

tion of a nation-wide hospital insurance program, the growth of expenditures under the unemployment assistance program and higher unemployment insurance expenditures were among the many factors that advanced welfare expenditures to higher levels at a time when the national income was not showing comparable growth. Thus in 1957-58, social welfare expenditures reached 10.2 p.c. of net national income; in 1958-59 and 1959-60 the percentage was about 11.2 and in 1960-61 it reached 12.3.

For many years Canada has occupied a middle position between New Zealand and Britain on the one hand and Australia and the United States on the other when social welfare expenditures are expressed as a percentage of national income. For example, in 1949-50 the percentages were as follows: New Zealand 13.2, Britain 11.9, Canada 8.1, Australia 7.3, and United States 5.5. More recently, however, it is apparent that Canada has moved very close to the percentage in Britain and that the gap between Canada's position and that of Australia and the United States has been widened. In 1959-60, the percentages stood at 13.9 for New Zealand, 12.7 for Britain, 11.4 for Canada and 7.6 for the United States; while data for that year are not available for Australia, the percentage was 9.4 for that country in 1958-59.

Whether measured against previous Canadian experience or in terms of comparisons with these other countries, it is evident that the growth in government expenditures on social welfare during the postwar period and particularly during the past several years has been substantial indeed in relation to the rate of national income growth.

## PART I.—PUBLIC HEALTH

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 of a national character and provides important financial assistance to provincial health and hospital services. All levels of government are aided and supported by a network of voluntary agencies working in different health fields.

### Section 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 collection, analysis and publication of national health statistics, the Medical 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 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 for the federal Civil Service, and also for the Department of Transport in all matters pertaining to the safety, health and comfort of aircrew and passengers.