The Canadian Mental Health Association.—The Association, organized in 1918 as the National Committee for Mental Hygiene, now has divisions in all provinces except Prince Edward Island and Newfoundland; its national office is located in Toronto. Since its inception the organization has participated directly or indirectly in almost every development in the mental health field in Canada. The Association conducts an active public education program, serves as consultant to government departments, welfare agencies and voluntary organizations, operates a teacher training program and encourages research. It is supported by voluntary donations and federal and provincial grants.

The Canadian Cancer Society.—Organized in 1938 to co-ordinate voluntary activities and disseminate knowledge in the cancer field, the Canadian Cancer Society operates in all provinces and has its national office in Toronto. Its services include a public education program, welfare services such as transportation, home nursing and cancer dressings to needy persons, and fellowships to medical graduates for advanced study in cancer. Voluntary subscriptions to the Society provide the major source of funds for the basic research program of the National Cancer Institute of Canada. The Society also supports clinical research.

National Heart Foundation of Canada.—The Canadian Heart Foundation, formed in 1947 by physicians to co-ordinate research and disseminate information, was replaced by the National Heart Foundation of Canada in 1956. Its membership consists of lay and medical organizations interested in promoting or assisting research on cardiovascular diseases. Its national office is in Toronto. Provincial branches have been established in all provinces from Quebec west.

The Canadian Paraplegic Association.—The Canadian Paraplegic Association, which was established in 1945 to complement the specialized treatment and rehabilitation services developed for veterans by the Department of Veterans Affairs, now includes services for civilian paraplegic cases and persons seriously handicapped by poliomyelitis and other disabling conditions. The national office of the Association and the major treatment centre, Lyndhurst Lodge, are housed in the same building in Toronto, Ont. Services include in-patient and out-patient therapy, the provision of prosthetic appliances, loans to patients, and rehabilitation services such as job counselling. Four regional divisions also have been established—the Maritime, Quebec, Central Western and Western Divisions. The Western Division is affiliated with the G.F. Strong Rehabilitation Centre in Vancouver.

The Canadian Council for Crippled Children and Adults.—The Council was established in 1937 to co-ordinate and support activities for the care and rehabilitation of physically impaired children. The first provincial organization was formed in Ontario in 1922 and similar organizations, which have remained autonomous, now exist in all provinces except Prince Edward Island. In 1954 the services of the organization were extended to include adults. Programs in the provinces vary, ranging from the establishment of cerebral palsy clinics and the operation of summer camps for the handicapped, to payment for treatment services, prosthetics, and hospital and nursing care for needy handicapped persons. In most provinces, service clubs raise funds to support the work of the organization, particularly through the sale of Easter Seals.

The Canadian Arthritis and Rheumatism Society.—Established in 1948 to promote research, professional education and treatment services in the field of rheumatism and arthritis and to disseminate factual information, the Society has branches operating in all provinces except Prince Edward Island and Newfoundland; its national office is in Toronto, Ont. Medical advisory boards in each of the eight provinces and one at the national level give advice and guidance to the provincial and national directors. The Society sponsors an educational program both for the general public and for physicians. It encourages the establishment of stationary clinics in general hospitals for the treatment of low-income patients. Its branches pioneered in the operation of mobile clinics and now operate some seventy units to bring treatment to home-bound patients and in two provinces