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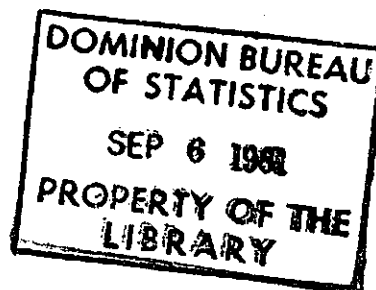


INJURIES

FREQUENCY - SEVERITY - HEALTH CARE NATIONAL ESTIMATES

CANADIAN SICKNESS SURVEY

1950-51



DOMINION BUREAU OF STATISTICS

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FREQUENCY - SEVERITY - HEALTH CARE
CANADIAN SICKNESS SURVEY
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PREFACE

The *Canadian Sickness Survey*, the first nationwide study of illness in the general population of Canada, was carried out during a twelve-month period commencing in the autumn of 1950.

The survey was initiated by the Department of National Health and Welfare and carried out by the ten provincial health departments with federal funds made available to the provinces through the National Health Program.

The planning and organization of the survey was a joint undertaking of the Dominion Bureau of Statistics and the Department of National Health and Welfare in consultation with the provinces. Every provincial health department cooperated fully in gathering the extensive body of information which makes these publications possible.

The main findings of the survey were published in "*Illness and Health Care in Canada*," a comprehensive report on the survey, and in the eleven bulletins constituting D.B.S. Reference Paper No. 51. The present report contains details of previously published data that were not considered of sufficient general importance to be included in the comprehensive report, but which are of considerable interest to particular users.

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INTRODUCTION

The Canadian Sickness Survey 1950-51

The object of the *Canadian Sickness Survey* was to obtain estimates of the incidence and prevalence of illness and injuries of all kinds; the amount of medical, nursing and other health care received; the volume of family expenditures for the various types of health services; and the prevalence of permanent physical disabilities.

The survey method consisted of personal visits by trained lay enumerators—in British Columbia the enumerators were public health nurses—to a sample of approximately 10,000 households distributed throughout the ten provinces in metropolitan, small urban, and rural areas.¹ Less than five per cent of these households refused to participate in the survey. Of the remaining households over 80 per cent of the individuals involved remained in the sample throughout the survey period. All information, including particulars of income, housing, and environment, was obtained by direct interview of a household informant, usually the housewife. While the starting date for the survey varied somewhat in different provinces, in most cases a total of 14 monthly visits were made to each household in the sample. In the first visit the enumerator introduced the survey and left a special calendar designed to help the informant keep a detailed day-to-day record of current sickness and of expenditures on health care and services for each member of the household. During each of the succeeding twelve months the enumerator interviewed the informant and recorded the sickness experienced by each person since the previous visit. The final visit was made to review the information recorded throughout the whole survey period. Uniformity of practice in the ten provinces was maintained by frequent consultation among the agencies involved, by uniform instructions to the enumerators, and by the use of three standard record forms—a Household Record, an Individual Sickness Record, and an Expenditures Form. Auxiliary schedules, also standardized, were used to record permanent physical disabilities and also health services which were desired but not obtained.

The sample was designed to obtain estimates within a sampling error of 20 per cent with a 95 per cent confidence limit. In other words the size of the sample was calculated in such a way that the results would be within the margin of error 95 times out of 100. Indications are that for almost all of the estimates the error is substantially smaller. Area sampling was used for the survey. As a first stage the following six domains (regions) of study were established consisting of four single provinces and two groups of three provinces each:

1. Newfoundland.
2. Maritimes (Prince Edward Island, Nova Scotia, and New Brunswick).
3. Quebec.
4. Ontario.
5. Prairies (Manitoba, Saskatchewan, and Alberta).
6. British Columbia.

Within each domain three types of area were considered—metropolitan, urban, and rural. Within these areas multi-stage sampling was adopted. In metropolitan centres, all of which were included in the sample, and in some of the sampled urban areas, the first stage of sampling was the block, the second stage being the household. In other urban areas systematic sampling from a list of households was used. Rural areas were divided into primary sampling units and grouped into strata. Within each stratum one primary sampling unit was selected and multi-stage sampling applied. The first stage was the selection of clusters or segments within the primary sampling unit while the second stage was the selection of households within the chosen clusters.

In designing the sample extensive use was made of population, social, and economic data obtained from 1941 census material. The results of the 1951 Census, which was taken at about mid-point of the survey period, provided the necessary distributions concerning persons and families for the calculation of weights used to inflate figures to national and provincial totals. The basic survey units for data on illness were individual persons, while the units for expenditures on health services included families, as defined in the census, together with certain single persons living alone or with other families as roomers or relatives.

