

December 1976. This represents 5,167 more than for 1975. There were 14.9 therapeutic abortions per 100 live births in 1976 compared to 13.8 in 1975. Data are in Table 5.7.

5.1.5 Specific diseases or disabilities

Besides general mortality and hospital morbidity data, Statistics Canada maintains registries and does special analyses that relate to particular disease conditions, their treatment and mortality resulting from them. Some of these information systems are developed in co-operation with voluntary agencies. Other data are derived from notifications which physicians are required by law to make to public health authorities. Although not all serious conditions are covered, these records are a valuable source of health status information.

Heart disease. The death toll from heart disease in Canada in 1975 was 56,970, or 250 deaths for each 100,000 persons. The male rate was higher than the female, 298 against 202. Among men aged 45 to 64, heart disease accounted for nearly 40% of all deaths, and the single diagnostic class ischemic heart disease killed 9,293 of the 25,367 men in this group. In 1975 heart disease required 3,840,000 days of care in general and allied special hospitals.

The Canadian Heart Foundation, inaugurated in 1955, had by mid-1977 devoted \$57.1 million to cardiovascular research in Canada's universities and hospitals; its 1977-78 budget alone provided \$8.7 million. The Medical Research Council spent \$5.8 million on cardiovascular research in 1977-78.

Cancer. As the second leading cause of death in Canada, cancer accounts for about one of every five deaths, most of them occurring in the middle and later years of life. The death rate from cancer dropped slightly, from 150.4 per 100,000 population in 1974 to 149.2 in 1975. The rate for females decreased from 134.4 in 1974 to 131.1 in 1975, and for males increased from 166.3 in 1974 to 167.4 in 1975.

Statistics Canada started a national cancer incidence reporting system in January 1969 in co-operation with the National Cancer Institute and the nine existing provincial tumor registries; a centralized 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 1974 and 1975 are given in Tables 5.5 and 5.6.

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 co-operation with local public health services physicians and the voluntary Canadian Cancer Society branches. Provincial cancer programs operate both under the terms of provincial health insurance plans and through special supplementary services for cancer patients.

Renal failure. A Canadian renal failure register operated by Statistics Canada was started by and operates in co-operation with the Kidney Foundation of Canada. Its purpose is to register and follow all patients depending on artificial kidney treatment (chronic peritoneal or hemodialysis) or receiving kidney transplants since January 1973 in Canada. Table 5.8 reports the status of renal failure patients in Canada for 1974 and 1975. During 1974, 55 dialysis units reported on 1,776 patients; three other units have not submitted 1974 follow-up data; new chronic dialysis patients registered totalled 534. During 1975, 59 hospitals reported on 2,310 patients; new dialysis/transplant patients registered totalled 690.

Notifiable diseases. The number and rates per 100,000 population of notifiable diseases by province in 1975 and 1976 are shown in Table 5.24. Most predominant of these in 1976 were venereal diseases (56,344) and streptococcal sore throat and scarlet fever (18,512). There were 9,158 reported cases of measles and 4,167 of rubella or German measles. Reported rates for other diseases, although lower, are significant in terms of public health.

Of particular interest are venereal diseases, because public health authorities estimate that their real incidence may be three to four times the number of cases