

**Therapeutic abortions.** The 10 provinces and the two territories reported 48,198 therapeutic abortions performed during the 12-month period January to December 1974. This was 4,953 cases more than the 43,245 therapeutic abortions reported during the same 12-month period of 1973. Of these 48,198 cases, 48,136 cases (99.9%) were residents of Canada. In terms of rate per 100 live births, the 48,136 therapeutic abortions for Canadian residents amounted to 13.9% of live births for 1974 as against the therapeutic abortion rate of 12.6 per live births for 1973. (Table 5.17)

During 1975, for the first time during the period 1970-75, there was a decrease in the abortion rate. According to data published in December 1976 in the Statistics Canada publication *Therapeutic abortions, Canada, 1975 — advance information* (Catalogue No. 82-211) the 10 provinces and two territories reported that the hospitals under their jurisdictions performed 49,390 therapeutic abortions during the 12-month period January to December 1975. Canadian residents accounted for 49,311 or 99.8% of the total abortions performed. Although this was an increase of 1,175 over the previous year, the increase in the number of live births meant that the abortion rate declined from 13.9% in 1974 to 13.6% in 1975.

**Notifiable diseases.** The notifiable diseases most predominant in 1974 were venereal diseases (51,479), streptococcal sore throat and scarlet fever (20,274), infectious and serum hepatitis (5,746), and tuberculosis (3,354). Table 5.24 shows the number of notifiable diseases by province in that year.

**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 orthopaedic 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 coordinated health care services to patients for whom home care is the most appropriate level of care.