



CANADA

THE DEPARTMENT OF  
NATIONAL HEALTH AND WELFARE

# ANNUAL REPORT

FOR THE FISCAL YEAR  
ENDED MARCH 31

## 1959

Respectfully submitted,

J. WALDO MONTEITH

*Minister of National Health and Welfare*

The Queen's Printer and Controller of Stationery  
Ottawa, 1959

Price 50 cents  
Cat. No. HI-539  
Available from the Queen's Printer  
Ottawa, Canada

## CONTENTS

### HEALTH BRANCH

Introduction	11
Food and Drug Directorate	15
Indian and Northern Health Services Directorate	20
Health Services Directorate	26
Introduction	26
Environmental Health and Special Projects	30
To His Excellency the Right Honourable Vincent Massey, C.H., Governor General and Commander-in-Chief of Canada.	31
Research Development	35
International Health	37
Special Health Services (Oncology and Laboratory)	39

**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, 1959.

Child and Adolescent Health Division	40
Dental Health Division	42
Disability and Disability Advisory Service	44
Mental Health Division	46
Nursing Consultant	47
Nutrition Division	47
Occupational Health Division	48
Public Health Engineering Division	48
Radiation Protection Division	49
Medical Advisory Services	50
Civil Aviation Medicine Division	50
Civil Service Health Division	50
Quarantine, Immigration Medical and Sick Mariners Services	50
Quarantine Service	51
Leprosy	51
Immigration Medical Service	51
Sick Mariners Service	51
Narcotic Control Division	51

Respectfully submitted,

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

### WELFARE BRANCH

Introduction	76
Family and Recreation Services	100
Family Allowances and Old Age Security Division	100
Family Allowances	100
Old Age Security	100
Old Age Assistance	105
Allowances for Blind Persons and Allowances for Disabled Persons	105
Old Age Assistance	105
Allowances for Blind Persons	110
Allowances for Disabled Persons	111
Unemployment Assistance	115
Civil Defence	120

## CONTENTS

### HEALTH BRANCH

	PAGE
Introduction.....	11
Food and Drug Directorate.....	13
Indian and Northern Health Services Directorate.....	20
Health Services Directorate.....	30
Introduction.....	30
Environmental Health and Special Projects.....	30
Health Insurance.....	30
National Health Grants Administration.....	31
Research Development and International Health Section.....	35
Research Development.....	35
International Health.....	35
Special Health Services (Consultant and Laboratory).....	39
Blindness Control Division.....	39
Child and Maternal Health Division.....	40
Dental Health Division.....	42
Epidemiology Division.....	44
Hospital Design Division.....	46
Laboratory of Hygiene.....	47
Medical Rehabilitation and Disability Advisory Service.....	53
Mental Health Division.....	54
Nursing Consultant.....	56
Nutrition Division.....	57
Occupational Health Division.....	61
Public Health Engineering Division.....	64
Radiation Protection Division.....	69
Medical Advisory Services.....	70
Civil Aviation Medicine Division.....	70
Civil Service Health Division.....	70
Quarantine, Immigration Medical and Sick Mariners Services.....	78
Quarantine Service.....	78
Leprosy.....	83
Immigration Medical Service.....	83
Sick Mariners Service.....	90
Narcotic Control Division.....	93

### WELFARE BRANCH

Introduction.....	98
Fitness and Recreation Services.....	100
Family Allowances and Old Age Security Division.....	100
Family Allowances.....	102
Old Age Security.....	103
Old Age Assistance.....	109
Allowances for Blind Persons and Allowances for Disabled Persons.....	109
Old Age Assistance.....	109
Allowances for Blind Persons.....	110
Allowances for Disabled Persons.....	111
Unemployment Assistance.....	115
Civil Defence.....	120

ADMINISTRATION BRANCH

	PAGE
Departmental Secretary's Division.....	130
Information Services Division.....	131
Legal Division.....	133
Library.....	134
Personnel Division.....	134
Purchasing and Supply Division.....	137
Research and Statistics Division.....	137
Directory of Departmental Officers.....	143
Directory of Departmental Establishments.....	145
Map of Departmental Establishments Outside Ottawa.....	149
Organization Chart.....	Inside Back Cover

11	National Health Grants Administration
12	Research Development and International Health Section
13	Research Development
14	International Health
15	Special Health Services (Consultant and Laboratory)
16	Blindness Control Division
17	Child and Maternal Health Division
18	Dental Health Division
19	Epidemiology Division
20	Hospital Design Division
21	Laboratory of Hygiene
22	Medical Rehabilitation and Disability Advisory Service
23	Mental Health Division
24	Nursing Consultant
25	Nutrition Division
26	Occupational Health Division
27	Public Health Engineering Division
28	Radiation Protection Division
29	Medical Advisory Service
30	Civil Aviation Medicine Division
31	Civil Service Health Division
32	Quarantine, Immigration Medical and Sick Matrices Services
33	Quarantine Service
34	Leprosy
35	Immigration Medical Service
36	Sick Matrices Service
37	Narcotics Control Division

WELFARE BRANCH

38	Introduction
39	Fitnes and Recreation Service
40	Family Allowances and Old Age Security Division
41	Family Allowances
42	Old Age Security
43	Old Age Assistance
44	Allowances for Blind Persons and Allowances for Disabled Persons
45	Old Age Assistance
46	Allowances for Blind Persons
47	Allowances for Disabled Persons
48	Unemployment Assistance
49	Civil Defence

## INDEX OF TABLES

	PAGE
Graph 1. Selected Causes of Indian Mortality by Rank.....	23
Table 1. I.N.H.S. Facilities by Regions.....	24
2. I.N.H.S. Facilities by Region, Zone and Province.....	25
3. Anti-Tuberculosis Activities.....	28
4. Registered Indian and Eskimo In-patient Movement by Condition and Region in all I.N.H.S. and Non-I.N.H.S. Institutions.....	29
5. Expenditures Under the National Health Grants for the Fiscal Year 1958-59 by Province and Grant.....	34
6. Summary of Intramural Research Program.....	36
7. Allocation for Research Under the National Health Program.....	37
8. Research According to Field of Medicine.....	38
9. Research According to Disease Entity.....	38
10. Expenditure of National Health Grants.....	42
11. Nutrition Laboratory Services.....	70
12. Health Centre Statistics.....	75
13. Retirements from Service According to Disability.....	76
14. Health Unit Statistics by Months.....	77
15. Ships Boarded by Quarantine Officers.....	80
16. Inspection of Aircraft Subject to Quarantine.....	81
17. Control of Rats on Vessels.....	82
18. Annual Census—Leper Patients.....	83
19. Summary of Activities (Immigration Medical Service).....	85
20. Immigration Medical Examinations in Canada.....	86
21. Details of Examinations (Examinations Overseas).....	87
22. Cases Pre-screened at Ottawa Showing Country of Origin.....	88
23. Certifications Under Section 5 of the Immigration Act.....	89
24. Statement of Disease and Injuries Treated.....	91
25. Revenue, Expenditure and Deficit Classified According to Type of Vessel.....	92
26. Showing Imports of Main Narcotics.....	95
27. Showing Estimated Consumption of the Main Narcotics.....	96
28. Convictions Under the Opium and Narcotic Drug Act.....	97
29. Family Allowances Payments.....	105
30. Family Net Family Allowances Payments.....	106
31. Over-payments of Family Allowances.....	107
32. Statistics on Old Age Security.....	108
33. Number of Recipients, Average Monthly Allowance and Total Federal Pay- ments Under the Old Age Assistance Act.....	112
34. Number of Recipients, Average Monthly Allowance and Total Federal Pay- ments Under the Blind Persons Act.....	113
35. Number of Recipients, Average Monthly Allowance and Total Federal Pay- ments Under the Disabled Persons Act.....	114
36. Unemployment Assistance Federal—Federal Expenditures 1958-59.....	116
37. Unemployment Assistance Federal—Federal Expenditures 1957-58.....	117
38. Unemployment Assistance—Number of Persons in Receipt of Assistance 1958-59.....	118
39. Unemployment Assistance—Number of Persons in Receipt of Assistance 1957-58.....	119
40. Staff Changes—Professional.....	135
41. Geographic Distribution of Staff.....	136

to protect our civilian population against possible nuclear attack. Considered in this regard were recommendations presented by Lt.-Gen. Howard D. Green, former Chief of Staff of the Canadian Army, who in June 1958 had been assigned the task of surveying "all aspects of Canada's Civil Defence policy and program".

