

parts of the country. Health insurance legislation was passed in Alberta in 1935 and in British Columbia in 1936 but it did not go into effect. Wartime discussion and planning led to the publication of two reports, the Report of the Special Committee on Social Security and the Report on Social Security in Canada, both of which recommended health insurance. A Federal proposal to the Dominion-Provincial Conference on Reconstruction of 1945 outlined a nation-wide program of public medical care at an estimated annual cost of \$250,000,000.

Some of the more significant advances in public health and public medical care in recent years included the introduction of a Federal health grant program to assist provincial health services and to prepare for a broad health insurance scheme; the establishment of a prepaid public medical care scheme in Health Region No. 1 (Swift Current Area) in Saskatchewan; and the implementation of province-wide public hospital care schemes in Saskatchewan and British Columbia. With the entry of Newfoundland into Confederation another provincial prepaid hospital-care plan was brought into the orbit of Canadian experience. In this province, a cottage hospital scheme, which has been in operation for a decade and a half and which covers a considerable sector of the population outside of St. John's, provides hospital and medical care on a prepaid basis.

PART I.—PUBLIC HEALTH*

The Federal Government has responsibility for international health agreements, national services such as public health engineering, quarantine, civil aviation medicine, promotion of medical research and regulation of the sale and distribution of food products and drugs, provides assistance to provincial health services and non-government agencies and administers medical care programs for certain groups. Its functions are described in Section 1. The activities of the provincial governments are given in Section 2.

Section 1.—Federal Health Activities

Federal participation in health matters is largely centred in the Department of National Health and Welfare, with certain important programs being administered by other departments such as the Department of Veterans Affairs, which provides medical and hospital care to veterans for disability suffered as a result of war service, the Department of National Defence, which is responsible for the health of the armed forces, and the National Research Council which, through the Division of Medical Research, administers grants for and co-ordinates medical research.

Under the Department of National Health and Welfare Act of 1944 the Department is responsible for the administration of certain statutes, for research in health matters, for the enforcement of international health obligations undertaken by Canada and, in co-operation with the provinces, for the preservation and improvement of public health.

Under the Quarantine Act the Department maintains a maritime and aerial navigation quarantine to exclude infectious diseases. It advises on the administration of sections of the Immigration Act dealing with health, provides care for sick mariners under Part V of the Canada Shipping Act and has certain national and international responsibilities under the Navigable Waters Protection Act with regard to the pollution of boundary and other waters.

* Revised under the direction of Dr. G. D. W. Cameron, Deputy Minister of National Health, Department of National Health and Welfare.