta.  
 Duncan, B.C.  
 Lillooet, B.C.  
 Kamloops, B.C.  
 New Westminster, B.C.  
 Vancouver, B.C.  
 Fort Norman, N.W.T.  
 Whitehorse, Yukon.

## WELFARE BRANCH

## FAMILY ALLOWANCES REGIONAL OFFICES

Charlottetown—59 Queen Street  
 Halifax—Industrial Building  
 Fredericton—City Hall  
 Quebec—15 Boulevard des Capucins  
 Toronto—122 Front Street West  
 Winnipeg—Lindsay Building  
 Regina—Saskatchewan Motors Building, Broad Street  
 Edmonton—10209, 100th Avenue  
 Victoria—Weiler Building

In the past year the Division assisted hospital boards and/or architects in every Province in Canada with their planning and construction problems, in many cases producing sketch plans to illustrate specific solutions. On request and in conjunction with the Mental Health Division of the Department, constructive criticism was given of a 250-bed psychiatric hospital in the United States.

Plans for health clinics and small rural hospitals were studied, and a booklet containing plans and descriptive material was produced and widely distributed.

During the year the Chief of the Division addressed the Ontario Hospital Association and the Maritime Hospital Association on the subject of hospital planning.

Considerable work was also done for other Divisions of the Department including sketch plans for additional hospital accommodation for the Indian Health Services.

### DIRECTORATE OF INDIAN HEALTH SERVICES

It is estimated from the 1941 census that in 1944 there were about 125,000 Indians and 7,700 Eskimos in Canada. The annual increment is approximately 1,500. The aim of the Indian Health Services Directorate is to provide a complete health service for these people. Toward that end hospitals, nursing stations, professional medical and nursing personnel and auxiliary services have been provided. The cost is met largely from public funds, with contributions in varying degrees from those bands of natives which have resources.

In addition to attention directed to the treatment aspect of general medical and surgical conditions, with emphasis on the treatment of tuberculosis and venereal disease, considerable stress is laid on preventive medicine through the organization of surveys to detect diseases in their early stages and by an active program of immunization for all preventable diseases.

Because of the widespread dispersal of Indians and Eskimos throughout many outlying areas difficult of access, the service rendered by the Directorate has been far from perfect in some regions. This state of affairs cannot be materially improved without close integration of modern aircraft facilities and health services.

### HISTORY

The earliest histories state that the aborigines of America were powerfully influenced by sorcery and that all illness was believed to be the results of spells cast by evil-wishers. It followed logically that the cure must take the form of appropriate rituals and the medicine man employed charms rather than therapeutics. Worth noting is that the medicine man still exerts his influence even where modern medical methods are available.

From the time of the earliest colonists medical attention has been offered to the natives both for humanitarian and social reasons because the explorers found a people highly susceptible to epidemic diseases which could be spread from either group. Missionaries and military forces devoted attention to the natives even before an organized Indian authority was established. This relationship has persisted and in the northern areas military station hospitals and missionary hospitals and nursing stations are an integral part of the medical services available to the native population.

Although in November, 1945, the Directorate of Indian Health Services was transferred to this Department from the Indian Affairs Branch of the Department of Mines and Resources, very close liaison is maintained between the two Departments in matters affecting the health and welfare of our Indian and Eskimo population.

## PRESENT SERVICE

Indian and Eskimo health services revolve about a network of departmental hospitals, nursing stations and medical outposts. The location of departmental hospitals and their bed capacity are shown below:—

Hospitals	Beds
Miller Bay, near Prince Rupert, B.C.....	150
Nanaimo, B. C. ....	210
Sardis, B.C. (Coqualeetza).....	200
Morley, Alta. (Stoney).....	13
Cardston, Alta. (Blood).....	45
Brocket, Alta. (Peigan).....	10
Gleichen, Alta. (Blackfoot).....	40
Edmonton, Alta. (Charles Camsell).....	350
Fort Qu'Appelle, Sask. ....	68
Hodgson, Man. (Fisher River).....	30
Pine Falls, Man. (Fort Alexander).....	20
Selkirk, Man. (Dynevor).....	50
The Pas, Man. (Clearwater Lake).....	78
Norway House, Man. ....	22
Squaw Bay, near Port Arthur, Ont. ....	22
Manitowaning, Ont. ....	13
Ohsweken, Ont. (Lady Willingdon).....	40
Tobique, N.S. ....	4

The institutions at Selkirk, and The Pas are departmental hospitals operated for Indian Health Services by the Sanatorium Board of Manitoba. The institutions at Miller Bay and Nanaimo are former military hospitals which were acquired and operated during the year.

Departmental nursing stations are established at Eskasoni, Nova Scotia; Fort George, Quebec; Gypsumville and Sandy Bay, Manitoba; Broadview and Lac La Ronge, Saskatchewan; Hobbema and Wabasca, Alberta; and Port Simpson, British Columbia.

