



THE DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

FOR THE FISCAL YEAR
ENDED MARCH 31

1957

J. WALDO MONTEITH,
Minister of National Health and Welfare.

Edmond Cloutier, C.M.G., O.A., D.S.P.,
Queen's Printer and Controller of Stationery
Ottawa, 1958

CONTENTS

Deputy Ministers' Report	Page 9
--------------------------------	-----------

HEALTH BRANCH

Introduction

Ionizing Radiation	11
Child and Maternal Health	11
Pollution Control	11
Food and Drugs	12
Employee Health	12
Organization	12
Dominion Council of Health	13
Financial Provision	14

Food and Drugs

FOOD AND DRUG DIRECTORATE	15
General	15
Consumer Relations	16
Medical Section	16
Regions	17
Inspection Services	17
Administrative Services	18
Proprietary or Patent Medicine Division	18
Laboratory Services	19
General	19
Organic Chemistry	20
Pharmaceutical Chemistry	20
Food Chemistry	21
Microbiology	21
Pharmacology and Toxicology	21
Biometrics	22
Physiology and Hormones	22
Animal Pathology	23
Cosmetics, Food Colours and Alcoholic Beverages	23
Vitamin and Nutrition	23
Biophysics	24
Tables: Drugs Examined	25
Examination of Domestic Foods	26
Examination of Imported Foods	27

DIVISION OF NARCOTIC CONTROL	28
General	28
Domestic Trade	28
Supervision over Retail Pharmacies	28
Liaison with the Professions	29
Convictions	29
International Co-operation	29
Tables: Estimated Consumption of Narcotics, 1947-1956	30
Imports of Main Narcotics, 1947-1956	31
Convictions during Calendar Year 1956	32

Health Services Directorate

Page

CONSULTANT SERVICES

Blindness Control	33
Child and Maternal Health	34
Dental Health	37
Hospital Design	39
Mental Health	40
Nutrition	42

ENVIRONMENTAL HEALTH AND SPECIAL PROJECTS

Medical Rehabilitation and Disability Advisory Service	45
Occupational Health Division	46
Public Health Engineering Division	49
Table: Drinking Water Quality—Common Carriers	54

HEALTH GRANTS ADMINISTRATION

54

HEALTH INSURANCE STUDIES

56

RESEARCH DEVELOPMENT AND INTERNATIONAL HEALTH

Research Development	57
Tables: Allocations for Intramural Research, 1956-57	59
Allocations for Research under the National Health Program, by Grant, by Provinces	60
Research, according to Field of Medicine	61
Research, according to Disease Entity	61
Epidemiology Division	62
Laboratory of Hygiene	63
Virus Laboratories	64
Bacteriological Laboratories	65
Biochemical Research Laboratories	68
Clinical Laboratories	71
Zoonoses Laboratories	72
Biologics Control Laboratories	72
Administration Section	75
Items of Special Interest	75
Plans for the Next Fiscal Year	75

Indian and Northern Health Services 1956

Introduction	76
Indian Health Services	76
Northern Health Services	77
Vital Statistics	77
Facilities and Staff	78
Activities 1956	79
Extension to Services 1956	80
Co-operation with Other Agencies	82
Tables: Canadian Eskimo and Registered Indian Populations	81
Estimated Total Canadian Eskimo and Registered Indians	81
I.N.H.S. Facilities by Regions	82
Location, Capacity and Staff of I.N.H.S. Nursing Stations	83
Location, Capacity and Staff of I.N.H.S. Hospitals	84
I.N.H.S. Positions	84
Eskimo and Registered Indians Occupying I.N.H.S. Positions	85
I.N.H.S. Health Centres	85
I.N.H.S. Clinics	86
Total In-patient Movement In Each I.N.H.S. Hospital	88
Total In-patient Movement In Each I.N.H.S. Nursing Station	89
In-patient Movement by Condition and Region	90
B.C.G. Vaccinations by I.N.H.S. Regions	91
Anti-Poliomyelitis Inoculations	91
Charts: Selected Causes of Indian Mortality by Rank	92
Indian and Eskimo Patient Days, 1953-1956	93

Medical Advisory Services	Page
Civil Aviation Medicine Division	94
Civil Service Health Division	94
Tables: Health Centre Statistics	98
Retirements from Service—According to Disability	99
Health Unit Statistics	100
Quarantine, Immigration Medical and Sick Mariners Services	101
Quarantine Service	101
Tables: Ships boarded by Quarantine Officers	103
Control of Rats on Vessels	104
Inspection of Aircraft subject to Quarantine	105
Leprosy	105
Table: Leprosaria Annual Census	106
Immigration Medical Service	106
Tables: Summary of Activities	108
Cases pre-screened at Ottawa	110
Certifications under Immigration Act	112
Sick Mariners Service	113
Tables: Statement of Diseases and Injuries treated	114
Revenue, Expenditure and Deficit Classified According to Type of Vessel	115
 WELFARE BRANCH 	
Introduction	116
UNEMPLOYMENT ASSISTANCE	118
Tables: Federal Share of Expenditures (1955-56)	120
Federal Share of Expenditures (1956-57)	121
Number of Persons in Receipt of Assistance (1955-56)	122
Number of Persons in Receipt of Assistance (1956-57)	123
OLD AGE ASSISTANCE	124
ALLOWANCES FOR BLIND PERSONS	125
ALLOWANCES FOR DISABLED PERSONS	126
OLD AGE PENSIONS	128
Tables: Number of Recipients, Average Monthly Assistance and Total Federal Payments, under the Old Age Assistance Act	128
Number of Recipients, Average Monthly Allowance and Total Federal Payments, under the Blind Persons Act	129
Number of Recipients, Average Monthly Allowance and Total Federal Payments, under the Disabled Persons Act	130
Recapitulation of Federal Payments from Inception of the Disabled Persons Act	131
Family Allowances and Old Age Security	132
Staff and Accommodation	132
Costs of Administration	133
Welfare Services	133
Family Allowances—	
Payments	133
Overpayments	134
School Attendance and Employment	134
Old Age Security—	
Payments	134
Overpayments	134
Proof of Age	135

	Page
Tables: Comparative statement of Family Allowances Payments between March 1956 and March 1957	136
Net Family Allowances Payments, by Fiscal Years	137
Overpayments of Family Allowances	138
Statistics on Old Age Security	139
CIVIL DEFENCE	
General	140
Compensation Agreements	140
Financial Assistance Program	140
Table: Financial Assistance Program	141
Hose Coupling Standardization Program	142
Provincial Exercises	142
Information Services	142
Planning	143
Transportation	144
Warning and Communications	144
Welfare	144
Health Services	145
Civil Service Civil Defence (Ottawa)	147
Training	147
Tables: Candidates trained at the Canadian Civil Defence College	148
Civil Defence Workers in Canada	149
Civil Defence College	149
Table: Courses at Federal Civil Defence College	150
ADMINISTRATION BRANCH	
Departmental Secretary's Division	151
Information Services Division	152
Legal Division	154
Departmental Library	155
Personnel Division	155
Tables: Geographical Distribution of Staff, March 31, 1957	156
Staff Strength, by Division, at March 31, 1956, and at March 31, 1957	157
Changes of full-time staff with special reference to professional classes	158
Purchasing and Supply Division	159
Research and Statistics Division	159
DIRECTORY OF DEPARTMENTAL OFFICERS	166
DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS	168
CHART—Organization of the Department	Inside Back Cover

To the Honourable J. Waldo Monteith, F.C.A., M.P., Minister of National Health and Welfare, Ottawa.

