THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT FISCAL YEAR ENDED MARCH 31

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1948

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DEPARTMENT OF

NATIONAL HEALTH

AND WELFARE

ANNUAL REPORT

for the

FISCAL YEAR

ENDED MARCH 31

1948

OTTAWA

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

KING'S PRINTER AND CONTROLLER OF STATIONERY

1948

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

MINISTER

HONOURABLE PAUL MARTIN, K.C., P.C., M.P., M.A., LL.M., LL.D.

DEPUTY MINISTER OF NATIONAL HEALTH AND WELFARE (HEALTH)
G. D. W. CAMERON, M.D., C.M., D.P.H.

DEPUTY MINISTER OF NATIONAL HEALTH AND WELFARE (WELFARE)
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HEALTH BRANCH

Assistant Directors of Health Services,
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F. S. PARNEY, M.D.

Acting Chief, Blindness Control Division,
J. H. GROVE, M.D.

Chief, Child and Maternal Health Division.
ERNEST COUTURE, M.D., C.M.

Chief, Civil Service Health Division,
R. G. RATZ, M.B.

Chief, Dental Health Division,
H. K. BROWN, D.D.S., D.D.P.H.

Chief, Epidemiology Division,
A. F. W. PEART, M.B.E., M.D., C.M., D.P.H.

Director, Food and Drug Divisions, and *Chief Dominion Analyst,*
C. A. MORRELL, M.A., Ph.D., F.R.S.C.

Chief, Inspection Services,
R. D. WHITMORE, O.B.E., F.C.I.C.

Chief, Proprietory or Patent Medicine Division,
L. P. TEEVENS.

Chief, Laboratory Services,
L. I. PUGSLEY, B.A., M.Sc., Ph.D.

Acting Director, Directorate of Health Insurance Studies,
B. D. B. LAYTON, M.D.

Chief, Hospital Design Division,
H. G. HUGHES, B.Arch., A.R.I.B.A., M.R.A.I.C.

Director, Directorate of Indian Health Services,
P. E. MOORE, M.D., D.P.H.

Chief, Industrial Health Division,
F. S. PARNEY, M.D.

Chief, Industrial Health Laboratory,
K. KAY, M.A., Ph.D.

Acting Chief, Laboratory of Hygiene,
J. GIBBARD, B.S.A., M.Sc.

Chief, Mental Health Division,
C. G. Stogdill, M.A., M.D.

Chief, Division of Narcotic Control,
K. C. HOSSICK.

Chief, Nutrition Division,
L. B. PETT, B.S.A., M.A., Ph.D. M.D., F.C.I.C.

Acting Chief, Public Health Engineering Division,
J. R. MENZIES, B.A.Sc., O.L.S.

Chief, Division of Quarantine, Immigration Medical and Sick Mariners Services,
H. D. REID, M.D.

Chief, Venereal Disease Control Division,
B. D. B. LAYTON, M.D.

WELFARE BRANCH

National Director of Family Allowances,
R. B. CURRY, B.A., LL.B.

Director, Old Age Pensions Division,
J. W. MACFARLANE.

Director, Voluntary War Relief Division,
P. L. BROWNE, M.C., F.C.G.S., E.D.(F).

Acting Chief, Physical Fitness Division,
DORIS W. PLEWES, M.A., B.Paed., Ed.D.

Registrar, War Charities Division,
L. TREBERT.

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ADMINISTRATION BRANCH

Departmental Secretary,
Miss O. J. Waters.

Librarian,
Miss M. D. Morton, B.H.Sc., B.L.S.

Director, Information Services Division,
C. W. Gilchrist, O.B.E., E.D.

Chief, Personnel Division,
J. C. Rutledge, B.Com.

Chief, Legal Division,
R. E. Curran, B.A., LL.B.

Chief, Purchasing and Supply Division,
M. J. Cullen.

Officer-in-Charge, Research Division,
J. W. Willard, M.A., M.P.A., A.M.