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

10

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

SIR:

We take pleasure in submitting this report of the Department's activities for the fiscal year 1958-59.

The period under review witnessed important progress in all three areas of departmental responsibility. As in the previous year, the main developments on the health side pertained to implementation of the Hospital Insurance and Diagnostic Services Act. On June 26, 1958, Royal Assent was accorded an amendment to the Act, permitting payment of federal funds as of July 1 to any province having signed an Agreement with the Federal Government and having a plan in operation on that date. Programs were initiated in five provinces on Dominion Day. These were British Columbia, Alberta, Saskatchewan, Manitoba and Newfoundland. Two others—Ontario and Nova Scotia—were in a position to commence operations on January 1, 1959. The orderly manner in which this very complicated measure was brought into being in a large part of the country is a tribute to the excellent co-operation which has been developed over the years among Canadian health authorities.

A second important development in the Department's health activities was the increase in federal assistance under the Hospital Construction Grant. Introduced near the end of the previous fiscal year, this re-enforcement and extension of financial aid to the provinces appears to have been helpful in the provision of adequate hospital facilities throughout Canada. A measure of its effect was evident in the fact that federal approvals under the Grant during 1958-59 increased by more than \$17 million as compared with 1957-58, and covered an all-time high of 12,000 new beds or their equivalents.

Increased federal outlays were also apparent in the major welfare measures administered by the Department. Amounting to over \$100 million, these increases reflected the impact of the first full year of higher levels of benefit initiated during 1957-58 in Old Age Security, Old Age Assistance, Blind Persons Allowances and Disability Allowances, as well as the broader base of federal participation in provincial-municipal Unemployment Assistance payments.

A comprehensive survey of our income maintenance programs for the aged and handicapped, together with a comparison between Canadian programs and corresponding measures in the United States, was completed as the year drew to a close. Prepared by Dr. Robert M. Clark of the University of British Columbia, this survey was tabled in Parliament on March 5, 1959 and referred to departmental and other government officials for study.

On the matter of Civil Defence, a significant realignment of responsibilities was announced by the Prime Minister on March 23, 1959. Affecting both the purely federal structure and the federal-provincial partnership, the proposed new arrangements stemmed from an intensive reappraisal of measures to protect our civilian population against possible nuclear attack. Considered in this regard were recommendations presented by Lt.-Gen. Howard D. Graham, former Chief of Staff of the Canadian Army, who in June 1958 had been assigned the task of surveying "all aspects of Canada's Civil Defence policy and program".

In general terms, the new arrangements will allot to the Federal Government responsibility for certain highly technical and dangerous tasks associated with possible nuclear attack, and to the provinces and municipalities those functions which they normally perform in peacetime and for which they are better equipped by knowledge and experience than the federal authority. This Department will continue to assist the provinces in all matters relating to Civil Defence health and welfare services, while other federal functions will be distributed among the Department of National Defence, the Royal Canadian Mounted Police, and the Emergency Measures Organization in the Privy Council Office, the latter taking over liaison with the provinces as well as co-ordination of the Civil Defence effort. The federal share of approved projects under the Financial Assistance Program will be raised from 50 to 75 per cent of provincial-municipal outlays. On March 26, as the fiscal year under review approached its end, the Prime Minister communicated with provincial premiers, suggesting a joint conference in April to discuss the federal proposals.

In concluding this letter of transmittal, we would draw attention to the contribution made by the staff of the Department. Their loyalty and devotion to duty have played a large part in what has been achieved in the period covered by this report.

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.

# HEALTH BRANCH

## INTRODUCTION

From time to time, foreign visitors to the Department of National Health express surprise and some difficulty in understanding the lack of authority of the Department in what seem to be many of the most important fields of the public health, such as control of hospitals, control and licensure of medical practice, medical education or even the provision on the local level of services ordinarily spoken of as "public health" services. How can a Federal Government agency carrying so little authority exercise effective control or maintain standards over a wide range of health activities on a national basis?

The answer, of course, is that there is very little federal control of any kind exercised and then only in those limited areas which must of necessity be considered in a national rather than a provincial or local context. While the Department is therefore charged by statute with the responsibility of administering certain Acts and executive orders, the real authority and responsibility in most fields of health falls to the provinces.

This is not to say, however, that the Department of National Health exercises no effective influence in the broad national sphere of health services and medical care. Indeed, the concept of virtual provincial sovereignty which our friends from abroad find so illogical or even confusing in contrast to their own organization, may free the Federal Department in Canada of many administrative responsibilities and details which, in a country of such vast extent, can be most satisfactorily dealt with on a regional or local level. In other words, the Department's resources can, to a maximum extent, be devoted to promotion, financial and technical assistance and co-ordination of the programs of the various provinces.

This is essentially the part the Department plays in Canadian health and in the pages which follow, the reports on activities of the various directorates and divisions will illustrate this constant trend toward central co-ordination and decentralized executive authority. Those functions which are based on statutory responsibility are clearly indicated. For the remainder, the reader will readily discern the relative emphasis placed on promotion of adequate standards, technical or financial assistance or co-ordination of provincial activities.

An excellent example of the last is presented by the Dominion Council of Health, representative not only of all the provincial health departments but of influential bodies such as organized labour and women's organizations as well, which meets semi-annually under the chairmanship of the Deputy Minister to advise the Minister on health matters of national concern. To the Council's agenda are brought not only matters which demand central planning or executive action but also a host of local problems which, while they may or may not be common to many or all the provinces, can be discussed with benefit and frequently resolved in a uniform manner.

The Canadian Council on Nutrition and Maternal and Child Health Advisory Committee are further examples of the co-ordinating influence of the Department



in providing forums to which may be brought matters of general interest, opportunities for discussion and a valuable source of specialist counsel and recommendations in special fields of health.

The relative uniformity achieved in the Hospital Insurance plans of seven of the provinces which were instituted during the year and the continued successful promotion of the polio immunization program for all provinces demonstrate clearly how central co-ordination can effectively assist local executive action in achieving advances and better standards of national health.

There have been no outstanding new developments in Public Health within the year. The formal acceptance by seven of the provinces of the Federal Government's offer to participate in the costs of Hospital Insurance Plans perhaps marks a noteworthy milestone on the long road to better medical care for more Canadians. On the whole, the plans are being inaugurated with a minimum of confusion and disruption of traditional organization. The benefits of careful and effective preliminary planning are, of course, now apparent and generally the transition is taking place quietly and smoothly.

