

rehabilitation and research. Among these agencies are Alcoholics Anonymous, the Alcoholism and Drug Addiction Research Foundation of Ontario, the Alcoholism Foundation of British Columbia, the Alcoholism Foundation of Manitoba and the Nova Scotia Alcoholism Research Foundation. Institutional treatment of narcotic addicts has not prevented relapses upon return to the community; it is speculated that proneness to addiction is the result of multiple adverse psychological, environmental and perhaps physiological factors. Community treatment programs have been established under the aegis of the Narcotic Addiction Foundation of British Columbia and the Ontario Alcoholism and Drug Addiction Research Foundation, supported primarily by provincial funds.

Facilities for mentally retarded persons include day training schools or classes, summer camps and sheltered workshops as well as residential care in institutions. With the realization that many retardates can be taught, these facilities provide for social, academic and vocational training; some are able to profit from academic education, some can master only self care. Many are taught manual skills in the training-school workshops and some are placed in jobs in the community.

Emotionally disturbed children presenting personality or behaviour disorders are treated at hospital units, community clinics, child guidance clinics and other out-patient facilities.

5.2.4 Specific diseases or disabilities

Heart disease. The death toll from heart disease in Canada in 1972 was 56,228, amounting to 258 deaths for each 10,000 persons. The male rate was higher than the female (310 against 205). Among men aged 45 to 64 years heart disease accounted for 41% of all deaths, and the single diagnostic class Ischemic Heart Disease (in which the heart muscle has its own blood supply restricted) killed 9,355 of the 24,452 men in this age group who died in 1972. In 1971, heart disease (including all hypertensive disease) required 4.2 million days of hospital care in general and allied special hospitals.

The Canadian Heart Foundation, inaugurated in 1956, had by early 1973 devoted \$30.5 million to cardiovascular research in the universities and hospitals of Canada; its 1972-73 budget alone provided \$4.1 million. The Medical Research Council expended \$3 million on cardiovascular research in 1972-73.

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 standardized death rate from cancer declined slightly, from 137.5 per 100,000 population in 1970 to 136.2 in 1971, and that for females alone fell from 114.2 in 1970 to 111.5 in 1971. The standardized rate for males was virtually unchanged at 160.2 in 1970 and 160.3 in 1971. Statistics on the incidence of new cancer cases will be found in Table 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 co-operation 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 1972 show little or no change from the 1971 figures: new active cases totalled 3,909, or 17.9 per 100,000 population, and reactivated cases numbered 570 or 2.6 per 100,000. There were 453 deaths from tuberculosis or 2.1 per 100,000, compared with 447 deaths in 1971. Altogether, Canadians reported to be under treatment for tuberculosis in 1972 numbered 9,019 while an additional 12,865 susceptible persons received prophylactic drugs as a preventive measure. Further details on the incidence of tuberculosis will be found in Section 5.4.4 and 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.