Departmental medical stations staffed by a field nurse are located in British Columbia at Vancouver, New Westminster, Kamloops, Lillooet and Duncan; in Alberta at Edmonton, Gleichen-Brocket-Morey, and Driftpile; at Fort Norman, Northwest Territories; Whitehorse, Yukon Territory; Prince Albert, Saskatchewan; Birtle, Manitoba; in Ontario at Port Arthur, Tyendinaga, James Bay (2), and Caradoc; in Quebec at Abitibi (2), Caughnawaga, and Bersimis; and at Shubenacadie, Nova Scotia.

In addition to departmental institutions the Services make use of every hospital adjacent to native concentrations. Actually a large proportion of hospitalization is provided by other than departmental hospitals, these institutions being reimbursed from funds voted by Parliament for that purpose. Although the larger departmental hospitals have wards for general medical and surgical care, they are principally sanatoria for the treatment of tuberculosis. There were some 1,000 patients under treatment. Extensive use was made of sanatoria in every Province and about an equal number of patients were treated in sanatoria and in departmental institutions.

At the end of the year the Indian Health Services employed full-time 37 physicians, 92 nurses and 27 field nurses and matrons. In addition, there was a considerable number of physicians employed on a part-time basis. As with hospitalization, medical attention was provided by a very large number of physicians who accepted Indian patients in the same manner as their private patients and were reimbursed through the Directorate of Indian Health Services.

### Preventive Medicine

Great emphasis was placed on preventive medicine and every effort was made during the year to immunize every child not already protected. In the more remote areas and among nomadic bands this was accomplished at the time treaty moneys were paid. Insofar as possible every treaty party was accom-

panied by a physician, who was either a member of the Directorate of Indian Health Services or temporarily employed for the purpose. In addition to the usual protective inoculations against smallpox, diphtheria, whooping cough and typhoid, the attack against tuberculosis was further extended by the use of the Bacillus-Calmette-Guerin vaccine in selected groups in Quebec and Saskatchewan. With the exception of a limited epidemic of measles at Brochet, Manitoba, the success of immunization was reflected in the absence during the year of any serious epidemics.

Within the limits imposed by the scarcity of trained personnel and special equipment, surveys for tuberculosis were conducted across the country and into the Arctic. Almost 1,500 Eskimo were X-rayed on the 1946 trip of the *Nascopie*.

#### *Venereal Disease*

This community problem has been attacked co-operatively by federal and provincial health authorities. In one instance, in conjunction with the Provincial Health Department a camp was established at which the intensive treatment of Indians and non-Indians met with marked success. Further reference to this project is made at page 64.

#### *Staff*

The activities of the Directorate of Indian Health Services continued to be restricted by the scarcity of doctors and nurses. The Services expanded, however, as qualified professional personnel became available. Efforts to attract the right type of skilled medical assistance added to the staff a number of highly competent individuals.

#### *Hospitals*

In common with the public at large, the Indian Health Services was faced with the problem of scarcity of hospital beds. The number of beds controlled by the Services is far from adequate to meet the need and, wherever available, accommodation in other institutions was accepted. Although surveys for tuberculosis among the Indian and Eskimo were continuously in progress, these were geared to the amount of accommodation which could be found. Surveys are extended farther afield as each institution is opened, there being a perpetual waiting list.

#### *Transportation*

Much of the work carried on by this service was in terrain inaccessible except by aircraft. Extensive use was made of commercial planes and excellent co-operation was provided by the Royal Canadian Air Force in areas not covered by commercial lines or by the United States Army Air Force which frequently carries Eskimos down the East Coast. As the Directorate of Indian Health Services has no aircraft within its direct control, delays involved in making suitable arrangements with other services has proved a serious handicap.

### **INDUSTRIAL HEALTH DIVISION**

Under authority of Section 5 (i) of The Department of National Health and Welfare Act, the Division co-operates with provincial authorities with a view to co-ordinating efforts made or proposed for preserving and improving the health of the working population of Canada. The Division also carries out investigational, research and educational activities in relation to the health of the Canadian industrial worker under authority of Sections 5 (b) and 5 (h) of the Act. To discharge these functions the Division maintains medical, nursing and laboratory staffs in Ottawa. In addition, three laboratories for the study of industrial health problems in the field are maintained at Edmonton, Regina and Halifax.

ment. After considerable investigation over 500 treatment packages of the compound were processed by the Connaught Laboratories of Toronto for this Division and were provided to provincial Divisions of Venereal Disease Control for further distribution to hospitals, clinics, and other interested agencies, to the Service Departments and to the Department of Veterans Affairs.

Reports on the therapeutic application of the material will be accumulated and evaluated with a view to supplementing information already made available.

Literature dealing with BAL was reviewed and a summary of information on this compound was prepared for distribution with the material.