Appended is a breakdown of the total estimates for the Health Branch for the year under review as well as the preceding year, for purposes of comparison.

As usual over one half of the Department's annual budget is devoted to Health Grants and financial assistance to provincial programs. Nearly a third is devoted to health care for Indians and Eskimos and public health services to unorganized territories—still unable to provide them from local resources. While statutory obligations consumed almost 10 per cent of the total budget the administration of the Branch was accomplished at the modest cost of 0.3 per cent of total estimates.

### NATIONAL HEALTH BRANCH ESTIMATES

For 1958-59 and 1957-58

	1958-59	Percentage	1957-58	Percentage
STATUTORY OBLIGATIONS .....	\$ 7,052,572	8.6	\$ 6,691,572	9.7
Quarantine and Leprosy.				
Immigration Medical Services.				
Sick Mariners Treatment Services.				
Public Health Engineering.				
Civil Service Health.				
Administration of the Food and Drugs and the Proprietary or Patent Medicine Acts.				
Administration of the Opium and Narcotic Drugs Act.				
CO-OPERATION WITH PROVINCES .....	2,432,871	3.0	2,187,015	3.2
Laboratory of Hygiene.				
Occupational Health.				
Epidemiology.				
Special Technical Services.				
Health Insurance Studies.				
MISCELLANEOUS GRANTS .....	212,450	0.3	182,450	0.3
GENERAL HEALTH GRANTS .....	48,000,000	58.8	38,250,000	55.5
INDIAN HEALTH SERVICES .....	20,723,423	25.3	20,053,723	29.0
NORTHERN HEALTH SERVICES .....	3,025,444	3.7	1,380,994	2.0
NATIONAL HEALTH BRANCH ADMINISTRATION .....	230,370	0.3	196,602	0.3
	<hr/>		<hr/>	
	\$81,677,130	100.0	\$68,942,356	100.0

The screening of food colours for possible toxic properties continues. During the year, studies on Guinea green, Benzyl violet and Brilliant Blue were completed and tests on Erythrosine, Fast Green and Ponceau 3R were commenced.

Reports that Citral, a constituent of citrus fruits, causes a significant increase in intraocular pressure in rabbits were not confirmed in this laboratory.

Commercial samples of proteolytic enzymes (trypsin, chymotrypsin and thrombin) have been assayed using new synthetic substrates and an improved spectrophotometric procedure which have significantly increased their precision. The activation of trypsin and thrombin by various quaternary ammonium compounds also has been investigated.

### **Physiology and Hormones**

The results of a two-year stability test have indicated that insulin did not lose activity during this period of time when stored at refrigerator temperature. However, at room temperature or above, within one year, the potency fell well below that declared on the label. Studies were continued on the biological activity of recently-developed anti-inflammatory steroids such as dexamethasone and triamcinolone acetonide which are used for the treatment of rheumatoid arthritis, rheumatic fever, inflammatory diseases of the eye, and allergic skin diseases.

Biological assays of toxic shell-fish extracts were carried out in collaboration with the United States Public Health Service. At the request of the National Institutes of Medical Research in London, England, a collaborative assay was undertaken to determine the potency of the proposed International Standard for prolactin, a lactogenic hormone.

### **Vitamins and Nutrition**

Particular emphasis this year has been placed on nutritional problems and on studies of the availability to the human body of vitamins and drugs in oral preparations. Also, as a result of emphasis in food advertising, criteria have been established for the regulation of claims made for the protein content of foods.

The rate of release of vitamins and other drugs in sustained release and other timed disintegrating preparations was studied by giving small doses to human subjects and determining the rate at which the drug was excreted in the urine. These studies have shown that there are marked differences in the sustained release properties and physiological availability of the drugs in various forms of these products presently on the market.

## **INDIAN AND NORTHERN HEALTH SERVICES DIRECTORATE**

### **Role**

The function of this Directorate has been to provide or arrange essential medical care for those Indians and Eskimos who still require assistance in this aspect of their welfare. A vigorous program of public health care has been provided those groups pursuing the native way of life so that they may be abreast of their neighbours in this respect. Activity has been restricted to these aspects of health since general welfare and education of Indians is a function of Indian

Affairs Branch of the Department of Citizenship and Immigration while the Northern Administration Branch of the Department of Northern Affairs and National Resources performs these functions for the Eskimo.

In the Yukon and Northwest Territories, the Directorate has acted as an interim department of health since the governing bodies of these areas have not yet developed such health agencies.

### **Populations**

A census of Indians is taken each five years. The latest was in 1954 and recorded 151,558 persons of Indian status. It was estimated that at the end of 1958 the population on Indian registers would be 174,000. The latest Eskimo census was in 1951 and recorded 9,500. It is estimated that in 1958 the figure would be 11,300 or a total for the two native peoples in 1958 of some 185,300.

The population of the Yukon and Northwest Territories was about 32,600 of which 6,300 would be Indian, 9,300 Eskimo and 17,000 others.

### **Organization**

In addition to the Head Office in Ottawa, the Directorate has regional offices at Vancouver, Edmonton, Regina, Winnipeg and Ottawa. Regions are subdivided into zones following practical geographic, population and communication principles. The total establishment was for 2,311 positions of which 604 were for graduate nurses, 106 for medical officers, 20 for dental officers and 38 for senior administrative officers. There were in operation 17 hospitals each exceeding 20 beds, 41 nursing stations with 4 to 10 beds and 108 health centres wherein professional staff carried out a treatment and health program but no bedside care (Tables 1, 2). These facilities composed a skeleton which rounded out by arrangements with some 2,000 physicians, 200 dentists and 750 hospitals. Close co-operation was maintained with the public health agencies of each province with reciprocal services wherever practical. This organization was further augmented by the provision of suitable supplies close to each native community and an arrangement with some skilled person to dispense these. This honoured the one written agreement which was to provide a chest of medicines at the residence of each agent.

### **Activities 1958**

In addition to extensive improvements to existing facilities, former nursing stations were fully replaced at Onion Lake in Saskatchewan and St. Therese's Point on Island Lake in Manitoba. A new station was completed at Cambridge Bay on Victoria Island in the Western Arctic. Previous case finding activities were maintained through 27 separate surveys covering the out-of-the-way groups. Some 109,000 x-ray films were taken by these teams, including nearly 14,000 on persons other than native status. Through these films, 539 cases of active tuberculosis were detected among Indians and Eskimos and six cases among the others (Table 3). The teams carried out all essential treatment and as much preventive work as circumstances would permit. Among other procedures, some 68,000 inoculations against poliomyelitis were given and 9,300 individuals, mostly infants, were given the Bacillus Calmette-Guérin vaccine to enhance resistance to tuberculosis.

In addition to the disorders discovered and dealt with by the mobile units, an increasing case-finding program was maintained by the departmental treatment centres and the physicians who provide services by arrangement. These activities yielded another 689 cases of active tuberculosis among Indians and Eskimos for a total of 1,228 new cases for the year. This is but a few less than the previous year but the majority are detected a little earlier in the disease.

The latest vital statistics available are for 1957 and showed a death rate of 9.9 as compared to the national rate of 8.2 per thousand of population. There continued to be a regrettably high rate for the very young born in unfavourable environments. The birth rate continued high so that the net increase, allowing for enfranchisements (500 to 1,000 each year), continues to be 3 per cent, which is high for natural increase.

