branch is responsible for a comprehensive occupational health program for federal employees in Canada and abroad. This includes health counselling, surveillance of the occupational and working environment, pre-employment, periodic and special examinations, first aid and emergency treatment, advisory services and special health programs. Increased attention is given to pre-retirement and stress.

The department advises the ministry of transport on health and safety in Canadian civil aviation. Regional and headquarters aviation medical officers review medical examinations, participate in aviation safety programs, and assist in air accident investigations. There is close liaison with authorities in foreign aviation medicine, with standards usually based on international agreements.

For a number of years, the national health and welfare department assisted in prosthetic and corrective rehabilitation under agreements with most provinces and with the veterans affairs department, and provided a national focal point for related expertise. This activity is being transferred to provincial control.

Medical services physicians provide an assessment and advisory service to the employment and immigration commission on claims for benefits under the sickness and maternity benefit plan. The Canada Pension Plan maintains its own disability assessment service.

Emergency welfare services is responsible for a national capability, embracing government and welfare related non-government agencies, of essential welfare services in any type of emergency in Canada.

In an effort to improve communication through new technology, the branch has participated in telemedicine experiments, with Moose Factory and Kashechewan, Ont. receiving direct consultation on medical and surgical matters through television.

The magnitude of health problems posed by environmental pollution has resulted in a number of activities. The environmental contaminants program is studying effects of mercury pollution from coast to coast. Other environmental contaminants such as cadmium, arsenic and mirex are of growing concern.

Statistics on hospitals and medical care 5.4

Hospital statistics 5.4.1

Canadian hospitals can be categorized according to type of ownership: public, proprietary or federal; and type of service: general, allied special [extended care (chronic), rehabilitation (convalescent), maternity, communicable diseases, pediatric, orthopedic, neurological, cancer, nursing stations, outpost hospitals], mental or tuberculosis. General hospitals, which account for the largest proportion of beds, are divided into teaching (full and partial teaching) and non-teaching, which are further subdivided into varying bed-size groups based on rated bed capacity.

Hospital statistics compiled by the health division of Statistics Canada offer much detail about specific illnesses and disabilities and patterns of treatment. Some provinces also keep detailed records of diagnoses of patients' conditions derived from physicians' medical care insurance claim forms. It is not possible, however, to aggregate this diagnostic information on a national level.

Although hospital morbidity data remain the most comprehensive source of information on patterns of illness and disability, there are no data on illnesses which are self-treated or improved before admission to hospital.

Some of these gaps in information will be filled by data from the 1978-79 Canada health survey, based on both self-reported conditions and some physical measurements performed by nurses. However, despite their limitations, in-patient hospital data will continue to be a useful source of information on illness in Canada.

Table 5.1 data on in-patient separations (deaths and discharges) from hospitals, show how patterns of hospital use differ by diagnostic categories. For example, complications of pregnancy resulted in the highest number of separations with 2,186 per 100,000 persons in 1976 but the average length of stay was only five days. On the other hand, diseases of the circulatory system, with only 1,654 separations per 100,000 persons, resulted in an average of 23 days.