

DOCUMENTS

INTRODUCTION

The **Native Studies Review** is pleased to present two significant historical reports on the health and economic conditions of the Indian peoples in northern Manitoba and along the northern Ontario-Quebec border. Both reports were written ca. 1925 or 1926 by two physicians, and were forwarded to Duncan Campbell Scott, who at the time was the Deputy Superintendent General for the Department of Indian Affairs. The reports contain a wealth of information on health status, housing conditions, dietary habits, and economic conditions among Indian populations undergoing a transition from a mobile camp lifestyle to one more concentrated on permanent settlements.

At the turn of the twentieth century, the general health status of the northern Indians in these regions was poor. Having survived a variety of epidemic diseases in the preceding century, the Indian peoples were faced with yet more. Of particular significance was the Spanish flu epidemic, which took a heavy toll on the Indians between 1918 and 1920. It is estimated that this epidemic resulted in 4000 Indian deaths in Canada, or about four percent of the status Indian population (Titley 1986). Tuberculosis, frequently referred to as "consumption," also became rampant in the early twentieth century. Indeed, a substantial proportion of these two reports details the prevalence of this disease, and the social and economic conditions which allowed it to reach epidemic proportions.

Formal "western" health care services for Indians during the early twentieth century were minimal. Medical assistance had been provided on an ad hoc basis by fur traders, missionaries and Indian agents, as well as by physicians "attached to various Indian Agents" (Young 1984: 258). The Canadian government more formally acknowledged its role in providing health services in 1904, when Dr. P.H. Bryce was appointed as chief medical officer for the Department of Indian Affairs. Bryce proved to be somewhat of a maverick, and his attempts to stamp out tuberculosis (which included a proposal to turn Indian residential schools into sanatoria, since the students were so extensively infected; Graham-Cumming 1967:125) were thwarted by government. He was dismissed from his post in 1913, and the position remained vacant until 1927, when Col. E.L. Stone was appointed as Medical Superintendent. Stone, a physician, authored one of the

documents presented here just prior to his appointment. According to one medical historian, the provision of organized health services for Indians effectively begins with Stone's appointment (Graham-Cumming 1967: 125).

Stone's report on the health and economic status of the Swampy Cree Indians of the Norway House agency in Manitoba indicates that he too was ardent in emphasizing the devastation caused by the spread of tuberculosis. His report demonstrates an effort to understand the economic situation of the Indians, and such factors as diet and housing, in understanding the tuberculosis epidemic. Not only does he argue for increased health spending, he also recommends a variety of economic measures to improve hunting and trapping in the region as a means to strengthen the Indians economy, including dealing with the threat of an increasing number of "white" trappers in the region. As Stone notes, ". . . their economic conditions are such that they cannot be expected to improve in health, and that this condition will probably become worse unless prompt measures are taken to preserve the fur industry."

The second report is authored by a "Dr. Wall," whose exact identity is unclear at this time. It is quite likely that he was one of the handful of government-employed physicians available to Indians. His report on the health and social conditions of Indians in northeastern Ontario and northwestern Quebec is similar in some ways to Stone's report. A significant portion of his report addresses the problem of tuberculosis, and the variety of factors (such as housing conditions and the "expectoration menace") that he believes relate to it. The tone of his report is less strident than Stone's concerning the economic correlates of tuberculosis; Wall prefers to describe the various cultural characteristics and personal behaviours of the Indians that affect their health. Indeed, his Eurocentric biases appear much stronger than Stone's, and many of his unflattering and derogatory comments about various bands tell us more about Wall as an agent of Eurocanadian culture than they do about the Indians. However, in his far-ranging recommendations he too argues for the need to protect the Indian's trapping from the encroachment of "white" trappers whose activities posed a threat to the viability of the industry for the Indians.

It is also interesting to note that both medical reports were submitted by Scott to C.S. Townsend of the Hudson's Bay Company (HBC), and ultimately found their way into the HBC Archives. The HBC was certainly interested in improving the health status of the Indians, since sick Indians not only failed to trap or hunt, but became somewhat of a drain on the company, which felt obliged to provide for them while infirm. Both reports also contain a number of recommendations which deal with the organization of trapping within the specific regions, but it is uncertain whether or not the HBC acted on these recommendations. Perhaps of greatest significance for those

interested in Native health is simply the clear demonstration of the links between health and economics, as evidenced in the reports, and the links between the state and industry regarding health matters, as evidenced by the submission of the report to the HBC.

In concluding this introduction, I would like to emphasize that these two reports demonstrate the extent to which health and related economic and political data can be derived from archival sources. The area of medical ethnohistory is wholly under-represented in academic research, and it is hoped that work in this important area will be forthcoming.

James B. Waldram

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DOCUMENT ONE

DEPARTMENT OF INDIAN AFFAIRS CANADA

Ottawa, October 13th, 1926

CONFIDENTIAL

Dear Mr. Townsend:

I have pleasure in enclosing a copy of report made by Dr. E.L. Stone, C.M.G., regarding the natives of the Norway House Indian Agency.

Dr. Stone is our physician for this district and has charge of the Indian hospital at Norway House. I shall be glad to receive your views on this report when you return it.

Yours very truly,

Sgd. DUNCAN C. SCOTT

Deputy Superintendent General

C.S. Townsend, Esq.
C/G Chateau Laurier,
OTTAWA

Enc.

HEALTH AND DISEASE AT THE NORWAY HOUSE -
INDIAN AGENCY

The Indians of the Norway House Agency belong to that branch of the Algonkin nation known as the Swampy Crees. They inhabit the basins of the Nelson and Hayes Rivers, in the Province of Manitoba, and their trapping grounds extend from just East of the Hudson's Bay Railway to the borders of Ontario.

There are five Bands in the Agency Area, located at Norway House, Cross Lake, Oxford House, God's Lake and Island Lake. The members of the first four of these Bands have much white blood, derived from members of the Hudson's Bay Company and other fur trading organizations, who in former times, intermarried with the native women. It is probable that there is French blood at Cross Lake, and there is a tradition that French soldiers

drifted up the Nelson from York Factory in the days of the Seven Year's War. The people of Island Lake are more purely Indian, and are partially of the Saulteaux tribe.

Many of the people at Norway House, Oxford House and God's Lake are descended from York Factory Indians who migrated south when that place lost its importance as a Hudson's Bay Company centre, owing to the building of the railway into Western Canada, and the diversion of the Company's traffic from Hudson's Bay. The people of Cross Lake and Island Lake seem to inhabit the lands of their ancestors. The Island Lake Band has been increased by Indians from Trout Lake, far to the East.

There are about 700 Indians at Norway House, 600 at Cross Lake, 400 at Oxford House, 300 at God's Lake, and 650 at Island Lake, a total population of about 2550.

These river basins drain an area in which the country is made up of rocky ridges enclosing lakes and muskegs. There are many streams, some of large size. Of land, in the sense of ground fit for cultivation, there is very little. There is much bush, but little timber.

The Indians gain a livelihood by getting furs, and by the accessory branches of the fur trade, such as freighting trade goods, supplying fish and fuel to the traders, and, particularly, at Norway House and Cross Lake, there is some employment for regular wages. They are able to get much of their meat supply from the forest and rivers, and at some of the Reserves, good small gardens are cultivated. Their clothing is almost entirely purchased from the traders, as are their weapons, traps and boats.

The natives of Island Lake still live largely in tents and wigwams in summer. In winter most of them build log cabins, which are usually abandoned after one winter's use. Some live in tents during the whole year. At the other Reserves the people build houses, but they cannot be said to have perfected the art of house building. The universal type of house is a log cabin building, about 20 by 24 feet, with a gable roof and closed porch over the door. This porch in the better class of house is large enough to serve as a summer kitchen. The flooring and windows

are, in most cases, brought from outside, as are the roofing materials. The wall is chinked with moss and plastered with mud. The favorite manner of finishing the interior is by using building paper or wallboard. There are rarely more than two rooms downstairs, often only one. There has been an improvement in house-building of late years, and the average house at the present day may be said to be very good. The standard of furnishing and housekeeping is fair, but there is much overcrowding, and a lamentable lack of privacy.

