

Special centres for the assessment and diagnostic evaluation of mentally retarded children are also being developed. Day-training schools or classes for the trainable retarded, sponsored by some 250 local associations of parent groups forming the Canadian Association for Retarded Children, are now organized throughout the land.

Most public mental hospitals provide care and treatment for all types of mental illness. New programs of recreational and industrial therapy and enlarged and modernized clinical and surgical facilities are examples of widespread improvements in mental hospital care that particularly benefit patients undergoing active treatment. More recently, planning has been undertaken to reassess the status of the long-term chronically ill patient. Since 1961 new legislation governing the admission and care of the mentally ill has been enacted in four provinces—Saskatchewan, Alberta, British Columbia and Manitoba—designed to promote easier and more informal methods of admission and discharge and to establish machinery guaranteeing periodic review of the medical certification of long-term patients.

A great part of the cost of care in mental hospitals is borne by the provincial governments, although a charge, according to ability to contribute, may be made in some provinces. Newfoundland and Saskatchewan provide complete free care; Manitoba covers minimum maintenance costs 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.

*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. 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 83 p.c. since 1951. In 1963 the rate was 3.6 per 100,000 population. The number of beds set up in public sanatoria declined from a peak of 18,977 in 1953 to fewer than 8,000 in 1964.

*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. Similar services for out-patients are covered either by hospital insurance or by federal-provincial cancer control grants. Comprehensive free medical programs for cancer patients are in operation in Saskatchewan and Alberta and for cancer in-patients in New Brunswick.

*Veneral 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. Legislation in Newfoundland, New Brunswick, Nova Scotia and Quebec authorizes the setting up of similar agencies to initiate research and education studies in those provinces.