

levels of both governmental and non-governmental medical agencies in the host country. Such acceptance is often dependent upon the ability of the medical officer to demonstrate his official status as a representative of the Canadian Government.

Reference was made earlier to a continuing function in the immigration responsibilities of medical men abroad that has been modified in the course of time. Formerly, while actual examinations of prospective immigrants were carried out by Canadian medical officers in a number of European countries and in Hong Kong, prospective immigrants from other areas of the world were examined by physicians practising in their home countries. Completed medical documentation was forwarded to Ottawa for review by Canadian medical officers who assessed the medical evidence in terms of the Immigration Act. Procedures calculated to provide a more uniform service throughout the world are now being developed along the lines of the latter method of processing. Physicians who are nationals of other countries are now chosen by Canadian officers to examine prospective immigrants. The reports they prepare, with supporting documents, are now reviewed by medical officers at a number of centers in Canada.

A reduction in the number of medical officers stationed in Europe has thus been accomplished, making possible a reallocation of medical manpower and establishment of offices in parts of the world where they did not previously exist. Staffing considerations preclude the simultaneous development of programs in all areas. Within the past year, offices have been opened in Malaysia and in Trinidad and Tobago. In addition to the functions already outlined, these are serving as bases from which needs in geographically-related areas may be assessed with a view to gradual extension of services. A number of individual assessment trips have also been undertaken for this purpose in other parts of the world.

The choice of sites for offices must be determined by the number of public servants and dependents at individual missions, as well as by local conditions. A third important consideration is the number of adjacent missions which can be given some measure of service from a particular base. Periodic visits of a medical officer to a post cannot provide the same degree of service as a medical officer actually stationed at a post. It is believed, however, that such visits can provide a valuable service with maximum employment of medical manpower and financial resources.

Operational details of such a program must be adapted to changing conditions. The ultimate object is the development of an organization capable of providing medical support on a periodic visiting basis to all Canadian missions abroad and, at those posts where needs are great, by stationing a Canadian medical officer at the mission.