CANADA

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE - OTTAWA

ANNUAL REPORT 1949-1950

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

FOR THE FISCAL YEAR ENDED MARCH 31

1950

Edmond Cloutier, C.M.G., B.A., L.Ph.,
King's Printer and Controller of Stationery,
Ottawa, 1950

To His Excellency Field Marshal the Right Honourable the Viscount Alexander of Tunis, K.G., 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 Canada.

MAY IT PLEASE YOUR EXCELLENCY:

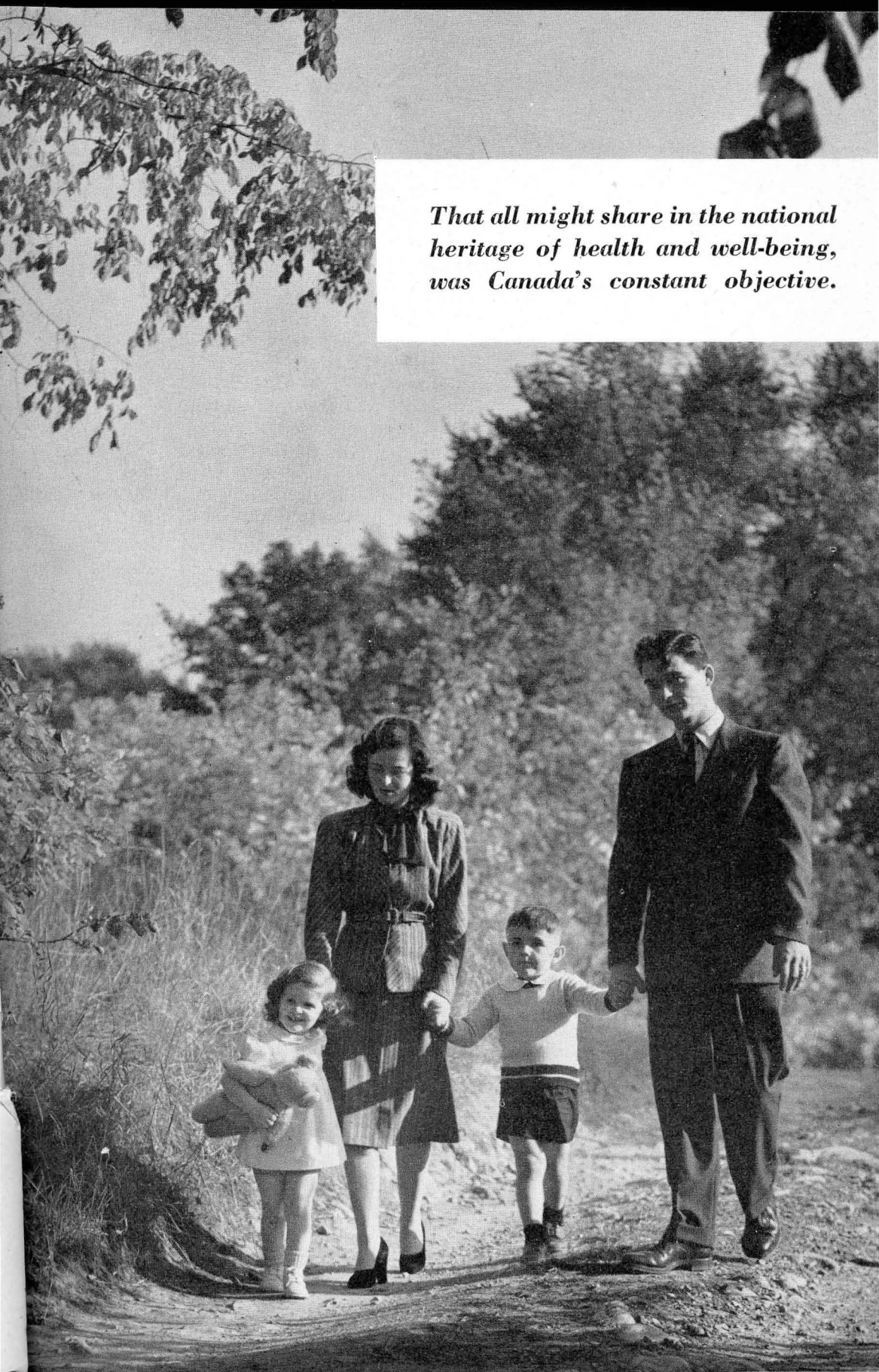
The undersigned has the honour to present to Your Excellency the Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1950.

Respectfully submitted,

PAUL MARTIN,
Minister of National Health and Welfare.

April 1, 1950.

67688–1½



That all might share in the national heritage of health and well-being, was Canada's constant objective.

CONTENTS

CONTENTS—*Concluded*

WELFARE

ADMINISTRATION

TABLES

67688—2

TABLES—*Concluded*

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)
G. F. DAVIDSON, B.A., M.A., Ph.D.

HEALTH BRANCH

Director of Health Services,
H. A. ANSLEY, M.D., D.P.H.