Chief, Translation Office,
G. A. Sauve.

Chief Treasury Officer,
T. F. Phillips.

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

ADMINISTRATIVE OFFICES

Ottawa—Jackson Building

HEALTH BRANCH

FOOD AND DRUG 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

Canada

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

Overseas

British Isles—London, England—Sackville House, 40 Piccadilly
The Hague—Canadian Embassy
Paris—Canadian Embassy
Rome—Canadian Embassy
Brussels—Canadian Embassy

INDUSTRIAL HEALTH LABORATORY

Ottawa—35 John Street

LABORATORIES OF HYGIENE

Ottawa—45 Spencer 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—4th Floor, Dominion Building
Port Arthur—Room 1, Customs Building
Winnipeg—P.O. Box 4710, Postal Station "B"
Regina—P.O. Box 487, 413 Post Office Building
Edmonton—302 Williamson Building
Vancouver—321 Federal Building

QUARANTINE STATIONS

Halifax—Rockhead Hospital
Saint John—Quarantine Hospital
Quebec—Louise Basin and Immigration Hospital
Montreal—379 Common Street
Vancouver—Immigration Building
Victoria—William Head

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SICK MARINERS CLINICS AND HOSPITALS

Halifax—Immigration Building, Pier 21
Sydney—Marine Hospital
Lunenburg—Marine Hospital
Saint John—Quarantine Hospital
Quebec—Louise Basin
Vancouver—Immigration Building

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
Brandon, Man.—Brandon Indian Hospital
Norway House, Man.—Norway House Indian Hospital
The Pas, Man.—Clearwater Lake Indian Hospital
Selkirk, Man.—Dynevor Indian Hospital
Hodgson, Man.—Fisher River Indian Hospital
Pine Falls, Man.—Fort Alexander Indian Hospital
Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital
Edmonton, Alta.—Charles Camsell Indian Hospital
Gleichen, Alta.—Blackfoot Indian Hospital
Brocket, 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.
Port Harrison, P.Q.
Bersimis, P.Q.
Little Saskatchewan, Man.
Lac La Ronge, Sask.
Broadview, Sask.
Hobbema, Alta.
Wabasca, Alta.
Port Simpson, B.C.

Health Units

Sydney, N.S.
Caughnawaga, P.Q.
Moose Factory, Ont.
Muncey, Ont.
Deseronto, Ont.
The Pas, Man.
Prince Albert, Sask.
North Battleford, Sask.
Edmonton, Alta.
Calgary, Alta.
Prince Rupert, B.C.
Williams Lake, B.C.
Duncan, B.C.
Kamloops, B.C.
Vancouver, B.C.

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

Many provinces have taken advantage of this consultative service in the past year and have forwarded plans of proposed hospital construction to the division for constructive criticism. Various provinces have been visited, in order to advise on particular projects, and addresses have been given to service groups, in order to increase interest in good hospital planning.

The Chief of the Division visited United States Public Health Service officials in Washington and the Hospital Planning Commission of North Carolina, in order to obtain first-hand information regarding setting up of proposed hospital grants in this country.

During the past year, considerable work for other branches of the department has been done. This work has included a variety of items, from the production of charts, etc., which require draughting skill, to the planning of a complete development.

DIRECTORATE OF INDIAN HEALTH SERVICES

The Indian Health Services Directorate is responsible for complete health service for all persons of Canadian native status. There are approximately 130,000 Indians and 8,000 Eskimos, widely scattered through all the provinces and the territories. Roughly, the distribution is: Alberta, 13,000; British Columbia, 26,000; Manitoba, 16,000; New Brunswick, 2,000; Northwest Territories, 4,000; Nova Scotia, 2,500; Ontario, 33,000; Prince Edward Island, 300; Quebec, 15,500; Saskatchewan, 16,000; Yukon, 1,600; Western Arctic (Eskimo), 2,000; East Arctic (Eskimo), 6,000.

