General Public Health.—Full-time local public health services are available to 72 p.c. of Manitoba's population through the City of Winnipeg Health Department and 13 local health units jointly administered and financed by provincial and local governments. Each health unit has an advisory board, and the municipalities are responsible for one-third of the cost. The provincial Health Department employs and pays the staff, and co-ordinates field supervision through its Bureau of Local Health Services. Five local laboratory and X-ray units, with facilities centred in community hospitals, make modern diagnostic aids available to rural medical practitioners and reduce the direct cost to the patient. Services are offered on a prepayment basis, with personnel appointed and two-thirds of the cost paid by the provincial Health Department through its Bureau of Laboratory and X-ray Services. The provincial Section of Laboratory Services undertakes free public health procedures through one central and two branch laboratories.

Hospital and Medical Care.—Through the Bureau of Medical Care, groups of towns, villages and municipalities are encouraged to establish prepaid medical care by the employment of municipal doctors; there are 14 districts. The Bureau of Hospitalization is concerned with the over-all planning of hospital facilities, and the administration of provincial responsibilities under the Hospital Aid Act. The Province pays 40 p.c. of the cost of in-patient and out-patient hospital care for municipal indigents, with rates of payment for each hospital fixed by the provincial Hospital Rate Board. The municipalities are required to pay the remainder of hospital care costs but indigent medical care is a discretionary municipal responsibility.

Mental Health.—Provincial mental institutions are operated at Winnipeg, Selkirk and Brandon and a school for the mentally defective at Portage la Prairie. Community mental health services include out-patient services at mental hospitals and child guidance clinics. The mental institutions collect maintenance costs from patients who can afford them; the Province pays the remainder.

Tuberculosis.—Tuberculosis control is administered by the Sanatorium Board of Manitoba which operates four sanatoria (three of which are federally owned for Indian services) and several stationary and mobile chest clinics. Costs of diagnostic and treatment services for pulmonary and non-pulmonary tuberculosis are paid from public funds. The Province maintains a tuberculosis central registry and a follow-up service for discharged patients.

Cancer.—The Manitoba Cancer Treatment and Research Foundation, subsidized by the Province, administers cancer activities, including diagnosis, treatment, follow-up and statistical services. A free rural cancer biopsy service is in operation; in addition, diagnostic services are available without charge to medically indigent rural residents. Radium and X-ray treatments are free of charge to all residents of the Province.

Poliomyelitis.—The treatment program for poliomyelitis patients, administered by the Bureau of Epidemiology, provides free public ward care for the first 21 days following admission to hospital, and additional free hospitalization following the 60th day after admission until discharge.

Venereal Disease.—The Bureau of Venereal Disease Control operates a free treatment clinic in Greater Winnipeg and pays physicians for treatment of patients in other parts of the Province who are unable to pay.

Rehabilitation.—The Society for Crippled Children and Adults acts as a central rehabilitation agency for adults and children. Its program includes disability assessment clinics, purchase of treatment services and prosthetic appliances, guidance training and follow-up services. Rehabilitation services for tuberculosis patients are administered by the Sanatorium Board. The provincial co-ordinator of rehabilitation, employed by the Department of Health and Public Welfare, exercises general supervision over the program, screens applicants for rehabilitation services, and operates a central registry of disabled persons. Over-all planning is the function of the Rehabilitation Commission, an advisory body representing the numerous groups concerned with the problem.