### **Trends**

Available data indicates clearly that the number of Indians and Eskimos under treatment for tuberculosis, which has been the most serious scourge, has declined steadily in the past few years with 4,400 under treatment in all of 1958 as compared with 5,200 in 1957 and 6,800 in 1956 (Table 4). Population trends alone point to increasing numbers under care for general conditions but actual tabulation was distorted from July 1, 1958 when the Indians in Saskatchewan, Manitoba and Newfoundland came under Provincial Hospital Insurance Plans from which data were not available. As each province adopts a general insurance plan, the Indians have been included either by agreement or the payment through the Directorate of premiums where these are in effect. The inclusion of certain groups into prepaid medical care plans was explored and will be pursued. This has been consistent with the general policy to avoid distinctions between the Indian and Eskimo peoples and other citizens.

GRAPH 1: SELECTED CAUSES OF INDIAN MORTALITY BY RANK, 1951-1957

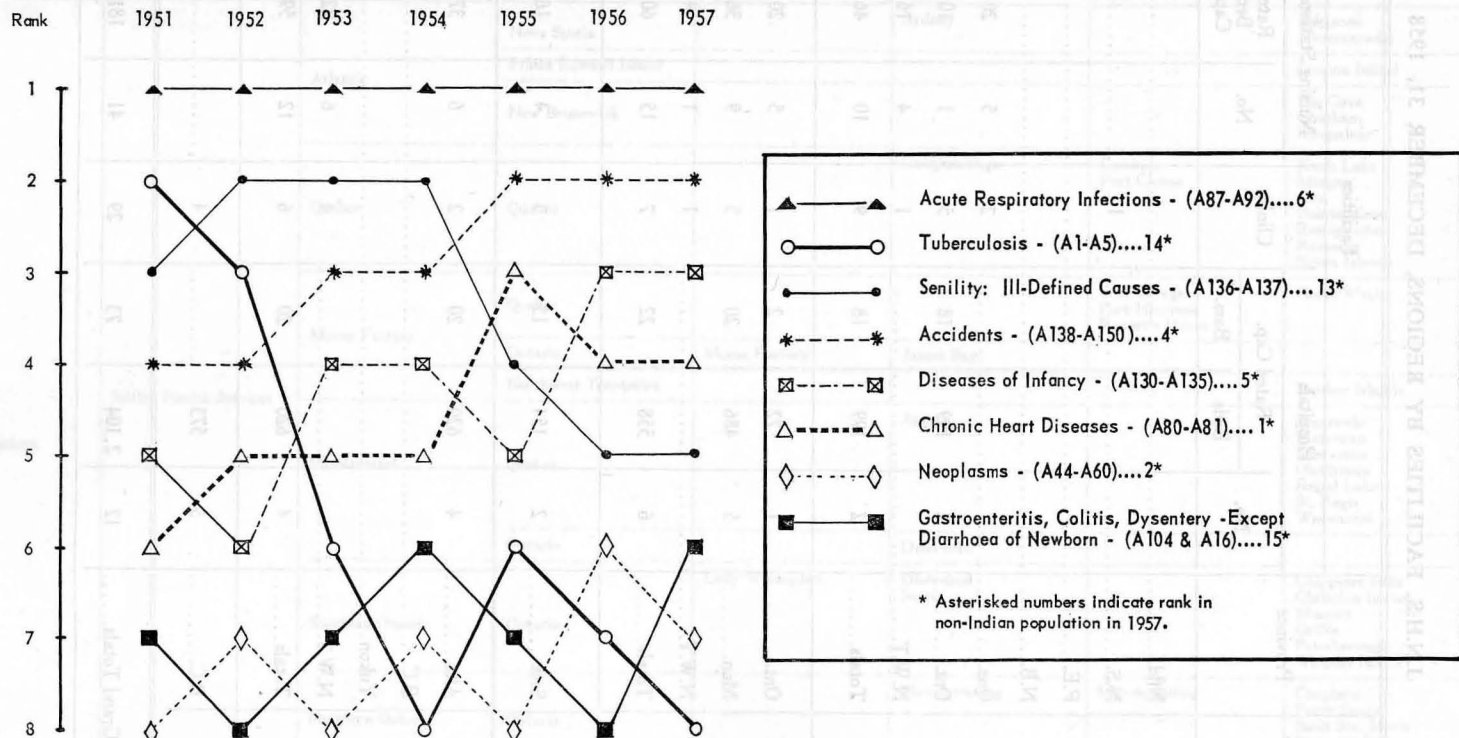


TABLE 1

## I.N.H.S. FACILITIES BY REGIONS, DECEMBER 31, 1958

I.N.H.S. Region	Province	Facilities						Health Centres
		Hospitals			Clinics	Nursing Stations		
		No.	Rated Cap.			No.	Rated Bed Cap.	
			Beds	Bass.				
Eastern	Nfld.....							
	N.S.....				1			2
	P.E.I.....							1
	N.B.....							3
	Que.....				2	5	20	15
	Ont.....	2	199	18	5	1	10	11
	N.W.T.....				1	4	16	1
	Totals.....	2	199	18	9	10	46	33
Central	Ont.....	1	72	2	1	5	20	5
	Man.....	5	486	20	5	9	36	4
	N.W.T.....				1	1	4	
	Totals.....	6	558	22	7	15	60	9
Sask.	Sask.....	2	154	13	3	4	16	8
Foothills	Alta.....	4	620	20	2	6	37	7
	B.C.....							
	Yukon.....							3
	N.W.T.....				4	6	22	3
	Totals.....	4	620	20	6	12	59	13
Pacific	B.C.....	3	573		4			16
Grand Totals.....		17	2,104	73	29	41	181	79

TABLE 2

## I.N.H.S. FACILITIES BY REGION, ZONE AND PROVINCE

I.N.H.S. Region	GEOGRAPHIC AREAS			I.N.H.S. FACILITIES				
	I.N.H.S. Service	I.N.H.S. Zone	Province	Hospital	Clinic	Nursing Station	Health Centre	
Eastern	Indian Health Services	Atlantic	Nova Scotia		Sydney		Eskasoni Shubenacadie	
			Prince Edward Island				Lennox Island	
			New Brunswick				Big Cove Chatham Kingsclear	
		Quebec	Quebec			Caughnawaga	Bersimis Fort Chimo	Knob Lake Mingan Oka Pointe Bleue Restigouche Romaine Seven Islands
			Quebec				Fort George Port Harrison Rupert's House	Great Whale
		Moose Factory	Quebec					
			Ontario	Moose Factory		James Bay		
				Northwest Territories				Belcher Islands
		Headquarter	Quebec			Amos		Maniwaki Manowan Mistassini Obedjiwan Rapid Lake St. Regis Waswanipi
			Ontario				Deseronto	
						Lady Willingdon	Ohsweken Sarnia	
		Southern Ontario	Ontario					
Northern Ontario	Ontario			Manitowaning	Manitowaning	Chapleau Parry Sound Sault Ste. Marie Sturgeon Falls Temiskaming		
Northern Health Services	Eastern	Northwest Territories			Pangnirtung	Cape Dorset Fox Frobisher Bay Lake Harbour		

