attention to high-risk groups, routine hospital admission X-rays and follow-up of arrested cases. However, practising physicians detect the greatest number of new cases.

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 1973 figure of 3,766 cases of syphilis or 17.0 per 100,000 population was substantially above the 1972 figure of 3,064, which was 14.0 per 100,000 population. The total figure for gonorrhea cases in 1973 was 45,329 or 205.2 per 100,000, a marked increase over the 189.9 rate for 1972. Factors affecting this rise in incidence can be attributed to a supposed increase in sexual permissiveness, promiscuity and homosexuality, availability of the contraceptive pill, increased population mobility, change in social values, lack of case-reporting, and ignorance about venereal disease.

Provincial health departments have expanded public venereal disease 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.

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.

Rehabilitation and home care. Rehabilitation services are provided by a wide range of public and voluntary agencies. Federal responsibility includes care of disabled veterans and handicapped native peoples. The Prosthetic Services Directorate of the Department of National Health and Welfare manufactures a number of prosthetic and orthotic appliances and provides fitting services in some larger cities. Physical medicine and rehabilitation services are based in several types of institution, including hospitals, separate in-patient facilities, workmen's compensation board centres, and out-patient centres for children. Financing is from various federal, provincial, and voluntary agency sources. Every province includes some institution-based services under hospital and medical care insurance. Two provinces have recently extended this coverage to include the supply and fitting of certain prosthetic and orthotic devices. Vocational rehabilitation for the disabled is also a joint federal-provincial activity.

Home care in Canada has developed in a variety of ways. Provincial home care programs characterize the numerous approaches and organizational structures that exist in Canada today. Some programs are oriented to specific disease categories; some are attached to specific hospitals or community centres, while others are seen as integral parts of comprehensive health-care-delivery-systems. The range of services delivered by the home care programs varies from nursing services alone to a complete array of health and social services. Some programs concentrate on patients requiring short-term active treatment, while others treat convalescent or chronic patients. Some have as specific objectives the reduction of institutional costs and length of stay, and others aim for continuity of care and provision of co-ordinated health care services to patients for whom home care is the most appropriate level of care.

Most home care programs are characterized by two features: centralization of control of the services within the program, and co-ordination of services to meet the changing needs of the patient. In some provinces, the departments of health play an active role in the financing and administration of home care programs, while in other provinces, local agencies, municipalities, and hospitals assume major responsibility for home care.