SIR:

In submitting this Annual Report of the Department's activities for the fiscal year 1956-57, we take note of the fact that the period under review was prior to your assumption of responsibility.

During 1956-57, there were a number of important developments in the health and welfare fields at the federal level which we feel merit particular attention. On the health side, a Bill was introduced in the House of Commons towards the year-end authorizing federal payments to the provinces in respect of insurance programs providing basic ward hospital care and certain laboratory, radiological and other diagnostic services. The Bill, which was given first reading on March 25, 1957, stemmed from proposals made to the provinces by the federal government in January of the previous year. In the intervening period, these proposals had been accepted by five of the necessary six provinces and were still under study elsewhere.

The year also saw a progressive extension of the federal-provincial poliomyelitis immunization program under which the protection of the Salk Vaccine is provided without charge to children in the most susceptible age groups. The program's safety record was maintained and while other factors were operative, added weight was given to the vaccine's original promise of effective control against poliomyelitis by the continuing low incidence of the disease throughout Canada.

On the welfare side, one of the principal highlights of the year's activities was the inauguration of the new federal-provincial unemployment assistance program. Enabling legislation was given Royal Assent on July 11, 1956, authorizing the federal government to share with the provinces in expenditures for unemployment assistance made by a province or municipality whenever the number of persons assisted in any month exceeded 0.45 per cent of the provincial population. In anticipation of the enactment of this legislation, six provinces had signed agreements—five of which were retroactive to July 1955 and one to January 1956.

Towards the year-end, the federal government announced that amendments would be introduced to provide increased benefits under the Family Allowances Act and the Old Age Security Act; and that increases would also be sought in the benefit rates and income ceilings under the Old Age Assistance Act, the Blind Persons Act and the Disabled Persons Act. It was proposed that these various changes take effect September 1, 1957 in the case of Family Allowances and July 1, 1957 in the case of other programs. Legislative action had not yet been taken when the fiscal year ended.

The extent of the Department's activities was reflected in the fact that expenditures in 1956-57 rose to \$884.8 million—an increase of \$43.9 million over the previous year. The bulk of this increase was due to outlays under the new Unemployment Assistance Act and to the normal annual growth in such

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

established welfare programs as Family Allowances, Old Age Security and Disability Allowances resulting from the steady rise in Canada's population.

Mr. Minister, this letter of transmittal would hardly be complete without some reference to the generally efficient and conscientious manner in which the staff of this Department performed its duties in the year under review. We are confident that you may look forward to the same wholehearted co-operation and support which its members accorded the previous administration.

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, Canada.

INDIAN AND NORTHERN HEALTH SERVICES 1956

Introduction

Indian and Northern Health Services is a co-ordinating agency whose function it is to give guidance to two similar yet distinct health services. Through this co-ordination it is expected that each will benefit from efficient management without duplication. Officers of both services may contribute to the planning and control of the Directorate as a whole but each person remains a member of either Indian Health Services or Northern Health Services.

Indian Health Services

On the 23rd and 28th days of August, 1876, and on the 9th of September of the same year, at sites near Carlton and Fort Pitt in what is now the Province of Saskatchewan, a Treaty was concluded between representatives of Her Majesty the Queen and the Plain and Wood Cree Tribes of Indians. This document is recorded as number six in a series of agreements reached between the Crown and the Indian nations in the latter part of the 19th century and is of particular historical significance to this Directorate since it is the only Treaty in which health matters are mentioned.

Although a moral obligation had been recognized and honoured even before that time, the Treaty at Carlton and Pitt marks the first and only acceptance by the government of any formal responsibility for the health of the native peoples.

Today the Directorate of Indian Health Services operates facilities in all provinces and territories and its employees provide a variety of services that could not have been remotely foreseen by the early signatories. Nevertheless, the program has been developed on humanitarian rather than on legal grounds. Demonstrated need rather than statutory direction has provided the stimulus for expansion.

It is the avowed intention of every agency of government to foster a sense of self-sufficiency and independence in these people—to advance them to the stage where they can if they wish assume the full privileges and full responsibilities of citizenship. On the other hand, there are many Indians who may be unable to arrange proper care for themselves and their families. The hospital and medical expenses of these people is considered a just charge on public funds, but a balance has been attempted between over-paternalism and rejection.

The eligibility for medical treatment of the individual is determined by three considerations. *First*, he must be an Indian within the meaning of the Indian Act. The *second* criterion used to determine acceptability is that the individual has been following the Indian way of life. For practical purposes, in most parts of the country this means that he has been living on an Indian Reserve or has been away from that Reserve for a period of less than a year. *Finally*, it must be established that the individual is financially unable to arrange appropriate treatment himself. If he is able, he is expected to do so. By contrast, in the fields of public health, preventive medicine and health education the Directorate makes no distinctions; its services are available to all Registered Indians on the same basis.

It should be pointed out that this Directorate is concerned with health matters only; administration of all aspects of Indian Affairs other than health—including the maintenance of the Indian Register—is the responsibility of the Department of Citizenship and Immigration, while the Northern Administration and Lands Branch of the Department of Northern Affairs and National Resources plays the same role in relation to the Eskimo.

The Eskimo people have always had a somewhat different relationship to the Crown. There have not been agreements or treaties and reserves were not created. Eskimos are registered, each having his personal number. Up to the present, questions of residency and financial self-sufficiency have not had much significance. This situation may be about to change, in which event the same criteria will apply to either Indian or Eskimo.

Northern Health Services

Medical care and public health effort in the Yukon Territory and Northwest Territories have been for many years the concern of various agencies—the territorial governments on behalf of persons of white status including indigents, the federal government through Indian Health Services on behalf of Indians and Eskimos, the Roman Catholic and Anglican Missions through their hospitals and to some extent the Hudson's Bay Company through their post managers. Although there has been excellent co-operation between these agencies and although it has become clearly apparent that more could be accomplished if a single agency were to co-ordinate health services for all citizens of the Northwest Territories and the Yukon Territory, regardless of racial origin.