It is probable that a visitor among these Indians would be chiefly impressed with their poverty. He could see many dirty looking people in every house, much of what would appear to him to be squalor, and little evidence of food or spare clothing. And it must be admitted that in the case of many families his impression would be correct. But conditions on the whole are not as bad as they appear. These people have not yet got beyond the stage where they camp in their house. The nomadic instinct is still strong in them. They pack away their clothes in trunks, and their food in boxes. Their meat supply is often in the net in the river, or in the rabbit snare in the bush. Going about from house to house, one is at a loss to see where the food produced at meal times is kept between meals. And on Sundays it is surprising to see the good clothes in which they turn out to Church.

The fact is that, so long as the earning members of the family are in good health, the family income is, on the whole, sufficient to buy the food and clothing necessary. I should not say that there is an undue amount of waste of income on foolish purchases. I think that, in families where there is a fair condition of health, living conditions are as good as among the average working class people of the cities, unskilled labourers, better perhaps than in some foreign sections. The difficulty is that there is much sickness. Our Indians are by no means provident. When in funds they live well. When adversity comes they quickly come in want. And when old age comes their condition is often indeed pitiable. The hardship of the sick and aged would be worse than it is if there did not obtain among

them a very admirable community spirit. The successful hunter shares his meat with the poor. The widow, the orphan, the aged are seldom without a home, or at least a refuge. I do not want to give the impression that the economic condition of these Indians is as good as it should be. As a matter of fact, judged by any modern standard, it is bad. But, in actual fact, there is no starvation, though there is, at times, a certain degree of want.

The true standard by which to judge a people undergoing evolution is not how high they have got but how far they have come. From this point of view, it is certain that Indians of this Agency have made very considerable progress. Their country is useful for farming or stock raising. Its only development resource, fur, has steadily diminished. Yet every person who has lived long among them bears witness that their condition is better than it was, and I have seen a very definite improvement during my three years service. The work of the Indian Department and the Churches has been by no means without fruit. And it is only fair to add a tribute to the various fur dealing agencies. Whatever may have been the record of the fur trading companies in the past it is very apparent, at the present time, that they are not making large profits in the fur trade in this district. On the contrary, many instances could be cited of credit advanced to poor people who could scarcely be expected to repay, and of charity to the sick and aged.

I have tried to present a reasonable picture of the living conditions of our Indians, and now propose to discuss the questions of health and disease. I have had something over three years service among them, and have come, it is hoped, to understand conditions fairly thoroughly.

The Island Lake Band may be considered first, and dismissed from the discussion. These Indians are still in a primitive state. They have had comparatively little contact with white men or other Indians. They are not severely infected with tuberculosis. Their birth rate in the Treaty year closing in July, 1925, was no less than 66 per M., and their death rate 18 per M. The average birth rate for the past six years has been 49 per M., and the

average death rate 19.8 per M. The only recommendation I can make on behalf of these people is that of leaving them alone for the present. The time will come when this will be no longer possible, but I think we should do nothing to hasten that time.

The other bands in the Agency present problems, which differing somewhat as to each reserve still have many features in common. It may be well to go into some detail in regard to their economic condition first.

I have stated above that, though there is no actual starvation, there is hardship at times, particularly among the weaker families, but that the Indians are better off than they used to be. We might well, considering the peculiar characteristics of this primitive race, congratulate ourselves that this is the case. But there are certain disturbing features. In the first place, these Indians are heavily affected with tuberculosis. A standard of living which is sufficient for healthy people can be hopelessly inadequate for a consumptive people. And it is just the persons who need good food who are least able to get it. I have in mind a young man who has gone through an acute phase of tuberculosis during the past winter. He has an old mother, a not very strong wife, and a young child. The old mother earns a little by washing. This man had a team of horses and earned a fair living. It is probable that he owed something on the team. He has been unable to work for about three months past, but has improved somewhat. I know that there has been want in that home and certainly he has been unable to get the food which would build him up. To add to his troubles, one of the horses died. How has this family lived? The old mother has helped some, and has had a destitute ration from the Indian Agent. A nephew has worked with the remaining horse, cutting and drawing wood. But this nephew had a widowed mother and several young sisters. The Church of England Missionary has been the good fairy in that household. Many such cases could be described. Now, I am not suggesting that the Indian Department assume the support of all these people. I merely point out that there is a vicious circle.

The weak are unable to secure the good food and comforts which would make them strong.

Charity in itself would be no remedy for this condition. You cannot build up any people by pauperizing them. There is no way of securing immediate general improvement. The cause of this man's misfortunes is tuberculosis, as it is the cause of most of the present troubles of these Indians. The condition can only be cured by attacking the cause. I shall later try to point out some ways in which this problem might be approached.

One is often led to wonder what these Indians might be able to accomplish if they were freed, by some miracle, from consumption. There is no doubt that their energy would increase enormously. It must be remembered that they have much white blood, and many of the instincts peculiar to the white race.

Not only is the standard of living insufficient for their more than ordinary needs, but there is a still more serious problem. The fur bearing animals in this area are diminishing in a very serious degree. Allowing for migration of foxes, and for the fact that muskrats, scarce now, will probably increase under the present measure of protection, allowing for every favourable aspect of the case, the outlook is bad. Beaver have practically disappeared from this area, and all other fur bearers, with the possible exception of foxes, have diminished to such an extent as to make trapping a very precarious occupation. Trappers are going farther afield every year. Some Norway House and Cross Lake Indians go as far as three hundred miles. These long journeys cost money, and any goods that they buy in these remote regions cost very dear. They are compelled to take their whole winter's outfit with them, and, as few have the necessary capital, only the best of them can obtain the necessary credit. They do not like to be a whole winter away from their families, and a trip home consumes weeks of time. Some take their families, which adds to the expense. It is obvious that only the most energetic can do this sort of thing. Energy arises from a fair state of health. It must be said that they get a somewhat better supply of

fish and game by going far out, and this to some extent offsets the increased expense. But really few can manage to go so far.

The trapper who undertakes to live at home and operate a fairly local trap line is a hard case. Locally, the country really appears to be trapped out. And in this group fall the people who want to send their children to school.

It may be asked, why do not these trappers go away and leave their families at home, where they may live comfortably, and the children may be near school. That system is being brought in at some of our Reserves, and, with all due respect to the Missionary who is advocating it, I do not believe it a good one. Indians do not like, more than other people, to be separated from their families by long distances, and for long periods. Credit arrangements have to be made to carry the family over till the hunter returns, and the trader is reluctant to give too much credit. Supplies of fish and game are very poor at home, fuel has to be brought from a considerable distance, and the mother has often small children whom she cannot well leave, to go for food and fuel. The result is that trappers, under this system, will not go far, and so will not get much fur.

We have trappers, of more than average strength and energy, who still do well, but the main is not doing well, and considering the serious lessening of supply, the situation cannot be expected to improve.

Another factor is the white trapper. He has not yet very seriously invaded this Agency, but he swarms in a neighboring Agency and is beginning to come here. He is more energetic than the Indian and depletes the fur more rapidly. We hear complaints of his pushing Indians off their accustomed trapping grounds. What is still worse, he is accused and apparently with some justice, of using poison. The fur poisoner finds a very small proportion of the animals he destroys. Most of his victims die in the bush, where none ever see them. The Indian cannot compete with the white trapper. He has not the energy, he has not the health, nor the capital, and he has, what the white man seldom has, a family with its responsibilities. And if he could compete,

and were to keep it up, there would not, in a very few years, be a fur bearing animal between the head of Lake Winnipeg and the Hudson's Bay. He would inevitably kill the goose that lays the golden egg. High fur prices have very nearly induced him to do that already.

