

BCG vaccine, estimated to be effective for 80% of those vaccinated, is used in most provinces to protect high-risk groups. Quebec and Newfoundland routinely immunize children and in the Yukon Territory, BCG is routinely administered to all newborn. Treatment, including hospital care, drugs and rehabilitation services, is free in all provinces. Chemotherapy has shortened hospital stay and facilitated out-patient or domiciliary care.

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 1972 figure of 3,064 cases of syphilis or 14.0 per 100,000 population was substantially above the 1971 figure of 2,489, which was 11.5 per 100,000 population. The total figure for gonorrhoea cases in 1972 was 41,467 or 189.9 per 100,000, a marked increase over the 158.9 rate for 1971, the highest since 1947. In 1972, one fifth of all gonorrhoea cases were reported for the 15- to 19-year age group while 35.9% 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.

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.

Special schools or classes for various groups of handicapped children are, typically, operated by school boards whereas most of the schools for the deaf and for the blind are residential schools operated by provincial governments.

5.2.5 Public health

Provincial and local structure. Provincial health departments, in co-operation with the regional and local health authorities, administer such services as environmental sanitation, communicable-disease control, maternal and child health, school health, nutrition, dental health, occupational health, public-health laboratories and vital statistics. Most provinces have delegated certain health responsibilities to health units in rural regions and to municipal health departments in urban centres. Several provinces also provide services directly to their thinly populated northern parts. Certain regulatory and preventive services, including case-findings, screening, diagnosis and referral, health education, personal health care, and supervision in certain areas of treatment services conducted through clinics and home visits, have continued to be the responsibility of local health authorities.

As metropolitan areas have mushroomed and population densities increased, effective administration has required a broader geographical base. Some smaller local health services are