Previously existing programs offering free standard ward hospital care to poliomyelitis patients have now become incorporated in the federal-provincial hospital insurance schemes. In the provision of restorative services through remedial surgery, physiotherapy and hydrotherapy and the aid of prosthetic appliances, both provincial departments of health and voluntary societies have a part. Post-poliomyelitic patients may receive vocational training under provincial rehabilitation schemes; boards of education operate special classes for physically handicapped children.

Venereal Disease.—Free diagnostic and treatment services are available in all provinces but the operation of government clinics is being increasingly superseded by the method of supplying free drugs to private physicians who are reimbursed for treatment of indigents on a fee-for-service basis.

Alcoholism.—Ontario, Manitoba, Alberta and British Columbia carry out research and education programs and operate centres for treatment, supported largely by public funds. Ontario, Saskatchewan and Alberta also have rehabilitation programs for alcoholic inmates of reform institutions. Recent legislation in Newfoundland and Nova Scotia authorizes the setting up of similar agencies to initiate research and education studies.

Other Diseases or Disabilities.—Services for a number of chronic disabilities, such as heart disease, arthritis, diabetes, visual and auditory impairments and paraplegia, have been developed largely by voluntary agencies, assisted by federal and provincial funds. A brief description of the programs of some of these agencies is given in Part III, which deals with national voluntary health and welfare activities.

Public Medical Care.—Public medical care programs for the general population exist in three provinces but are limited to residents of particular areas. Approximately one-half of Newfoundland's population receive physician's services at home or in hospital under the provincially administered Cottage Hospital Plan which is financed in part on a premium basis. Medical indigents not under the Plan may also receive care at provincial expense. In addition, all Newfoundland children under the age of 16 years are entitled to free medical and surgical care in hospital. In Manitoba and Saskatchewan, locally operated municipal-doctor programs cover about 30,000 and 167,000 persons, respectively. The Swift Current Health Region in Saskatchewan operates a comprehensive prepaid medical-dental care scheme for about 50,000 persons. These latter programs are subsidized to some extent by provincial health departments.

For some years, the Provinces of Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia have provided health service programs for regular social assistance recipients—persons in receipt of means-tested old age security supplements, old age assistance, blindness and disability allowances, mothers' allowances and, in some provinces, certain child welfare cases. However, Nova Scotia covers only mothers' allowance recipients and their dependants and blindness allowance recipients and, in Saskatchewan, old age assistance recipients are the responsibility of the municipality of residence.

Under the Ontario program, the major medical services offered are physician's care in the home and office, including certain minor surgical procedures and prenatal and postnatal care. Since Jan. 1, 1959, basic dental care has been available to the children of mothers' allowance recipients. In addition to these medical services, Nova Scotia provides major and minor surgical and obstetrical services and medical attendance in hospital. The programs in Saskatchewan, Alberta and British Columbia give complete medical care in the home, office and hospital, including surgical and obstetrical services, specified prescription drugs (except in Alberta, and with a dollar limitation in Saskatchewan) and dental and optical care, sometimes only on authorization and/or with dollar limits. All of these plans are completely provincially financed, except in British Columbia where costs are shared on a 90-10 basis with the municipalities assuming their share on a proportionate population basis, and in Ontario where per capita contributions toward the cost of medical services for the assistance group are shared on an 80-20 basis with the municipality of residence. In 1960, Manitoba broadened its program of provincial social