Although the Council of the Yukon Territory in June, 1954, approved in principle, "an overall plan for health and hospital services for the Yukon Territory in conjunction with the Federal Government under the auspices of Northern Health Services of the Department of National Health and Welfare", it was not until November, 1956 that the Council agreed to the practical details of a federal-territorial health plan for the Yukon and agreed to place in the territorial government estimates the sum of \$41,000 as its share of the cost of this plan for the fiscal year to follow.

Meanwhile, officers of the new service had been preparing the way by fact-finding, medical and health surveys and active discussion with Northwest Territorial government officers, for a plan whereby the costs of maintaining various out-post nursing stations and clinics could be shared between Indian Health Services and the Government of the Northwest Territories without losing sight of the principle that those who can afford to do so should pay towards their own medical care. This plan is now being developed for presentation in the near future to the Territorial Council.

Vital Statistics

The 1954 Census of Indians in Canada gave the Registered Indian population as 151,558, excluding Labrador. With the addition of the latter the total was 151,828. The total Eskimo population in 1951 was 9,493. The native population in 1956 was estimated at 166,000 of which over 9,500 were Eskimos.

The death rate among Registered Indians in 1954—the latest year for which these figures are available—was 10.0 as compared with a rate of 8.2 for the whole of Canada. In that same year the birth rate for Registered Indians was in the order of 50 per 1,000 while the all-Canada rate was 28.2. It may be interesting to

compare these rates with those for the following countries in 1953: the United Kingdom, 15.9; the United States, 24.7; Costa Rica, 53.9; Guatemala, 51.3; Burma, 49.2; Ecuador, 47.3; Puerto Rico, 34.8.

Approximately 750 Registered Indians go through the legal process of enfranchisement every year, thus assuming the full rights and full obligations of Canadian citizenship.

Facilities and Staff

The complex health and treatment program undertaken by Indian and Northern Health Services over vast expanses of territory requires decentralization of authority and responsibility. The country has, therefore, been divided into five administrative regions the headquarters of which are at Vancouver, Edmonton, Regina, Winnipeg and Ottawa. Each is headed by a Regional Superintendent who represents the Director and who is assisted in his planning by a nursing consultant and a senior administrative officer. In the three regions whose territory extends north of provincial boundaries this team acts in a dual capacity, representing the interests of both Indian Health Services and Northern Health Services. Regions are in turn sub-divided into zones, each under the direction of a zone superintendent. The zone is the basic complete administrative unit in the Directorate.

The basic field unit within the Service is the *Health Centre*. Usually this consists of a dwelling and office, staffed by a registered nurse whose primary function is to implement a public health program and who offers, also, whatever nursing care and, under direction, such medical aid as she is called upon to render. Where circumstances call for a stronger emphasis upon treatment services, the unit is expanded to include a few beds and staffed with one or two graduate nurses, an assistant and a fireman-labourer. This is called a *Nursing Station*. The largest units maintained by the Service are, of course, hospitals. *Hospitals*, as such, are concerned primarily with treatment services; they range in size from 20 to 550 beds and are operated for the regular accommodation of in-patients for whom they provide a wide range of medical and surgical care. The most easterly is that at Moose Factory at the foot of James Bay in Ontario and the most westerly is at Miller Bay near Prince Rupert, B.C. The fourth type of facility is the *Clinic*. This unit is staffed by a doctor and graduate nurse who engage in both public health and treatment work. About half of the clinics are attached to hospitals operated by the Service. The remainder are located in areas where the Indian population is more concentrated.

In 1956 the Service operated facilities in all Provinces except Newfoundland as well as in the Yukon and Northwest Territories. There were 18 hospitals with a total rated capacity of 2,193 beds and 110 bassinets; 583 of these were for General and 1,610 for Tuberculous patient care. Nursing Stations numbered 41, with a rated capacity of 187 beds. There were 66 Health Centres, 34 of them east of the Manitoba-Ontario border and 30 Clinics of which all but 8 were in Western Canada or in the Northwest Territories. For more information regarding these facilities, see Tables 14, 15, 16, 19 and 20.

At the end of 1956 there were 1,913 positions including 204 occupied by Indians and Eskimos on the establishments of Indian and Northern Health Services. Of this total, 96 were for medical officers, 498 were for graduate nurses, 21 were for dental surgeons and 54 were part-time physicians. (Tables 17 and 18.)

The Service leans heavily upon persons, organizations and institutions outside its employ to assist in fulfilling its objectives. Where it is not required to establish its separate facilities or to station its officers, the Directorate ensures that native groups are cared for by arrangement with local agencies, with members of the medical and dental professions, and—in the more isolated areas—with a multitude of missionaries, traders and officers of various government departments. These latter are furnished with simple medicines. They provide what first aid and other assistance they can and advise the nearest administrative centre at the first sign of an emergency. For this dedicated work some receive a small fee while others give their services free of charge. During 1956 more than 700 hospitals provided in-patient care on a per day rate basis. Some 2,000 physicians, 200 dentists and 125 dispensers, submitted accounts for services rendered.

Activities 1956

Treatment

The brief description of facilities and staff above will have indicated the variety of treatment which has been carried on. Tables 21 and 22 show that the volume of care in departmental hospitals and nursing stations in terms of patient days was over 670,000. The volume of care arranged for in other institutions was over 1,080,000 patient days, making a total of some 1,754,500 which was 6,650 more than the previous year. (Table 23.)

Case Finding

Searching out actual or incipient disease has been a constant primary concern of all those in contact with the people. The systematic visits are augmented each year by organized sorties formed about the mobile x-ray units. In 1956 some 24 survey groups operated. An index of the coverage is given by the 94,000 x-ray plates collected in this fashion. Added to the 25,000 plates taken by stationary equipment in hospitals and nursing stations, there was a total of 119,000 new examinations by x-ray. It is estimated that some 60% of the people were so examined. The number inspected, treated and given protective materials was less than this but proportionate. The intense activity of these surveys does not lend itself to extensive data collecting. Wherever a Directorate survey group proved the most logical contact for persons of other than Indian or Eskimo status, the whole community was covered. In this fashion some 13,500 non-natives were x-rayed during the year.

Morbidity

Graph 1 shows the trend of patient days in recent years for three gross classifications—general, tuberculous and mental. It shows a gradual rise in general and mental patient days and a falling off in tuberculosis treatment days among Indians but not for Eskimos. There is some reason to believe that a climax has been reached in the incidence of tuberculosis among Indians. This point has not been reached yet among the far northern people. Graph 2 shows some of the common causes of death among Indians. The total population is too small to permit reading too much into such graphs, and similar data for Eskimos would not be meaningful.