Now, a word about the trader. Though he figures on a profit of 100 per cent, he is not, apparently getting rich, nor even getting an adequate return on his money and risk. Fur buying is a very speculative business at the best. His advances are large, he has many bad debts, and his business expenses are enormous. These expenses consist very largely in money paid out for freighting, and wages paid to Indians who conduct outposts for him in the bush. The Indians get the greater proportion of this outlay. He certainly charges too much for his goods, but this, so far as can be seen, has the effect of an equalization of income for the Indians. An Indian, for example, gets an advance of goods from a trader, in order to go trapping. He falls sick, and cannot pay, and the debt has to be written off. The trader can only make up his losses in this respect by charging a higher price all round, which means that the successful trapper has to pay for the goods which the sick man has consumed. There is at present fierce competition among the traders here. This, while raising expenses, also raises the price of fur, and it appears that, so far, the Indian benefits by it. It cannot be said that the moral effect is equally good, nor that the Indian is likely to grow more honest under this condition of affairs.

I have consulted with local men of experience, and we agree that there are two measures which ought to be taken to preserve this means of livelihood of the Indian. The first is a comprehensive survey of the fur situation, and the enforcing of close periods for animals in such a manner as to give them a chance to re-establish themselves. This cannot be done by the method recently employed of closing beaver in the fall for a period of three years, and removing this protection the very next spring. That sort of thing plays directly into the hands of the "Fur miner." The second measure is to grant trapping licenses in

the North only to bona-fide residents or settlers. A very small proportion, practically none, of the white trappers live in this area the year round, or make any pretence at settling here. Some are undoubtedly Americans.

It is not argued that the Indian, outside his Reserve, is entitled to privileges not granted to other permanent residents, but he and these residents are surely entitled to protection against men whose only interest is [to] "mine" an area of fur, and then move on to another.

I add a third suggestion. It is that of establishing a fur and game preserve in this locality, where no man may trap or shoot, where animals may breed in security, and whence they may spread. This idea, and the system of protection of animals referred to above, would have to be worked out in detail by someone more informed as to the habits of these animals than myself.

But I wish very seriously to point out that the very existence of the fur industry in this region is menaced and that speedy steps must be taken if it is to be saved. This is not merely my opinion nor even merely a local opinion. It is a fact too well known to the large fur trading companies who, I fancy would be glad to furnish facts to support argument.

There is in sight no industrial development which seems likely to provide other employment. Farming and stock raising may be mentioned only to be dismissed. This country is too wet for a Dutchman, and too rocky for a Swiss. There appears to me to be some pulpwood, but the pulpwood industry has, at present, only come as far north as the South end of Lake Winnipeg, and there is a great deal of bush to be cut between there and here. There may be valuable minerals, but they have yet to be discovered, and I have little faith in Indians as miners. They would make good pulpwood cutters though.

It appears to me that it will become necessary to move many of these Indians, especially from Norway House and Cross Lake, out to the reserves where they can set up as farmers. I believe that some of the younger ones would be glad to go now.

So much for economics, which subject has been pursued at perhaps too great length. However, it is certain that a people on the verge of want cannot possibly remain healthy to say nothing of becoming healthy.

The next subject is disease. Disease here means one malady, and one only, for all practical purposes. That is tuberculosis. Practically nobody dies of anything else. There is no typhoid fever, no appendicitis, no kidney disease, practically no heart disease, no diabetes, very little true pneumonia. We are free from these killers. [It] is true that, during the past three years, we have had in this Agency measles, whooping cough, diphtheria, and a comparatively mild epidemic of influenza. But of these diseases, no Indian had diphtheria, there was only one death from measles, only six from whooping cough, and only one from influenza. I am speaking of the Norway House Band here. There were more deaths at other Reserves but not a great number. What did occur was that a very large number of people died of tuberculosis within a few months after having had these diseases. At Norway House, where I had control, diphtheria did not spread out of the building it appeared in, nor did any Indian take it, influenza was limited in its spread. I know of no effective means of limiting measles and whooping cough, especially when they appear at Treaty time, when all the Indians are gathered together in one camp. In any case, these diseases did not cause, directly, any large number of deaths. But the death rate at Norway House during the Treaty year, ending August, 1925, was 40 Per M. I know what these people died of. It was tuberculosis. In the year after we had measles, we had the same experience. Try as we may, we cannot guarantee that we will not have more epidemics.

In any case, taking the year 1923, which was not the most healthy year in my time here, we suffered a death rate of 18 per 1000 from tuberculosis alone, which is some twenty times the average death rate for the Dominion from this cause. If we had many other serious diseases to contend with there would soon be no Indians. I am speaking of Norway House Reserve now, where I

am sure of the facts, and the following remarks will apply to this Band only. The others will be considered separately.

What is the cause of this high death rate? There is just one primary cause, an epidemic of tuberculosis, which has been raging ever since these Indians came from York Factory and Oxford House during the last quarter of the last century. In a report made in February, 1924, this subject was discussed in detail. Some of the conclusions arrived at in that report have had to be modified, in the light of longer experience, but the facts need not be repeated.

To put it briefly, there is no essential difference between an epidemic of smallpox and one of consumption. They spread in exactly the same way, and the results are much the same. Smallpox acts more quickly, but is, in modern times, less deadly, and it has the advantage in that it can be prevented. And we have here to deal with a genuine epidemic.

The conditions referred to above are all contributory. The food supply is not too good, the housing is not all it should be; these conditions favor the disease but they do not cause it. No matter how good the soil, no wheat will grow unless wheat is sown.

Let me illustrate. I attend many births, and am often consulted when babies are ill. I see baby after baby invaded by tuberculosis, practically all within the first year of life. Indigestion, Bronchitis, Inflamed glands. These are, nine times out of ten, polite terms of this invasion. The infection comes from the parents, or from some other member of the family, or from neighbors staying in the house. Some of these babies die, but the majority subdue the infection and live. During their childhood they suffer from repeated attacks of Bronchitis and Pleurisy, and they grow up weak, with a dormant tubercular infection ready to light up when they chance to be in a period of lowered resistance.

Again I examine numbers of children for entrance to Boarding School. I cannot recall any child, from any Reserve except Island Lake, whom I should not have rejected for

tuberculosis if the regulation had been strictly adhered to. Those who appear to have an active tuberculosis are rejected. Those whose infection appears dormant are passed. They have to be. Otherwise there would be no pupils in the schools. There are no better to be had. They do quite as well in the schools as they would do outside, but, at that, there are too many deaths of pupils during their education.

Again, Indians come to me constantly for examination and treatment. There cannot be many on this Reserve whose chests I have not gone over at some time. Almost every one has signs of dormant, if not active consumption.

Again, in the best year we have had since I came here, 18 people per 1000 died of tuberculosis, which brings us back to our starting point.

Now, it is apparent that the Department of Indian Affairs does not want these Indians to die out. The very generous expenditure on Education is evidence of that. (It is hoped that none of these remarks will be taken as reflecting in any way on the Policy of the Department in regard to Education, a policy for which I have nothing but praise). But it looks as if they might die out. The population of this Reserve is less than it was before the great influenza epidemic. There might be more epidemics. I do not think any of the foregoing statements are exaggerated. I do not flatter myself that up to the present time, there has been any marked improvement in the tuberculosis situation, by itself, within my period of service. In some other respects, I think my work has been of value. An epidemic of measles numbering 400 cases was handled with only one death. An epidemic of diphtheria was nipped in the bud. Some accidents have been cared for, many births have been conducted. There is noticeable improvement in the care and feeding of babies. There appears to be more speedy recovery from ordinary complaints than was the case at first. A new hospital has been got under way. The Indians are taking greater advantage of our service. Doubtless all these things are good, and they may possibly have even an effect

on tuberculosis, but it is like trying to defeat an army by sniping. They do not get at the cause.