I.N.H.S. FACILITIES BY REGION, ZONE AND PROVINCE—*Concluded*

I.N.H.S. Region	GEOGRAPHIC AREAS			I.N.H.S. FACILITIES			
	I.N.H.S. Service	I.N.H.S. Zone	Province	Hospital	Clinic	Nursing Station	Health Centre
Central	Indian Health Services	Sioux Lookout	Ontario	Sioux Lookout	Sioux Lookout	Big Trout Lake Lac Seul Lansdowne House Pikangikum Sandy Lake	Fort Frances Kenora Nakina Pickle Lake Port Arthur
		Southern Manitoba	Manitoba	Brandon Fisher River Fort Alexander	Fisher River Pine Falls	Little Grand River Little Saskatchewan	Dauphin Portage la Prairie Sandy Bay
		Norway House	Manitoba	Norway House	Norway House	Cross Lake God's Lake Narrows Island Lake Oxford House St. Therese's Point	
		The Pas	Manitoba	Clearwater Lake	The Pas	Nelson House Split Lake	Churchill
		Headquarters	Manitoba			Winnipeg	
	Northern Health Services	Central	Northwest Territories		Chesterfield	Baker Lake	
Saskatchewan	Indian Health Services	Fort Qu'Appelle	Saskatchewan	Fort Qu'Appelle	Fort Qu'Appelle		Broadview Kamsack Punnichy Rose Valley White Bear Lake
		North Battleford	Saskatchewan	North Battleford	North Battleford	Onion Lake	Meadow Lake
		Prince Albert	Saskatchewan		Prince Albert	Fort a la Corne Lac la Ronge Pelican Narrows	Shellbrook Uranium City
Foothills	Indian Health Services	Charles Camsell	Alberta	Charles Camsell	Edmonton		
		Alberta	Alberta	Blackfoot Blood Hobbema	Hobbema	Driftpile Goodfish Lake Hay Lake Peigan Saddle Lake Stony	Bonnyville Calgary Fort Chipewyan Fort Vermilion High Prairie Rocky Mountain House Wabasca
	Northern Health Services	MacKenzie	Northwest Territories	Inuvik	Aklavik Fort Rae Fort Simpson Fort Smith	Cambridge Bay Coppermine Fort Good Hope Fort McPherson Fort Norman Tuktoyaktuk	Fort Resolution Inuvik Providence
		Yukon	Yukon	Whitehorse			Dawson Mayo Whitehorse



Pacific	Indian Health Services	Coqualeetza		British Columbia		Coqualeetza		Sardis Vancouver Williams Lake		Alexis Creek Kamloops Lillooet Merritt Mount Currie	
		Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue
		11	14,407		5,407	14	130	3	130	62	521
		34	13,632		5,407	34	400	100	400	397	803
		34	14,000		5,407						
		39	13,233		5,407						

Region	Type	Coqualeetza		British Columbia		Coqualeetza		Sardis Vancouver Williams Lake		Alexis Creek Kamloops Lillooet Merritt Mount Currie	
		Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue	Expenditure	Revenue
		30,300	19,300	1,021	13,121	37	9	9	91	109	129
		20,200	23,083	4,133	34,330	28	7	32	92	132	211
		11,302	634		824	11					
		24,800	51,328	4,133	32,819	42		39	81	138	310
		94,324	10,090	7,301	10,331	302	300	10,311	570	690	7,729
		9,624	4,140		4,140	33	10	9	100	6	118
		23,900	11,630	1,111	13,920	43	10	30	120	61	341

TABLE 3  
ANTI-TUBERCULOSIS ACTIVITIES  
Calendar Year 1958

Region	Category of Persons	Population (1)	Number of X-rays Taken			Number of Active Cases Discovered						Number of Cases Discovered by Surveys	Number of B.C.G. Vaccinations (2)	
			on Field Surveys	on School Surveys	on All Surveys	By Field and School Surveys			by Other Means	Grand Totals	Hospitalized Before January 1, 1959			
						Diagnosed for First Time	Previously known							Totals
							Active on Last Examination	Re-activated Since Last Examination						
Eastern	Indians	57,800	11,920	711	12,631	115	10	25	150	91	241	109	1,794	
	Eskimos	6,634	4,140	—	4,140	93	10	6	109	9	118	100	376	
	Totals	64,434	16,060	711	16,771	208	20	31	259	100	359	209	2,170	
Central	Indians	34,800	21,239	4,177	25,416	45	—	36	81	129	210	76	1,463	
	Eskimos	1,765	854	—	854	11	4	—	15	46	61	6	33	
	Totals	36,565	22,093	4,177	26,270	56	4	36	96	175	271	82	1,496	
Saskatchewan	Indians	20,700	14,200	2,951	17,151	35	6	6	47	109	156	47	883	
Foothills	Indians	26,400	12,522	4,290	16,812	14	3	9	26	128	154	26	3,031	
	Eskimos	2,931	2,468	—	2,468	9	—	3	12	40	52	12		
	Totals	29,331	14,990	4,290	19,280	23	3	12	38	168	206	38		
Pacific	Indians	34,300	13,612	2,154	15,766	70	5	24	99	137	236	69	1,757	
Totals	Indians	174,000	73,493	14,283	87,776	279	24	100	403	594	997	327	9,337	
	Eskimos	11,330	7,462	—	7,462	113	14	9	136	95	231	118		
	Totals	185,330	80,955	14,283	95,238	392	38	109	539	689	1,228	445		

(1)—Total Registered Indian pop. Dec. 31, 1958; distribution by Regions estimated. Eskimo pop. Dec. 31, 1958; includes an estimated 900 in Labrador.

(2)—Repeats included with first vaccinations. Foothills Regional figures include vaccinations given to "Others".

**TABLE 4**  
**REGISTERED INDIAN AND ESKIMO IN-PATIENT MOVEMENT BY CONDITION**  
**AND REGION IN ALL I.N.H.S. AND NON-I.N.H.S. INSTITUTIONS**  
 Calendar Years 1955 to 1957

Region	Condition	Patients Under Care			Patient Days			Average Stay of Separations		
		1955	1956	1957	1955	1956	1957	1955	1956	1957
Eastern	General	10,198	11,571	11,227	154,322	172,789	153,731	14.8	14.3	14.0
	Tuberculosis	1,596	1,625	1,048	221,605	226,818	163,580	235.8	260.6	308.0
	Mental	206	209	194	55,496	57,599	52,151	747.9	1,453.7	860.6
	Totals	12,000	13,405	12,469	431,424	457,206	369,462	37.9	42.1	35.1
Central	General	8,078	8,255	10,700	97,052	94,446	120,327	12.3	11.3	11.6
	Tuberculosis	1,424	1,068	948	150,825	193,676	137,028	247.6	213.0	313.1
	Mental	70	66	63	16,462	16,044	15,195	800.8	593.7	574.8
	Totals	9,572	9,389	11,711	307,190	261,315	272,550	40.1	29.1	28.5
Saskatchewan	General	6,226	7,296	8,493	66,563	79,707	91,619	10.7	11.3	11.1
	Tuberculosis	849	732	538	102,093	95,827	84,050	167.7	184.5	269.6
	Mental	55	69	92	13,005	15,814	20,082	660.7	291.2	369.8
	Totals	7,130	8,097	9,123	181,661	191,348	195,751	25.9	23.7	22.2
Foothills	General	7,230	8,471	9,220	99,430	106,104	113,892	12.4	11.7	12.5
	Tuberculosis	1,000	865	650	200,252	151,864	123,411	438.3	481.9	455.1
	Mental	58	71	55	15,209	17,399	16,217	1,353.5	164.1	1,079.7
	Totals	8,288	9,407	9,925	314,891	275,367	253,520	46.3	39.2	28.3
Pacific	General	256*	10,268	10,801	102,935	117,733	138,894	39.7*	11.4	13.2
	Tuberculosis	1,009	945	699	161,827	145,508	132,519	366.1	247.1	382.4
	Mental	81	80	84	23,174	23,886	23,234	455.2	641.0	885.3
	Totals	1,346*	11,293	11,584	287,936	287,127	294,647	280.5*	25.7	27.4
All Indians	General	31,988*	45,861	50,441	520,302	570,779	618,463	13.0*	12.2	12.5
	Tuberculosis	5,878	5,235	3,883	879,454	770,842	640,588	280.4	270.1	336.0
	Mental	470	495	488	123,346	130,742	126,879	780.9	808.2	696.9
	Totals	38,336*	51,591	54,812	1,523,102	1,472,363	1,385,930	43.8*	32.7	28.6
Eskimo	General	845	1,711	2,017	37,518	46,256	46,305	44.2	30.4	23.7
	Tuberculosis	1,356	1,578	1,287	183,336	231,425	206,551	240.8	236.5	323.3
	Mental	13	27	26	3,888	4,452	4,529	10.0	1,063.4	278.2
	Totals	2,214	3,316	3,330	224,742	282,133	257,385	139.3	107.4	109.1
Indians Plus Eskimo	General	32,833*	47,572	52,458	557,820	617,035	664,768	13.7*	12.8	13.0
	Tuberculosis	7,234	6,813	5,170	1,062,790	1,002,267	847,139	274.2	263.1	332.9
	Mental	483	522	514	127,234	135,194	131,408	774.4	825.1	660.8
	Totals	40,550*	54,907	58,142	1,747,844	1,754,496	1,643,315	47.4*	36.4	32.6

