

*Mental Health.*—Major developments in provincial mental health programs have included the expanding and modernizing of mental hospitals, the training of various kinds of psychiatric personnel, and the extension of community mental health services outside mental institutions. Assistance to patients in securing employment and in social adjustment following discharge from mental hospitals—a relatively new field of rehabilitation—is being promoted by voluntary groups and government agencies in several provinces.

With the exception of the municipally owned local institutions in Nova Scotia and hospitals in Quebec that operate under religious or lay auspices, most mental institutions are administered by provincial authorities. A great part of the cost is borne by the provincial governments, although a charge, according to ability to contribute, may be made for care in some provinces. Newfoundland and Saskatchewan provide complete free care; Manitoba assumes a minimum maintenance cost for all patients; in Nova Scotia the provincial hospital gives free care to patients requiring active treatment; and in Ontario mental institution treatment is included in the hospital care insurance plan.

Most public mental institutions provide care and treatment for all types of mental illness; as facilities expand, it is becoming possible to segregate those under intensive treatment from those receiving long-term care. Some provinces maintain separate accommodation for certain categories of the mentally ill. For example, in British Columbia and Alberta, homes for the senile aged are an integral part of the mental institution system. Quebec has separate institutions for epileptics. Eight provinces operate schools for residential treatment and education of mentally defective persons and the maintenance of mentally retarded children in approved boarding or foster homes is receiving government support in a number of provinces. Local day classes, usually sponsored by organizations of parents, offer training opportunities for mentally deficient children in the community.

As the needs of patients are more fully understood and better methods of treatment develop, the daily routine of the mental patient is becoming less restrictive, as is shown by the increasing number of persons coming voluntarily for treatment. Custodial care and locked doors are giving way to open wards where patients may have unrestricted access to grounds and to occupational and recreational areas.

One of the greatest changes in the past decade has been in the extension of community mental health services outside mental institutions. General hospitals have expanded their psychiatric services in both in-patient and out-patient departments. About 50 general hospitals have organized units where psychiatric treatment is provided by professional staffs. Community clinics, where mental disorder may be treated at an early stage and guidance given to children and parents, play an important part in prevention and treatment within the home environment. Fostering this expansion of service are provincial health departments, municipalities or health units, mental institutions, general and allied special hospitals, school boards and voluntary organizations. Day and night care centres form part of the psychiatric service of two large general hospitals in Montreal and day care centres, admitting patients on a nine-to-five basis, are conducted in several other hospitals.

*Tuberculosis.*—The fight against tuberculosis is one of the major programs of all health departments. Free hospitalization and free drug treatment, both on an in-patient and domiciliary basis, is provided. In two provinces extensive BCG programs are in effect and in the other provinces this prophylactic is provided to groups at special risk. Special case-finding programs in the form of community tuberculin and X-ray surveys, surveys of high risk groups, and the follow-up of all arrested tuberculosis cases are routine. These activities have resulted in a decline in the Canadian tuberculosis death rate of 82 p.c. since 1951. In 1962 the rate was 4.2 per 100,000 population. The number of beds set up in public sanatoria declined from a peak of 18,977 in 1953 to 8,436 in 1963.

*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