Nobody would try to check an epidemic of smallpox by caring for the sick in their homes, among well people, and allowing the minor cases to mix freely with the neighbors. Yet that is what we are doing here. And the worst feature of it is that every successful effort made to prolong the life of an active consumptive also prolongs the time during which he may transmit the disease to others. There is no need to go into details about the sanitary habits of these people in their houses. It is enough to say that they are not likely to help limit the spread of infection from the sick to the well. And they are not much, if any, worse than those of many white people.

If we had to deal with smallpox we should isolate every case, and go to any lengths to keep the well away from the sick. If we have tuberculosis in a herd of cows, we should ruthlessly destroy the affected cattle. We cannot take the latter course with Indians, but we can go at least some way upon the former.

It is noted that the capital expenditure for educational purposes in this Agency is at least \$200,000, and that the yearly grants for this purpose come to about \$40,000. I suggest that Education, important though it is, is not the primary problem. Every good result proceeding from the expenditure of these large sums of money, and the devotion of the staffs of the schools, is undermined by the fact that these children come from tubercular homes, are themselves tubercular, and return to the same sort of place from whence they come. There can be no profit in putting a new roof on a building of which the foundations are decaying. First the foundation must be put in shape. It is sometimes possible to carry on these two kinds of work at the same time. It is granted that the education the pupils receive in Boarding Schools is of value from a health standpoint. There are many instances, outstanding examples, of that on this Reserve. But many children do not get into these institutions, and, in any case, the urgent matter of the consumptive in the home is not thereby solved.

Our expenditure on medical service, for the five Reserves, is about \$10,000 per year, in normal years when we are not building. This provides the Doctor and Hospital at Norway House, and dispenser at the other Reserves. It is at the rate of about \$4.00 per Indian. In the financial year 1923-24, the expenditure at one other Agency was \$86.00 per head. That is perhaps an extreme case, and largely accounted for by the small number of Indians in that Agency, but there is a very wide difference between these figures. I should not know what to do with so much money here, but I wish to point out, a little further on, something that could be done with a less appropriation by far than is granted to Education in this Agency, not going beyond it for examples.

Presumably the object of all development work among Indians is that of fitting them for future citizenship. I have tried to come to some conclusion as to what the future of the people of this Agency might be. The country they inhabit is very poor. Very little can ever be expected of it as a farming country. The fur industry is at present waning, and it is to be feared that fur produced on farms will become a very serious factor in this industry before very long. There would appear to be no other solution than that of gradually getting the younger people to go out and take up farms, or go into industry, either in Indian colonies, or as full citizens. There can be no doubt that this policy was the one which led the Department and the Churches to inaugurate the system of Education of Indians.

Now, from a health standpoint, what have these Norway House people to contribute to any colony or community to which they might go. An illustration might serve to explain this. It is said that the original Norway House Indians, who went to Fisher River after Treaty was made there, were comparatively free from tuberculosis, as are the Island Lake people to-day. After they went, there was a large migration from York Factory and Oxford House to his place. These newcomers are said to have been very tubercular. Certainly they are now, and they have infected those of the original people who remained here. There is no reason to hope that the Indians from here could be a less menace to the

health of any community they might join outside. At the very best, they are in no state, with their ill health, to do well for themselves or their employers. At the worst, they are likely to spread tuberculosis in every district they go to.

If twenty families were to leave Norway House Reserve, there can be no doubt that their places would, in a few years, be taken by people from Oxford House and God's Lake. It is reasonable to suppose that this Reserve, and Cross Lake, may become resting places for the people of these interior Reserves, on their way out of the Country. They may stay here for a generation, more or less. But, if my idea as to their future is correct, they will ultimately migrate, the best of them to a more favourable region. It strikes me that we must prepare to improve these peoples' health during their sojourn here, as well as to fit our local Indians for new fields.

The present forces of the Department in its health service in this Agency consist of a medical officer and a hospital at Norway House, and a dispenser at each of the other Reserves. The Dispensers are missionaries. One has the rank of a Field Matron, but is not a graduate nurse. The hospital has a capacity of sixteen beds, and has a daily average of nine to ten patients under treatment. The Indians of Norway House show an increasing tendency to make use of the services of the Doctor and hospital. Many women come in for confinement. The hospital building is new and the institution has not yet reached its highest state of development. It is doing a valuable work, but in the very nature of things, a hospital of sixteen beds cannot take in many consumptives, whose stay in hospital runs to months.

It must be admitted that the work of the Doctor and the service of the hospital are of small value to the people of the out-lying Reserves. The nearest is 60 miles away, the most remote 180. It is not feasible to visit these reserves very often and the people living on them cannot be expected to travel such long distances for treatment. Outside some accident cases, our patients from these Reserves have been mostly people who have come in as a last hope, and the outcome, as might be expected,

has usually not been of such a nature as to encourage others. These Indians do not see the Doctor frequently enough to come to know him. The dispensers do much good work, but the influence of the Indian Medicine Man is fairly strong in all these places.

The following recommendations for expansion of the Medical Services are submitted after three years' study of the problems involved. The details for each Reserve have been considered in view of the probability of the Indians taking advantage of the services to be offered, as well as their needs.

1. FOR NORWAY HOUSE: 700 Indians and 150 closely related half breeds.

The primary need of this Reserve is an isolation hospital, where persons suffering from active, contagious disease can be isolated. The present hospital is admirably adapted to caring for Maternity cases, and cases of general disease, and accidents, but neither in size nor design is it suited for isolation purposes on the proposed scale. It is estimated that thirty more beds would be required, and the building would take the form of an addition to the present structure. The present heating system is large enough to do for the whole. The pumping system is ample. The Electric Lighting Plant would have to be enlarged, and the sewage disposal plant rebuilt, which is a work that must soon be carried out in any case. It is estimated that this building, would cost \$20,000 and the additional staff required would be one graduate nurse and one Indian maid. It would incorporate some features needed to complete the present building, such as vegetable storage and a morgue, and its net capacity for patients would be relatively larger. A year's preparatory work, in instruction, would go far towards ensuring the success of this undertaking.

In addition to this, we need here a nurse to do house-visiting, for the purpose of health instruction, and we could use some equipment, such as a lantern and slide, and some [light]. If we had a nurse with public health training as assistant in hospital, she could probably do this work in slack times. The equipment referred to would cost little, and I intend to ask for it

in any case. I want to get on to more of this work now that we are no longer building, but, frankly, if much of it is done we shall very soon need accommodation for more patients.

2. FOR CROSS LAKE: 500 Indians.

Conditions at this Reserve are peculiar. The people have an ancient reputation for superstition and the influence of some Indian Medicine Man is very strong. They have also a way of connecting medical aid with destitute rations, and gifts of food. Mrs. S.D. Gaudin was Field Matron there for many years, and seems to have done very valuable work, but it is to be feared that the respect for modern methods of treatment has declined since she left the Reserve in 1922. There is much disease, and, in fact, the situation seems worse at this Reserve than any other. The medical officer would require some time to acquire influence among these than that of the present hospital, as it would not require space for kitchens, offices and staff sleeping quarters to the same extent.

This hospital would have its primary function the treatment of tubercular persons who might be considered a menace to the community. It would also accommodate cases of other infectious disease. It is not to be hoped that it would be of great value to the patients actually admitted to it. They would probably do better at home. But some might be expected to be benefitted, and the value to the community would be very great. In fact, it is the only way of dealing with them. They do too much harm at large.

