100,000 population in 1973 to 150.4 in 1974. That for females rose from 132.8 in 1973 to 134.4 in 1974, and for males decreased from 166.5 in 1973 to 166.3 in 1974.

Statistics Canada started a national cancer incidence reporting system on January 1, 1969 in cooperation with the National Cancer Institute and the nine existing provincial tumour registries; a registry has not yet been organized in Ontario. Participating provinces send a simple notification card with basic patient and diagnostic information for each new primary site of malignant neoplasm discovered. Data for 1973 are given in Tables 5.14 and 5.15.

Special provincial agencies for cancer control, usually in the health department or a separate cancer institute, carry out cancer detection and treatment, public education, professional training, and research in cooperation with local public health services, physicians 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. 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.

Tuberculosis and respiratory diseases. Tuberculosis statistics reported by Statistics Canada for 1974 show reductions, in most cases, from the 1973 figures; new active cases totalled 3,354, or 14.9 per 100,000 population, and reactivated cases numbered 416, or 1.9 per 100,000. There were 330 deaths from tuberculosis or 1.5 per 100,000, compared with 408 deaths in 1973. Altogether, Canadians reported to be under treatment for tuberculosis in 1974 numbered 7,380 while an additional 13,910 susceptible persons received prophylactic drugs as a preventive measure. (Table 5.16)

Provincial health departments, assisted by voluntary agencies, conduct anti-tuberculosis case-finding programs through community tuberculin-testing and X-ray surveys with special 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 1974 figure of 3,782 cases of syphilis or 16.8 per 100,000 population was almost unchanged from the 1973 figure of 3,766, which was 17.0 per 100,000 population. The total figure for gonorrhea cases in 1974 was 47,680 or 212.4 per 100,000, a marked increase over the 205.2 rate for 1973. 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.