Tuberculosis remains a serious killer of native people even though the rate falls consistently. Tuberculosis remains the most expensive of afflictions for these peoples, having consumed some 57% of the total patient days provided or arranged for by the Services in 1956.

Prevention

In common with every agency which has the opportunity, the Directorate prefers to prevent rather than treat. Since native peoples generally tolerate communicable diseases and their sequelae badly, it is of the greatest importance that every feasible preventive technique be employed early and regularly. One serious handicap is the migratory customs of a large proportion. The completeness of protection under such circumstances is impossible to record accurately but the low incidence of preventable diseases testifies to the efficacy of inoculating at every opportunity. Use of immunizing procedures against smallpox, diphtheria, whooping cough and the typhoid group has been constant. The Directorate has long been convinced of the value of B.C.G. In 1956 some 8,500 inoculations were given, mostly to the very young. (Table 24.) Other materials have been used where endemic disease indicated the importance. Again this year Indians within each province were inoculated against poliomyelitis in the same fashion as other residents and with material supplied from provincial sources, the procedure being carried out by either provincial, local or Directorate medical personnel. Somewhat higher age groups as well as the young were included in the anti-poliomyelitis program for Eskimos because these people are highly susceptible and much more difficult to reach. Altogether some 38,500 inoculations were given during the year. (Table 25.)

The Directorate has had reason to feel that the people whom its program has reached are at least as well protected as their neighbours.

Extensions to Services 1956

Facilities

A long range program of maintenance and modification to improve efficiency continued to operate during the year. A comfortable residence for nurses was provided at Fort Qu'Appelle, Saskatchewan, and that at Miller Bay, B.C., enlarged. Another four bed nursing station was put into operation at Baker Lake in the Central Arctic and a health centre without treatment beds for the White Bear Reserve near Carlyle, Saskatchewan. Substantial progress was made on the 120 bed Regional Hospital at Whitehorse, Yukon Territory, on a 10 bed nursing station for the Foxe Basin area of the Central Arctic and on a health centre at Obedjiwan in Western Quebec.

Staff

Some 105 additional positions were established during the year. Certain important additions were made among which were seven more dental surgeon positions which will make possible a more adequate program for dental health among the young. Five additional Public Health Nurse positions reinforced programs already under way, while field nurses were provided for the first time to groups of Indians or Eskimos at Baker Lake, Cambridge Bay and Tuktoyaktuk in the Arctic at Fort Providence, Mackenzie District; White Bear Lake, Saskatchewan; Nakina, Ont., and Williams Lake, B.C.

The qualifications of many regular employees were enhanced by courses which they attended. Six nurses acquired the Certificate in Public Health Nursing, one took a senior course in hospital administration, three studied midwifery and three had short refresher courses in specialized aspects of hospital nursing. One medical officer completed a year on diseases of the ear and eye and two took Diplomas in Public Health. One administrative officer completed the two-year

extension course in hospital administration. Several officers attended meetings of professional groups. Each hospital has continued an in-service program aimed at maintaining the best co-ordination of the treatment teams.

TABLE 12

CANADIAN ESKIMO AND REGISTERED INDIAN POPULATIONS BY CENSUS YEARS

Registered Indians		Eskimo	
Year	Population*	Year	Population
1871.....	79,594		
1886.....	128,761		
1901.....	99,527	Prior to 1944	Not Known
1921.....	106,000	1944	7,700
1936.....	112,500	1949	8,550
1944.....	125,700	1951	8,646
1949.....	136,400		
1954.....	151,558		

* Excluding Labrador.

TABLE 13

ESTIMATED TOTAL CANADIAN ESKIMO AND REGISTERED INDIANS, 1950-1958*

Year	Estimated Population **
1950.....	151,000
1951.....	153,500
1952.....	156,000
1953.....	158,500
1954.....	161,000
1955.....	163,500
1956.....	166,000
1957.....	168,500
1958.....	171,000

* Including Labrador.

** Based on an estimated net annual increment of 1.5 per cent in the Registered Indian population, but allowing for an estimated annual loss of from 500 to 1,000 Registered Indians due to enfranchisement.

Co-operation with other Agencies

The Directorate has sought and received substantial co-operation from countless individuals among the Indians and Eskimos, representatives of native and other communities and from the officers of health and administrative branches of community, provincial and federal governments. Wherever possible the Directorate has reciprocated both by endeavouring to understand the aims and methods of these agencies and by practical assistance when the opportunity presents. Interests in the wider sphere included the Director continuing as member of the Executive Board of the World Health Organization.

There is every reason to believe that common understanding will continue to bring about advances in the fields of health more quickly than would uninspired competence.

TABLE 14

I.N.H.S. FACILITIES BY REGIONS, DECEMBER 31, 1956

I.N.H.S. Region	Province	Facilities						
		No.	Hospitals		Clinics	Nurs. St'ns		Health Centres
			Rated Cap.			No.	Rated Bed Cap.	
		Beds	Bass.					
Eastern.....	Newfoundland.....							
	Nova Scotia.....				1			2
	Prince Edward Island.....							1
	New Brunswick.....					1	6	2
	Quebec.....				1	5	20	15
	Ontario.....	2	186	28	5	1	14	11
	Northwest Territories.....				1	3	12	
	Totals.....	2	186	28	8	10	52	31
Central.....	Ontario.....	1	70	8	1	6	24	3
	Manitoba.....	6	516	43	5	8	32	2
	Northwest Territories.....				1	1	4	
	Totals.....	7	586	51	7	15	60	5
Saskatchewan.....	Saskatchewan.....	2	167	12	3	5	20	5
Foothills.....	Alberta.....	4	678	19	4	6	37	4
	British Columbia.....							1
	Yukon.....							2
	Northwest Territories.....				2	5	18	5
	Totals.....	4	678	19	6	11	55	12
Pacific.....	British Columbia.....	3	576		6			13
Grand Total.....		18	2,193	110	30	41	187	66

