

and hospital clinics in most communities are provided and operated by local service clubs or provincial crippled children societies. Attendance fees are usually nominal with financial support of the centres coming from local voluntary contributions, provincial governments and federal health grants. Training and employment programs for young adult cerebral palsied persons are also being developed in a few cities.

*Tuberculosis.*—Despite greatly reduced mortality from tuberculosis and evidence of some lowering in incidence, the number of cases discovered through provincial detection programs indicates that this disease is still a public health problem. Case-finding efforts are being focussed increasingly on selected groups particularly vulnerable to tuberculosis, with diminishing emphasis on mass X-ray surveys and greater attention to tuberculin tests as a means of detecting infected persons. The work of case-finding is supported substantially by voluntary campaigns conducted by the Canadian Tuberculosis Association.

Sanatoria treatment is free in Newfoundland, Nova Scotia, New Brunswick, Manitoba, Saskatchewan and Alberta, and is included in the hospital insurance benefits which came into effect in Ontario and Prince Edward Island. Even in those provinces where a charge for sanatoria care may be made, the amount collected from paying patients is a very small percentage of total costs.

The number of beds set up in sanatoria and in tuberculosis units of general hospitals declined from a peak of 18,977 in 1953 to 14,655 in 1958. This decline in bed use has resulted from such factors as a decrease in the number of admissions, detection of cases in earlier stages of the disease, and improved treatment methods by drugs and surgery. Provision has been made in several provinces to furnish drugs for home treatment. Facilities for the vocational rehabilitation of discharged patients have been developed in all provinces, and increasing numbers are being re-established in suitable employment.

*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 the detection and treatment of cancer, specialized medicine, hospital services and an expanding public health program are closely related. There are programs operating under health departments in four provinces; an equal number 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 nine provinces and include such special services as diagnostic radiology, laboratory tests and radiotherapy. In at least five provinces these benefits also apply to out-patients. In others, the previous pattern of services to out-patients—that of assessing costs of treatment in relation to ability to pay—is still in effect. Comprehensive free medical programs for cancer patients, which have long operated in Saskatchewan and Alberta, continue unchanged.

*Poliomyelitis.*—Through agreements with the Federal Government, all provincial health departments have made Salk vaccine available for free inoculation of children and are encouraging older age groups to avail themselves of the protection of this vaccine. During 1959, the incidence of paralytic poliomyelitis rose in all provinces to its highest level since vaccination began, while the national total was the second largest in the previous ten years. By far the greatest proportion of cases occurred among unvaccinated persons. Very few who had received the prescribed number of inoculations contracted the disease.

Previously existing programs offering free standard ward hospital care to poliomyelitis patients have now become incorporated in the federal-provincial hospital insurance schemes. In the provision of restorative services through remedial surgery, physiotherapy and hydrotherapy and the aid of prosthetic appliances, both provincial departments of health and voluntary societies have a part. Post-poliomyelitic patients may receive vocational training under provincial rehabilitation schemes; boards of education operate special classes for physically handicapped children.