

Dr. SHERMAN: Well, the government has no separate section on the co-ordination of aging activities. That is why it is very difficult to give you definite information. In the United States, for example, they have the Bureau of Aging under the Department of Health, Education and Welfare. Actually we have no co-ordinating group at the government level to indicate what is being done.

Senator McGRAND: Clinically or in the laboratory?

Dr. SHERMAN: Both, sir.

Senator ROEBUCK: And is the investigation largely what we can do for the aged, or what they can do for themselves.

Dr. SHERMAN: I would say primarily studies on the aging process, supplemented with sociological studies. For example, the Canadian Welfare Council and other groups, working as well in that field.

Mr. DAVIS: Is it not a fair observation, Doctor, that there are very few social studies in this field in Canada, that most existing research has to do with the nature of the aging process, and medical research?

Dr. SHERMAN: The medical end of it. Through this committee I shall be reporting it next week. We are making an inventory of research in Canada. I have had replies from most of the universities and a good many other organizations, and government bodies, and there is almost no research. It is all in the medical field. There are exceptions, but you could count them on the fingers of your two hands, all that we have done in Canada.

The CHAIRMAN: My own view, and this is strictly my own view, is that the medical field is the field that up to the present time has been the most fruitful field for the aged.

Senator ROEBUCK: And the social end is the worst of all.

Dr. SHERMAN: From the point of view of interest, Mr. Chairman?

The CHAIRMAN: Of availability, from the point of view of the actual response for medical attention. The older people can get medical attention faster than anyone else.

Senator QUART: Does the Health League of Canada co-operate in this in any way? Dr. Bates came to see me last week and spent some time in my office discussing this subject, and he felt that probably if this committee would so decide that some time he would like to come and express some viewpoints. That would be from the Health League.

Dr. SHERMAN: I cannot answer that. I can only say this that what we actually require is some form of co-ordination of all the work that is being done in the field of aging. In the United States they have a bureau on aging so that they do know exactly what is being done. Here you ask me some questions and some I can answer and some I cannot but that would be obtainable from individual organizations. I know what is being done throughout Canada through recognized hospitals that have gerontological units. I would like to stress that when I made the recommendation this morning that a national bureau be set up I thought we should try to integrate everything under one roof.

Senator SMITH (*Kamloops*): Mr. Chairman, I wonder if Dr. Sherman would tell us if his association is doing educational work by publishing all we have heard from him today in the way of journals.

Dr. SHERMAN: Are you referring to the American Gerontological Society?

Senator SMITH (*Kamloops*): Yes.

Dr. SHERMAN: I am working at it now through the Quebec Committee on Aging, of the Canadian Medical Association. We have a journal that we publish articles in, not only on medical, but on socio-economic and the various other