

Thirty years ago women experienced, through their reproductive years, a higher death rate than men. The situation is now reversed; women's death rates have been reduced by two-thirds as compared with one-half among men. Accidents, frequently occupational, are the leading cause of death for men; past the age of 30, cancer becomes the leading cause of death for women. From age 50 on there are marked trend differences in death rates between the sexes. While the rates for women in their 50's and 60's have dropped by about one-third, there has been, over the past quarter-century, no significant decrease in the male death rate; in 1955 there were seven deaths among men for every four among women in this age range. Half the deaths of both sexes are caused by heart disease. One-third of female deaths and one-fifth of male deaths result from cancer. Diabetes also ranks as a leading cause of death for both sexes.

The Permanent Physical Disability Study carried out as a supplement to the Canadian Sickness Survey in 1951 indicated that 317,000 persons aged 45 to 64 were permanently physically handicapped; of this number 136,000 were severely or totally disabled. Death from a degenerative disease in adult age is often preceded by a period of illness and disability.

Health of Older People.—The growing burden of chronic illness in old age is reflected in mortality and morbidity data. In 1955, 63 p.c. of deaths over age 65 were caused by heart and artery diseases and 15.6 p.c. were the result of cancer. Cardiovascular disease and cancer account for approximately one-third of all old age admissions to general hospitals and a large share of hospital care in old age is for respiratory and digestive ailments. The chronic nature of sickness in old age is emphasized by the findings of the Canadian Sickness Survey. Persons over age 65 accounted for only 7 p.c. of the survey population but for 15 p.c. of the total days of illness. That much disability was permanent was indicated by the fact that 162,000 persons over age 65 were estimated to be severely or totally disabled. Heart disease, arthritis, impairments from accidents, blindness, deafness and chronic diseases of the nervous system accounted for 60 p.c. of all persons reporting permanent disability. The Canadian Sickness Survey did not include residents of chronic care institutions. In 1955 there were about 140,000 persons under care in mental, tuberculosis and other chronic care hospitals. Persons over 65 years of age accounted for one-quarter of all separations from mental institutions. One-quarter of discharges and two-thirds of deaths in mental institutions in old age were diagnosed as senile or suffering from cerebral arteriosclerosis.

Section 2.—Federal, Provincial and Local Health Activities

Provincial governments have the major responsibility for the organization and administration of public health services in Canada, and municipalities have supervision over certain matters delegated to them by provincial legislation. Most provinces are now developing programs of hospital insurance and diagnostic services under a federal-provincial program, and preventive and other supporting services are well established in most areas. The Federal Government, in addition to certain constitutional obligations, has an important function in assisting the provinces through advisory, consulting and co-ordinating services and in the provision of health grants. Voluntary agencies also have an important part in health matters at the national, provincial and local levels.

Subsection 1.—Federal Health Activities

The Department of National Health and Welfare is the chief federal agency in health matters, but important treatment programs are also administered by the Department of Veterans Affairs and the Department of National Defence. The Dominion Bureau of Statistics is responsible for the compilation of health statistics, the National Research