

and the voluntary Canadian Cancer Society branches. Although the provisions are not uniform, cancer programs in all provinces provide a range of free diagnostic and treatment services to both out-patients and in-patients financed by the hospital insurance programs or the federal-provincial cancer control grants (the federal Cancer Control Grant lapsed in 1971-72). Hospital insurance benefits for cancer patients include diagnostic radiology, laboratory tests and radiotherapy. The cancer control programs in Saskatchewan and New Brunswick also pay for medical and surgical services; in most provinces these costs are covered under the public medical care insurance schemes.

6.2.3.3 Venereal diseases

Public health authorities estimate that the real incidence of venereal diseases may be three to four times the number of cases actually reported. The 1971 figure of 2,489 cases of syphilis or 11.5 per 100,000 population was slightly lower than for 1970. In contrast, the total figure for gonorrhoea cases in 1971 was 34,405 or 158.7 per 100,000, a marked increase over the 147.6 rate for 1970, the highest since 1947. In 1971, one fifth of all gonorrhoea cases were reported for the 15- to 19-year age group while 36.9% were aged 20-24 years. Factors affecting this rise in gonorrhoea incidence are increasing sexual permissiveness combined with reliance on contraceptive methods that do not prevent the spread of infection.

The real impediments to control of venereal diseases are negative attitudes and behaviour patterns, sometimes the result of ignorance, that permit cases to go undiagnosed or untreated and contacts unlocated. Provincial health departments have expanded public VD clinics, which provide free diagnostic and treatment services at convenient hours. In some areas these departments pay private physicians to give free treatment to indigents. In addition, the provinces supply free drugs to physicians for treating private cases. Local departments of health or district health units carry out case-finding, follow-up of contacts, and health education programs, assisted by provincial directors of venereal disease control.

6.2.3.4 Alcoholism

In all provinces, health departments or other official agencies administer programs for the prevention and control of alcoholism, including public education and related studies. Conservative estimates place the number of Canadians currently requiring these services at 270,000, if a clinical definition of alcoholism is used. Available treatment services are mainly for out-patients but, with the increasing awareness of need, most provinces have expanded facilities for in-patient services. Other facilities operated by official and voluntary agencies include hostels and special farms or prison centres for chronic offenders with drinking problems. In several provinces, alcoholics are treated in detoxication units or wards rather than in jails. Provincial alcoholism agencies in Ontario, Quebec and Saskatchewan have broadened their programs to include other addictions, while British Columbia supports a separate narcotic addiction foundation. Because addictions are widely prevalent, street clinics, hospitals, mental health services and other public and voluntary health and social agencies are also involved in their diagnosis and treatment.

6.2.3.5 Other diseases or disabilities

Many services for persons with chronic disabilities, such as heart disease, arthritis, diabetes, visual and auditory impairments, and for paraplegics, have been initiated by voluntary agencies assisted by federal and provincial funds. Today, treatment for specific conditions is available at hospital out-patient clinics and in-patient or day centres, at separate clinics and rehabilitation centres, and under home care programs.

Medical rehabilitation services, which offer physical medicine, physiotherapy, occupational therapy, speech therapy and social services, carry out assessment and remedial treatment and training. Some facilities, especially rehabilitation centres, also provide vocational rehabilitation and special education services. Mainly established in teaching hospitals located in the larger urban centres, these services financed under the provincial hospital insurance programs at the end of 1970 numbered 36 hospital rehabilitation units, 15 separate in-patient rehabilitation centres (with a total of 945 beds) and five out-patient rehabilitation centres. In addition, there were two private hospitals for crippled children, about 20 out-patient rehabilitation centres for children supported by voluntary and provincial funds and five rehabilitation centres for injured workmen.

Most large general hospitals conduct out-patient clinics for various diseases and disabilities including arthritis and rheumatism, diabetes, glaucoma, speech and hearing defects, heart diseases, and orthopedic and neurological conditions.