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, are provided. In two provinces extensive BCG programs are in effect and in the other provinces this prophylactic is provided to groups at special risk. Casefinding 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 85 p.c. since 1951; in 1965 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 6,462 in 1965.

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.

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and treatment services are available in all provinces but the operation of government clinics is being increasingly superseded by the method of supplying free drugs to private physicians who are reimbursed for treatment of indigents on a fee-for-service basis.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. 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.

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. (See also pp. 296-297.)

## Subsection 4.--Public Medical Care

Province-wide medical care insurance programs are operating in Saskatchewan, Alberta, British Columbia, Ontario and Newfoundland, with differences in the degree and extent of coverage and in benefits provided. In addition, most of the provinces have programs for public assistance recipients. In the present context, public medical care is grouped into four broad categories: provincial universal-coverage medical care programs; provincially sponsored or assisted medical care programs; provincial programs for public assistance recipients; and provincial programs for other selected groups.

Provincial Universal-Coverage Medical Care Programs.—Saskatchewan is the only province having a universal-coverage medical care program. Since July 1962, every person who has resided in Saskatchewan for three months (and is not entitled to receive