

(g) Venereal Disease Control - \$500,000 - Annual federal grants to assist the provinces in the control of venereal disease have been doubled, and now will amount to \$500,000 a year.

(h) Tuberculosis Control - \$3,000,000 to \$4,000,000 - To extend the use of the latest advances in medicine and the latest techniques in prevention and cure of tuberculosis, the federal government is making grants of from \$3,000,000 to \$4,000,000. In the past 50 years, Canada has made great progress in this field and the government hopes that the grants will bring about what Mr. Paul Martin refers to as "the final chapter" for this disease.

Hospital Construction

The inadequacy of hospital facilities, particularly in rural areas, has been considered one of the most serious defects in Canadian health services. Federal action in making available to the provinces up to \$13,000,000 a year for hospital construction, over a period of at least five years, should do much to improve the situation. After five years provincial needs will be surveyed and it is expected that grants will continue for five more years, probably at a rate of \$6,500,000 a year.

Each province is being asked to make a thorough survey of its hospital needs. The hospital construction grants are available to help build new hospitals and may also be utilized to provide rural and sparsely-settled areas with such things as nursing stations and health centres. The level of health services in rural Canada should be raised by these grants. In the larger centres, the grants are expected to stimulate retarded hospital construction and to alleviate the acute shortage of hospital beds.

The Programme in Action

Within a short time after Parliament approved the grants, a special meeting was held of the Dominion Council of Health, with representatives of all the public health forces of the provinces to hear from the Minister of National Health and Welfare the aim of the programme and the government's plans for its implementation.

After they had studied the federal plan, the provinces, without exception, announced their unqualified willingness to take advantage of its provisions, and began making surveys on which to base their proposals for local projects. At this stage, inauguration of the programme was facilitated through the nomination by Mr. Paul Martin of Manitoba's Deputy Minister of Health and Public Welfare, Dr. F. W. Jackson, to act as liaison officer between the co-operating governments. Dr. Jackson moved to Ottawa to take over, for the time being, the post of Director of Health Insurance Studies in the Department of National Health and Welfare.

In the few months of 1948 during which the Programme was in operation, the Department found ample evidence that it was succeeding admirably in its main purpose of raising the entire level of health activity in Canada. From every province plans and projects were coming forward, the number of requests for government partnership on proposals under the programme ranging from ten to forty a day.

Speaking to the annual meeting of the Royal College of Physicians and Surgeons of Canada in Ottawa on November 27, 1948, Mr. Martin, in reviewing the development of the programme, said:

From a study of projects coming in, I can say that, all across Canada, health activity is being greatly stimulated by this federal programme. It builds on good foundations,