

by local service clubs or provincial societies for crippled children. 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 adults with cerebral palsy 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 it is still a public health problem. Case-finding efforts are being focused increasingly on selected groups particularly vulnerable, using tuberculin tests as an aid to detection. The work of case-finding is supported substantially by voluntary campaigns conducted by the Canadian Tuberculosis Association. In most provinces, sanatorium treatment is provided at government expense. Even in those provinces where an individual charge 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 13,538 in 1959. 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 cancer detection and treatment, specialized medicine, hospital services and an expanding public health program are closely related. There are programs operating under health departments in four provinces; four others 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 ten provinces and include such special services as diagnostic radiology, laboratory tests and radiotherapy. In at least five provinces these benefits apply also 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 have long operated in Saskatchewan and Alberta, and similar benefits for cancer in-patients in New Brunswick were introduced in 1961.

*Poliomyelitis.*—Through agreements with the Federal Government, all provincial health departments have made Sabin vaccine and Salk vaccine available for free immunization of children and adults. During 1959, the incidence of paralytic poliomyelitis rose in all provinces to its highest level since vaccination began, but in 1960 it dropped by more than one-half and in 1961 reached a record low. 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 been 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, provincial departments of health and voluntary societies both have a part. Post-poliomyelitic patients may receive vocational training under provincial rehabilitation schemes; boards of education operate special classes for physically handicapped children.

*Veneral Disease.*—Free diagnostic and treatment services are available in all provinces but the operation of government clinics is being increasingly superseded by the method of supplying free drugs to private physicians who are reimbursed for treatment of indigents on a fee-for-service basis.