Scope of Present Bulletin

This is the twelfth bulletin in the series of preliminary publications of the *Canadian Sickness Survey*. It deals with the following aspects of injuries: (1) Incidence of injuries, (2) Severity of injuries, (3) Volume of health care received for injuries. Of the previous eleven bulletins four dealt with family expenditures for health services, two with volume of health care, one with permanent physical disabilities, and four with volume of ill health. In these bulletins injuries formed an integral part of the statistics under study. However, some separate estimates of injuries did appear in three previous bulletins. In bulletin No. 6 "impairments due to accidents" were listed as one of the sub-groups of permanent physical disabilities. Bulletins No. 10 and No. 11 gave a breakdown of injuries by the nature of injury, and by the age and sex of the injured persons.

This bulletin provides additional information on sickness and health care for injuries, but it does not consider the permanent physical disabilities. Whenever possible, sickness and health

¹ Residents of institutions, military establishments, Indian reservations, and remote areas were not included in the sampled population. The sampled population totalled 13,538,000 persons.

care for injuries have been compared with total sickness and total health care.

The following breakdowns have been presented in this report:

1. Age and sex
2. External cause of injury
3. Nature of injury
4. Place of occurrence

A number of tables on incidence and severity contain separate sets of figures for all injuries and for disabling injuries. In the field of health care reliable estimates could be prepared for physicians' services and in-patient hospital care only.

As a large number of injuries occurred at home, Section II of this report deals exclusively with the incidence and severity of home injuries.

DEFINITIONS AND CONCEPTS

Incidence of Injuries

The concept of illness in the *Canadian Sickness Survey* specifically included "injuries and confinements as well as diagnoses of disease and undiagnosed symptoms". Each of these conditions was covered by the definition of illness, viz. "a disturbance in the state of health of an individual reported by the informant in the form of a diagnosis, a group of related symptoms, or a single symptom".² Each illness was coded according to the *International Statistical Classification of Diseases, Injuries, and Causes of Death*.³

The injuries described in this report are found in Section XVII of the *International Classification*. However, it should be noted that the *Canadian Sickness Survey* does not contain information on those injuries which were not considered worth reporting by the informants.

Tables 1-5, 19-21 of this bulletin deal with the incidence of injuries. Incidence of injuries is measured in the same way as the incidence of illness in the previous bulletins. The incidence of injuries measures the number of injuries reported during the survey year. It also measures the number of persons who reported one or more injuries during the survey year. It follows that the number of persons reporting injuries will be equal to or less than the number of injuries reported.

Severity of Injuries

The severity of injuries is shown in Tables 6-10, 22. It is measured by the number of days during which a person experienced a disturbance in his normal state of health because of an injury. More severe injuries will usually result in longer periods of ill-health.

This quantitative measure was combined with a qualitative one when disabling injuries were treated separately. Disabling and non-disabling injuries divide the total of injuries in two distinct categories. An injury, in order to be reported and recorded as such, has to be characterized by some kind of complaint. Complaints may or may not cause a discontinuance of normal activities, but

are always sufficiently pronounced to be recognized as deviations from the informant's concept of his "normal good health". A non-disabling injury is an injury which resulted in a complaint, but did not cause a discontinuance of normal activity. A disabling injury is defined as an injury which prevented a person from performing his usual activities. For persons who had regular employment outside the home, the discontinuance of usual activities was marked by absence from work. For housewives, disability implied inability to perform usual housekeeping duties. For children, absence from school or play was the usual indication of disability. For older retired persons disability could mean being unable to care for the garden or go for the usual daily walk.

This report does not show the non-disabling injuries separately; but the number of non-disabling injuries can be easily obtained by subtracting disabling injuries from all injuries. The number of days without disability can also be obtained by a similar process. Complaint days in this bulletin include both days with and days without disability.

Usually, severity of injuries can also be assessed by counting the injuries which necessitated physicians' services and hospitalization, or by counting the number of physicians' services and the days of in-patient hospital care. The number of days spent in hospital will, of course, be equal to, or less than, the days of disability. Since physicians' services and hospitalization measure primarily the volume of health care, they were presented separately in this bulletin.