TABLE 15

LOCATION, CAPACITY AND STAFF OF I.N.H.S. NURSING STATIONS
December 31, 1956

I.N.H.S. Region	Nursing Station	Location	Rated Bed Capacity	Total Staff
Eastern	Bersimis	Bersimis, Que.	4	2
	Cape Dorset	Cape Dorset, N.W.T.	4	1
	Fort Chimo	Fort Chimo, Que.	4	2
	Fort George	Fort George, Que.	4	2
	Frobisher Bay	Baffin Island, N.W.T.	4	2
	Lake Harbour	Lake Harbour, N.W.T.	4	1
	Manitowaning	Manitowaning, Ont.	14	6
	Port Harrison	Port Harrison, Que.	4	2
	Rupert's House	Rupert's House, Que.	4	2
	Tobique	Tobique, N.B.	6	3
	Totals		52	23
Central	Baker Lake	Baker Lake, N.W.T.	4	2
	Big Trout Lake	Big Trout Lake, Ont.	4	2
	Cross Lake	Cross Lake, Man.	4	3
	God's Lake Narrows	God's Lake, Man.	4	3
	Island Lake	Island Lake, Man.	4	3
	Lac Seul	Lac Seul, Ont.	4	3
	Lansdowne House	Lansdowne House, Ont.	4	3
	Little Saskatchewan	Gypsumville, Man.	4	3
	Nelson House	Nelson House, Man.	4	3
	Osnaburgh	Osnaburgh, Ont.	4	3
	Oxford House	Oxford House, Man.	4	3
	Pikangikum	Pikangikum, Ont.	4	3
	St. Therese's Point	Island Lake, Man.	4	2
	Sandy Lake	Sandy Lake, Ont.	4	2
Split Lake	Split Lake, Man.	4	2	
	Totals		60	40
Saskatchewan	Fort a la Corne	Kinistino, Sask.	4	3
	Lac la Ronge	Lac la Ronge, Sask.	4	3
	Mistawasis	Leask, Sask.	4	3
	Onion Lake	Onion Lake, Sask.	4	3
	Pelican Narrows	Pelican Narrows, Sask.	4	2
	Totals		20	14
Foothills	Cambridge Bay	Cambridge Bay, N.W.T.	2	2
	Coppermine	Coppermine, N.W.T.	4	2
	Driftpile	Driftpile, Alta.	4	1
	Fort Good Hope	Fort Good Hope, N.W.T.	4	2
	Fort McPherson	Fort McPherson, N.W.T.	4	3
	Fort Norman	Fort Norman, N.W.T.	4	3
	Goodfish Lake	Speddon P.O., Alta.	4	2
	Hay Lake	Habay, Alta.	4	2
	Peigan	Brocket, Alta.	11	6
	Saddle Lake	St. Bride's P.O., Alta.	4	2
Stony	Morley, Alta.	10	6	
	Totals		55	31
	Grand Totals		187	108

TABLE 16
LOCATION, CAPACITY AND STAFF OF I.N.H.S. HOSPITALS
December 31, 1956

Region	Hospital	Location	Rated Capacity				Total Staff
			Beds			Bass.	
			Gen.	T.B.	Tot.		
East.....	Lady Willingdon.....	Ohsweken, Ont.....	44		44	10	53
	Moose Factory.....	Moose Factory, Ont.....	88	54	142	18	181
	Totals.....		132	54	186	28	234
Cent.....	*Brandon.....	Brandon, Man.....		240	240	16	
	*Clearwater Lake.....	The Pas, Man.....		150	150	4	
	*Dynevor.....	Selkirk, Man.....		40	40	10	
	Fisher River.....	Hodgson, Man.....	20	12	32	4	31
	Fort Alexander.....	Pine Falls, Man.....	20		20	5	20
	Norway House.....	Norway House, Man.....	34		34	4	75
	Sioux Lookout.....	Sioux Lookout, Ont.....	25	45	70	8	94
Totals.....		99	487	586	51	220	
Sask.....	Fort Qu'Appelle.....	Fort Qu'Appelle, Sask.....	112		112	6	95
	N. Battleford.....	N. Battleford, Sask.....	50	5	55	6	55
	Totals.....		162	5	167	12	150
Foot.....	Blackfoot.....	Bleichen, Alta.....	37		37	4	34
	Blood.....	Cardston, Alta.....	46		46	5	38
	Charles Camsell.....	Edmonton, Alta.....	80	488	568	6	354
	Hobbema.....	Hobbema, Alta.....	27		27	4	19
	Totals.....		190	488	678	19	445
Pacific.....	Coqualeetza.....	Sardis, B.C.....		190	190		148
	Miller Bay.....	Prince Rupert, B.C.....		171	171		148
	Nanaimo.....	Nanaimo, B.C.....		215			175
	Totals.....			576	576		471
Grand Totals.....			583	1,610	2,193	110	1,520

* Operated for Indian and Northern Health Services by the Sanatorium Board of Manitoba.

TABLE 17
I.N.H.S. POSITIONS, DECEMBER 31, 1956

Region	Medical Officers			Graduate Nurses			Dent. Surg.	Part Time Phys.	All Others	Totals
	Adm.	Hosp.	Field	P. H. Adm.	Hosp.	Field				
East.....	2	7	10	5	43	50	7	25	195	344
Cent.....	1	6	5	3	44	44	4	9	187	303
Sask.....	1	4	3	1	31	20	2	1	123	186
Foot.....	4	13	14	2	113	32	5	2	337	522
Pac.....	1	12	7	3	89	17	3	17	374	523
H.Q.....	6			1					28	35
Totals.....	15	42	39	15	320	163	21	54	1,244	1,913

TABLE 18

ESKIMO AND REGISTERED INDIANS OCCUPYING I.N.H.S. POSITIONS

Registered Indians		Eskimo	
Dec. 31, 1955	Dec. 31, 1956	Dec. 31, 1955	Dec. 31, 1956
193	198	4	6

TABLE 19
I.N.H.S. HEALTH CENTRES

I.N.H.S. REGION	HEALTH CENTRE
Eastern	Amos, Quebec Big Cove, N.B. Chapleau, Ont. Chippewa Hills, Ont. Christian Island, Ont. Eskasoni, N.S. Kingslear, N.B. Lennox Island, P.E.I. Maniwaki, Que. Manowan, Quebec Mingan, Que. (Seasonal) Mistassini, Que. (Seasonal) Muncey, Ont. North Bay, Ont. Obedjivan, Que. (Seasonal) Oka, Que. Orillia, Ont. Parry Sound, Ont. Peterborough, Ont. Pointe Bleue, Que. Rapid Lake, Que. (Seasonal) Restigouche, Que. Romaine, Que. (Seasonal) St. Regis, Que. Sault Ste. Marie, Ont. Sept Iles, Que. Shubenacadie, N.S. Sturgeon Falls, Ont. Temiskaming, Que. Walpole Island, Ont. Waswanipi, Que. (Seasonal)
Central	Fort Frances, Ont. Kenora, Ont. Nakina, Ont. Portage la Prairie, Man. Port Arthur, Ont. Sandy Bay, Man.
Saskatchewan	Broadview, Sask. Kamsack, Sask. Meadow Lake, Sask. Punnichy, Sask. White Bear Lake, Sask.

