

2.—Statistics of Hospitals for Mentally Defective Persons in the Nine Provinces of Canada—concluded.

Items.	Man- itoba. ¹	Saskat- chewan. ²	Alberta. ³	British Colum- bia. ⁴
Number of institutions.....	3	2	3	3
Inmates (beginning of year).....	1,201	1,294	968	1,866
Admissions.....	211	454	356	461
Discharges and deaths.....	159	347	277	443
Improved or cured.....	—	—	131	—
Inmates (end of year).....	1,343	1,401	1,047	1,884
Staff—Doctors.....	268	—	—	9
Nurses.....		—	—	23
Revenue—Government grants.....	\$ —	—	45,890	531,063
Fees.....	\$ 52,038	101,356	7,452	93,777
Total.....	\$ 90,322	133,702	55,154	624,840
Expenditure—Salaries.....	\$ 196,347	—	16,000	239,084
Buildings and equipment.....	\$ —	—	—	135,692
Total.....	\$ 274,804	569,336	30,484	624,840

¹Year ending (10 months) Aug. 31, 1922.

²Year ending Dec. 31, 1923.

³Year ending Dec. 31, 1923. One institution for the care of mentally defective children is included. Figures of revenue and expenditure apply to this institution only.

⁴Year ending Mar. 31, 1925.

The Dominion Council of Health.—The decentralization of public health control, advantageous in many respects, had the one great disadvantage of isolation. Each of the provinces worked independently of the others; none knew what the others were doing; there was overlapping, wasted effort, perpetuation of obsolete methods, and progress was thus indefinitely delayed.

To enable the health officers of the provinces and the Dominion to meet on common ground, discuss common problems, correlate their work, co-ordinate their efforts and remedy the defects of isolation, there was created, by Act of Parliament of 1919, a Dominion Council of Health (9-10 Geo. V, c. 24). Under the Act, this Dominion Council of Health consists of the chief executive officer of the Provincial Department or Board of Health of each province, the Deputy Minister of the Dominion Department of Health and 5 other persons appointed by the Governor in Council for a period of 3 years. Of these 5 appointed members, 4 represent respectively agriculture, labour, rural women's work and social service and child welfare. The fifth member is a scientific advisor on public health matters.

The Dominion Council of Health meets in Ottawa twice a year to discuss common health problems and, when feasible, uniform methods of procedure and standard measures are adopted. As an indication of the nature of the agenda of these meetings, the following may be mentioned:—interprovincial relations in regard to tuberculosis patients and others who may have been recently removed from one province to another; standardization of venereal diseases treatment; workmen's compensation; maternal and child welfare; hospital standardization; industrial hygiene; rural hygiene; medical examination of immigrants; quarantine; vital statistics; pasteurization of milk; purification of water; pollution of streams; sanitation of railway, steamboat and other public conveyances; publicity and public health propaganda; protection of health of Indians and Eskimos; and drug addiction.

Health problems affecting each province have been discussed, resulting in the clearing up of many anomalies which previously existed. Co-operation has also been obtained in the reporting of morbidity and mortality in the provinces. This has helped considerably in the work of the vital statistics division of the Bureau of Statistics.