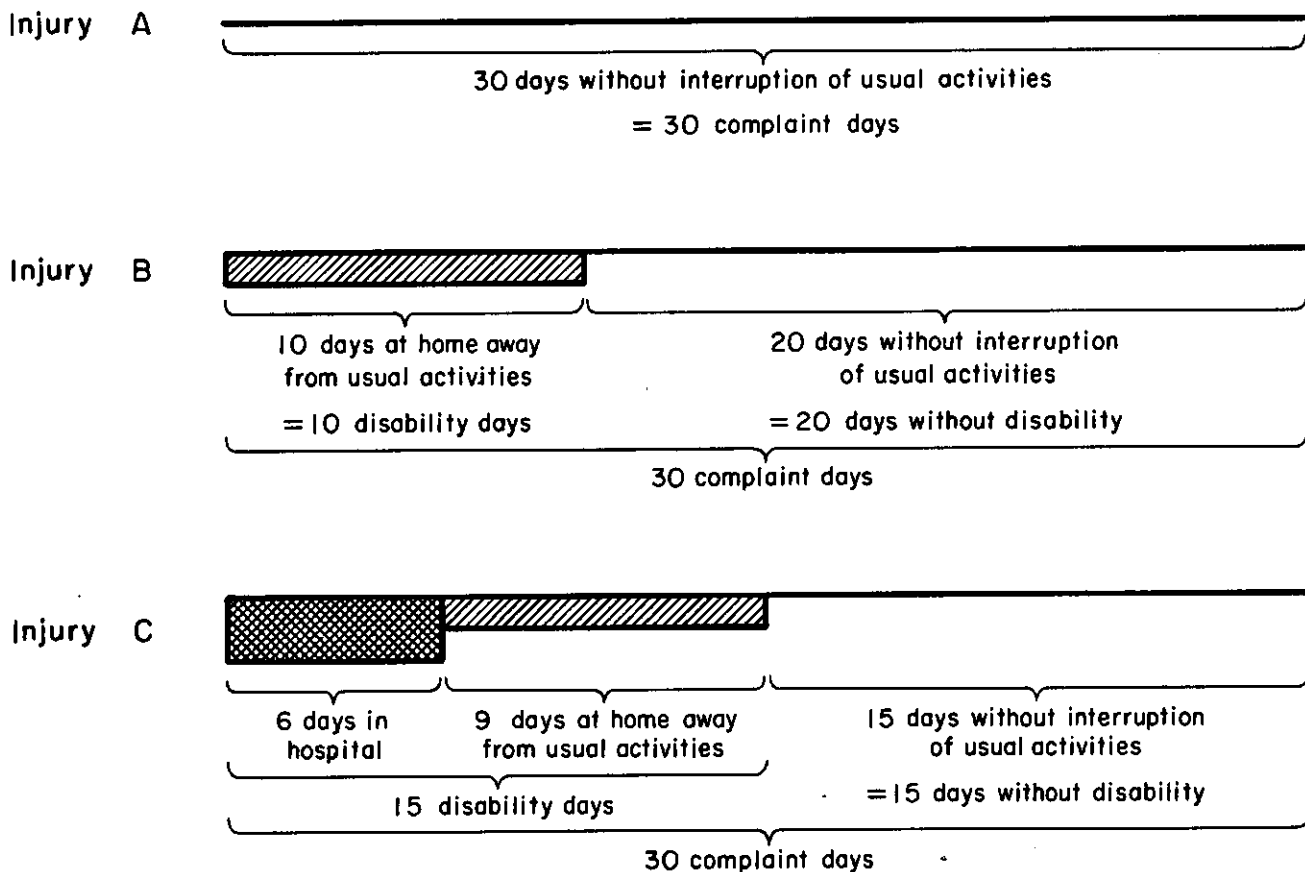
The small number of observations in the sample was responsible for the absence of separate estimates for fatal injuries. Nevertheless, they are included in the category of disabling injuries. The days of disability, and the days of in-patient hospital care for fatal injuries have or have not been included, according to the nature of the fatal injury (instant or delayed death).

Tables 10 and 22 show the frequency distribution of injuries by the number of complaint or disability days for each injury. In Table 10 all injuries are classified into six groups, and in Table 22 home injuries are classified into four groups.

