absence of any duration after seven days of casual leave have been taken. During the calendar year 1959, of an estimated 141,000 civil servants covered by Civil Service Leave Regulations, 50,493 reported ill by medical certificate. The number of new illnesses, as certified by medical certificate, was 75,951, somewhat higher than the 68,489 reported for 1958. Similarly, the number of days of completed illnesses increased to 1,070,084 in 1959 from the 1,039,449 reported for 1958. Other relevant statistics for 1959 indicate that, on the average, 7.8 working days were lost through illness by each employee, including 5.1 days certified and 2.7 days casual sick leave.

Several indices related to sickness absenteeism were calculated from the 1959 survey, based on the number of certified illnesses that occurred at some time during the year but not necessarily completed during the same year. These illnesses totalled 78,288. The severity rate or average number of calendar days per illness was 13.3 and the average number of working days was 9.2. The frequency rate or the average number of illnesses per 100 employees was 55.5. In addition, for each working day during the year, about two of every 100 civil servants were absent on certified sick leave.

9.—Rates per 1,000 Employees of Illnesses and Days of Illness for Federal Civil Servants, by Cause, 1959

(Certified sick leave only	(Certified	sick	leave	on	ly)
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International		Rates per 1,000 Employees	
List Number	Cause	Illnesses	Days of Illness
		No.	No.
001-138 140-239 240-289 290-299 300-326 330-398 400-468 470-527 530-587 640-689 690-716 720-749 750-759 780-795 N800-N999	Infective and parasitic diseases Neoplasms. Allergic, endocrine system, metabolic, and nutritional diseases. Diseases of the blood and blood-forming organs Mental, psychoneurotic, and personality disorders Diseases of the nervous system and sense organs. Diseases of the circulatory system Diseases of the respiratory system Diseases of the digestive system Diseases of the digestive system Deliveries and complications of pregnancy, childbirth, and the puerperium. Diseases of the skin and cellular tissue. Diseases of the bones and organs of movement. Congenital malformations. Symptoms, senility, and ill-defined conditions. Accidents, poisonings, and violence.	13.2 7.9 11.4 1.7 14.9 21.4 26.9 248.5 74.8 22.9 2.2 16.6 31.0 0.5 23.5 75.7	308.9 284.4 181.4 39.7 439.2 343.9 851.6 1,890.6 1,077.3 366.5 26.5 195.9 480.0 15.9 311.8
1511111	Totals, All Illnesses	555.2	7,402.9

PART II.—PUBLIC WELFARE AND SOCIAL SECURITY

Responsibility for social welfare is shared by all levels of government. Costly income maintenance measures such as old age security and family allowances, or programs such as unemployment insurance and the National Employment Service where nation-wide co-ordination is required are administered federally. Substantial federal aid is given to the provinces in meeting the costs of social assistance. The Federal Government also provides services for special groups such as Indians, Eskimos and immigrants.

The Department of National Health and Welfare is the agency generally responsible for federal welfare matters; the Departments of Veterans Affairs, Citizenship and Immigration, and Northern Affairs and National Resources also operate important programs. The Unemployment Insurance Commission is responsible for the operation of unemployment insurance and the National Employment Service.

Administration of welfare services is primarily a responsibility of the province but the provision of services is often assumed by local authorities, generally with financial aid from the province.