

### Section 3.—Institutional Statistics\*

Since 1930, the Dominion Bureau of Statistics has co-operated with the Provincial authorities through the Census of Institutions in the collection of nationwide statistics for hospitals, sanatoria and mental institutions. In order to provide a brief outline of hospital conditions in Canada, the tables in this Section were prepared with data selected from the Dominion Bureau of Statistics yearly publications on Institutional Statistics. Information is also collected, quinquennially, for charitable and benevolent institutions. The latest statistics for these two groups are for 1946; they appear, respectively, at p. 288 of the 1950 edition, and at p. 308 of the 1948-49 edition of the Year Book.

For statistical purposes, hospitals are divided into three main groups on the basis of their range of admissions: public hospitals that accept all patients regardless of ability to pay; federal hospitals, operated by three Federal Government Departments, that render service to specific groups of citizens; and private hospitals that are ordinarily restricted to paying patients.

Public hospitals may be subdivided into two groups, according to the rate of turnover of patients. Hospitals for acute diseases form the first group and chronic diseases hospitals, mental institutions, and tuberculosis sanatoria, together form the second. Hospitals with relatively rapid turnover, i.e., hospitals for acute diseases, are further grouped into general or special according to the type of medical care provided. Special hospitals include contagious diseases, womens, childrens, convalescent, Red Cross and unclassified hospitals.

The number of hospitals operating in Canada in 1948 is shown in Table 1, according to type and province. A more significant picture of the relative importance of facilities in Canadian hospitals is provided by Table 2, which shows the distribution of bed capacity in 1948, by provinces, according to type of hospital. A comparison of data in both tables will reveal the relative size of hospitals of various types.

Two important factors must be taken into account for an effective interpretation of the information in these tables. First it must be noted that bed capacity expresses the number of beds for which a hospital was designed. It is calculated on the basis of a standard floor area per bed which varies throughout the country. It is not necessarily, nor usually, identical with the number of beds actually set up. By its use, overcrowding is eliminated as a disturbing factor in certain kinds of statistical studies. The actual bed complement, though not provided in this Section, is available in specialized publications and may be compared with bed-capacity figures to obtain a measure of overcrowding in hospitals.

The fact that many institutions also provide care of a kind different from the classification in which they have been placed should also be taken into account. A major distortion which may occur in the interpretation of these tables is provided for in Table 1 and in Table 10. Table 1 indicates the number of units of public hospitals which are reserved for tuberculosis patients. Table 10 includes the bed capacity of these units in a detailed analysis of bed capacity in tuberculosis institutions.

\* Except where otherwise indicated this Section has been revised in the Institutions Section of the Health and Welfare Division, Dominion Bureau of Statistics.