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

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

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

Chief, Civil Aviation Medicine Division,
H. E. WILSON, M.D.

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.

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

Chief, Industrial Health Division,
K. C. CHARRON, M.D.

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

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

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

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

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

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

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

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

Director of Health Insurance Studies,
F. W. JACKSON, M.D., D.P.H.

Assistant Directors of Health Insurance Studies,
M. LANGLOIS, M.D.,
G. E. WRIDE, M.D., D.P.H.

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

Assistant Director, Food and Drug Divisions,
A. PAPINEAU-COUTURE, B.A.

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

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

Chief, Proprietary or Patent Medicines Division,
L. P. TEEVENS.

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

Assistant Directors, Indian Health Services,
H. A. PROCTOR, M.D.
O. LEROUX, M.D.

67688—2½

WELFARE BRANCH

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

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

Executive Assistant (Welfare),
Mrs. D. B. SINCLAIR, O.B.E., B.A., M.A., LL.D.

National Director of Physical Fitness,
ERNEST LEE, B.A., B.Sc., in P.E.

ADMINISTRATION BRANCH

Departmental Secretary,
Miss O. J. WATERS.

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

Departmental Librarian,
Miss M. D. MORTON, B.H.Sc., B.L.S.

Executive Assistant (Personnel, Purchasing and Supply),
J. C. RUTLEDGE, B.Com.

Legal Adviser,
R. E. CURRAN, K.C., B.A., LL.B.

Chief, 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, Bank and Slater Streets.

FAMILY ALLOWANCES REGIONAL OFFICES

St. John's—29 Buckmasters' Field.
Charlottetown—59 Queen Street
Halifax—Industrial Building
Fredericton—City Hall
Quebec—51 Boulevard des Capucins
Toronto—122 Front Street West
Winnipeg—Lindsay Building
Regina—Saskatchewan Motors Building, Broad Street
Edmonton—10201, 100th Street
Victoria—Weiler Building

FOOD AND DRUG LABORATORIES

Ottawa—35 John Street
Halifax—Dominion Public Building (P.O. Box 605)
Montreal—379 Common Street
Toronto—65 Victoria Street
Winnipeg—Aragon Building, 244 Smith Street
Vancouver—Federal Building, 325 Granville Street

IMMIGRATION MEDICAL SERVICE OFFICES

Canada

Gander—Gander Airport
Halifax—Immigration Building, Pier 21
North Sydney—Immigration Building
Saint John—Quarantine Hospital (P.O. Box 1406)
Quebec—Savard Park Immigration Hospital
Montreal—Immigration Building, 1162 St. Antoine Street
Victoria—Immigration Building

Overseas

London—42-46 Weymouth Street, Marylebone, W.1
The Hague—Canadian Embassy
Brussels—Canadian Embassy
Paris—Canadian Embassy
Rome—Canadian Embassy

INDIAN HEALTH SERVICES

Hospitals

Prince Rupert, B.C.—Miller Bay Indian Hospital
Nanaimo, B.C.—Nanaimo Indian Hospital
Sardis, B.C.—Coqualeetza Indian Hospital
Morley, Alta.—Stoney Indian Hospital
*Cardston, Alta.—Blood Indian Hospital
Brocket, Alta—Peigan Indian Hospital
Gleichen, Alta.—Blackfoot Indian Hospital
Edmonton, Alta.—Charles Camsell Indian Hospital
Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital
North Battleford, Sask.—North Battleford Indian Hospital
Hodgson, Man.—Fisher River Indian Hospital
Pine Falls, Man.—Fort Alexander Indian Hospital
†Selkirk, Man.—Dynevor Indian Hospital
†The Pas, Man.—Clearwater Lake Indian Hospital
†Brandon, Man.—Brandon Indian Hospital

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS—*Continued*

Norway House, Man.—Norway House Indian Hospital
Fort William, Ont.—Squaw Bay Indian Hospital.
Manitowaning, Ont.—Manitowaning Indian Hospital
Moose Factory, Ont.—Moose Factory Indian Hospital
Oshweken, Ont.—Lady Willingdon Indian Hospital
Sioux Lookout, Ont.—Sioux Lookout Indian Hospital
*Perth, N.B.—Tobique Indian Hospital

Nursing Stations

Coppermine, N.W.T.
Fort Good Hope, N.W.T.
Fort McPherson, N.W.T.
Fort Norman, N.W.T.
Lake Harbour, N.W.T.
Port Simpson, B.C.
Driftpile, Alta.
Saddle Lake, Alta.
Lac la Ronge, Sask.
Broadview, Sask.
God's Lake, Man.
Island Lake, Man.
Oxford House, Man.
Nelson House, Man.
Little Saskatchewan (Gypsumville), Man.
Cross Lake, Man.
Big Trout Lake, Ont.
Osnaburgh House, Ont.
Lac Seul, Ont.
Fort Chimo, Que.
Fort George, Que.
Bersimis, Que.
Port Harrison, Que.
Eskasoni, N.S.