#### SECOND FEDERAL-PROVINCIAL CONFERENCE OF V. D. CONTROL DIRECTORS

The Second Conference of Federal and Provincial representatives interested in venereal disease control work in Canada was held in Ottawa on April 29 and 30 last. The resolutions brought forward were in general directed at the provincial V.D. Control Divisions and associated agencies, such as the provincial Laboratories, and will, when implemented, considerably enhance the effectiveness of the program throughout the country.

In brief, the resolutions dealt with the re-establishment and change of title of the Section on Venereal Disease Prevention in the Canadian Public Health Association; the recommendation to the Canadian Pension Commission that venereal disease be considered on the same basis as any other medical condition insofar as eligibility for pension is concerned; the type of personnel employed in venereal disease control activities; the improvement of instruction to medical students and nurses in venereal disease control methods; the improvement of various laboratory procedures in the diagnosis and treatment of venereal disease; and the restriction of information relating to venereal disease in instances in which divorce proceedings are involved.

In addition to delegates from each Province, representatives from the Armed Services, Department of Veterans Affairs and other Divisions of the Department of National Health and Welfare were in attendance.

Through this and subsequent conferences, an opportunity is provided for federal and provincial V. D. control administrative officers to discuss plans and interchange ideas designed to stimulate activity in the control of venereal infections throughout Canada. It is intended that conferences of this type will be held in Ottawa approximately every second year with regional conferences in the intervening years. As at the end of the fiscal year, plans were being made for the convening of Eastern (including the Maritime Provinces) and Western Regional V.D. Conferences, this Division assisting in certain organizational details.

#### SYPHILIS TREATMENT PROGRAM AMONG INDIANS IN ALBERTA

During September the provincial health authorities of Alberta undertook a project which had not previously been attempted in Canada. Following a serologic survey for syphilis extending over the past several years, a group of 150 Indians in Northern Alberta, together with their families, was assembled at a temporary camp at Grouard in the Lesser Slave Lake District. The total population of the camp was approximately 300 persons.

A treatment program consisting of a combination of penicillin, arsenical and bismuth compounds was administered to those considered to be infected with syphilis. The penicillin treatment lasted about 10 days and arsenic and bismuth injections were administered concurrently and as a follow-up procedure during the remainder of the period, totalling about 26 days.

The camp functioned for over a month and through the co-operation of the health authorities of Alberta, the Indian Health Services Division of this Department, and the Indian Affairs Branch of the Department of Mines and Resources, a most effective step was successfully taken in controlling the prevalence of syphilis among Indians in Northern Alberta.

The operation of the camp and treatment activities carried on were personally observed by the Chief of the federal Division of V.D. Control.

#### MISCELLANEOUS

After an association which commenced with the re-establishment of the federal Division in 1943, the V.D. Control Division of the Canadian Army discontinued its direct connection during August, 1946. Up to that time the close integration of civilian and armed forces programs had been considered essential and proved a most effective method of functioning. However, with the majority of personnel discharged from the Armed Services it was deemed advisable to terminate this association.

In co-operation with the Department of Labour and Provincial V.D. Control Divisions a procedure was outlined to provide for the after-care and surveillance of Polish immigrants who, upon arrival in Canada, had been diagnosed as suffering from venereal disease and treated, or who at that time were suspected of a venereal infection.

For the transmission of information regarding patients under treatment or observation for venereal disease who might change their place of residence within one Province or move to another Province, a form letter was devised at the federal level and has been put to use on a trial basis in all Provinces. Further experience in the use of this form will lead to certain revisions being made and should result ultimately in its permanent adoption by all provinces.

#### CANCER

##### KING GEORGE V SILVER JUBILEE CANCER FUND FOR CANADA

The King George V Silver Jubilee Cancer Fund was established on June 3, 1935, by Trust Deed between Her Excellency the Countess of Bessborough and the Board of Trustees of the Fund. The membership of the Board is as follows:

Chairman, The Chief Justice of Canada,

The Prime Minister of Canada,

The Leader of the Opposition,

The Minister of Pensions and National Health (now the Minister of National Health and Welfare,

The Chairman of the Health Committee, Canadian Life Insurance Officers Association,

The Chairman, Canadian Medical Association Committee on Cancer,

The Honorary Dean, Medical Faculty, University of Montreal,

Honorary Secretary, the Deputy Minister of Pensions and National Health (now the Deputy Minister of National Health),

Honorary Solicitor, the Deputy Minister of Justice,

Honorary Treasurer, the Deputy Minister of Finance.

Under the Trust Deed the Trustees were authorized to make expenditures "for purposes of research, the provision of radium or other diagnostic or treatment agents, for hospitals having efficient staffs but not sufficient money, education of the laity as to the importance of early suggestive symptoms being investigated, providing scholarships for promising medical students for the purpose of preparation for teaching in medical schools of Canada, providing refresher courses in different sections of each province for the practising