I have very carefully considered the question as to whether the Indians would be willing to take advantage of such an institution. At the present time they have a very lively fear of consumption. They come in greater numbers every year to have their chests examined and they question me very closely as to whether they are consumptive. They are also coming to look with disfavour on the presence of persons obviously consumptive in their homes. I am actually deterred from much health instruction and propaganda, owing to the fact that we have not sufficient

accommodation for the number of patients who would have to be taken in. In some cases a little authority might have to be exercised to secure compliance with an order for admission, but I think in most cases that authority would be exercised through the patient's people. It seems to me that the wisest course would be to station a Doctor at this place, build a residence and office for him, and when the time seemed opportune, supply him with a nurse. A hospital would follow, when its provision seemed wise.

Cross Lake is now, owing to its nearness to the Hudson's Bay Railway, nearer in winter to the outside world than is Norway House. In March, 1925, influenza came in that way and the danger of epidemics coming from that direction will be increased by the development of the country along the line.

The initial cost of the Doctor's residence would be \$5,000.00 and his salary \$2,400 to \$2,700, with fuel and light.

3. OXFORD HOUSE AND GOD'S LAKE: 400 and 300 Indians.

The people of these Reserves are feeble, and heavily infected with tuberculosis. I think they would be prepared to take advantage of a more extensive medical service from the start. They are building houses. I recommend that a nurse be stationed at each of these Reserves, to be followed by a Doctor stationed at Oxford House say three years later. A residence would be needed at Oxford House, and home quarters for a Nurse at God's Lake. The distance between these places is only about 40 miles, but the road is too difficult for a nurse.

The cost would be about \$4,000.00 for a residence at Oxford House, and say \$2,000.00 for the nurse's quarters at God's Lake. The nurses would need an Indian girl each, as companion and interpreter. Transportation would be hired as needed. I should place the nurses' salaries at \$1,500.00 per year, with allowance for freight and \$200.00 for the Indian girl, a total of perhaps \$2,000.00 for each nurse. Rations would not be supplied.

It is possible that an arrangement could be made with the United Church of Canada, to provide the personnel for these two

places. This Church has undisputed possession of the Missionary fields of these Reserves.

4. ISLAND LAKE: 650 Indians.

It will probably be necessary to provide a better medical service for this place at some time, but it does not seem that it is essential, or even wise, to do so at present.

The probable cost of these services may be summarised as follows:

\$12,580.00 voted in 1926-27	<u>Reserve</u>	<u>Buildings</u>	<u>Salaries</u>	<u>Expenses</u>
Est. for	Norway House	\$20,000.00	\$1,360.00	\$500.00
Hospital,	Cross Lake	5,000.00	2,700.00	500.00
Med. Attend.	Oxford House	4,000.00	1,500.00	700.00
& Medicines.	God's Lake	2,000.00	1,500.00	800.00

The capital expense totals \$31,000.00 say \$36,000.00 and the yearly expense \$9,560.00 say \$10,000.00. The annual outlay would obviously increase with development, but it ought not to exceed \$15,000.00 at any time. That amount, added to the present expenditure of \$10,000.00 totals \$25,000.00 which is \$10.00 per Indian. May I respectfully invite comparison of this figure with the present cost of Medical services per Indian in other Agencies.

A brief summary of this report may be useful. It is hoped that the following points have been made clear:

1. That the Indian population of four out of five Reserves in this Agency is severely and even dangerously affected by tuberculosis.
2. That their economic conditions are such that they cannot be expected to improve in health, and that this condition will probably become worse unless prompt measures are taken to preserve the fur industry.
3. That the following measures would help them to become more prosperous:
 - A. Better conservation of fur bearing animals.
 - B. Restriction of trapping in this area to bona-fide residents or settlers.

- C. Establishment of Game and Fur preserves.
- D. Possibly the removal of some of them to Reserves where they might take up farming.
- 4. That the primary problem of these people is that of health.
- 5. That no solution of the health problem may be expected from increased issues of rations.
- 6. That the present Medical Services is not meeting the needs in that it is dealing with effect rather than cause.
- 7. That the measures recommended would provide a more adequate means of dealing with the situation.

It would be vain to hope that any measures would show great results within the first few years. But the fact that the general death rate from Tuberculosis has fallen fifty per cent since 1900, over the whole Dominion, might lead one to hope that, inside say five or ten years, improvement might be apparent.

(Norway House, Manitoba. April 26th, 1925)

SOURCE: Hudson's Bay Company Archives, Provincial Archives of Manitoba, A.95/53.

DOCUMENT TWO

DEPARTMENT OF INDIAN AFFAIRS CANADA

OFFICE OF THE
DEPUTY SUPERINTENDENT GENERAL
OTTAWA

Ottawa, October 13th, 1926

Dear Mr. Townsend, -

Referring to your telephone communication this afternoon with my Secretary, Mr. MacKenzie, I am sending you herewith a copy of Dr. Wall's Report.

When you have made such use of it as you may see fit, I would ask you to kindly return it to me.

Trusting that this will be satisfactory, I am,

Yours very truly,

Duncan C. Scott
Deputy Superintendent General

C.S. Townsend, Esq.
c/o Hudson's Bay Company
Montreal, Que.

REPORT OF MEDICAL SERVICE TO INDIANS LOCATED ALONG
THE LINE OF THE CANADIAN NATIONAL RAILWAYS FROM
COCHRANE, ONT., TO LA TUQUE, QUE., JUNE TO OCTOBER,
1926.

TUBERCULOSIS

General Conditions

Tuberculosis is by far the greatest problem encountered, the adults usually suffering from the pulmonic variety, and the children with the glandular type. Besides these forms, one encounters bone, joint and spinal lesions, and occasionally peritonitis. The onset is always insidious and it is largely the indolent nature of the disease in its advance, combined with the indolent character of the individual, which renders it so deadly.

The tuberculosis problem has been encountered and adequately dealt with in the slums of our large cities. Here the people had to be educated in proper methods of living and hygiene with the view to producing a soil unsuitable to the disease, and to closing the usual routes of transmission. By means of perseverance in similar propaganda I believe much can be accomplished towards eradicating this plague. In this connection I would offer a few suggestions which I believe would tend to check the inroads of tuberculosis by producing in the Indian people a soil unsuitable to the disease. The future of any race lies entirely in the health of the children and if their general health is strengthened, there is no reason to doubt the outcome.

Diet:

One important factor which reacts against the normal development of Indian children is their diet, which is deficient in accessory food factors essential to vitality. This deficiency could be met, partially at least, by the administration of cod liver oil. The benefit of such administration, both as a palliative and prophylactic measure, has been repeatedly demonstrated in the out-door clinics of our large hospitals. I believe this would be an invaluable agent for all children up to the age of twelve. The pure Newfoundland variety of cod liver oil only should be used. This variety is far superior to the Norwegian, which loses some very important factors in the refining process. It would be advisable to purchase this oil in five- or ten-gallon cans, and to ship same with a supply of 16- or 32-ounce bottles to the various Hudson's Bay Posts for distribution. Every child should receive an issue of oil, but I would call special attention to lists attached to this report, giving the names of children actually afflicted with tuberculosis, and to whom such issue of oil is essential. Herewith you will also find a dosage scale for children of various ages. It is important that each family should be furnished with an adequate supply of oil before proceeding to winter camps, as its use would be invaluable during the winter months, and although many Indians have already departed for their hunting grounds, I would urge

forwarding a supply of oil to the Hudson's Bay Posts as soon as possible, in view of the fact that the natives return to the Posts around the New Year.

The Managers of the Hudson's Bay Company Posts in this district are sincerely interested in the health and welfare of their hunters, and they have assured me that they will be glad to distribute this remedy for the Department of Indian Affairs. The following is a list of the Managers from whom I am sure the Department will receive hearty co-operation in this and similar undertakings: Mr. D. Wylde, LaSarre; Mr. Etcheverry, Senneterre; Mr. Barabe, Lake Simon; Mr. Millar, Grand Lake Victoria; Mr. Learmont, La Barriere; Mr. Picaude, Obidjuan; Mr. Turley, Manouan; Mr. Watson, Weymontachingue; and Mr. McLeod, Waswanipi. I am indebted to these gentlemen for considerable assistance and many favours in connection with my work this summer. I am especially indebted to them for the hospitality always shown me on arrival at their Posts.