Health Centres

Sydney, N.S.
Shubenacadie, N.S.
Lennox Island, P.E.I.
Kingsclear, N.B.
Newcastle, N.B.
Seven Islands, Que.
Caughnawaga, Que.
Maniwaki, Que.
Barriere (seasonal)
Notre Dame du Nord, Que.
Amos, Que.
Obidjiwan (seasonal)
Mistassini (seasonal)
Maniwan (seasonal)
Waswanipi (seasonal)
Point Bleue, Que.
St. Regis, Que.
Deseronto, Ont.
Muncey, Ont.
Sarnia, Ont.
Ohsweken, Ont.
Christian Island, Ont.
Chapleau, Ont.
Port Arthur, Ont.
The Pas, Man.
Sandy Bay, Man.
Rossburn, Man.
Punnichy, Sask.
Prince Albert, Sask.
Fort St. James, B.C.
Williams Lake, B.C.
Kamloops, B.C.
Hazelton, B.C.
New Westminster, B.C.
Duncan, B.C.
Alert Bay, B.C.
Kincolith, B.C.
Port Simpson, B.C.
Port Edward, B.C.
Vancouver, B.C.
Whitehorse, Y.T.
Carmacks (seasonal)
Teslin (seasonal)
Fort Smith, N.W.T.
Fort Resolution, N.W.T.
Fort Simpson, N.W.T.
Aklavik, N.W.T.
Chesterfield Inlet, N.W.T.
Pangnirtung, Baffin Island
Winnipeg, Man.

*Departmental hospitals staffed by religious orders on stipend.

†Departmental sanatoria staffed and operated by the Sanatorium Board of Manitoba, with reimbursement on a per diem basis.

INDUSTRIAL HEALTH LABORATORY
Ottawa—200 Kent Street

LABORATORIES OF HYGIENE
Ottawa—45 Spencer Street
Kamloops, B.C.

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS—*Concluded*

PUBLIC HEALTH ENGINEERING DISTRICT OFFICES

Moncton—General Motors Building
Montreal—1162 St. Antoine Street
St. Catharines—4th Floor, Dominion Building
Port Arthur—Room 1, Customs Building
Winnipeg—207 Scientific Building, 425½ Portage Avenue
Edmonton—Room 302, Alberta-Jasper Building
Vancouver—321 Federal Building, 325 Granville Street

QUARANTINE STATIONS

Halifax—Rockhead Hospital
Saint John—Quarantine Hospital (P.O. Box 1406)
Quebec—Louise Basin and Savard Park Immigration Hospital
Montreal—379 Common Street
Vancouver—Immigration Building
Victoria—William Head, B.C.

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

To the Honourable Paul Martin, K.C., P.C., M.P., M.A., L.L.M., LL.D.,
Minister of National Health and Welfare, Ottawa.

SIR,—We have the honour to present, herewith, the Annual Report of the Department of National Health and Welfare, for the fiscal year ended March 31, 1950.

Respectfully Submitted,

G. D. W. Cameron,
Deputy Minister of National Health and Welfare (Health)

G. F. Davidson,
Deputy Minister of National Health and Welfare (Welfare)

OTTAWA,
April 1, 1950.

INTRODUCTION

With increasingly effective co-operation between all the agencies in these fields, new ways were found and additional measures were adopted, this year, further to ensure the health and to promote the general well-being of the people of Canada.

Vigilant watch was kept against possible threats to the public health, means for raising the national health standard were explored and provisions for the benefit of children, the aged and the handicapped helped to maintain a generally high level of social security.

As federal, provincial, local and voluntary services combined to provide wider and better-equipped health and welfare facilities, advances were made and promising projects were initiated.

Federal Grants

Grants provided to the provinces under the National Health Program, to strengthen their health facilities and to develop their services, in preparation for the possible introduction of a nation-wide medical care and hospitalization plan, have enabled the provinces steadily to increase their hospital accommodation and extend their activities. The National Health Program was providing more than $33,000,000 annually in the general plan to improve the country's capacity for seeking out and treating illness.

Although the Program had been in operation less than two years, more than half of the goal of 40,000 new hospital beds, which it had been hoped could be provided within five years through these measures, had already been reached by the end of this fiscal year, and the country's health facilities had been strengthened immeasurably.

Surveys which the provinces had carried out, preparatory to making use of federal and provincial grants to strengthen health services, have added to the fund of information essential to sound health planning. As these surveys revealed the extent to which government agencies were meeting needs, and what and where new effort was required, plans were laid for a nation-wide sickness survey of thousands of families, to obtain an intimate picture of the incidence and prevalence of morbidity. This survey will be conducted in 1950, jointly by federal and provincial health authorities and the Dominion Bureau of Statistics.

International Interests

While working to protect the health and welfare of her own people, Canada, through the Department of National Health and Welfare, continued to play a major role in United Nations health and welfare organizations and to co-operate actively with international control bodies in these fields.

