

contribution to the reduction of the over-all death rate is being made by the Department of National Health and Welfare through the extension of the treatment and care of tuberculous Indians of whom less than 100 were under treatment in all parts of Canada in 1937, while over 1,200 are receiving treatment today.

Free treatment was given to 96 per cent of all patients in Canada in 1947, as compared to 73.4 per cent in 1938; (1) all patients are now treated free by statute in Alberta, Saskatchewan, Manitoba, New Brunswick and Nova Scotia and in the other four provinces only a small number are required to pay any portion of treatment cost.

During the last ten years there has been a great increase in treatment and diagnostic facilities. Since 1938 almost 5,000 new beds have been provided for tubercular patients and another 1,500 are under construction, and the number of persons examined at clinics has risen from about 166,000 to more than 444,000 in addition to the more than a million persons examined by mass surveys. There has been great improvement also in the interest shown in rehabilitation of the tuberculous patient, which was pioneered by the Rehabilitation Service of the Sanatorium Board of Manitoba. Similar services are now being organized in Alberta, Ontario, New Brunswick and in British Columbia, which also provides for tuberculous families. Such services as these should all be extended with the aid given through the new grant.

#### Mental Health

As in other countries, the problems arising from mental illness are particularly acute in Canada, and are complicated by serious shortages of all types of trained personnel and facilities for institutional care. It is estimated that, on the basis of requirements per thousand of the population of 4 beds for the mentally ill, 1.5 beds for mentally deficient persons and .25 beds for epileptics, there is a shortage of almost 27,000 beds; if requirements are met on the basis of five beds per thousand there is a shortage of 17,000 beds for these cases. At the same time, on the basis of one mental health clinic for every 100,000 of the population, more than a hundred clinics are still required to meet the need of the provinces.

Because of the seriousness of the problem, as compared to tuberculosis, the formula for the mental health grant goes much beyond that for tuberculosis control, providing first for a higher initial amount of \$4,000,000 and, in addition, for three increases of \$1,000,000 each at two year intervals, as the provincial programs are able to absorb more money.

The grant is intended to supplement existing provincial and municipal services in every possible respect, with special emphasis being placed on the development of clinical and preventive services. It may also be used for extending areas of free treatment, where no progress has been made in any way comparable to that for tuberculosis care.

The two most immediate problems which must be faced, however, are the provision of additional beds and the training of psychiatric and other staffs. While the Hospital Construction Grant will do much to assist the provinces in building the necessary extensions

(1) Canadian Tuberculosis Association: Annual Report of Executive Office, March 31, 1948.