

culosis especially, the cities of the province show the lowest mortality rates. The reason for this is the fact that public health work is more advanced there than in the towns and rural areas.

**Institutions.**—The most familiar of all the public institutions established to administer and foster the general health of the community is the general hospital common to all cities and towns of any considerable population, and found also in the more prosperous rural districts. Such hospitals are generally erected and supported by the municipality, their actual administration being in the hands of a board of trustees; their revenue, in addition to that provided by the municipality, is derived in the main from grants from the Provincial Governments, from donations of individuals and societies, and from patients' fees. Admission and treatment are free to all deserving persons who apply for them and whose resources are so limited as to prevent their otherwise receiving proper medical attention, while it is more or less generally expected of others that payments for services shall be made in proportion to costs and the ability of patients to defray them. Second in importance are the houses of refuge and orphanages, homes where destitute adults and homeless children are taken in, fed and clothed until they can support themselves or until homes for them are found elsewhere. Orphans' homes are found in practically every urban and rural community of any size, while refuges or homes for the aged are supported by the larger centres and by county municipalities. Asylums for the insane, also found in all the provinces, differ from the foregoing types in that they are in general owned, supported and administered entirely by the Provinces. In Nova Scotia, however, the insane of each county, together with the inmates of the refuges and orphanages, are in some instances cared for in one institution. Other institutions supported by the public include isolation hospitals, maternity hospitals, homes for the deaf, dumb and blind, homes for incurables, infirmaries, homes for epileptics and for lepers, and tuberculosis sanatoria.

Throughout the Dominion many other more or less similar institutions exist whose nature is more independent than that of the types mentioned above<sup>1</sup>. Since these institutions do not receive Provincial Government grants and hence are not in all cases subject to inspection, no complete record showing their number, purpose and the number of inmates can be obtained.

But little historical information on the subject is available. No statistics of public benevolence had been presented in the Canada Year Book for some years before their inclusion in the 1922-23 edition. It seems, however, that until comparatively recently the care of needy and destitute persons, as we now recognize it, was largely in the hands of individuals, of whose humane efforts scanty evidence remains for present use. The inability of private effort to cope with the problem has led to the present government control of the majority of benevolent institutions.

In the exercise of the powers granted them at Confederation, the various Provincial Governments have enacted legislation governing the regulation of public charities. In Ontario, for example, the Houses of Refuge Act, the Hospitals for the Insane Act, the Private Sanitarium Act, the Sanatoria for Consumptives Act, the Hospitals and Charitable Institutions Act and the Prisons and Public Charities Inspection Act have been passed, dealing with different phases of the subject. Similar legislation of other Provincial Governments provides for the maintenance of hospitals, the carrying-on of charitable work, the provision of funds, and inspection by competent officials.

<sup>1</sup>For information regarding Dominion Government hospitals for returned soldiers, see p. 983 of this volume, also pp. 20-29 of the 1920 Year Book.