

This Form to be used only
by Doctors on salary

214/123

DEPARTMENT OF INDIAN AFFAIRS

DOCTORS' MONTHLY REPORT

AGENCY Battleford BAND

Doctor's Name H O Norquay M D Address Battleford

Population of Band Births during Month 4 Deaths 1

Total miles travelled 1663 Month reported on July 1935

1 NAME OF PATIENT	2 DISEASE	3 SERVICE RENDERED	4 RESULT
Baby Whitecap	Scald	Dressings	Better
David Stone	Teeth extracted		
Mrs Assassai	Trachoma	Treatment	
Alex Sapt	Kick in abdomen	Taped	Better
Matilda Whitecap	T B	Medicine and advice	
Paul Chicken	Tooth ache extraction	refused. Drops.	Relief
Thos Wuttunee	Trachoma	Treatment	
Paul Blackstar	Cut	Dressed	
Mrs Spyglass	Indigestion	Consult and med	Better
Spyglass	Rheumatism		
Mary Pineday	T B	Examined at Clinic	
Matilda Whitecap	T B	" " "	
Tom Sapt	T B suspect	" " " Free	
Elise Nicotine	Indigestion	Visit and med	Relief
Mrs Ed Nicotine	Pregnancy	Visit med and advice	
Mrs Paul Mirastie	Fatty tumour on back	operation unnecessary	
Stella Paddy	T B	Visit. Medicine and advice	
Baby Seepwekasicum	Umbelical Hernia	Visit. Dressed.	
Standinghorn	Abscess	2 visits lanced and dressed	Better
Mrs Blackman	Fibroid of Uterus.	To hospital, developed Brysipelais	
	transferred to Isolated hospital. Recovery slow.		
Baby Frank	Diarrhoea	2 visits, diet changed	Better
Alex Yellowmud	Hernia	Operation refused, truss advised	
Flora Wright	Trauma of Vulva	Dressings	Better
Baby Gladu	Indigestion	Advice as to feeding	Imp
Mrs Osicap Jr	Teeth extracted		
Mrs Louie Moosomin	To Dentist for extractions		
Isiah Benson	Rheumatism	Consult and med	
Clarence Wuttunee	Bozema	" "	
Jacob Tobaccojuice	Trachoma	Treatment	
Goodboy	Cold	Consult and advice	
Okene	Impaired Vision	Store glasses	
Dejarlais	Tooth extd		
John Thomas	Impaired Vision	Store glasses	

COLUMN 1—Enter the name of every patient treated during month, ONCE ONLY.

COLUMN 2—Give a definite and accurate diagnosis, if possible.

COLUMN 3—State clearly the service rendered each patient—number of calls at home or hospital, office consultations, examinations, operations, etc.

COLUMN 4—Indicate briefly—better, worse, died, recovered, doing well, etc.

I certify that this is a true report of attendance

H O Norquay M.D.
S. L. M. Indian Agent

ONE COPY TO REACH THE DEPARTMENT AT OTTAWA EVERY MONTH

Form No. 3

Indian Affairs (RG 10, Volume 1015)

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