

care schemes of varying coverage for welfare recipients. Other dental health programs are directed to the training of dentists, dental hygienists, dental nurses, dental therapists and dental assistants, the conducting of dental surveys, and extension of water fluoridation.

Communicable disease control. The larger provincial health departments have separate divisions of communicable disease control headed by full-time epidemiologists; in others this function is combined with one or more community health services. Local health authorities organize public clinics for immunization against diphtheria, tetanus, poliomyelitis, whooping cough, smallpox and measles. They also engage in case-finding and diagnostic services in cooperation with public health laboratories and private physicians. Special services for tuberculosis and venereal disease have already been described.

Public health laboratories. All provinces maintain a central public health laboratory and most have branch laboratories to assist local health agencies and the medical profession in the protection of community health and the control of infectious diseases. Public health bacteriology (testing of milk, water and food), diagnostic bacteriology, and pathology are the principal functions of the laboratory service, with medical testing for physicians and hospitals steadily increasing.

Emergency health services

5.2.8

The Emergency Health Services Division, established in 1959 within the federal Department of National Health and Welfare, encourages the provinces, with the support of an advisory committee, to develop their own emergency health services divisions. These are organized under a provincial director who is generally assisted by a health supplies officer and a nursing consultant. Federal Emergency Health Services are represented in the provinces by the Regional Director of the Medical Services Branch.

Provincial emergency health services ensure that vital health functions are maintained during or reorganized after an emergency or disaster. They assist local planners in establishing emergency medical units, train health professionals and the general public in emergency health procedures, and place emergency medical units from the national stockpile at strategic locations.

Health personnel

5.3

As of December 31, 1974 there were 37,297 active civilian physicians in Canada including interns and residents (Table 5.1). Well over one third, 14,125, were located in Ontario. Ontario and Quebec had the most favourable population-to-physician ratios at 578 and 581, respectively, compared with the national 608.

Province-to-province comparisons of ratios that include all physicians are to some extent distorted because of the differing proportions of interns and residents to other physicians in each province. If the intern-resident category is excluded, the most favourable ratio, 646, was in British Columbia, compared with the national figure of 728. Ontario, at 685, was the only other province with a population-to-physician ratio below the national average.

Table 5.1 also shows trends since 1965 in numbers and ratios for all active civilian physicians combined and for physicians excluding interns and residents. In each case the figures include physicians engaged in such activities as administration, teaching and research within the medical field, as well as those in the clinical practice of medicine.

Nurses. The nursing group makes up the largest single component of health manpower occupations, approximately 45% of the total. Other professions within this group include psychiatric nurses, nursing assistants and orderlies.

Registered nurses. Data on registered nurses are collected annually from the registrar of the provincial licensing/registration authority. The figures for registered nurses for 1974 appear in Table 5.20.