For administrative purposes the Dominion is divided into eight regions, with approximate populations as follows:

Region	Population
The Maritimes	5,000
Quebec	16,000
Ontario and East Arctic	30,000
Manitoba and north-western Ontario	25,000
Saskatchewan	16,000
Alberta and Yukon	15,000
British Columbia	25,000
Northwest Territories and West Arctic	6,000

There are Regional Superintendents in British Columbia, Alberta, Saskatchewan, Manitoba and Quebec. The remaining areas have been administered directly from head office, through the Director and two Assistant Directors, who coordinate the whole service. During the year some member of head office staff visited every province, the Northwest Territories and the East Arctic.

HISTORY

A health service for native Indian and Eskimo was developed as a voluntarily assumed moral obligation on the part of the government, to provide assistance to a more primitive people and to protect the new inhabitants from epidemics which might explode in a population not previously exposed to the diseases of Europe.

The first efforts were those of the early armed forces, missionary societies and public spirited individuals, more or less without coordinated direction. In the 1800's, doctors were appointed to provide the essential care for a few larger Indian communities. A superintendent was appointed in 1905, but the modern health service may be considered as commenced in 1927, with slow but steady expansion to the present.

On November 1, 1945, Indian Health Services were transferred from the Department of Mines and Resources to the Department of National Health and Welfare. Prior to 1936, Indian Affairs was a separate department, with Eskimo administration under the Department of the Interior.

Commencing, as it did, in response to an obvious public health need, the native health service has been required to assume an increasingly larger responsibility in providing protective and active treatment. Certain Indian communities contribute extensively from their funds, but the majority contribute nothing. The economic status of the more remote peoples will always be on a lower level, but, in the more populated areas, the Indian can assume, gradually, more and more of the responsibility of his neighbours. This economic evolution must be slow, because the native is psychologically distinctly a different race to the more western cultures of the new population of Canada. Provision for tomorrow is not, and likely never will be, a trait of the unadulterated Indian or Eskimo, but assimilation should be attended by education in economic independence, including provision against ill-health, to the degree current in their areas.

FACILITIES

During the year the service was constructed upon a framework of 19 departmental hospitals and five nursing stations. Subsidiary to these were health units and the field staff of medical officers, field nurses, matrons and dispensers. These, in turn, were augmented by part-time physicians and private practitioners who received Indian patients as part of their clientele, rendering accounts to this directorate. Similarly, community hospitals were used extensively, and provincial institutions and personnel wherever possible.

Indian Health Services hospitals were operated during the year at:

	No. 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
Brandon, Man.	200
Squaw Bay, near Port Arthur, Ont.	22
Manitowaning, Ont.	13
Ohsweken, Ont. (Lady Willingdon)	40
Tobique, N.S.	4

The hospital at Brandon was opened June 15, 1947. It was erected in 1943 for the Department of National Defence, expanded in 1944, and used by the Department of Veterans Affairs from the cessation of hostilities until taken over by Indian Health Services. It has accommodated a number of Polish veterans suffering from tuberculosis, in addition to its Indian population. The three institutions in Manitoba, at Clearwater Lake, Dynevor and Brandon, were operated by the Manitoba Sanatorium Board for this department.

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The occupancy of the larger hospitals has been mainly by tuberculous patients, although each has treated general, medical and surgical cases. The smaller hospitals function as any community general hospital. About an equal number of patients were treated in departmental hospitals and in non-departmental sanatoria and general hospitals.

Indian Health Nursing Stations, staffed by a graduate nurse, and accommodating up to four patients, were operated at Port Simpson, B.C. Wabasca and Hobbema, in Alberta, Broadview, Sask., and Eskasoni, N.S. During the year further nursing stations were opened at Bersimis, Fort George and Port Harrison, in Quebec, and at Little Saskatchewan, in Manitoba.