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

# DEPARTMENT OF NATIONAL HEALTH AND WELFARE

## DIRECTORY OF DEPARTMENTAL OFFICERS

### MINISTER

HONOURABLE J. WALDO MONTEITH, P.C., M.P., F.C.A.

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*Private Secretary, D. H. Dunsmuir*

*Deputy Minister of National Health and Welfare (Health)*

G. D. W. Cameron, M.D., C.M., D.P.H., LL.D., F.R.C.P.

*Deputy Minister of National Health and Welfare (Welfare)*

G. F. Davidson, B.A., M.A., PH.D., LL.D.

### HEALTH BRANCH

#### FOOD AND DRUG DIRECTORATE:

FOOD AND DRUG DIRECTORATE—*Director, C. A. Morrell, M.A., PH.D., F.R.C.S.*

*Associate Director, L. I. Pugsley, B.A., M.Sc., PH.D.*

*Assistant Director (Scientific Services), R. A. Chapman, B.S.A., M.Sc., PH.D.*

*Assistant Director (Inspection and Enforcement Services), A. Hollett, M.Sc.*

*Chief, Proprietary or Patent Medicines Division, P. Soucy, Phm.B.*

#### INDIAN AND NORTHERN HEALTH SERVICES DIRECTORATE:

*Directorate, P. E. Moore, M.D., D.P.H.*

*Associate Director, H. A. Procter, D.S.O., M.D., PH.D.*

*Assistant Director, W. B. Brittain, B.Sc.*

#### HEALTH SERVICES DIRECTORATE:

*Director, K. C. Charron, M.D., C.M.*

*Principal Medical Officer, Environmental Health and Special Projects, E. A. Watkinson, M.D., C.M., D.P.*

*Principal Medical Officer, Health Insurance, E. H. Lossing, M.D., M.P.H.*

*Principal Medical Officer, National Health Grants, G. W. Wride, M.D., D.P.H.*

*Principal Medical Officer, Research Development and International Health, B. D. B. Layton, M.D., M.P.H.*

#### SPECIAL HEALTH SERVICES:

Blindness Control Division, *Chief, J. H. Grove, M.D.*

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Dental Health Division, *Consultant, H. K. Brown, D.D.S., D.D.P.H.*

Epidemiology Division, *Chief, E. W. R. Best, M.D.*

Hospital Design Division, *Chief, H. E. Hughes, B. Arch., A.R.I.B.A., M.R.A.I.C.*

Laboratory of Hygiene, *Director, J. Gibbard, B.S.A., S.M., F.R.S.C.*

Medical Rehabilitation and Disability Advisory Service, *Consultant, B. Primeau, M.D.*

Mental Health Division, *Chief, J. E. Gilbert, M.B., B.S., M.R.C.S., L.R.C.P.*

*Chief Nursing Consultant, D. M. Percy, R.R.C., R.N.*

Nutrition Division, *Chief, L. P. Pett, B.S.A., M.A., Ph.D., M.D., C.P.H.*

Occupational Health Division, *Chief, T. H. Patterson, M.D., D.P.H., M.P.H.*

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

Radiation Protection Division, *Clinical Consultant, W. J. D. Cooke, M.D.*

**MEDICAL ADVISORY SERVICES:**

*Principal Medical Officer*, R. G. Ratz, M.B.

Civil Aviation Medicine Division, *Chief*, W. A. Prowse, M.D., C.M., D.P.H.

Civil Service Health Division, *Chief*, E. L. Davey, M.D., D.P.H.

Quarantine, Immigration Medical and Sick Mariners Services, *Chief*, W. H. Frost, M.D., D.P.H.

**NARCOTIC CONTROL DIVISION:**

*Chief*, R. C. Hammon, Phm.B.

Narcotic Drugs, *Canadian Representative to UN Commission*, K. C. Hossick.

**WELFARE BRANCH**

*Executive Assistant*, Welfare, Mrs. D. B. Sinclair, O.B.E., B.A., M.A., LL.D., D.Sc. Soc., L.H.D. (on leave).

*Consultant*, Fitness and Recreation, Doris W. Plewes, M.A., B. Paed., Ed.D.

**FAMILY ALLOWANCES AND OLD AGE SECURITY DIVISION:**

*National Director*, J. Albert Blais

*Regional Directors*—

Newfoundland, L. C. Abbott, St. John's

Prince Edward Island, J. E. Green, Charlottetown

Nova Scotia, J. G. Parsons, Halifax

New Brunswick, A. Nicholson, Fredericton

Quebec, J. M. L. Lafrance, Quebec

Ontario, F. C. Jackson, Toronto

Manitoba, W. F. Hendershot, Winnipeg

Saskatchewan, R. J. G. Mitchell, Regina

Alberta, H. C. L. Gillman, Edmonton

British Columbia, W. R. Bone, Victoria

Yukon and Northwest Territories, Miss Norma O'Brien, Ottawa

**OLD AGE ASSISTANCE, ALLOWANCES FOR BLIND PERSONS, AND ALLOWANCES FOR DISABLED PERSONS:**

*Director*, J. W. MacFarlane.

**CIVIL DEFENCE**

*Deputy Co-ordinator*, G. S. Hatton, C.B., D.S.O., O.B.E.

*Chief Administrative Officer*, M. P. Cawdron, M.A., B.Sc.

**ADMINISTRATION BRANCH**

Secretary's Division, *Departmental Secretary*, Olive J. Waters

Information Services Division, *Director*, Harvey W. Adams

Legal Division, *Legal Advisor*, R. E. Curran, Q.C., B.A., LL.B.

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

Personnel Division, *Chief*, E. J. Preston, B.A., M.A.

Purchasing and Supply Division, *Chief*, J. A. Hickson

Research and Statistics Division, *Chief*, J. W. Willard, Ph.D., M.A., M.P.A., A.M.

