

tiations was a deal arranged. If he would allow his wife to have an operation in Montreal, he could go to Frobisher and get a set of teeth, which he badly needed.

City jitters

Picture the emotions of this woman who has never travelled far from her familiar island-home north of the Arctic Circle, as she boards the small charter plane with the two doctors, flies over the great white wastes of her homeland and puts down in what must seem to her a sizable city, Frobisher Bay, a town of some 2,000 inhabitants. She is overwhelmed by crowds of people, confusion in the airport waiting-room, perhaps a visit to the Frobisher Bay Hospital with the doctors, and the trip back to the airport to board a jet for Montreal. Arriving there at midnight, she is plunged into a taxi which roars through the night along a highway with streaming lights, brighter than any aurora borealis, rocking from side to side in a frightening ride towards a city of neon light, rushing to a strange hospital to be placed in a hospital bed, put between white sheets surrounded by white busy-ness and brilliant light. All these are very strange experiences, yet the tremendous power of character, of acceptance and adaptation to necessity, will see her through – and she will not go blind as others have.

An important aspect of northern medical service must be education of the people. If, for instance, they learn to recognize early symptoms of glaucoma (usually pain and temporarily diminished vision) and seek immediate help, the settlement nurse may control an attack with drugs for a few weeks, in most cases, until the patient can

be flown out for surgery. With regard to education, the Danes, in their glaucoma-prevention program, set a fine example in Greenland.

Myopia problem in young people

Although glaucoma is the blinding and the most dramatic eye disease in the Arctic, the ophthalmologist's principal activity in the North is the prescribing of glasses. The most astonishing evidence to come out of the ophthalmological survey was the "epidemic" of myopia in the young. Thirty to 35 per cent of all young people between the ages of 15 and 25 were found to be short-sighted and to need glasses, as opposed to 9 per cent in those over 25. Perplexing questions present themselves: Why the young? What is different in their life style compared to that of their parents? Has a protective factor been lost to the younger generation, or a virulent factor introduced? What is the influence of schooling, of the change to a white man's diet? All of this may have enormous consequences for us all, if an answer – or answers – can be found.

International interests

During the last decade has come the full realization that Arctic medicine is different. In 1967 an international symposium on circumpolar health-related problems was held at the University of Alaska under the joint auspices of the University and the Arctic Institute of North America. Plans were initiated for staging a second conference, for which strong support was soon given by the Scandinavian-North European group. Their initiative led to the organization of the Nordic Council for Arctic Medical Research, with representation from Denmark, Finland, Iceland, Norway and Sweden. The second symposium was held in June 1971 in the new, modern Medical School of the University of Oulu, Finland, the northernmost medical school in the world. Participants came from 13 countries and included three representatives from the World Health Organization. The most numerous national groups were those from the U.S.A. (82), Finland (69), Sweden (67), Canada (44), and Denmark (38). Other countries represented were Australia, Britain, France, Iceland, Japan, Nor-

way, the U.S.S.R., and West Germany. In July 1974 the third International Symposium on Circumpolar Health will be held at Yellowknife, Northwest Territories, and ophthalmologists will be among others to continue discussions on health problems peculiar to the Far North.

Union membership in Canada, 1973

The proportion of union members who belonged to international unions in Canada as of January 1973 was somewhat smaller than in the previous year, according to statistics on labour organizations compiled by the Canada Department of Labour.

At the beginning of 1973, unions having their headquarters in the United States accounted for 56.5 per cent of total Canadian union membership, compared to 59.6 per cent in 1972. Conversely, national unions made up 40.9 per cent of organized labour in 1973 compared to 37.7 per cent in 1972.

Union membership in Canada in 1973 totalled 2,556,236, an increase of 7.8 per cent over the 1972 figure. The 1973 figure represented 35.6 per cent of non-agricultural paid workers and 28.8 per cent of the total labour force; a year earlier these proportions were, respectively, 34.4 and 27.6 per cent.

Eighty-one per cent of all union members in Canada were in unions affiliated with central labour organizations. Affiliates of the Canadian Labour Congress reported a membership of 1,847,064, representing 72.3 per cent of the Canada total; Confederation of National Trade Union affiliates reported 164,492 members, representing 6.4 per cent; the Centrale des syndicats démocratiques reported 41,000 members, or 1.6 per cent; and Confederation of Canadian Unions affiliates reported 17,455 members, representing 0.7 per cent.

Unaffiliated unions with membership of 485,606, accounted for the remaining 19 per cent of total union membership in Canada.

At the beginning of 1973, 12 unions reported 50,000 or more members, compared to ten in 1972. These 12 unions accounted for 42.4 per cent of the total union membership in Canada.

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