

reported. The 1976 figure of 3,952 cases of syphilis, or 17.4 per 100,000 population, shows only a slight decrease from the 1975 figure of 3,967. Total gonorrhoea cases in 1976 were 52,262, or 229.5 per 100,000. The 1975 figure was 50,752 or 222.6 per 100,000. This rise in incidence of gonorrhoea is attributed to a supposed increase in sexual permissiveness, promiscuity and homosexuality, availability of the contraceptive pill, increased population mobility, changes in social values, lack of case reporting, and ignorance about venereal disease.

Provincial health departments have expanded public venereal disease clinics, which provide free diagnostic and treatment services. In some areas these departments pay private physicians to give free treatment to the poor. In addition, the provinces supply free drugs to physicians for treating private cases. Local departments or district health units carry out case finding, follow-up of contacts and health education programs, assisted by provincial directors of venereal disease control.

At one time tuberculosis was an extremely serious health problem. However the reported incidence of this disease has decreased steadily in recent years. In 1976 there were 2,601 reported cases, or 11.4 per 100,000 population. This may be compared with the 3,089 new active cases or 13.5 per 100,000 population in 1975. Most new cases of tuberculosis are discovered by practising physicians, but provincial health departments assisted by voluntary agencies continue to conduct anti-tuberculosis case finding programs through community tuberculin testing and X-ray surveys, with special attention to high risk groups, routine hospital admission X-rays and follow-up of arrested cases. Provincial tuberculosis programs include vaccination for children or high risk groups and free treatment, including hospital care, drugs and rehabilitation services.

Constitutional responsibilities in the health field

5.2

Government involvement in health care services in 1867, at Confederation, was minimal. For the most part the individual was compelled to rely on his own resources and those of his family group, and hospitals were administered and financed by private charities and religious organizations.

The only specific references to health in the distribution of legislative powers under the British North America Act allocate to Parliament jurisdiction over quarantine and the establishment and maintenance of marine hospitals, and to provincial legislatures jurisdiction over the establishment, maintenance and management of hospitals, asylums, charities and charitable institutions in and for the province, other than marine hospitals. In 1867 this latter reference probably was meant to cover most health care services. Since the provinces were assigned jurisdiction over generally all matters of a merely local or private nature in the province, it is probable that this power was deemed to cover health care, while the provincial power over municipal institutions provided a convenient means for dealing with such matters. Thus provision of health care services has been traditionally acknowledged as primarily a provincial responsibility. But a measure of responsibility in health matters has been expressed over the years in many federal programs and policies.

Federal-provincial co-operation

5.3

Since the federal and provincial governments share responsibility for dealing with health matters, a formal structure has been established for federal-provincial co-operation. It comprises the following: conference of ministers of health; conference of deputy ministers of health; federal-provincial advisory committees on institutional care services, community care services, health promotion and lifestyle, environmental and occupational health and health manpower. The conferences of ministers and deputy ministers of health involve matters of promotion, protection, maintenance and restoration of the health of the Canadian people. Normally, the conference of ministers meets annually and the conference of deputy ministers twice a year. The five advisory committees facilitate the work of the ministers and deputy ministers, and assist them in achieving objectives, identifying major issues and solving problems. They may set up groups to deal with particular subjects requiring more detailed study.