The Minister of National Health and Welfare was a Member of the Canadian Delegation to the 1949 General Assembly of the United Nations.

The Deputy Minister of National Health and Welfare (Health) headed the Canadian delegation to the Second World Health Assembly, held in Rome in June, 1949. Canadian delegates to meetings of the World Health Organization stressed the desirability of a program which would be most likely to assure the greatest returns for expenditures involved. They urged the provision of the type of assistance which would most readily enable countries to develop, and assume full responsibility for, their own health services as quickly as possible rather than continue to reply upon the support of the Organization.

The Deputy Minister of National Health and Welfare (Welfare) was Alternate Delegate to the Tenth Session of the Economic and Social Council, and Canadian representative on the Social Commission, and also attended meetings of the Fourth Session, in May 1949. He was represented at the Fifth Session, in December, by the National Director of Family Allowances. The Executive Assistant (Welfare) was Canada's representative to the United Nations International Children's Emergency Fund.

HEALTH BRANCH

There were no major epidemics during the year, and some improvement in the general health picture was indicated in reports correlated by the Dominion Bureau of Statistics.

The birth rate in Canada in 1949 was 26·9 per 1,000 population, a decrease from the high rate of 28·6 in 1947 and from 27·0 in 1948. The death and marriage rates also decreased, both being 9·2 in 1949, compared with 9·3 and 9·6 in 1948.

Canada's maternal mortality rate remained at 1·5 per 1,000 live births—comparing favourably with rates of other countries—but a continuing infant mortality rate of 44 per 1,000 live births, which was higher than the rates of 11 other countries and double those of two of them, continued to cause concern.

The Dominion Bureau of Statistics reported that, among the causes of death that affect mainly children and young adults, there were declines from the previous year in diphtheria and measles, but increases in mortality from whooping cough, acute poliomyelitis and diarrhoea and enteritis. The tuberculosis rate declined from 37·1 in 1948 to 30·5 in 1949; deaths from scarlet fever totalled 14, as compared with 38 in the previous year; deaths from motor accidents increased from 2,070 in 1948 to 2,223, and other accidental deaths from 5,722 to 5,803.

Among the causes which affect mainly older people, the cancer death rate decreased from 126·4 per 100,000 population in 1948 to 124·7, while the cardiovascular group of diseases, amounting to over 54,700, or about 45 per cent of all deaths, in 1949, accounted for an increased rate of 415·3 in 1949, as compared with 414·0 in 1948.

Looking back over half a century of health progress in Canada, public health authorities noted that there had been a 20-year increase in the average life expectancy in that period, a reduction of one third in the general mortality rate and very definite progress in medical science and in the application of new knowledge.

Although it was still far from satisfactory, the infant mortality rate had been cut 50 per cent in half a century and the maternal mortality rate had been reduced in that period by 60 per cent.

Events of the Year

Among outstanding events of the year were several which promised continued improvement in health conditions.

Immigration medical provisions forestalled possible introduction of disease from abroad, notably following an outbreak of smallpox in Scotland at the end of the fiscal year.

Federal health services, including the department's Quarantine, Immigration Medical and Sick Mariners services, Food and Drug control and Public Health Engineering supervision, were extended to the new province of Newfoundland.

The department's facilities for ensuring the health of native peoples were expanded and Indian Health Services opened the 21st of its chain of hospitals.

Research was carried on relating to the manufacture and use of such new compounds as cortisone, used experimentally, and possibly holding out promise in the treatment of many hitherto difficult diseases.

In the industrial health field a program was initiated to meet potential hazards created by the increased use of radio-active materials and radiation-producing apparatus.

The National Cancer Institute of Canada was provided with facilities at the Laboratory of Hygiene for a Tumour Registry, which will serve as a clearing house of information concerning malignant growths.

Plans were made, also, for new quarters for services of the Laboratory of Hygiene, both at Ottawa and at the Western Branch. Facilities for the study of the virus diseases will be available when a new building is erected for this purpose at the Capital, and the Western Branch, now working at Kamloops, B.C., on virus infections and rodent plagues of particular concern to Western Canada, will have more suitable laboratory facilities at Edmonton, Alta., where a lease has been signed with the University of Alberta for a site on the campus.

In connection with the observance of the 75th anniversary of the passage of Canada's first food and drug regulations, public attention was focused on federal services ensuring the safety of food, drugs and pharmaceuticals. New pharmaceutical products were checked closely and, with the co-operation of manufacturers, reasonable marketing of such preparations as the antihistamines was achieved.

An active health education campaign was carried out, with and through provincial and other authorities, and, in co-operation with United States agencies, a motion picture was made on cancer.

Health Expenditures

Widespread expansion of services for Indians and Eskimos accounted for by far the greatest single expenditure in federal health operations. The overall cost of the Health Branch, including health grants of all kinds, was $29,690,330.48. This was made up of: Grants, $15,878,007.07; Statutory Health Services, $12,857,023.87; Co-operative services with the Provinces, $955,299.54. Of the $12,857,023.87 for statutory functions $9,924,124.00 was for Indian Health work.