Health Units, staffed by a medical officer and graduate nurse, were operated at Prince Rupert, Williams Lake, Duncan, Vancouver and Kamloops, in British Columbia, Edmonton and Calgary, in Alberta, Prince Albert and North Battleford, in Saskatchewan, The Pas, in Manitoba, Moose Factory, Muncey and Deseronto, in Ontario, Caughnawaga in Quebec and Sydney in Nova Scotia. From these centres the professional personnel radiated out to educate, treat or arrange the hospitalization of the natives in a zone many miles about. Similarly, staff from the smaller hospitals visited the surrounding areas by motor vehicle, water, air or snow transport, throughout the year.

Graduate nurses responsible for health education and public health care reached out from Shubenacadie, N.S., Fredericton, N.B., Seven Islands, Maniwaki and Amos, in Quebec, Port Arthur, Ohsweken, and Chapleau, in Ontario, Nelson House, God's Lake, Cross Lake and Sandy Bay, in Manitoba, Driftpile and St. Brides, in Alberta, Lillooet, New Westminster, Kitimaat, Hazelton and Bella Coola, in British Columbia. During the busy season, additional field nurses served the cannery employees in northern British Columbia.

The staff, at the end of the year, consisted of 47 full-time medical officers, three full-time dental surgeons, 145 graduate nurses in hospital positions, 20 graduate nurses in the field, 66 physicians in part-time positions, and many hundreds of physicians, dentists, field matrons and dispensers, employed on a fee basis. Accounts were received regularly from about 600 hospitals in various parts of the country.

PUBLIC HEALTH ACTIVITIES

(a) *Immunization*—It is the intention to have every native child protected, so far as possible, against smallpox, diphtheria, whooping cough and the typhoid group of diseases. One or more representatives of Indian Health Services accompanies each annual official visit to each band, at which time the greatest concentration of nomadic groups can be reached. This is in addition to the continuous programme carried on throughout the year by the whole field staff. Certain nomadic Indians, and many Eskimo groups, cannot be contacted regularly, but every opportunity of reaching these people was taken.

Immunization against tuberculosis by Bacillus-Calmette-Guerin vaccine has been pioneered in Canada by Indian Health Services and was further extended during the year. As an example of this work, of five bands in various isolated parts of Quebec, where 99 per cent of the population was reached, a total of 2,096 patch tests were made with 559 negative reacting all receiving B.C.G. In this group only 26·7 were negative. At Caughnawaga, near Montreal, of 412 school children, 223 were negative and were given the B.C.G. It may be observed that, in this group, 54·7 were negative. These figures indicate an approach of this more urban group toward the conditions found in the white population.

The ideal time to use B.C.G. is during the first 10 days of the newborn. In Quebec, 50 babies were inoculated during the year. Similar groups were reached in the other provinces. B.C.G. inoculations were made in Manitoba Residential Schools, where 447 children were inoculated; six weeks later 97 per cent of those inoculated in one school were found to be tuberculin positive. The work commenced several years ago in Saskatchewan was continued and, in a paper prepared jointly by the Regional Superintendent for Indian Health Services and the Director of the Anti-Tuberculosis League of Saskatchewan, it was demonstrated that five times as many B.C.G.-protected individuals survive exposure to tuberculosis compared with a similar number not inoculated.

(b) *Tuberculosis Control*—Tuberculosis is the leading cause of death in Indian populations, but a vigorous attack has been launched in an effort to reduce the incidence of this disease. In 1946 a total of 723 Indians died from tuberculosis in the nine provinces. At the end of the same year there were approximately 1,600 tuberculous Indians receiving treatment in departmental hospitals, provincial sanatoria and other institutions.

Extensive surveys were carried out and equipment and personnel obtained, so that this phase of the work will be increased in the present year. The ultimate aim for surveys is that the total Indian population will be examined every other year and, as beds become available, immediately to remove infectious cases. It can be predicted safely that there will be a very definite lowering in the alarming death rate from this scourge.

