

aged, other institutions, and health and welfare agencies working within the homes of families to bring help and assistance where needed. As the worth of these programs was proved and as the financial burden of carrying them became too great for private philanthropy, municipal governments, first of all, responded to appeals for help by granting financial assistance without assuming administrative responsibility. Gradually, however, as municipal financial involvement became greater, the necessity for taking over certain of these undertakings as direct administrative responsibilities of the municipal authorities became apparent, and municipalities found themselves in the business of providing public health and welfare services at public expense for the citizens of their respective communities.

This process by which financial and subsequently administrative responsibility for certain health and welfare services was imperceptibly shifted from voluntary to municipal auspices repeated itself, as time went on, at the municipal-provincial level. Prior to the outbreak of World War I, welfare services were provided almost exclusively by local voluntary agencies and by the municipal authorities. Beginning, however, with the enactment of the first Workmen's Compensation Act in Ontario in 1914, there followed a series of interventions by provincial governments in the public welfare and social security field, which established during the years between the two world wars a clear pattern of provincial responsibility for providing direct social services in some instances and assisting municipalities in other instances in the provision of local public welfare programs. A number of other provincial governments quickly followed Ontario's lead with respect to workmen's compensation. Coincident with the granting of the women's suffrage, the Manitoba Government in 1916 passed the first mothers' allowances legislation. Once again this was followed by similar legislation in a number of other provinces.

Each provincial enactment, whether in the form of workmen's compensation legislation, mothers' allowances, child protection legislation or laws providing for the establishment of juvenile courts and juvenile reform institutions, added successively to the predominance of provincial government authority in the social welfare field; and as the legislative, administrative, supervisory and financial responsibilities of the provincial governments increased, such responsibilities carried by the municipalities correspondingly diminished.

Provincial responsibility in the health field was recognized at an early date. The duties specifically assigned by the British North America Act, together with the residual powers generally accepted under interpretations of the "property and civil rights" clause of Sect. 92, stimulated this development. A Department of Public Health, succeeding an earlier Central Board of Health, was created by the Assembly of Nova Scotia in 1904 and several provinces followed the example of the Public Health Act of New Brunswick of 1918 which created a full-time Cabinet post for such a Department. A similar growth in the welfare field was to take place in the late 1930's and early 1940's, with the establishment of separate Departments of Welfare or the enlargement of the existing Departments of Health to embrace both health and welfare.

Development of Federal Responsibility.—During the years of World War I and the following decade, there was little or no indication of public support for the intervention of the Federal Government in what appeared to be normal peacetime provincial and local areas of responsibility. In the aftermath of World War I, the federal authority found itself committed to an extensive program of health and welfare services for discharged and pensionable ex-service men. In this and in a