Another invaluable addition to children's diet is canned tomatoes, which are cheap and always available at the Posts. The use of canned tomatoes in out-door clinics of large hospitals is universal, where oranges and fresh vegetables cannot be supplied owing to season and price. The Indians should be urged to use a sufficient quantity of canned tomatoes (one can per week per child). I wish to emphasize this point, in view of the absence of vegetables in the Indian diet, especially during the winter months.

I would suggest that canned tomatoes be added to the list of "necessities," as understood in Hudson's Bay Company parlance. At the present time "necessities" issued by the Managers to Indians in debt to the Company include only such articles as: flour, sugar, grease, cartridges, nets, etc. I am informed that Mr. J.J. Barker, North Bay, Ontario, is district Manager for the area in which are located Abitibi, LaSarre, Senneterre, Lake Simon, Grand Lake Victoria, Barriere and Waswanipi Posts; and Mr. Ralph Parsons, of Montreal, is District Manager governing Obidjuan, Manouan and Weymontachi. If it is decided to make this suggestion to the District Managers, it might also be well to ask

permission for the distribution of cod liver oil by the Post Managers, who are personally willing to undertake same.

Only the Indians at Obidjuan and Manouan realize the value of a fish diet, and I would advise that the Indians at Abitibi, Senneterre, Lac Simon, Grand Lake Victoria, Barriere and Weymontachi should be urged to make use of this valuable food product as a variation of their monotonous moose meat diet.

Danger From Cold And Exposure:

I would suggest that the Department urge the various Chiefs that they should advocate dry camping sites and bedding, and the changing of wet clothing and footwear instead of wearing same until dry. If these suggestions were followed, it would do much to prevent the contraction of chronic rheumatism and of colds which, when neglected, tend toward tuberculosis.

Housing And Ventilation:

Weather-proof houses with adequate ventilation would do much to produce a soil unsuitable for the development of tuberculosis, but with the exception of the Obidjuan Band the value of such conditions is not recognized. In my talks to the different Bands I have tried to demonstrate these facts by simple analogues, e.g.: I would point out to the Chief and Band that if young foxes were packed in a small box they would not thrive as well as in a large airy cage. I would ask them what would happen if the top [of] the small box were nailed down, and the Chief would invariably answer, "They would die from lack of air," and the Band would nod assent. I would then compare their overcrowded and unventilated houses to the small box, and in this way brought home to them very clearly the necessity of ventilation for their families.

Expectoration Menace:

A sustained effort should be made to overcome the universal Indian habit of free expectoration within the homes. I have taken great pains to explain the menace of this habit, and have asked

the Chiefs to set an example themselves by forcibly evicting from their homes anyone expectorating on the floors. This is the great route of transmission of infection, and small chance has a child playing on the floor when every cubic foot of inspired air may contain millions of t.b. bacteria. I have advised chronic lung cases to expectorate on moss, which is always available and which can be burned, and I am pleased to say that on my second visit have found my advice being faithfully followed. I believe many of the unsatisfactory conditions found are due largely to ignorance, and that instructions in this connection, incorporated in a letter from the Department to the Chiefs, will be a valuable reminder of my talks with them. Constant repetition of instructions will be necessary to make headway against the expectoration menace.

SMALLPOX

As far as I could ascertain there were no cases of small pox. The Indians throughout the whole district realize the importance of vaccination, and I had no difficulty in persuading those who had never been vaccinated, and those who had been vaccinated five years or more, to undergo the operation. I vaccinated over 250 Indians. The procedure I followed was to line up all the cases, have the left arms fully bared, wash with 2 per cent biniodide soap, rinse later with 5% bi-chloride solution, and then, starting again at the beginning of the line-up of Indians, apply alcohol to the site. To avoid drawing blood, thus alarming the children, the needle was held at an angle of 15 degrees and the arm scarified. By the time the last case was vaccinated, the vaccine had dried on the arm of the first, and the dressings could be applied. These were firmly anchored with adhesive. The Indians were very appreciative of this technique, which was evidently new to them, and such group-vaccination conserved valuable time. Adults were vaccinated first, as a means of reassuring the children, and in view of the difficulty of vaccinating a struggling child, I procured a supply of hard lump candies ("jaw-breakers") from the Hudson's Bay Posts. One of these administered prior to vaccination made the operation easy,

and a few given later as a reward for not crying made the patient happy. These details may be of use in connection with future departmental medical service.

CHRONIC RHEUMATISM

Chronic rheumatism is very prevalent and reaches its peak in the spring and late winter. In my talks with the Indians I urged them to pick dry camp-sites; to avoid sleeping on the damp ground by making brush beds; and to change wet footwear and clothing, as cold and exposure are the chief contributing factors to chronic rheumatism.

CHRONIC BRONCHITIS

Chronic bronchitis is very common, especially amongst the older Indians. Neglected colds and age are predisposing factors. Treatment requires the constant administration of expectorants and sedatives. In my experience this summer I found a very valuable agent to be the National Drug Company's Syrup of white Pine and Ammonium Muriate, which I carried in gallon cans to eliminate breakage, and which I issued in four-ounce bottles.

NEPHRITIS

Nephritis is fairly common amongst the aged. This is attributable to the enormous quantities of meat used, with lack of sufficient fluids to flush the kidneys adequately. I advised those afflicted to drink greater quantities of water, use fish as a meat substitute, eat less salty food, and to use more bread and bannock, in this way bringing about a decrease in protein intake.

OTORRHOEA (Running Ears)

Otorrhoea is very common, and I saw over 100 cases which may be tubercular in origin. As long as the ear is draining freely there is nothing much to be feared if reasonable cleanliness is observed. Deafness is usually the outcome. I showed the Indians how to hold the ear so as to straighten the passage for syringing purposes. I issued one syringe for the use of two families, with a

small supply of hydrogen peroxide, when such issue was found necessary, together with instructions for use (hydrogen peroxide, .5% solution). The proper method of applying dressings to the ear was also demonstrated, and a supply of absorbent cotton was left where required. As I did not find one case of acute mastoiditis following otorrhoea, I came to the conclusion that these cases were tubercular in origin.

RING WORM OF THE SCALP

I found not more than twenty cases of ring worm of the scalp, a disease confined entirely to children. In view of the filthy condition of the heads, and the free interchange of head-gear, it is surprising that so few cases were encountered. After cutting the hair and cleansing with germicidal soap, ammoniated mercury was applied, and I left a supply of this ointment with full directions to families requiring same.

SCABIES

I saw only six cases of scabies. I advised the Indians to use plenty of hot water, followed by applications of sulphur ointment, a supply of which I left with them.

POLEOMYELITIS (Infantile Paralysis)

Only two cases were encountered, one at Obidjuan and one at Manouan, the former being of long standing, without much prospect of improvement. The Manouan case was contracted in July, and is now improving under hospital treatment. In view of the contagious character of this disease, it is remarkable that no further cases developed.

GOITRE

Five cases of goitre were found at La Barriere and one at Manouan, none of which required operative interference. It is a remarkable coincidence that these cases all originated at or around Maniwaki, none being found among the natives of the district

visited. The administration of iodine in this type of case is contra-indicated.

CANCER

Although I was on the look-out for cancer, no cases were encountered.

VENEREAL DISEASE

Fortunately there is very little venereal disease amongst these hunting Indians. Two cases were found at Amos and one at Longue Pointe Reserve, suffering from acute urethritis. Only one case, I believe, would be luetic, this being a boy with optic nerve atrophy and resultant blindness. This case may possibly have been non-luetic, but in the absence of laboratory findings I could not be positive. The boy had previously been examined in Montreal by an eye specialist, who claimed that nothing could be done to improve the sight.