Costs of other basic health services were: Health Branch administration, $101,549.35; Food and Drugs, $654,078.46; Proprietary or Patent Medicines, $25,015.70; Narcotics, $139,698.77; Quarantine and Leprosy, $262,485.29; Sick Mariners, $580.138.02; Immigration Medical, $807,642.52; Public Health Engineering, $128,105.88; Civil Aviation Medicine, $35,490.29, and Civil Service Health, $198,695.59.

Expenditures on services working with and through the provinces were: Laboratory of Hygiene, $343,672.05; Child and Maternal Health, $74,702.39; Industrial Health, $116,936.27; Nutrition, $128,268.80; Venereal Disease Control, $35,387.18; Dental Health, $45,733.11; Hospital Design, $18,890.77; Mental Health, $86,080.34; Blindness Control, $27,520.67; Epidemiology, $22,010.63 and Health Insurance Studies, $56,097.33.

In addition to $15,728,907.07 made available to the provinces under terms of the National Health Program, grants of $146,500 were made to associations and societies in the health field and of $2,600 to Sailors' Hostels.

Close Co-ordination

Through meetings of the DOMINION COUNCIL OF HEALTH and of several technical committees consisting of representatives of federal and provincial departments, close co-ordination of the respective activities of each was

achieved and unnecessary duplication and overlapping avoided. Many co-operative undertakings were planned and initiated and, where desirable, uniform standards and methods were evolved for adoption by all provinces.

During the year the DOMINION COUNCIL OF HEALTH held its 57th meeting. One of the major problems on the agenda was the crucial nurse shortage and the Council agreed on a number of measures to be taken to relieve the situation, including the expansion of provincial programs for training nursing assistants.

A uniform pattern for ensuring the safety of individuals working with radio-active materials was adopted, and arrangements were concluded for the national sickness survey to be carried out by the provinces in co-operation with the department and the Dominion Bureau of Statistics.

Technical committees which met during the year included, the Advisory Committee on Public Health Laboratory Services, the Advisory Committee on Mental Health, the Canadian Council on Nutrition, the Provincial Health Survey Directors and, for the first time, a Dominion-Provincial conference on Public Health Engineering was held. Meetings of these technical groups and recommendations arising therefrom were correlated by the DOMINION COUNCIL OF HEALTH.

INDIAN HEALTH SERVICES

While operating a departmental network of hospitals, nursing stations and other health centres, and providing or arranging for active treatment of disability among the Indians and Eskimos of Canada, the Indian Health Services continued, during the past year, to carry on a vigorous program of public health work.

On occasion, it was necessary to pursue not only the program but its beneficiaries, since the degree of self-discipline demanded by modern medical care is unfamiliar to the nomad. In the pursuit, medical officers and nurses of the Service had occasion to use every modern means of transport and some which are strange to the more settled areas. In many far-off places in Canada, the dog-drawn sleigh and komatik, freight canoes and freight cabooses, saddle and carry-all, are still the only vehicles available or practical, even in this atomic age.

As Indian Health work expanded, so did the population to be served. In spite of regular losses to the general population, either by imperceptible assimilation or by enfranchisement of some 500 persons per year, the native population was increasing. According to the 1944 Census, there were then 125,686 Indians and 7,700 Eskimos in Canada. The birth rate varies greatly in different groups but, on the average, is about 45 per 1,000. The death rate varies similarly but may be said to be about 15 per 1,000. It is estimated that, in 1950, the Indian population will be about 136,000 and the Eskimo about 8,500.

Facilities

For the health care of the native peoples, the department maintained 21 hospitals, providing 1,877 beds and 66 bassinets, 22 nursing stations with 84 patient beds, and 58 other health centres, from which medical officers or graduate nurses ministered to the inhabitants of the surrounding areas.

New facilities established during 1949-50 included Sioux Lookout Indian Hospital, of 64 adult beds and six bassinets, nursing stations at Fort Chimo and Port Harrison, in the Ungava district of the province of Quebec; Big Trout Lake in northwestern Ontario, God's Lake in Manitoba, Lake Harbour, southern Baffin Island, and a seasonal dispensary at Barriere, Que.

A field nurse was established at Pointe Bleue, Que., and another at Fort St. James, northern British Columbia, a medical officer at Punnichy, Sask., and additional field nurses at Sarnia, Ont., and Whitehorse, Y.T. In addition to the staffs in departmental hospital and nursing stations, there were, in the field, 23 full-time medical officers, five dental surgeons and 43 graduate nurses.

Clothing this framework of departmental facilities, arrangements existed with private practitioners, community hospitals, provincial health services and lay dispensers to assist in the work of the service. Some 64 physicians and 16 dispensers occupied part-time positions, but the bulk of professional attention was provided by practitioners receiving fees-for-services. Accounts were received regularly from 1,250 physicians, 125 dentists and 600 hospitals, but the numbers treating native patients from time to time were much larger. Supplies of medicines and dressings were provided to all outposts and Indian groups and were dispensed by a host of missionaries, traders, police and other officials, who embrace the health care of the natives within their compassion.

