

Let us turn, then, for a few minutes to consider a few of the developments in the Canadian health field which may be said to be contributing on the home front to strengthening the work of the World Health Organization, while at the same time contributing to the well-being of the Canadian people as a whole.

One of the most recent developments has been the establishment of a division of civil aviation medicine within the Department of National Health and Welfare.

With air travel becoming more and more common, and with larger and larger numbers of men and women being employed in civil aviation, the Department of Transport felt the need for advice on the health aspects of civilian flying. In line with the policy of consolidating all federal health services within a single department, the proposed division was set up under National Health and Welfare. The divisional chief will be responsible for directing the development and maintenance of medical standards for persons engaged in civil aviation. There are in Canada over 3,000 persons in this category. The division will be responsible for drawing up regulations to protect the safety, comfort and health of these people from a medical standpoint. It will provide advice on the general aspects of all problems connected with the health of travellers by air -- a not inconsiderable job when you recall that in 1944 Canadian airlines carried 403,938 passengers and that in the first nine months of 1946 the number was up to 670,680.

The chief of the division will be a medical doctor with at least four years in aviation medicine and substantial flying experience. One phase of his work will be to keep in touch with the R.C.A.F. and private organizations doing research in this specialized branch of medicine so that all the latest information and most advanced techniques will be readily available for the preservation of health and safety.

Another phase of our work which always excites a great deal of interest is in health services for our Indian and Eskimo population. You have all, I am sure, at some time or other read of some dramatic incident, some mercy flight whereby an Indian or an Eskimo suffering some serious injury or gravely ill has been flown to civilization to obtain the medical and surgical skill needed to restore him to health. Or you may have read about medical aid being flown to some isolated part of our northern territories to combat an epidemic or to bring emergency relief. Such an incident occurred two years ago when Dr. Noel Rawson of Winnipeg, then stationed at Chesterfield Inlet, was called to Cape Dorset to combat an epidemic of typhoid fever. More recently Dr. J.R. Moody, whose home is at Wainfleet not many miles from here, figured in newspaper reports of the return to civilization of a member of the Dominion meteorological service who had developed a serious heart condition and had to be brought from his isolated station to a metropolitan hospital for treatment.

Dramatic as these incidents are, and appealing to the imagination as examples of doctors' devotion to the healing art and of the triumph of hardy spirits over rough, frontier conditions, they have another aspect. They serve to emphasize the need for substantially greater numbers of medical officers to serve the large sections of the population still without medical care. At the present time the Indian Health Services division is trying to find medical staff both for its hospital work and for what might be termed its general practitioner services on the Indian reserves. With medical men still in such short supply, the division has a difficult administrative job in spacing its personnel. The basic formula, however, is to place them at points of maximum density of the native population. In this way the largest possible number per physician will be within reach of medical aid.

The division has also been alive to making the best possible use of hospitals built and equipped during the war. Four of