

prehensive medical, psychosocial and vocational services to more severely disabled persons who require intensive or long-term therapy. In addition, the children's hospitals and centres operate special education classes. Community agencies such as those providing vocational rehabilitation services or home care co-operate in the rehabilitation of disabled children and adults.

Most large general hospitals conduct special out-patient clinics for disabilities such as arthritis and rheumatism, diabetes, glaucoma, speech and hearing defects, heart diseases, orthopedic and neurological conditions. Voluntary agencies, which are concerned with specific disability groups such as arthritics, the blind, the deaf, children suffering from cystic fibrosis, haemophilia or muscular dystrophy, the mentally ill or retarded, or disabled persons generally, are also broadening their rehabilitation services. These agencies provide such services as the supply of personal aids and appliances, employment and education, and sheltered workshops and also participate in the provision of services for the homebound. More than 100 sheltered workshops were in operation in 1964, serving persons with a wide range of handicapping conditions. Organized home care programs, under either hospital or community sponsorship, have been established in the principal cities, providing nursing, homemaker, physiotherapy and other services to the disabled, the chronically ill and the aged in their own homes. Several provincial health departments have instituted home nursing services to residents of outlying districts.

Provincial health departments and voluntary agencies are developing service programs for the treatment and rehabilitation of physically and mentally handicapped children. Most of them have established registries of handicapped children of varying coverage in co-operation with physicians, health units, hospitals and other agencies. Such registries, which are increasingly useful sources of morbidity statistics including congenital anomalies, assist in the planning and co-ordination of rehabilitation services. In addition to medical rehabilitation, programs for handicapped children usually include family counselling, recreation, transportation and foster home care: travelling clinics extend periodic diagnostic and treatment services to outlying areas. Special schools for various groups of handicapped children are established by local school boards in the main cities but most of the nine residential schools for the deaf and the six for the blind are operated by the provincial education departments.

The establishment of three regional prosthetic research and training units in rehabilitation centres in Montreal, Toronto and Winnipeg, supported by National Health Grants amounting to \$200,000 a year, is a significant development. These centres and several juvenile amputee clinics in other cities are rehabilitating children with limb deformities or amputations. A federal-provincial program assists in the extraordinary rehabilitation, maintenance and counselling costs on behalf of children with thalidomide-induced defects.

The Federal Government, through its National Health Grants (see p. 287), assists the provinces in their rehabilitation programs. These grants are used to develop medical rehabilitation services and facilities, to support the training of medical rehabilitation personnel (through grants to university schools and student bursaries), to provide equipment and to finance research.

### Section 3.—Hospital and Other Health Statistics

Statistical information on the health of Canadians is at present limited to the well established and highly standardized mortality, communicable disease and institutional statistics series, all of which have been available for a long period, and the recently established series covering operations under the federal-provincial hospital insurance program (pp. 288-291). Much statistical information is also available from provincial and other health sources.

Statistics on causes of death are given in the Chapter on Vital Statistics, pp. 262-265; those on hospital statistics in Subsection 1 following; and those on notifiable diseases in Subsection 2.