

Statistics pertaining to special health programs are maintained usually by the various operating divisions of the provincial health departments. Ontario and Saskatchewan, however, have separate research and statistics divisions which conduct special investigations.

Public Health Laboratories.—The public health laboratory, an essential facility in the protection of community health and the control of infectious diseases, was one of the earliest provincial services developed to assist local public health departments. Work performed includes bacteriological examination of water, milk and food samples, the examination of specimens for diagnosis of communicable diseases and pathological special services. Each province maintains a central public health laboratory and most provinces have established additional branch laboratories. Recent trends in some provinces include efforts to co-ordinate public health and hospital laboratory services, special measures to bring laboratory facilities to rural areas, and devices to reduce the direct cost of clinical laboratory procedures to the individual.

Special Health Programs.—Special programs have been developed to deal with health problems of particular severity, many of which are chronic or long-term in nature.

Mental Health.—Major developments in provincial mental health programs concern the expanding and modernizing of mental hospitals, the training of various kinds of psychiatric personnel and the extension of community mental health services outside mental hospitals. Assistance to patients in securing employment and in social adjustment following discharge from mental hospitals—a relatively new field of rehabilitation—is being promoted by voluntary groups and government agencies in several provinces.

At the end of 1957, Canada's mental hospitals, exclusive of psychiatric units, were treating more than 72,000 patients. Despite a growing rate of discharges, the daily average number of patients has continued to rise each year. Construction of new hospital accommodation continues and approximately 14,000 mental beds have been added since 1948. While there is still an acute shortage of mental hospital accommodation, there has been some reduction in overcrowding. The occupancy rate has declined from 128 patients for each 100 rated beds in 1948, to 117 patients in 1957, despite a 22-p.c. increase in the average daily population.

With the exception of the municipally owned local asylums in Nova Scotia and hospitals in Quebec that operate under religious or lay auspices, most mental hospitals are administered by provincial authorities. A great part of the cost is borne by the provincial governments, although patients whose relatives can afford to contribute may be charged for care in seven provinces. Newfoundland and Saskatchewan provide complete free care. In Ontario, mental hospital treatment is included in the plan of hospital care insurance which started operating on Jan. 1, 1959.

Most of the public mental hospitals provide care and treatment for all types of mental illness but, as facilities expand, it is becoming possible for hospitals to segregate patients under intensive treatment from those receiving long-term care. Some provinces maintain separate accommodation for certain categories of the mentally ill. For example, in British Columbia and Alberta, homes for the senile aged are an integral part of the mental hospital system. Ontario and Quebec have separate hospitals for epileptics. Eight provinces operate schools for residential treatment and education of mentally defective persons and one of the two remaining provinces, New Brunswick, enacted legislation in 1958 authorizing the government to support the maintenance of mentally retarded children in approved homes.

As the needs of patients are more fully understood and better methods of treatment develop, the daily routine of the mental patient is becoming less restrictive, as is shown in the increasing number of persons coming voluntarily for treatment. In 1956 these comprised 28 p.c. of first admissions to mental hospitals and 72 p.c. of admissions to the psychiatric hospitals or short-stay centres. A significant departure from the old system