TABLE 19 (Concluded)

I.N.H.S. REGION	HEALTH CENTER
Foothills.....	Calgary, Alta. Carmacks, Y.T. Fort Chipewyan, Alta. Fort Rae, N.W.T. Fort Resolution, N.W.T. Fort St. John, B.C. Fort Simpson, N.W.T. High Prairie, Alta. Providence, N.W.T. St. Paul, Alta. Teslin, Y.T. Tuktoyaktuk, N.W.T.
Pacific.....	Alert Bay, B.C. Alexis Creek, B.C. Greenville, B.C. Lillooet, B.C. Massett, B.C. Nootka, B.C. Port Simpson, B.C. Telegraph Creek, B.C. Tofino, B.C. Vanderhoof, B.C. Vernon, B.C. Williams Lake, B.C.

TABLE 20
I.N.H.S. CLINICS

I.N.H.S. REGION	CLINIC
Eastern.....	Caughnawaga, Quebec Deseronto, Ontario James Bay, Ontario Manitowaning, Ontario Ohaweken, Ontario Pangnirtung, N.W.T. Sarnia, Ontario Sydney, N.S.
Central.....	Chesterfield, N.W.T. Fisher River, Manitoba Norway House, Manitoba Pine Falls, Manitoba Sioux Lookout, Ontario The Pas, Manitoba Winnipeg, Manitoba
Saskatchewan.....	Fort Qu'Appelle, Sask. North Battleford, Sask. Prince Albert, Sask.

TABLE 21
TOTAL IN-PATIENT MOVEMENT IN EACH I.N.H.S. HOSPITAL
Calendar Year 1956

Hospital	Under Care			Separations				In At End	Days of Care		Beds	
	In	Adm.	Tot.	Dis.	Tr.	Died	Tot.		P.D.	P.D.S.	No.	Average No. Occ.**
Blackfoot Indian Hospital.....	8	491	499	456	29	9	494	5	4,270	4,207	37	11.7
Blood Indian Hospital.....	18	1,013	1,031	980	26	6	1,012	19	9,254	8,876	46	25.3
*Brandon Sanatorium.....	238	212	450	204	18	2	224	226	84,254	73,138	240	230.2
Charles Camsell Indian Hospital.....	419	1,155	1,574	1,137	34	22	1,193	381	145,192	177,821	568	396.7
*Clearwater Lake Sanatorium.....	166	173	339	137	54	5	196	143	52,263	48,934	150	142.8
Coqualeetza Indian Hospital.....	168	330	498	294	66	7	367	131	55,131	52,087	190	150.6
*Dynevor Indian Hospital.....	52	70	122	52	16	2	70	52	17,089	15,601	40	46.7
Fisher River Indian Hospital.....	15	567	582	527	39	3	569	13	5,304	5,297	32	14.5
Fort Alexander Indian Hospital.....	14	521	535	474	41	5	520	15	4,202	4,103	20	11.5
Fort Qu'Appelle Indian Hospital.....	104	819	923	783	18	15	816	107	38,468	42,827	112	105.1
Hobbema Indian Hospital.....	9	958	967	921	18	9	948	19	6,131	5,506	27	16.8
Lady Willingdon Indian Hospital.....	26	778	804	757	21	12	790	14	8,162	8,789	44	22.3
Miller Bay Indian Hospital.....	121	338	459	310	21	5	336	123	46,246	45,654	171	126.4
Moose Factory Indian Hospital.....	188	1,145	1,333	896	271	12	1,179	154	58,879	62,878	142	160.9
Nanaimo Indian Hospital.....	182	315	497	286	23	11	320	177	64,562	66,667	215	176.4
North Battleford Indian Hospital.....	54	1,385	1,439	1,266	100	16	1,382	57	20,344	19,618	55	55.6
Norway House Indian Hospital.....	25	708	733	647	35	13	695	38	13,291	13,238	34	36.3
Sioux Lookout Indian Hospital.....	72	1,108	1,180	1,040	63	19	1,122	58	25,575	27,103	70	69.9
Totals.....	1,879	12,086	13,965	11,167	893	173	12,233	1,732	658,617	682,344	2,193	1,799.7

* Operated for I.N.H.S. by the Sanatorium Board of Manitoba.

** By In-Patients only.

TABLE 22
TOTAL IN-PATIENT MOVEMENT IN EACH I.N.H.S. NURSING STATION
Calendar Year 1956

Nursing Station	Total Under Care	Patient Days	Patient Days of Sep.'s	Average Stay of Sep.'s
Bersimis.....	35	65	65	1.9
Big Trout Lake.....	42	136	136	3.2
Cambridge Bay.....	57	480	480	8.4
Cape Dorset.....	43	382	374	9.1
Coppermine.....	21	66	66	3.1
Cross Lake.....	70	170	170	2.4
Driftpile.....	16	52	52	3.3
Fort-à-la-Corne.....	216	751	820	3.8
Fort Chimo.....	24	178	178	7.4
Fort George.....	35	198	197	5.8
Fort Good Hope.....	12	60	60	5.0
Fort McPherson.....	18	63	63	3.5
Fort Norman.....	3	18	18	6.0
Frobisher Bay.....				
God's Lake Narrows.....	100	679	603	6.2
Goodfish Lake.....	27	133	133	4.9
Hay Lake.....	32	88	88	2.8
Island Lake.....	56	245	245	4.4
Lac la Ronge.....	148	668	664	4.5
Lac Seul.....	5	19	19	3.8
Lake Harbour.....	25	180	180	7.2
Lansdowne House.....	64	511	497	8.2
Little Saskatchewan.....	32	111	111	3.5
Manitowaning.....	304	2,122	2,189	7.2
Mistawasis.....	78	245	263	3.4
Nelson House.....	36	114	107	3.2
Onion Lake.....	84	345	345	4.1
Osnaburgh.....	3	6	6	2.0
Oxford House.....	32	205	174	5.8
Peigan.....	270	1,585	1,626	6.1
Pelican Narrows.....	141	995	1,017	7.2
Pikangikum.....	52	167	167	3.2
Port Harrison.....	39	295	351	9.0
Rupert's House.....	37	207	219	5.9
Saddle Lake.....				
Sandy Lake.....	24	65	65	2.7
Split Lake.....	36	194	194	5.4
Stony.....	268	1,310	1,383	5.3
St. Therese's Point.....	69	201	193	2.9
Tobique.....	71	402	429	6.0
Totals.....	2,625	13,711	13,947	5.4

TABLE 23
IN-PATIENT MOVEMENT BY CONDITION AND REGION IN ALL I.N.H.S. AND NON-I.N.H.S. INSTITUTIONS
 Calendar Years 1954 to 1956