Canada's Indian Health Service is unique in that it has arisen, not from legislative obligation, but rather as a moral undertaking to succor the less fortunate and to raise the standard of health generally. Because of the great dispersal of the Indians, and even wider dispersal of the Eskimos, the provision of trained medical assistance to all of them would be prodigal, even if sufficient

could be found. The outer fringe of the service must, therefore, consist in lay persons whose sense of humanity, even more than their sense of duty, is enlisted. Without these voluntary lay dispensers, the service would remain a skeleton only.

Accomplishments

Departmental establishments alone admitted some 8,500 Indians and Eskimos for treatment this year. The number under treatment in non-departmental hospitals was 23,500. The patient days of treatment were in the order of 600,000 and the number of out-patient treatments and home visits is known to have been well over 60,000.

Considered of even greater importance was the preventive and case-finding work. It is the aim of the service to reach every native child and to maintain full protective inoculation against the common communicable diseases. To this end, the staff is augmented each summer by as many extra nurses as can be attracted and 22 selected students of medicine were used in the past year.

The summer months are the harvest period for this work for, at this time, the annual official visit is paid to those Indians who are in treaty, and all Indians are more likely to be congregated, for business or festival, at certain known dates. The Eskimos, likewise, linger about the trading posts in summer because it is a poor time to travel or hunt and because the arrival of the supply vessels present splendid opportunities for reunion. Advantage is taken of these customs, by placing medical officers and survey groups on the larger northern vessels.

Indian Health Service has pioneered in the practical extension of vaccination against tuberculosis by the Bacillus Calmette-Guerin vaccine. In this fiscal year well over 4,000 native children were inoculated by departmental officers. In addition, a number of hospitals in Quebec, Ontario and New Brunswick vaccinate Indian babies routinely.

Case finding—in particular for tuberculosis—continued to be a major part of the service's program. Tuberculosis is known to be many times more prevalent among the northern Indians and the Eskimos than among other groups. Case finding is of the greatest value, not only in getting known cases out of circulation and under proper care, but in indicating groups requiring prior attention.

During the past year more than 60,000 chest plates were taken by the Service. Each departmental facility was a centre for this work and there were eight mobile teams in operation during the summer of 1949. In addition, a proportion of community hospitals now film all new admissions and these, as well as the mass of information collected by provincial health organizations, all contribute to the case finding program.

Improvement of Facilities

While new treatment centres were being established, there was a steady process of metamorphosis to increase the internal efficiency and capacity of existing institutions, resulting in an over-all addition of 215 more treatment beds. There was a concomitant improvement in staff accommodation, an item of major importance in a service operating mainly at a distance from the ordinary amenities of urban life.

A considerable portion of the larger treatment centres were former Department of National Defence hospitals. Built under stress of war, they lacked services and utilities adequate for permanent full-capacity use. Gradually, however, proper power and laundry services are being added and such projects were completed at Miller Bay, near Prince Rupert, and at Fort Qu'Appelle, Sask. Another was in progress at Charles Camsell Indian Hospital, Edmonton. The 155-bed hospital at Moose Factory, Ontario, approached completion at an

accelerated rate. Also under construction, but not completed, were five health centres in Ontario and Quebec and a 30-bed hospital at Norway House, in northern Manitoba.

Tuberculosis

The death rate from tuberculosis, in the white population, in 1948 was 32·4; among Indians it was 480·1 per 100,000 of population. In 1947, the Indian rate was 549·8. Preliminary figures indicate that the decline between 1948 and 1949 will be in the order of 30 per cent—tangible evidence that strenuous case finding and expanding treatment facilities are producing striking results.

Ten years ago, about 100 Indians were under active treatment for tuberculosis. In January 1950, there were 2,248. There is still much to be done, but vigorous health education and a raised standard of living are expected to smooth the way. Authorities see nothing to indicate that the Indian and Eskimo are not as sturdy as any other stock. But there is reason to believe that a changing way of life, without accompanying appreciation of good health habits, can result in high morbidity.

During the year 1,300 patients were admitted to departmental sanatoria for treatment of tuberculosis. Another 1,100 were treated in provincial institutions. Streptomycin, and streptomycin with para-amino-salicylic acid therapy, have produced striking changes. Modern chest surgery has been even more dramatic. All such advanced treatment methods are used to the limit of trained personnel.

