

conditions under which both the aboriginal and the white population of the two Territories receive their health services from government agencies or religious organizations and only in some settled areas from private medical practitioners.

Comprehensive health services for the Indian and Eskimo population are provided by the Directorate of Indian Health Services of the Department of National Health and Welfare, for the white population by the Yukon and the Northwest Territories governments and by the federal Department of Northern Affairs and National Resources. Health care for the Armed Forces is the responsibility of the Department of National Defence.

In Yukon Territory, services for the white population are administered through the Commissioner for the Yukon and include complete treatment for tuberculosis and poliomyelitis patients and hospital care for indigent residents. Grants are made to cover the operating deficits of the two general hospitals operated by the Territory. Public health services include communicable disease control, public health nursing, sanitary inspection and tuberculosis case-finding.

In the Northwest Territories, health programs for the white population include free treatment for tuberculosis patients, free hospital care for the mentally ill, free treatment for venereal disease cases, and free cancer diagnosis at the Edmonton Clinic, Alta. Indigent residents are eligible for complete medical, dental and optical services as well as for general hospital care. Free dental services are available to children under 17 years of age. To support the mission hospitals, the Territorial government pays per diem grants on behalf of all paying patients. Public health services are generally provided by Indian Health Service personnel.

### Section 3.—Health Statistics

Statistical information on the health of Canadians is at present limited to the well established and highly standardized mortality, communicable disease and institutional statistics series, all of which have been available for a long period. As compared with these records, other national health statistics are still in an early development stage. So far the only source of information on general illness, health services and personal expenditure for health care is the Canadian Sickness Survey of 1950-51. Other projects deal with specific health problems or selected groups of the population and much of the statistical information is available from provincial and other health sources.

Statistics on causes of death are given in the Chapter on Vital Statistics, pp. 197-229; those on hospital statistics in Subsection 1 following; and those on notifiable diseases in Subsection 3. Analyses available from the Canadian Sickness Survey appear in the 1955, 1956 and 1957-58 Year Books.

#### Subsection 1.—Health Institutions\*

On July 1, 1958, the Hospital Insurance and Diagnostic Services Act came into effect, making federal funds available to provinces wishing to participate in a federal-provincial hospital insurance scheme. Seven provinces have signed agreements of participation, and in 1959 eight are expected to have their insurance programs in operation. Among other anticipated benefits, the network of hospital care plans should enable hospitals to place their finances on a more stable basis and should increase their effectiveness in providing basic health services. The insurance scheme may, in fact, stimulate the demand for hospital care by the public, and this in turn could lead to the over-utilization of available resources. No hospital can operate at maximum efficiency with 100 p.c. of its standard

\* Prepared in the Institutions Section of the Health and Welfare Division, Dominion Bureau of Statistics. Detailed information will be found in the following DBS publications: *Hospital Statistics 1956 and 1957, Vols. I and II; Mental Health Statistics 1957 and Financial Supplement; Tuberculosis Statistics 1957 and Financial Supplement.*