

simply legal documents authorizing the payment of federal money to the provinces. They also contain precise details on such important and complex matters as quality of care, availability of resources, and the techniques by which the provinces seek to ensure effective utilization of hospital beds. In short, they amount to working models from which all provincial programmes have been developed.

GREATEST CHALLENGE

"To design such working models without having any real precedents to go on was a task of major proportions. In fact, it was probably the greatest single challenge ever presented to our technical assistance structure. Not only were the Department's consultants heavily involved in visits to provincial capitals but formal conferences of federal and provincial authorities were also called into play. These gradually evolved until now they have taken permanent form as the Advisory Committee on Hospital Insurance and Diagnostic Services.

"In all of this effort, the Province of Ontario played a key role. Its agreement was the first to be concluded, which meant that its officials were involved in the real ground-breaking work. Each agreement is, of course, a unique entity, in that it is tailored to meet the particular needs and traditions of a province. Nevertheless, I think it is fair to say that the document developed with Ontario authorities has served as a basic pattern for negotiations with all the other provinces. Moreover...the Ontario agreement has worked out extremely well in practice which, after all, is the final test.

"Passing on to other areas of technical assistance, I want to say a few words about our Child and Maternal Health Division. Employing a paediatrician, a medical consultant, a nursing consultant and a technical officer, it is more or less typical of the 20-odd other groups that represent the 'arms and legs' of the Department's consultant services. It is also served, as I have pointed out, by one of the Advisory Committees.

FEDERAL-PROVINCIAL TEAMWORK

"My real point in mentioning this division is to illustrate how our technical-assistance efforts complement and support our financial aid programmes. Ever since 1948, the Department has operated a system of health grants to the provinces directed at stimulating and assisting the creation and expansion of health services and facilities across Canada. Beginning in 1953, one of these national health grants has been devoted to the area of maternal and child-health care.

"How do our consultant services support these grant funds? First of all, every year the provinces send representatives to Ottawa to discuss the amount and use of grant funds in their area for the next 12 months. In the case of child and maternal care, these provincial representatives meet our paediatrician

for the purpose of exchanging ideas and views as to how provincial efforts should develop and the way in which federal financial assistance could be most effective.

EXTENT OF FEDERAL AID

"Now supposing, that from such discussions, a province should decide to undertake a programme of prenatal classes for expectant parents. Equipment and staff salaries for such a project could be provided through the Child and Maternal Health Grant. But federal assistance need not stop there. If the province so desires, and this has actually happened in several cases, the Child and Maternal Health Division could send its nursing consultant to the province to conduct an institute for nurses with a view to advising them how best to carry forward the prenatal-class programme.

"This, of course, illustrates only one small segment of the division's work but I think it does show how valuable technical assistance can be in a concrete case. The fact is that, in many instances, the furnishing of money for provincial projects is not enough. The provision of advice and help from experts in employing the funds provided is of equal importance in ensuring an effective and economical attack on a particular problem.

"From this rather typical example of the Department's technical assistance programmes, I should like to turn to what is perhaps our most unusual effort in this regard. I am thinking of the Laboratory of Hygiene located in Ottawa, which serves as a national public-health laboratory for all Canada. Its responsibilities are so diverse that it would take a whole speech to begin to do them justice. Since my time is already running out, I will simply touch on a few outstanding points.

"...One of the Laboratory's chief functions with respect to technical assistance is as a national reference centre. Let me indicate briefly what this can involve.

A TYPICAL CASE

"Suppose, for example, that a person goes into hospital in...rural Saskatchewan with an infection of the intestinal tract. Hospital tests soon spot the presence of typhoid bacteria and the patient is given the appropriate treatment. From the scientific viewpoint, however, this is not the end of the process. Since there are many different strains of typhoid bacteria, and since hospital laboratory facilities are necessarily limited, a culture would be sent forward to the provincial laboratory where further identification could be carried out. I might say that quite often the provincial laboratory will be using testing agents provided by our Laboratory of Hygiene as part of its technical assistance programme. From the provincial laboratory, a culture would then be sent to the national laboratory in Ottawa, either for final identification or for confirmation of provincial findings.

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