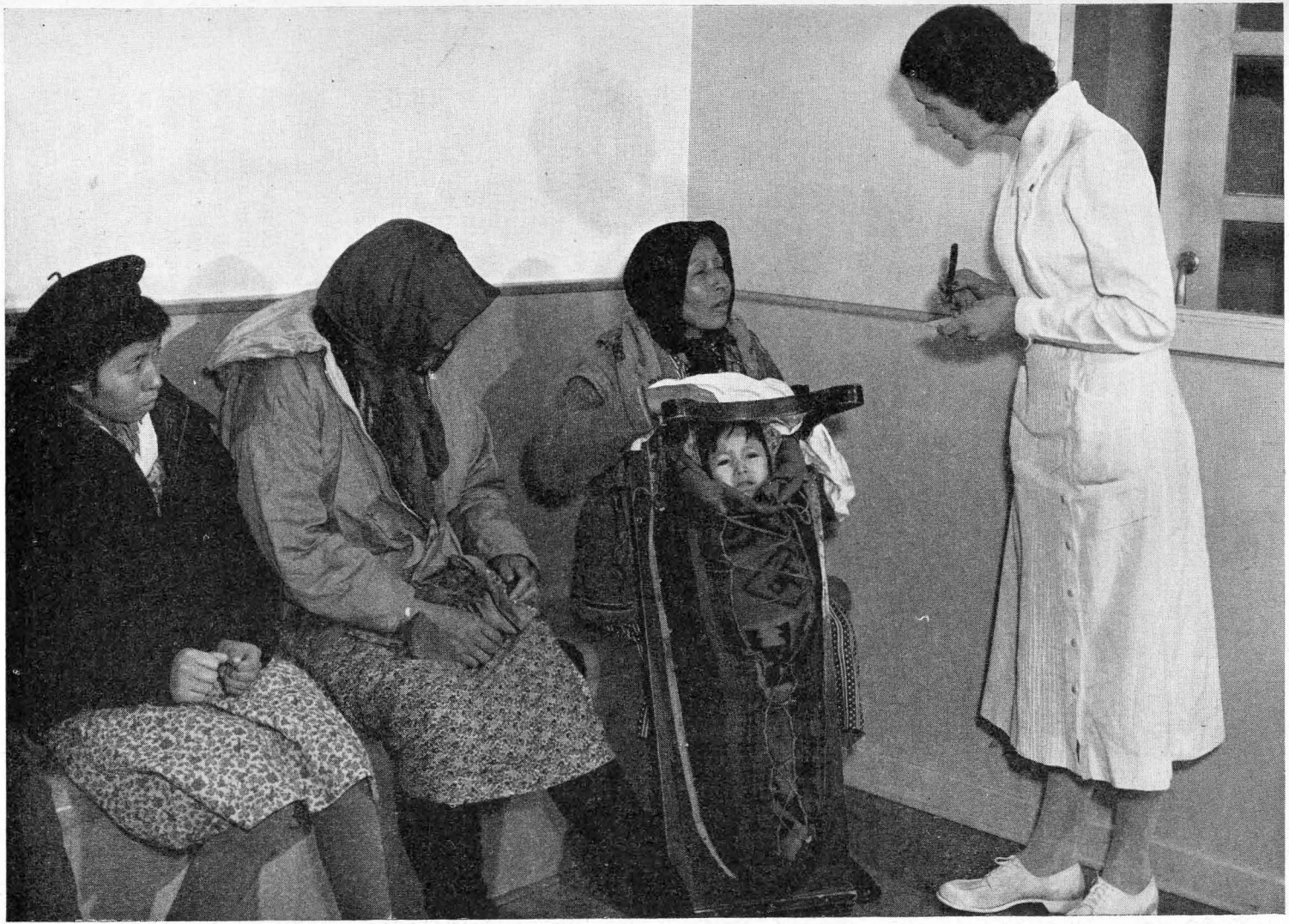
In Charles Camsell Indian Hospital there were 149 major chest operations and 26 on bone and joint. In the departmental hospitals in Manitoba, the figures were 50 and 53. The number of pneumothorax and pneumoperitoneum treatments were in the order of 7,500 and 11,000 respectively.

This advancing therapy has changed the whole aspect of the disease, as far as Indian Health Services is concerned. Whereas, ten years ago, the departure of an Indian to a sanatorium was accepted as a death sentence, in the past fiscal year more than 2,000 have been discharged from treatment with the disease under control. This demonstration of improved prognosis has converted a formerly resistant and hostile native attitude to one of active co-operation. Now, Indians come hundreds of miles to knock at the door of institutions already filled beyond rated capacity.

Epidemics

The usual incidence of common communicable disease was observed generally this year. In two instances these assumed epidemic proportions. In the area of the Mackenzie River delta, centering on Aklavik, there were 300 cases of measles in December, through February, in a population of some 2,500. There were 14 deaths. Measles is a more lethal disease among natives because they are extremely difficult to restrain once convalescence commences and, in a rigorous climate, a proportion fall prey to sequelae. As is almost invariably the case in the Far North, the disease was introduced by a white visitor.