TEETH

I extracted between 250 and 300 teeth, always using local anaesthetic. When the Indians found that the extraction was painless, many requiring attention in this respect volunteered for treatment, who otherwise would not take advantage of the opportunity. In connection with future dental service in this district, I would strongly recommend the use of Waite's Syringe, with Waite's Carpules of Anti-Dolor, supplied by the Ashe-Temple Dental Company, Jackson Building, Ottawa.

CHILD-BIRTH AND INFECTIONS FOLLOWING SAME

Endocarditis is comparatively frequent. These heart lesions usually result from infection at labor, which is given every opportunity to become generalized, ultimately settling on the valves of the heart. The fact that Indian women are usually up and about their usual heavy tasks within a few hours after confinement, is responsible, in the majority of cases, for the occurrence of heart lesion. Any infection contracted at labor

under such circumstances readily flares up in virulence, whereas if these women remained in a sitting-up posture for five days after confinement, the infection would drain and give the natural resistance of the individual an opportunity to work at the maximum. Infection usually manifests itself by a rise in temperature within the first 48 hours, and Field Matrons should be instructed that no Indian woman should be allowed up until the temperature has remained normal for at least two successive days.

I believe the fact that the husband takes it for granted that all work such as wood-cutting, etc., should be done by the wife, is largely responsible for the premature activity of the woman. I believe also that good would be accomplished if the Department would formally instruct the Chief of each Band that the women of his Band must be given the opportunity to rest for at least five days after child-birth. This would be of great benefit both to mother and child. I have every reason to consider that the Indian women would appreciate this action, and that this five day convalescence would become recognized as the proper procedure.

INFANTS' FEEDING

I found a new and unfortunate tendency among the Indian women toward artificial feeding of infants only two or three days old, with a mixture of condensed milk and water. In my talks I pointed out the danger of this procedure, using the following analogue: I would ask if it would be right to take a day-old puppy from the mother and feed it with condensed milk. The answer was always in the negative, and the Indians voiced their opinion that the pup would die. I would then explain that it meant the same thing in the case of a child to rob it of its best nourishment, which is always available, always free and does away with the filthy feeding bottles. I advised that no child with its mother alive should have condensed milk for at least six months, and then used only to supplement the maternal supply in preparation for weaning.

I asked the co-operation of the Hudson's Bay men in the

matter of refraining from selling feeding bottles for the use of new-born children, as a means of discouraging this growing evil.

EYE CONDITIONS

Outside of simple conjunctivitis and corneal ulcer resulting from injury, very few acute eye conditions were encountered. In all cases requiring same I left with the patients individual tubes of sterile 1% Yellow Oxide of Mercury, with instructions for use after demonstration. No cases of trachoma were encountered.

GENERAL CONDITIONS

Health conditions at Longue Pointe are fair, although there is room for considerable improvement. Mrs. LaMesse, Teacher and Field Matron, was of great assistance to me. There was some talk among the Indians of an endeavour to have her replaced, as she rules them with an iron hand. Any unpopularity is due entirely to her rigid discipline in the matter of cleanliness, for which she deserves great credit. Although Mrs. LaMesse is a strict disciplinarian, she acts consistently in the interests of the Indians.

At Abitibi Post also conditions were fair. Here my success in my work was largely due to the co-operation of Father Evain and Noah Kistabush (the seasonal representative of the Hudson's Bay Company at this outpost.)

At North Temiscaming, where the Indians are under the care of Mr. Indian Agent Caza, health conditions were found to be very satisfactory, there being less tuberculosis and other disease. The Indian reserve here is similar to an ordinary French settlement of the district, the natives being comfortably settled on farms.

NOTE: One of the blackboards in the school at North Temiscaming is of such material and is placed in such a position that nothing written on it is visible except within a few feet, owing to the excessive glare. Because of the construction of the school it is impossible to change the position of the board, and I would recommend replacing it with one of dull slate or hyloplate.

Miss Honan, the teacher, complained that the school was very cold in winter owing to faulty construction of the floor. I could see that the school-room could not be properly heated unless this condition is remedied. The health of the children would undoubtedly be benefited.

At Simon Lake I was prevented from giving medical service to the Indians. This matter has been dealt with in my letter to the Department from Cochrane, dated July 29th, 1926 (Your file 59-35D).

If the health conditions at Simon Lake are as good as they are represented to be by Rev. Blanchin, I would recommend the transfer of Miss Gagne to either Manouan or Abitibi Post, where the services of a Field Matron are urgently required and would be greatly appreciated.

In view of his actions, I believe the Rev. Blanchin to be of abnormal mentality, I believe also that it would be in the best interests of the Department, of the Indians, and of the Church itself, if this gentleman were replaced.

At Grand Lake Victoria I was well received. Conditions are typical of those found throughout the district. The Field Matron and school teacher are both sincerely interested in their charges and are doing excellent work.

At La Barriere deplorable conditions exist. The disorders common at other posts are accentuated here. I believe these conditions are largely due to the fact that this post is closest to Maniwaki, from which point both liquor and agitators are secured. The Camp authority at La Barriere is split between the legitimate chief and one appointed by that arch trouble-maker from Maniwaki, Michel Cote. In the camp it was rumored that the government is afraid of the Indians, and had sent me in to poison them all. This rumor was counteracted by successful results obtained in a few acute cases, but some members of the rebel faction were unwilling to submit to treatment.

I would like to recommend that a representative of the Department investigate conditions at Barriere with a view to restoring them to their normal tranquil state, by curbing the

activities of Michel Cote and his followers. The local storm centres at Barriere were Phillip Nottaway and his son the insurgent chief, Alexis; Moise Rat, and the Matchawan brothers. These men have been under the adverse influence of Cote, and I believe serious trouble is bound to occur if Cote is not kept away from Barriere. With the exception of a few of the older and saner men, the legitimate Chief, Wakakoose, is without following. The insurgents have stolen the Chief's goods, and his fear of further indignities at their hands has prevented him from complaining. I am informed that his horse and outfit were stolen and sold in Maniwaki. Years ago the Chief's father was presented by the Hudson's Bay Company with an enormous medal, in recognition of his position as Chief. This all was forcibly seized and carried out of his house, and the grief of old Wakakoose over the loss of this treasure is pathetic.

The leaders of the rebel faction, already mentioned, went to Obidjuan to stir up trouble there, but were expelled from the camp by Father Guignard and the Chiefs. For some reason the trouble-makers attributed their difficulty to old Wakakoose, and stated their intention of evicting him from his house on their return to Barriere. Old Chief Wakakoose begged me to request the Department to take steps to overcome the chaos which has resulted in his Band from the activities of Cote and his satellites.

The Obidjuan settlement is more nearly ideal than any reserve visited. Very little tuberculosis is evident, and this is undoubtedly due to their good hygiene and living conditions. The camp site is high and dry and the ground is kept very clean, the Indians taking great pride in the appearance of the settlement. The houses are well built, with good ventilation and lighting, and the floors are kept very clean. The spitting nuisance is not so marked as in other places. More fish and a more varied diet is used and the mentality of these Indians appears to be far superior to that of the other Bands. Old Chief Awashish is very intelligent, and I believe that his co-operation with Father Guignard is largely responsible for the excellent conditions found at Obidjuan. If the other camps would imitate this settlement I

believe two-thirds of the fight against the White Plague would be won.

At Weymontachi conditions are almost indescribable. Tuberculosis is rampant. Especially sad are the children's cases of neck glands, lungs, t.b. of the spine, eye, bone and joints.