² *Canadian Sickness Survey*, No. 7, p. 6

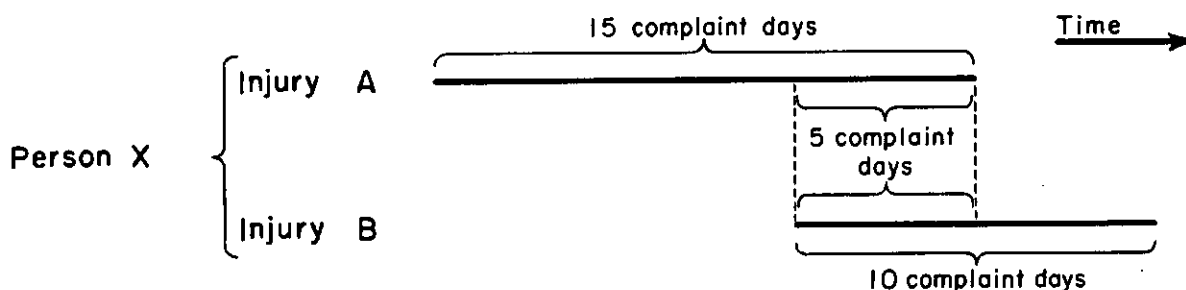
³ World Health Organization, *Manual of the International Classification of Diseases, Injuries, and Causes of Death*, Geneva, 1948.

Complaint days, disability days and days in hospital



The count of days in this report relates to injuries rather than persons. No attempt has been

made to obtain an unduplicated count of days for each person. In the following illustration:



person X reported 15 complaint days for injury A, and 10 complaint days for injury B. The last 5 days of the first injury overlapped the first 5 days of the second injury. An unduplicated count of days

for this person will be equal to 20 days. The duplicated count of days for both injuries, as shown in this bulletin, will be equal to 25 days.

Health Care for Injuries

The third part of Section I of this report is concerned with the health care for injuries (Tables 11-18). The data on health care help to measure the demand for health services and provide one of the measures for assessing the severity of injury. It was possible to present data on two main types of health care: physicians' services and hospitalization.

Physicians' Services

Physicians' services cover the care given by qualified medical doctors. For the purpose of this survey they were divided into office calls, home calls, and clinic visits. An office call consisted of a visit by a patient to the office of his physician for treatment, examination, or prescription. A home call consisted of a visit by a physician to the home of a patient for treatment, examination, or prescription. Home calls included emergency services rendered by physicians at the place of occurrence of an injury. A clinic visit was a visit by a patient for treatment, examination, or prescription to an out-patient hospital clinic, dispensary, or other special diagnostic or treatment centre where the services of qualified medical doctors were regularly available, even though in some instances patients visiting the clinic were attended by a nurse rather than by a physician. Visits to medical group-practice clinics were counted as ordinary visits to a doctor's office. Visits by physicians to their patients in hospital were not counted. When more than one doctor was called in consultation at the same time and for the same patient, a separate call or visit was counted for each physician.

In-Patient Hospital Care

In-patient hospital care is measured by the total number of days spent in hospital. Every person, who was admitted as a patient to a hospital, for one day or longer, was considered to have received in-patient hospital care. A person who visited a hospital for medical treatment, examination, or prescription but did not occupy a hospital bed overnight, was credited with a clinic visit instead. Hospitals were considered to consist of all those public and private institutions which were listed as hospitals by provincial hospital inspection authorities. These excluded most places known as rest homes or homes for the aged.

Classification of Injuries

Definition of Injuries

Injuries were classified according to Section XVII of the *Manual of the International Statistical Classification*, which bears the heading "Accidents, poisonings, and violence". The term accident refers to those accidents which resulted in injuries. Most of the injuries reported during the survey year were of an accidental nature, but non-accidental injuries (e.g. suicides) were also counted. Injuries may be further distinguished from accidents by the fact that some accidents cause damage to property,

but do not injure a person. Such accidents were, of course, beyond the scope of the *Canadian Sickness Survey*.

The *Manual of the International Statistical Classification* classifies the injuries in two ways:

1. By external cause of injury
2. By nature of injury

These classifications are independent, and can be used separately or in conjunction with one another. They have been mostly applied separately in the tables of the present report, as the sampling limitations did not leave much scope for cross-classification.

External Cause of Injuries

The classification of injuries by external cause (E-code) aims at describing the circumstances of an injury. In other words it tells **how** an injury occurred.

The classification of injuries by external cause consists of codes E800 to E999. This group is divided into three main sub-groups:

1. Transport accidents (E800-E866)
2. Non-transport accidents (E870-E936), and
3. Heterogeneous group (E940-E999) consisting of complications due to medical and surgical procedures (E940-E959), late effects of injuries and poisonings (E960-E965), suicides and self-inflicted injuries (E970-E979), homicides and injuries purposely inflicted by other person (E980-E985), and injuries resulting from operations of war (E990-E999).

