

Development in the sciences related to medicine, improved health services and raised nutritional and other standards have contributed to generally favourable health conditions—to a declining death rate and a longer expectation of life. Progress against the contagious diseases emphasizes the problems presented by chronic illness and the disabilities of persons in the older age groups. Heart and hypertensive disease, arthritis and rheumatism are among the leading causes of disability, though residual disability from stroke, Parkinson's disease, epilepsy and multiple sclerosis also accounts for large numbers of disabled persons. The death rate for lung cancer continues to increase and cause controversy, and mental illness remains a major problem. Accidents, especially traffic accidents, constitute a steady and tragic problem particularly as they affect children. Also, Canada now shares the world-wide concern for the hazards of radiation from medical and industrial causes as well as from fallout.

Progress in the welfare field has also been so substantial as to concentrate emphasis on remaining problems, and some of these are of considerable magnitude. Rapid urbanization, increasing numbers of older persons in the population and large-scale immigration are among the forces requiring new social approaches. On the other hand, the growth of the industrial community in Canada has been associated with a marked improvement in the general standard of living. Higher real income has permitted better levels of nutrition and better housing, and improved working conditions and shorter working hours have benefited the industrial worker. During the past decade, urban technical and health services have been extended to the rural population of the country, so that many of the improvements in the national standard of life are being shared more equally by the urban and rural populations.

PART I.—PUBLIC HEALTH

Section 1.—Federal, Provincial and Local Health Services

Provincial governments bear the major responsibility for health services in Canada, with the municipality often assuming considerable authority over matters delegated to it by provincial legislation. The Federal Government has jurisdiction over a number of health matters and all levels of government are aided and supported by the network of voluntary effort that has developed through the years.

Subsection 1.—Federal Health Activities

The Department of National Health and Welfare is the chief federal agency in health matters, but important treatment programs are also administered by the Departments of Veterans Affairs and National Defence. The Dominion Bureau of Statistics is responsible for the collection, analysis and publication of health statistics, the National Research Council and the Defence Research Board administer medical research programs, and the Department of Agriculture has certain health responsibilities connected with food production.

The Department of National Health and Welfare controls food and drugs (including narcotics), operates quarantine and immigration medical services, carries out international health obligations, and provides health services to Indians, Eskimos and other special groups. It serves in an advisory and co-ordinating capacity to the provinces and administers grants to provincial health and national voluntary agencies. Administration of federal aspects of the Hospital Insurance and National Health Grant Program has become a major activity during the past decade.

The Department advises on the visual eligibility of applicants for blindness allowances and co-operates with the provinces in the provision of surgical or remedial treatment for recipients of the allowances. Under the Public Works Health Act, supervision of health conditions is provided for persons employed on federal public works. Other programs of health or medical supervision and counselling are provided to the federal Civil Service, and to the Department of Transport in all matters pertaining to the safety, health and comfort of aircrew and passengers.