In northeastern British Columbia, about Halfway River, there was an epidemic of diphtheria, affecting 54 out of a population of 90. Although these people had received sporadic inoculations, they were not fully protected for, being nomads, the only way to accomplish full protection would have been to follow them for the necessary number of weeks. Staff could not be spared, of course, for every group of this nature. Occurring in December and January of an exceptionally severe winter, the epidemic imposed a formidable task on the nursing service. Nevertheless, the work was carried out in such a manner that the departmental nurse, as well as her provincial counterpart, received the first two British Columbia Provincial Medallions, in recognition of "service above and beyond the call of duty".



From nomadic bands on far-off trap-lines, native people brought their troubles to nursing stations, health centres and hospitals of the Indian Health Service.

Professional Information

While Indian Health Services does not engage directly in research, both the directorate and the field officers were aware of the potentialities within the native population and, by close co-operation with scientific groups, encouraged investigations on health problems. In this connection, for the past two summers, a medical research group from Queen's University Medical School has carried on work among the Eskimos at Coral Harbour, on Southampton Island. During the summer of 1949, a parasitologist from the University of Toronto visited Lake Harbour, Baffin Island. Both investigations were given practical assistance and both are expected to return.

Officers of the Service were encouraged to attend all local professional and scientific conferences. Hospital and field nurses attended courses on public health, control and treatment of tuberculosis, etc. Within the provisions of existing authority, refresher courses were arranged for a number of medical officers and nurses.

Departmental officers were authors of an article on trachoma and a very comprehensive report on the epidemic of poliomyelitis among the Eskimos of Chesterfield Inlet, in 1948-49. Departmental hospitals entertained both professional and lay groups and staff members addressed similar groups to explain the work carried on by the Service and the experience which had been accumulated. Through such exchanges, understanding and co-operation flourished and much benefit accrued to patients and staff.

Educational Publicity

The dissemination of public health education to Indians and Eskimos encountered language difficulties, but full advantage was taken of visual aids, through selected moving pictures and filmstrips, accompanied by suitable commentary. This often had to be translated through an interpreter. Posters were used effectively, with inscriptions in syllabics, adapted for both Indians and Eskimos. Calendars, illustrating points on health and the proper use of Family Allowances, received wide distribution.

The larger sanatoria circulated a hospital paper, for the entertainment and instruction of the patients. In the Far North, the wide use of radio by Indians and Eskimos presented opportunities which were grasped by medical officers and nurses, and short talks on medical subjects were regular features at some local stations. The radio was used extensively, also, for passing advice and for advertising the proposed visits by medical officers, nurses or medical survey groups.

Co-ordination of Facilities

Assuming commitments in every remove segment of the country, Indian Health Services was keenly aware of the need for that close integration with other health agencies without which its task would be impossible. Facilities were exchanged with the treatment services of the Department of National Defence and the Department of Veterans Affairs, at many points. The Signal Services of the Department of National Defence and of the Department of Transport, as well as commercial licencees, were used extensively all over the North. The transport facilities of the United States Air Force, the Royal Canadian Air Force, provincial and private air operators, were extended generously for medical missions. Busy services of all types gave priority to medical traffic, without consideration of time or reward.

The closest co-operation has existed between the officers of Indian Health Services, in their role of family physician and public health nurse, and the Indian Affairs Branch of the Department of Citizenship and Immigration, administering persons of Indian status, and the Northern Administrations of the Department of Resources and Development, who look after the Eskimos. This fine relationship was particularly advantageous, for, while each had its special functions, the combined resources of the cooperating departments were thus focused upon the native peoples.

In the Northwest Territories, Indian Health Services have extended professional guidance to the Administration, and medical officers have provided attention where other services were not available.

Since the local practitioners and community hospitals were in most intimate contact with the large proportion of the Indian population, the weight of active treatment fell upon them. Without their patience, sympathy and generous co-operation, a successful program, such as that which has been carried on, would have been impossible.

WELFARE BRANCH

Services of the Welfare Branch, embracing the Family Allowances administration and the Old Age Pensions and National Physical Fitness Divisions, continued this year to apply, encourage and co-ordinate measures for ensuring social well-being.

Newfoundland signed an agreement applying to that province provisions relating to Old Age Pensions and Pensions for the Blind. An agreement extending similar benefits to its residents was signed with the Yukon Territory Administration.

Ontario joined the federal government and other provinces this year in the National Physical Fitness program.

Grants were again approved of $50,000 to assist the seven Schools of Social Work in Canada. An eighth school was started in 1949 at St. Patrick's College, University of Ottawa, and an additional sum of $2,500 was included in Supplementary Estimates to provide assistance to it.

Programs were arranged this year by the Welfare Branch for three United Nations Social Welfare Fellowship holders, one from Finland, one from the Philippines and one from Ecuador.

Welfare Expenditures

Family Allowances payments for the 12 months ended March 31, 1950, totalled $297,911,784.

The federal contribution during the year to the cost of Old Age Pensions was $89,652,203.32, while $3,536,730.97 was paid to the provinces to apply towards Pensions for Blind Persons.

Under the National Physical Fitness Act, approximately $154,297.85 was contributed by the federal government to the provinces taking advantage of this plan.