

activities have resulted in a decline in the Canadian tuberculosis death rate of 82 p.c. since 1951. In 1960 the rate was 4.6 per 100,000. The number of beds set up in sanatoria declined from a peak of 18,977 in 1953 to 11,467 in 1961.

Cancer.—Health departments and lay and professional groups working for the control of cancer have been concerned mainly with four aspects of the problem—diagnosis, treatment, research and public education. In cancer detection and treatment, specialized medicine, hospital services and an expanding public health program are closely related. There are programs operating under health departments in four provinces; four others have provincially supported cancer agencies or commissions. These sponsor the work of diagnosis and treatment in special clinics, located usually within the larger general hospitals. Under the provincial hospital insurance plans, the benefits pertaining to in-patient care in the treatment of cancer are essentially similar in ten provinces and include such special services as diagnostic radiology, laboratory tests and radiotherapy. In at least five provinces these benefits apply also to out-patients. In others, the previous pattern of services to out-patients—that of assessing costs of treatment in relation to ability to pay—is still in effect. Comprehensive free medical programs for cancer patients are in operation in Saskatchewan and Alberta and for cancer in-patients in New Brunswick.

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and treatment services are available in all provinces but the operation of government clinics is being increasingly superseded by the method of supplying free drugs to private physicians who are reimbursed for treatment of indigents on a fee-for-service basis.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, Nova Scotia and Quebec authorizes the setting up of similar agencies to initiate research and education studies in those provinces.

Other Diseases or Disabilities.—Services for persons with 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 the 1962 Year Book, pp. 270-274 (not carried in this edition), and in Subsection 4 on Services for the Disabled and Chronically Ill, pp. 275-276.

Subsection 3.—Public Medical Care

Saskatchewan operates a province-wide medical care insurance program (which came into effect on July 1, 1962), and in two other provinces public medical care programs are established for residents of particular areas. Approximately one half of the population of Newfoundland receives physicians' services at home or in hospital under the provincially administered Cottage Hospital Medical Care 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, locally operated, municipal doctor programs, receiving provincial grants, cover about 28,000 persons. Similar programs covered about 158,000 persons in Saskatchewan prior to July 1962.

For several years the Provinces of Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia have financed the cost of providing health services for specified categories of persons in need and receiving regular public assistance. Manitoba began a comprehensive program in 1960. In some of these provinces the beneficiaries include persons in