Professional Training-

\$500,000 allocated on the basis of \$4,000 to each province and the balance according to population. Maximum available in the year ended Mar. 31, 1953, \$516,300.

Public Health Research-

Commenced at \$100,000 and increased by the same amount annually to a maximum of \$500,000 in the year ended Mar. 31, 1953. Maximum available in 1952-53, \$512,900. Allocated to provinces and universities, or research bodies sponsored by provinces, for projects recommended by the Dominion Council of Health and approved by the Minister.

Shortages of qualified personnel and other essential factors in the development of health programs have limited the utilization of the funds made available by the Federal Government under the National Health Grants Program. In each year since the establishment of the grants, however, their utilization has increased. The annual amounts of expenditure were as follows: 1948-49, \$7,600,000; 1949-50, \$15,500,000; 1950-51, \$18,700,000; 1951-52, \$23,900,000; and 1952-53, \$27,300,000. The utilization of the available funds, by grant, over the five-year period is presented in Table 1.

 Amounts Available to the Provinces and Amounts and Percentages Expended under the National Health Grant Program, by Grant, Years Ended Mar. 31, 1949-53.

Grant	Amount Available	Amount Expended	Percentage Expended
	\$	\$	p.c.
Health Survey	645,180	521,059	80-8
Health Survey	66,389,0481	35,555,155	53.6
Jeneral Public Health	29,753,301	13,088,841	44.0
Mental Health	23,638,023	12,969,829	54.9
Fuberculosis Control	18,868,145	16,305,898	86.4
Cancer Control	17,874,088	7,745,342	43.3
Venereal Disease Control	2,566,643	2,232,501	87.0
Crippled Children	2,568,442	1,276,515	49.7
Professional Training	2,564,844	2,170,352	84.6
Public Health Research	1,536,748	1,158,179	75.4
Totals	166,404,462	93,023,670	65.9

Adjusted to exclude a carryover of unexpended funds from earlier years of the Program.

The Grants Initiated in May 1953.—The three new grants launched in May 1953 were described by the Minister of National Health and Welfare as "logical extensions of the National Health Program" decided upon in the light of experience gained in the previous five years and required to bridge remaining gaps in Canada's health services.

The Child and Maternal Health Grant.—Infant mortality in Canada, though showing annual improvement, has continued to be high as compared with that of other Western nations and has indicated the need of improved Canadian services for mothers and infants. The aim of the Child and Maternal Health Grant is to close gaps in existing services by offering funds to the provinces on a basis related to their indicated needs. A rather wide latitude is to be allowed in the type of projects that might be approved under this grant, including the following possibilities: more clinics where mothers can get guidance on child birth and infant care; more follow-up home nursing visits; expanded services given by provincial divisions of child and maternal health; better educational services for expectant mothers; more medical research on pregnancy; improved equipment for maternity wards in hospitals; and more services for mothers and children in hospital out-patient departments and community health centres.