Region	Condition	Patient Under Care			Patients Days			Average Stay of Separations		
		1954	1955	1956	1954	1955	1956	1954	1955	1956
Eastern.....	General.....	9,488	10,198	11,571	143,034	154,322	172,789	15.0	14.8	14.3
	Tuberculosis.....	1,327	1,596	1,625	222,226	221,606	226,818	301.1	235.8	260.6
	Mental.....	179	206	209	51,728	55,496	57,599	500.1	747.9	1,453.7
	Totals.....	10,994	12,000	13,405	416,988	431,424	457,206	37.2	37.9	42.1
Central.....	General.....	7,337	8,078	8,255	92,318	97,052	94,446	13.5	12.3	11.3
	Tuberculosis.....	1,496	1,424	1,068	243,994	193,676	150,825	340.0	247.6	213.0
	Mental.....	64	70	66	15,145	16,462	16,044	862.1	800.8	593.7
	Totals.....	8,897	9,572	9,389	351,457	307,190	261,315	51.3	40.1	29.1
Saskatchewan.....	General.....	5,434	6,226	7,296	60,945	66,563	79,707	10.3	10.7	11.3
	Tuberculosis.....	763	849	732	102,158	102,093	95,827	155.1	167.7	184.5
	Mental.....	40	55	69	12,025	13,005	15,814	584.0	660.7	291.2
	Totals.....	6,237	7,130	8,097	175,128	181,661	191,348	23.3	25.9	23.7
Foothills.....	General.....	6,361	7,230	8,471	83,798	99,430	106,104	11.6	12.4	11.7
	Tuberculosis.....	1,124	1,000	865	237,071	200,252	151,864	566.7	438.3	481.9
	Mental.....	42	58	71	15,643	15,209	17,399	366.7	1,353.5	164.1
	Totals.....	7,527	8,288	9,407	336,512	314,891	275,367	57.9	46.3	39.2
Pacific.....	General.....	7,869	256*	10,268	95,370	102,935	117,733	11.8	39.7*	11.4
	Tuberculosis.....	738	1,009	945	172,836	161,827	145,508	506.5	366.1	247.1
	Mental.....	73	81	80	21,605	23,174	23,886	1,449.0	455.2	641.0
	Totals.....	8,680	1,346*	11,293	289,811	287,936	287,127	40.1	280.5*	25.7
All Indians.....	General.....	36,489	31,988*	45,861	475,465	520,302	570,779	12.7	13.0*	12.2
	Tuberculosis.....	5,448	5,878	5,235	978,285	879,454	770,842	365.5	280.4	270.1
	Mental.....	398	470	495	116,146	123,346	130,742	714.5	780.9	808.2
	Totals.....	42,335	38,336*	51,591	1,569,896	1,523,102	1,472,363	42.2	43.8*	32.7
Eskimo.....	General.....	897	845	1,711	29,483	37,518	46,256	28.0	44.2	30.4
	Tuberculosis.....	748	1,356	1,578	144,185	183,336	231,425	325.2	240.8	236.5
	Mental.....	11	13	27	3,216	3,888	4,452	88.0	10.0	1,063.4
	Totals.....	1,656	2,214	3,316	176,884	224,742	282,133	127.4	139.3	107.4
Indians Plus Eskimo.....	General.....	37,386	32,833*	47,572	504,948	557,820	617,035	13.1	13.7*	12.8
	Tuberculosis.....	6,196	7,234	6,813	1,122,470	1,062,790	1,002,267	360.8	274.2	263.1
	Mental.....	409	483	522	119,362	127,234	135,194	689.4	774.4	825.1
	Totals.....	43,991	40,550*	54,907	1,746,780	1,747,844	1,754,496	44.8	47.4*	36.4

*Excluding B.C.H.I.S.

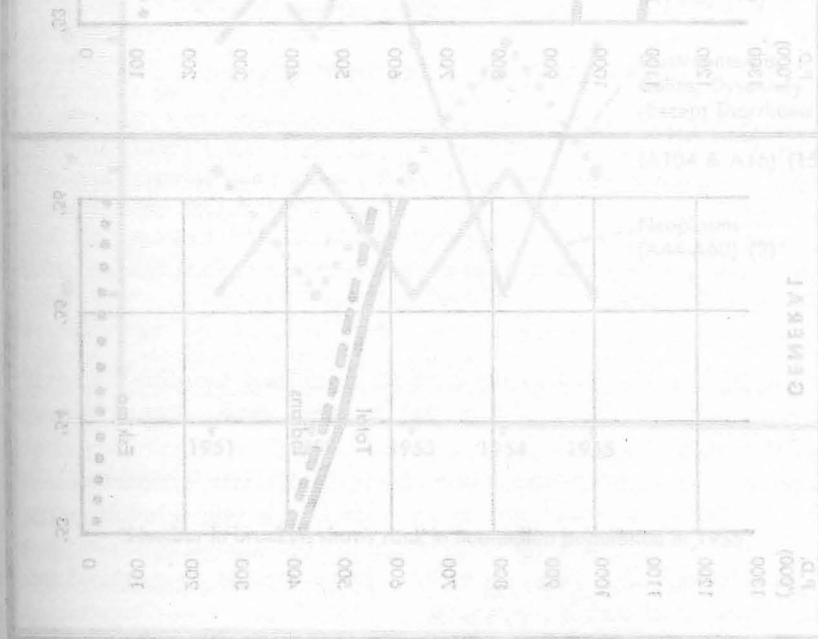
TABLE 24
B.C.G. VACCINATIONS BY I.N.H.S. REGIONS

Period	E.R.	C.R.	S.R.	F.R.	P.R.	Totals
Prior to 1955.....	6,031	7,738	229	1,632	6,960	22,590
1955.....	1,130	857	251	1,808	1,067	5,113
1956.....	2,638	1,117	1,959	1,260	1,534	8,508
Totals.....	9,799	9,712	2,439	4,700	9,561	36,211