**TRANSLATION OFFICE**

*Chief*, G. A. Sauve

**TREASURY OFFICE**

*Chief*, T. F. Phillips

## DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

### ADMINISTRATIVE OFFICES

#### OTTAWA

Jackson Building, Bank Street  
 Birks Building, Sparks Street  
 Booth Building, Sparks Street  
 Garland Building, Queen Street  
 No. 1 Temporary Building, Wellington Street  
 No. 3 Temporary Building, Wellington Street  
 Trafalgar Building, Queen Street  
 Daly Building, Mackenzie Avenue  
 Copeland Building, Albert Street

### CIVIL DEFENCE COLLEGE

ARNPRIOR, Ont.—P.O. Box 2050

### FAMILY ALLOWANCES AND OLD AGE SECURITY

ST. JOHN'S, Nfld. .... 29 Buckmasters' Field  
 CHARLOTTETOWN, P.E.I. .... Dominion Building  
 HALIFAX, N.S. .... Ralston Building  
 FREDERICTON, N.B. .... Federal Building  
 QUEBEC, Que. .... 51 Boulevard des Capucins  
 TORONTO, Ont. .... 122 Front Street West  
 WINNIPEG, Man. .... 138 Portage Ave., East  
 REGINA, Sask. .... Dominion Government Building  
 EDMONTON, Alta. .... Federal Building  
 VICTORIA, B.C. .... Federal Building

### FOOD AND DRUG LABORATORIES

OTTAWA, Ont. .... Tunney's Pasture  
 HALIFAX, N.S. .... Ralston Building  
 MONTREAL, Que. .... 379 Common Street  
 TORONTO, Ont. .... 27-39 St. Clair Ave., East  
 WINNIPEG, Man. .... Aragon Building  
 VANCOUVER, B.C. .... Federal Building

### FOOD AND DRUG OFFICES

OTTAWA, Ont. .... Tunney's Pasture  
 HALIFAX, N.S. .... Ralston Building  
 CHARLOTTETOWN, P.E.I. .... Confederation Building  
 SAINT JOHN, N.B. .... 250 Prince William Street  
 SYDNEY, N.S. .... Federal Building  
 ST. JOHN'S, Nfld. .... T. A. & B. Society Building  
 QUEBEC, Que. .... 375 Dorchester Street  
 THREE RIVERS, Que. .... Post Office Building  
 SHERBROOKE, Que. .... 315 King Street West  
 MONTREAL, Que. .... 379 Common Street  
 TORONTO, Ont. .... 27 St. Clair Ave., East

BELLEVILLE, Ont. ....	12 Bridge Street East
HAMILTON, Ont. ....	National Revenue Building
KITCHENER, Ont. ....	Dominion Public Building
LONDON, Ont. ....	Dominion Public Building
WINDSOR, Ont. ....	Dominion Public Building
SUDBURY, Ont. ....	Federal Building
PORT ARTHUR, Ont. ....	33 Court Street South
WINNIPEG, Man. ....	Aragon Building
SASKATOON, Sask. ....	307 London Building
REGINA, Sask. ....	713 Motherwell Building
CALGARY, Alta. ....	Customs Building
EDMONTON, Alta. ....	Federal Public Building
KAMLOOPS, B.C. ....	345 Victoria Street
VANCOUVER, B.C. ....	Federal Building
VICTORIA, B.C. ....	805 Government Street

### IMMIGRATION MEDICAL SERVICE OFFICES

#### Canada

GANDER, Nfld. ....	Gander Airport
STEPHENVILLE, Nfld. ....	Harmon Field Airport
SYDNEY, N.S. ....	Marine Hospital and Reserve Airport
HALIFAX, N.S. ....	Immigration Building, Pier 21
MONCTON, N.B. ....	Moncton Airport
SAINT JOHN, N.B. ....	Immigration Building, Pier 9
QUEBEC, Que. ....	Champlain Harbour Station, Wolf's Cove and Immigration Hospital, Quebec- West
MONTREAL, Que. ....	150 St. Paul Street, West
DORVAL, Que. ....	Dorval Airport
TORONTO, Ont. ....	175 Bedford Road and Malton Airport
WINDSOR, Ont. ....	Windsor Airport
LONDON, Ont. ....	London Airport
WINNIPEG, Man. ....	Immigration Hall, 83 Naple St., and Winnipeg Airport
EDMONTON, Alta. ....	Edmonton Airport
VANCOUVER, B.C. ....	Immigration Building, foot of Burrard Street, and Sea Island Airport

#### Overseas

LONDON, England ....	61 Green Street, Mayfair, W.1
BELFAST, Northern Ireland	12-20 North Street
BRISTOL, England ....	5-18 Wine Street
GLASGOW, Scotland ....	18 Woodlands Terrace, C.3
LEEDS, England ....	5-7 New York Road
LIVERPOOL, England ....	34 Moorfields, Liverpool 1
BRUSSELS, Belgium ....	230 rue Royale
PARIS, France ....	38 Avenue de l'Opera
ROME, Italy ....	Via Nemorense, 90
THE HAGUE, Holland ....	12 Carelvan Bijlandtlaan
COPENHAGEN, Denmark	Canadian Legation, Vestagervej 5

BERLIN, Germany .....	Canadian Government Immigration Mission, Berlin-Zehlendorf, Berliner Str. 25
COLOGNE, Germany .....	Canadian Embassy, Visa Section, Buchheimerstrasse, 64-66 Winer Platz, Cologne-Muelheim
MUNICH, Germany .....	Am lillienberg, 1-2, Munich 8
STUTT GART, Germany .....	Marquart Building, 20 Koenigstrasse
HAMBURG, Germany .....	Canadian Government Immigration Mission, Admiralitaetstrasse, 46
BERNE, Switzerland .....	43 Neuengasse, Interhaus, 2nd Floor
VIENNA, Austria .....	Canadian Embassy, Medical Section, Tuchlauben 8, Vienna
ATHENS, Greece .....	Canadian Embassy, Visa Office, 54A Queen Sofia Avenue
HELSINKI, Finland .....	Canadian Legation, Medical Department, Bulevardi 10
NEW DELHI, India .....	c/o High Commissioner for Canada, 32 Nizamuddin E., New Delhi

#### SICK MARINERS CLINICS AND HOSPITALS

HALIFAX, N.S. ....	Immigration Building, Pier 21
SYDNEY, N.S. ....	Marine Hospital
SAINT JOHN, N.B. ....	Immigration Building, Pier 9
QUEBEC, Que. ....	Champlain Harbour Station, Wolfe's Cove
MONTREAL, Que. ....	150 St. Paul Street West
VANCOUVER, B.C. ....	Immigration Building, Foot Burrard Street

#### QUARANTINE STATIONS AND SUB-STATIONS

GANDER, Nfld. ....	Gander Airport
ST. JOHN'S, Nfld. ....	Marshall Building
HALIFAX, N.S. ....	Pier 21
SAINT JOHN, N.B. ....	Pier 9 and Quarantine Hospital, Lancaster
QUEBEC, Que. ....	Champlain Harbour Station, Wolfe's Cove, and Quarantine Hospital, Quebec-West
MONTREAL, Que. ....	150 St. Paul Street West and 320 Baldwin Street
DORVAL, Que. ....	Dorval Airport
BAIE COMEAU, Que. ....	Sub-Station
SEVEN ISLANDS, Que. ....	Sub-Station
RIMOUSKI, Que. ....	Sub-Station
PORT ALFRED, Que. ....	Sub-Station
THREE RIVERS, Que. ....	Sub-Station
SOREL, Que. ....	Sub-Station
VICTORIA, B.C. ....	Sub-Station
VANCOUVER, B.C. ....	Immigration Building and Sea Island Airport William Head, B.C.



