

Arrangements were made at the end of 1954 for all polio vaccine produced to be delivered to the Laboratory of Hygiene of the Department of National Health and Welfare for testing and forwarding to the Provinces. Experience gained the previous year in the production and distribution of gamma globulin proved a useful guide in making these administrative arrangements.

Testing of the vaccine followed the pattern laid down in the Minimum Standards issued by the National Institutes of Health in the United States and involved the use of 18 monkeys for each batch, 12 *Rhesus* being injected intracerebrally with 0.5 cc. on each side, and six *Cynomolgus* with 10 cc. intramuscularly. Tissue cultures, guinea pigs, rabbits, mice and egg embryos were used for additional tests.

On Apr. 12, 1955 the Deputy Minister of National Health attended the meeting at Ann Arbor, Michigan, at which the results of the 1954 field trials were announced and arrangements for release of the vaccine were commenced immediately the results of the trials were known. Approximately 620,000 triple doses had already been produced. Requests had been received from the Provinces for sufficient material for 486,000 triple doses and the excess was divided among them. Through adoption of the revised dosage schedule suggested by Dr. Salk and postponement of the third dose it was possible to increase by 50 p.c. the number of children who might receive the vaccine in 1955.

In April American firms were approached to ascertain what amount of vaccine might be shipped to Canada prior to July 1 and two American firms were licensed to release vaccine in Canada. However, though Canada was not included in the embargo placed by the United States on export of the vaccine, only about 14,000 3-cc. ampoules were actually brought into Canada.

Although distribution programs in the provinces varied slightly there was general adherence to the principles suggested by the Dominion Council; special provision was made for inoculation of Indian and Eskimo children and for dependants of Canadians serving abroad.

Close attention was paid to the difficulties that arose in the United States following the commencement of the program and testing methods were kept under constant review. Fortunately no similar difficulties arose in Canada before the advent of the polio season made it appear advisable to suspend the program for the summer months, by which time about 800,000 Canadian children had received inoculations.

Section 3.—Health Statistics*

Compared with the well established and highly standardized vital and institutional statistics, other national health statistics are still in an early developmental stage in Canada as well as in most other countries. Only in recent years, with recognition of the increase in life span and the impact of the ageing of the population, has it become generally understood that mortality and communicable disease statistics can no longer serve as the sole yardstick by which to measure a nation's health. Though many infectious diseases have been effectively controlled, other diseases, particularly those characteristic of an older population, cause much illness and disability, requiring a large volume of health services, without becoming immediately fatal and thus without being adequately reflected in mortality statistics.

A good deal of valuable statistical material exists in some provinces regarding certain aspects of their health services. Nationally the only source available so far on general illness, health services, and personal expenditure for health care is the Canadian Sicknes

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