(c) *Venereal Disease*—Second only to protective inoculations, it has been the function of the field staff to carry appropriate knowledge of hygiene and sanitation to those who require this instruction. Extensive use has been made of departmental pamphlets, posters, cinema and film strips. Formal and informal talks were given at every opportunity and systematic visits to homes, schools and Homemakers Clubs were made, as part of the duties of the field medical officers and nurses.

EPIDEMICS

An epidemic of measles swept through the area about the western half of Great Slave Lake, in June and July, 1947, but, due to the more clement weather, there were no deaths attributable to the epidemic.

A diphtheria-like epidemic spread about James Bay during the Fall and early Winter. While the morphology of the organism was characteristic, the virulence was very low, as practically no deaths could be blamed on the epidemic. Every effort was made to keep well ahead of the spread, with protective inoculations, in spite of the wide dispersal of these nomadic people, who regularly leave for their trap-lines in the early Fall and who remain away most of the Winter.

Transportation

The inaccessibility of a large proportion of the native population is the greatest handicap to active treatment, when such is required. At the same time, the inaccessibility is also a barrier to the *spread* of contagion. In the course of a year, a field nurse or doctor will travel by motor car, plane, speed boat or canoe, in the saddle, by sleigh, dog team or snowmobile.

The most important single mode of travel is by plane, landing generally on lakes, rivers or salt water. Air miles cannot readily be determined, as commercial planes generally do not report this on accounts, but in excess of $100,000 was paid for air transport during the fiscal year. In addition, extensive use was made of provincial services, the R.C.A.F., and United States Air Force, where commercial planes do not ordinarily travel, and particularly in the far northeast, where no regular routes exist. During the year 42 Eskimos were removed for hospitalization from the East Arctic alone.

The *R.M.S. Nascopie*, which regularly visits all posts in the East Arctic, was wrecked on July 7, 1947, at Cape Dorset on the north shore of Hudson Straits. This was drastic, so far as the programme for attention to the Eskimo in the East Arctic was concerned. The medical stores and equipment for the various posts were completely lost, and had to be resupplied and forwarded by smaller craft, which were hastily procured, and by arrangements made with the Air Force, to carry in essential supplies. As a result of this fine co-operative effort, no arctic outpost was without adequate supplies during the year.

INDUSTRIAL HEALTH DIVISION

Canada has become one of the leading industrial nations as a result of its industrial expansion during the war and post-war years. Between 1939 and 1946, the value of manufactured goods and foreign trade increased threefold, while the number of employees in manufacturing alone rose from 658,000 to 1,119,000. Today, persons gainfully employed in all occupations number about 4,800,000. The sickness rate of this vital section of our population is estimated to be nine days per annum, and represents a loss of over 500 million dollars to our national income.

The efforts of the Industrial Health Division are directed toward the alleviation of this important public health problem through the improvement of the health and occupational environment of the working population. To discharge this function, under Section 5(*b*), (*h*) and (*i*) of the Department of National Health and Welfare Act, the division maintains medical, nursing and laboratory staffs, which provide the following facilities:

(*a*) medical and nursing consulting services, for improving and promoting plant medical programmes and for appraising industrial health problems;

(*b*) laboratory services, for research and investigation of industrial health hazards;

(*c*) education and technical information services, for promoting personal and plant health practices.

In co-operation with provincial departments of health, the division is applying its professional and technical facilities to various industrial health projects of a continuing or emergency nature.

The division also maintains contact with industrial health agencies abroad and holds membership on a number of national and international committees and associations dealing with various phases of industrial health. Supplementing this part of the division's activities, an index of current literature is maintained and there is a constant flow of information on new developments in the industrial health field between the federal and provincial levels.

CO-OPERATION WITH PROVINCIAL AUTHORITIES

Ontario

During the past fiscal year, the division collaborated with the Ontario Division of Industrial Hygiene in preparing a reference manual on occupational diseases. The manual includes a list of occupations in Canada, with a description of their actual and potential health hazards, and will be a reference guide for physicians who treat industrial workers. This publication contains certain features relating to industrial diseases in Canada which are not readily available from other sources.