**INDIAN AND NORTHERN HEALTH SERVICES**

EASTERN .....	4th Floor Booth Building, Ottawa
CENTRAL .....	803-9 Confederation Building, Winnipeg
SASKATCHEWAN .....	735 Motherwell Building, Regina
ALBERTA .....	Charles Camsell Indian Hospital, Edmonton
BRITISH COLUMBIA .....	4824 Fraser Street, Vancouver

**LABORATORY OF HYGIENE**

OTTAWA, Ont. ....	Tunney's Pasture
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**OCCUPATIONAL HEALTH LABORATORIES**

OTTAWA, Ont. ....	45 Spencer Street
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**PUBLIC HEALTH ENGINEERING DISTRICT OFFICES**

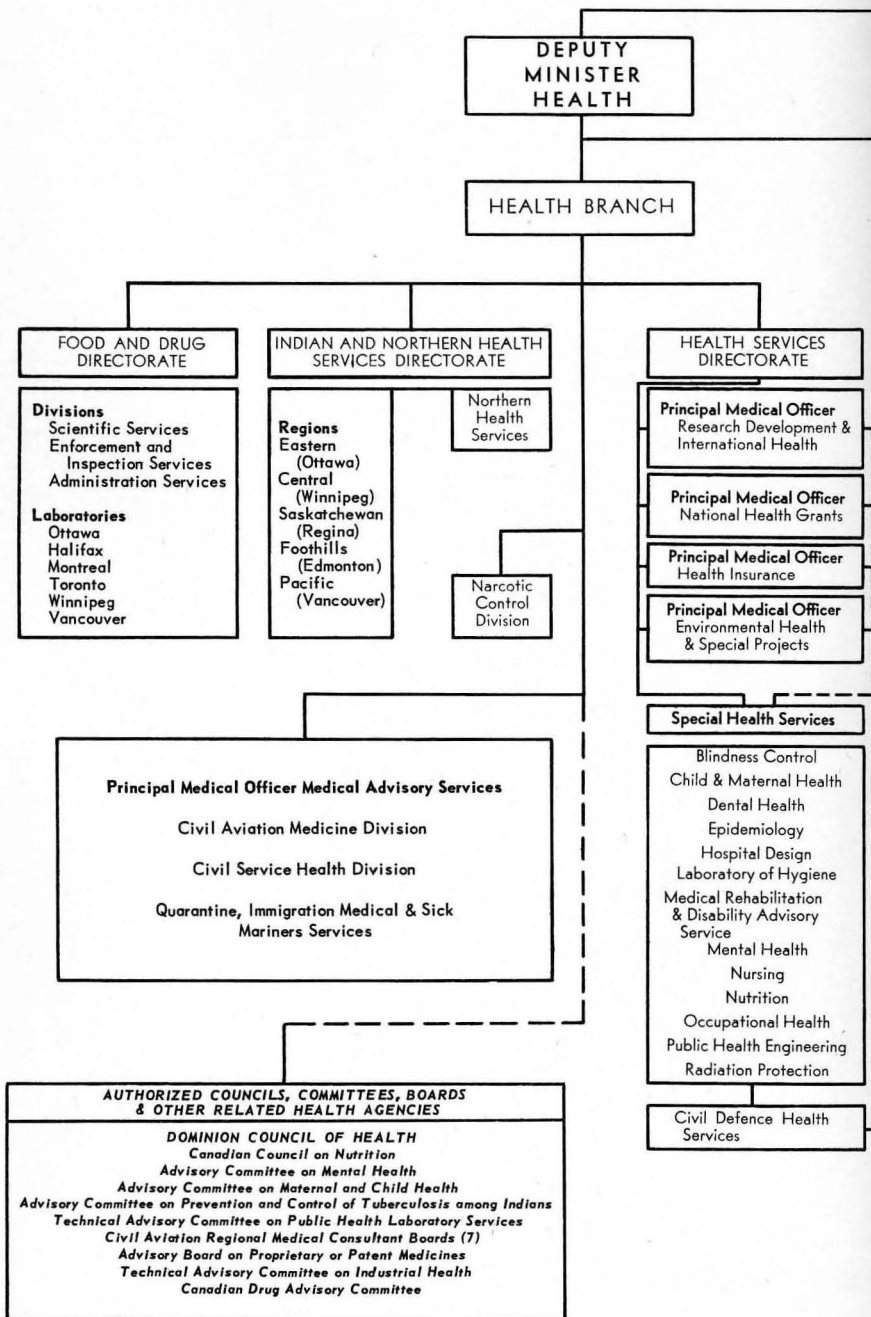
TRURO, N.S. ....	P.O. Box 608, Federal Building
MONCTON, N.B. ....	Post Office Building
MONTREAL, Que. ....	150 St. Paul Street West
ST. CATHARINES, Ont. ....	Dominion Building
PORT ARTHUR, Ont. ....	Post Office Building
ST. BONIFACE, Man. ....	Post Office Building
REGINA, Sask. ....	Motherwell Building
EDMONTON, Alta. ....	Federal Building
VANCOUVER, B.C. ....	Begg Building, 1110 West Georgia Street

**RADIATION PROTECTION**

OTTAWA, Ont. ....	305 Vimy Building
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# DEPARTMENT OF NAT



# HEALTH & WELFARE

THE DEPARTMENT OF  
NATIONAL HEALTH AND WELFARE

ANNUAL REPORT  
FOR THE FISCAL YEAR  
ENDED MARCH 31

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REGISTRATION  
BRANCH

Estimates  
Papers &  
Services  
Division  
Library  
Supply Division  
Medical Care  
Services

SERVICES  
Office  
Officers  
P.E.I.  
H.B.  
P.Q.  
Ont.  
Man.  
Sask.  
Alta.  
B.C.

DEPUTY  
MINISTER  
WELFARE

WELFARE BRANCH

SOCIAL AID DIVISION

Old Age Assistance  
Blind Persons Allowances  
Disabled Persons Allowances

Unemployment Assistance

FAMILY ALLOWANCES AND  
OLD AGE SECURITY DIVISION

**Regional Offices**  
St. John's, Newfoundland  
Charlottetown, Prince Edward Island  
Halifax, Nova Scotia  
Fredericton, New Brunswick  
Quebec City, Quebec  
Toronto, Ontario  
Winnipeg, Manitoba  
Regina, Saskatchewan  
Edmonton, Alberta  
Victoria, British Columbia  
Ottawa (for N. W. T. & Yukon)

CIVIL DEFENCE DIVISION

Administration  
Communications  
Engineering  
Plans and Operations  
Training and Education  
Civil Service Civil Defence  
Welfare Planning  
Civil Defence College (Arnprior)

**AUTHORIZED COUNCILS, COMMITTEES, BOARDS  
& OTHER RELATED WELFARE AGENCIES**

Advisory Board on Old Age Assistance  
Advisory Board on Blind Persons Allowances  
Advisory Board on Disabled Persons Allowances  
Family Allowances Appeal Committees  
Old Age Security Tribunals

Roger Edmund, P.A.S.C.  
Crown's Printer and Controller  
Ottawa, 1959