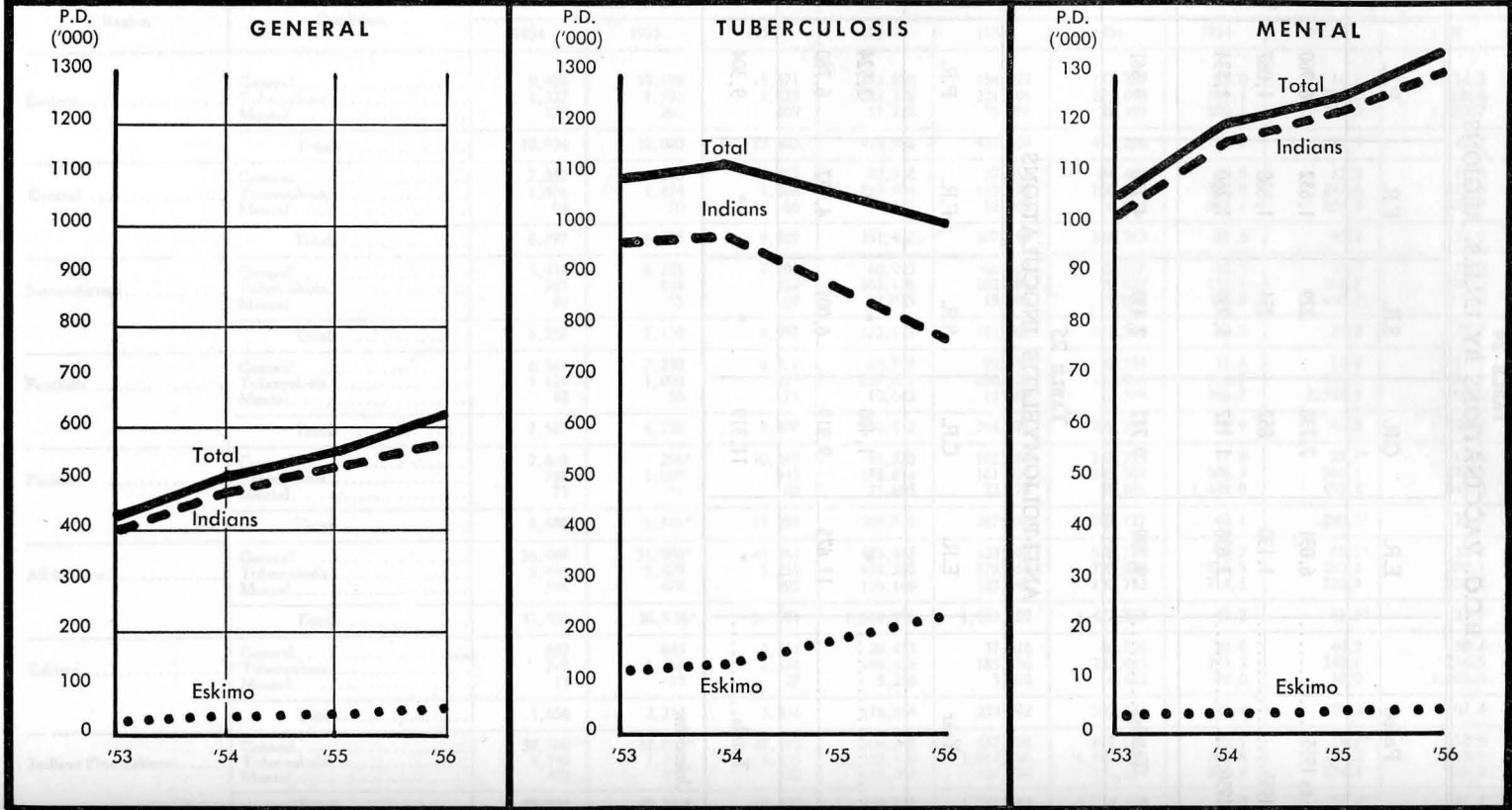
TABLE 25
ANTI-POLIOMYELITIS INOCULATIONS

Year	E.R.	C.R.	S.R.	F.R.	P.R.	Totals
1955.....	*	1,400	*	*	2,524	*
1956.....	11,675	9,919	6,001	4,137	6,780	38,512
Totals.....	*	11,319	*	*	9,304	*

* Unknown.

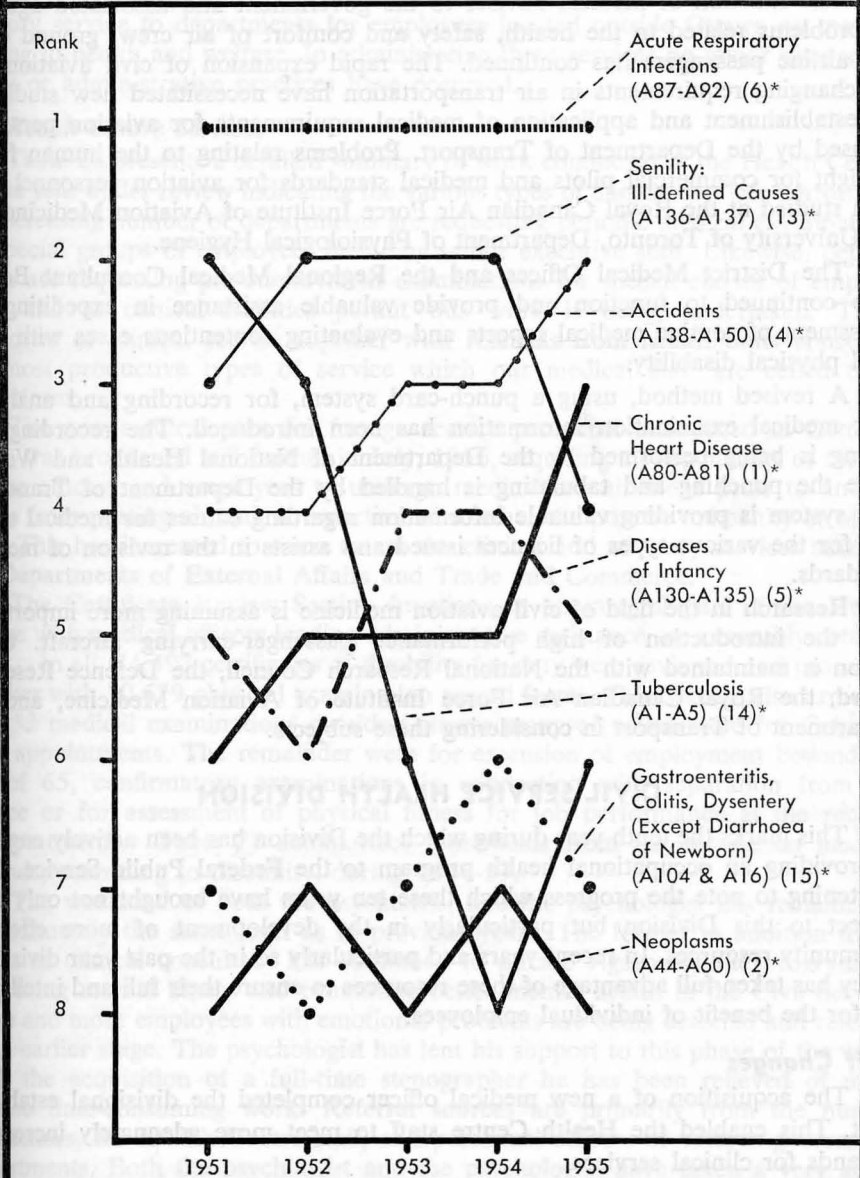


INDIAN AND ESKIMO PATIENT DAYS, 1953 - 1956



SELECTED CAUSES OF INDIAN MORTALITY BY RANK 1951 - 1955

(Based upon Intermediate List of Causes of Death)



*Number in brackets shows rank in non-Indian population in 1955