It is difficult to say why conditions here are so bad, as the houses and camp site are good. The Chief here is a careless and indolent old man of low mentality, and the mentality of the Band as a whole appears to be lower than the average. A Chief of the type of Awashish, of Obidjuan, would be an invaluable asset to this community, as it is only by arousing interest and pride in their settlement that improvement in living conditions can be brought about at Weymontachi. If the Department would place an experienced graduate nurse at this point for the summer months, I believe many objectionable factors regarding living conditions would be eliminated with a resultant general improvement in health. An untrained Field Matron cannot be expected to cope with conditions such as are found at Weymontachi, and I believe the Department would be well repaid for the extra outlay incurred in the employment of a graduate nurse. Living accommodation would be available with the school teacher.

Conditions at Manouan are similar to those at Obidjuan. The general health is very good, and the people are contented and happy. This is probably due to their isolated position and their lack of contact with the poorer white element. The Indians here are fortunate in having the sole hunting and trapping rights over two 200-mile tracts of territory owned by the Hudson's Bay Company and General Harvey, the Chief being game warden.

The Indians at Manouan and Obidjuan are fortunate in having the services of the Rev. Father Guignard, who appears to be an ideal instructor to whom much credit should be given for the excellent conditions found at these posts. I am greatly indebted to Father Guignard for his valuable assistance, which enabled me to give maximum service in a minimum of time.

HOSPITALS

The chief complaint of an Indian against hospitals is that dealing with food. This is hardly to be wondered at, as the hospital diet is not that to which he is accustomed namely enormous quantities of moose meat which, in some cases, they use in their camps when it is unfit for human consumption. They consider they have good ground for complaint if they are placed on the regular invalid diet containing puddings, etc. This is their chief grievance and I believe it to be groundless. Another complaint is that they are not waited upon sufficiently, but nothing less than a special nurse for each patient would satisfy them. This care is provided where it is essential.

I believe that the hospitals at Cochrane and La Tuque are as efficiently managed, and the patients as well, if not better treated, as they would be in the larger city hospitals. In this I have references to the average illnesses and minor surgical cases.

Cochrane Hospital

This hospital is efficiently managed by the very able superintendent, Miss Morris, who is thoroughly interested in her Indian charges. I might mention that Miss Morris buys special food, such as rabbits, etc., which she knows will be appreciated by the Indian patients. I have visited this hospital on numerous occasions and always found things in excellent condition. The Indian wing is absolutely clean, but it will be readily understood that it is impossible to keep it tidy when the wards are filled with Indian patients who definitely try to induce a camp-like atmosphere by their deliberate untidiness and carelessness. This tendency involves much extra labour for Miss Morris and her staff.

The Indian Wing of this hospital offers adequate accommodation and the question of providing adequate space should receive the immediate attention of the Department. There are two wards, each 25 X 9 X 8 1/2 feet, with five beds in each. The minimum legal space requirement is 80 square feet for an adult, and 60 square feet per child. Allowing, as modern hygiene

demands, 800 cubic feet of air per patient, Cochrane Hospital can accommodate a total of five Indian patients. In May last there were 22 Indian patients. The result was serious over-crowding, and the utilization of the children's recreation room (24 X 15 1/2 feet). The lighting is also inadequate. Modern sanitation demands a window space equal to one-third of the floor area, which in both wards would be 150 square feet. There are four windows 28 X 55 inches, and two 65 X 35, totalling 74 square feet, which is a little less than half the legal minimum. It is unfortunate that this should exist, as the Indian patient's condition usually demands a maximum of fresh air and sunlight to obtain the desired results. Inspector Parker has a photograph of the hospital, showing the Indian wing with its narrow windows placed high in the wall, giving it every appearance of being the hospital laundry. Even the additional space provided by adding a story to this wing, as suggested by the hospital authorities, would not provide adequate accommodation, and I would strongly recommend the enlargement and reconstruction of the entire wing at the time of alteration. As the Indian Wing is of stucco finish I do not believe the expense would be prohibitive. I would also urge that consideration be given to the provision of a sun porch, and would stress the importance of adequate window space.

I would further recommend the purchase of an Ultra-Violet Ray Lamp, commonly called a Quartz Lamp. The results obtained from the use of such a lamp in tubercular cases are nothing short of miraculous. All large hospitals and sanatoria have realized for years the extreme importance of this therapeutic agency. Considering that most of the Indian cases at Cochrane are tubercular in origin, I cannot urge too strongly the acquisition of such apparatus.

La Tuque Hospital

The Indian ward of the hospital at La Tuque is exceptionally clean and well kept under the direction of the Sisters, and the hospital as a whole would be a credit to any community. There were no Indian patients at the time of my visit.

GENERAL RECOMMENDATIONS

Re Mounted Police

From reliable sources I have received the information that much has been accomplished since the advent of the Mounted Police, in the matter of stamping out drunkenness and disorderly conduct. Unfortunately, Corporal Albert Parker has only two constables in his detachment, and this number is inadequate for the district to be patrolled, namely the territory from Cochrane to LaTuque, and it is surprising that so much has been accomplished by Corporal Parker under such adverse circumstances. I would suggest that if possible two plain-clothes men should be added to this detachment with a view to securing conviction of unscrupulous whites selling liquor to Indians. An enlarged detachment would allow Corporal Parker to arrange for more frequent patrols to such points as Barriere and Grand Lake Victoria.

Indian Agent

The appointment of a good Indian Agent for this territory, with headquarters possibly at Senneterre, would be of great benefit to these Indians, who are a child-like lot and certainly in need of guidance and of protection against the unscrupulous whites and half-breeds constantly endeavouring to exploit them. In addition to the ordinary duties, the services of such an Agent would be of the greatest value to the Indians in matters such as conducting the annual fur sales already referred to in correspondence with the Department.

Doctor At Parent

Indians unable to go to La Tuque for medical attendance by Dr. Riberdy, the departmental representative, are frequently exploited by other practitioners. I would strongly recommend the appointment of the Doctor at Parent --- Dr. F. Dussault --- as departmental Medical Attendant. Dr. Dussault is in a good position to serve the Indians from Weymontachi, Manouan and Obidjuan, as these three reserves form the apices of a triangle

around Parent. A seven-hour trip is involved for some of these Indians if they have to go to La Tuque for medical attention, whereas only an hour would be required to reach Parent. Dr. Dussault is a fine type of man, a graduate of the University of Montreal, with two years' hospital experience in Notre Dame, and I believe he would be a very satisfactory servant of the Department.

Trapping Protection

The Indian hunters are harassed by white trappers who encroach on their traditional hunting grounds, and in some cases order them to leave. Some of these white trappers have even gone to the length of poisoning the Indians' dogs, and each year it becomes harder for the Indians to obtain a living. If steps are not taken to protect these people, who are now self-supporting, they will soon be largely dependent on government bounty.

The Indians have asked me to submit the following suggestions to the Department:

1. Sole trapping rights for each hunter over an area of eight miles square per annum, two such areas to be assigned to each hunter to permit alternating yearly. This might be accomplished by placing a prohibitive fee on licenses issued to white trappers.
2. To confine the trapping of beaver solely to Indians for a period of some years at least.

The Indians throughout the district visited have the same difficulties in connection with their hunting activities, but the natives at Barriere and Grand Lake Victoria were especially concerned. While it may not be possible to carry out the above suggestions of the Indians, I would urge that some steps should be taken towards protecting them against the inroads of the white trapper, who, in contrast to the Indian, has other means of sustenance, such as lumbering, mining and agriculture.

In closing, I would like to mention that the Indians of the district visited are very grateful for the medical service provided for them, and I would also like to express my own appreciation of

the freedom allowed me in planning and carrying out my work this summer, and of the prompt and hearty co-operation given by the officials of your Department. One could not ask better support than that accorded me by yourself and all branches of the Department concerned with my work this season, of which I am very appreciative.

I have the honour to be,
Sir,
Your obedient servant,

SOURCE: Hudson's Bay Company Archives, Provincial Archives of Manitoba, A.95/53.