

province and the balance according to population. It is intended that the grant be increased to \$5,000,000 at the end of two years, to \$6,000,000 at the end of four years, and to \$7,000,000 at the end of six years.

The Venereal Disease Control Grant.—\$500,000 increases the \$225,000 grant previously made to the provinces to assist in extending and intensifying their efforts toward the control of venereal disease. The new section of the grant is distributed according to population.

The Crippled Children's Grant.—\$500,000 is designed to assist the provinces in an intensive program for the prevention and correction of crippling conditions in children and for rehabilitation. The grant is distributed on the basis of a flat amount of \$4,000 to each province with the balance allocated on a per capita basis.

The Professional Training Grant.—\$500,000 is designed to assist the provinces in the training of public health and hospital personnel. It is distributed on the basis of a flat amount of \$4,000 to each province with the balance allocated on a per capita basis.

The Public Health Research Grant.—\$100,000 is designed to assist the provinces in stimulating and developing public health research. The provinces may submit projects individually or jointly to the Dominion Council of Health, and, with the approval of a province or provinces, a university or research body may also submit a project. The grant is increased by \$100,000 each year until it reaches the sum of \$500,000 annually.

The Cancer Control Grant.—\$3,500,000 is designed to assist the provinces in programs for the control of cancer. The grant is distributed on a dollar-for-dollar matching per capita basis for approved programs of cancer control.

The Hospital Construction Grant.—\$13,000,000 is designed to assist the provinces in the provision of adequate accommodation for hospital and health services. The annual grant is distributed on the basis of population and will be reviewed at the end of five years from the commencement of the program, and possibly reduced by one-half at that time.

Federal Grants to Non-Governmental Organizations.—Provision was made in the 1948-49 Estimates of the Federal Government for grants to the following non-governmental agencies engaged in health work: the Canadian Red Cross Society, the Canadian Tuberculosis Association, the Victorian Order of Nurses, the St. John Ambulance Association, the Canadian Paraplegic Association, the Canadian National Committee for Mental Hygiene, the Health League of Canada, the Canadian Public Health Association, the Canadian National Institute for the Blind, L'Association Canadienne Francaise des Aveugles, L'Institut Nazareth de Montreal and the Montreal Association for the Blind.

Medical Care of Indians and Eskimos.—Government health services for Indians and Eskimos have gradually expanded. In 1949 there were 20 hospitals administered by the Federal Government together with a number of mission hospitals and nursing stations. Larger Indian reserves have a full-time Departmental medical officer; smaller bands have attention on a part-time basis or, in some cases, the local physician receives fees for services rendered to Indians.

A country-wide staff of physicians, nurses and field matrons and dispensers arranges for medical attention and hospitalization, field nursing and general health services. The present marked expansion of Indian health services began in 1928