In this report the last sub-group is treated with non-transport injuries as the number of observations in the sample for this sub-group was very small. With the exception of complications due to medical and surgical procedures, the heterogeneous injuries are included in the residual group of non-transport accidents.

Transport Accidents.—A transport accident is "any accident involving a device designed primarily for, or being used at the time primarily for, conveying persons or goods from one place to another, but not including accidents involving vehicles which are part of an industrial equipment used entirely on industrial premises".⁴ Transport accidents cover railway accidents, motor vehicle accidents, other road vehicle accidents, water transport accidents, and aircraft accidents. Only the motor vehicle accidents (E810-E835) had a large enough frequency in the sample to allow for a separate treatment.

Motor Vehicle Accidents.—The concept of motor vehicle accidents as used in this report comprises both traffic and non-traffic accidents. They

⁴ *Manual of the Statistical Classification of Diseases, Injuries, and Causes of Death*, Vol. I, p. 231

are defined as "any accident (except collision with aircraft) involving a motor vehicle, or happening to a person while entering or leaving a motor vehicle".⁵ A motor vehicle is "any mechanically or electrically powered device, not operated on soil, upon which or by which any person or property may be transported or drawn upon a land highway".⁶

Non-Transport Accidents.—All those accidents which were not covered by the category of transport accidents, were classified as non-transport accidents (E870-E999) in this report. Non-transport accidents were further divided into the following sub-groups:

Falls (E900-E904), which were broken down into falls from one level to another (E900-E902), falls on same level (E903), and unspecified falls (E904).

Blows from falling objects (E910)

Injuries caused by **machinery** (E912)

Injuries caused by **cutting and piercing instruments** (E913)

Injuries caused by **fire, combustion, hot and corrosive substance** (E916-E917)

Injuries caused by **foreign bodies entering through orifice** (E920-E923)

Injuries caused by **animals** (E927-E928)

Physical damages due to **medical and surgical procedures** (E940-E959)

The residual group of **other non-transport and unspecified accidents** consists of the remaining codes.

Place of Occurrence

All non-transport accidents as defined in this bulletin have been provided with a fourth digit added to the usual three digit code in order to specify the place where an accident occurred. The *International Classification* suggests the use of nine different digits corresponding to nine different places of occurrence. The small number of observations in the sample prevented the preparation of separate estimates for all of them. Several places were grouped together, yielding the following breakdown:

Home (E000.0)

Farms (E000.1)

Mines, quarries; industrial places and premises (E000.2; E000.3)

Places for recreation and sport (E000.4)

Streets and highways (E000.5)

Public buildings; resident institutions (E000.6; E000.7)

Other specified places; non-specified places (E000.8; E000.9)

Classification by place of occurrence does not necessarily represent occupational classification as the *Canadian Sickness Survey* did not aim at finding the number of occupational injuries suffered by gainfully employed persons while at work.

A **home** includes "home premises and any non-institutional place of residence".⁷ A **farm** includes "buildings and land under cultivation", but excludes "farm home and home premises".⁸ **Mines and quarries** include gravel and sand pits. **Industrial places and premises** embrace factories, industrial plants, yards, shops, etc. **Places for recreation and sport** include amusement parks, sport fields or courts, playgrounds, gymnasiums, beaches, swimming pools, etc. Accidents which occurred on **street and highway** include only non-transport accidents. In the category of **public buildings** are schools, churches, cinemas, dance halls, hotels, post offices, etc. **Resident institutions** include hospitals, prisons, dormitories and so on. It should be noted that injuries in this category were experienced mainly by persons working or visiting these institutions and not by the residents themselves, the latter being excluded from the sampled population.⁹

Nature of Injury

The classification by the nature of injury is concerned with the results of an accident (*i.e.* the injury itself). Every N-code represents a medical diagnosis. The international classification of the nature of injury has been abbreviated into the following seven diagnostic groups:

Fractures (N800-N829)

Dislocations, sprains and strains (N830-N848)

Lacerations and open wounds (N870-N908)

Superficial injuries (N910-N918)

Contusions and crushings with intact skin surface (N920-N929)

Burns (N940-N949)

Other and unspecified (N850-N869, N930-N936, N950-N999)

Age-Sex Breakdown

An age-sex breakdown has been shown wherever possible. As in the previous reports, five age groups have been established: children under 15 years of age, persons 15-24, 25-44, 45-64, and 65 years of age and over. The distribution of the survey population by age and sex is given in the Appendix.

Cross-Classification

Sampling limitations prevented a complete cross-classification of the above mentioned breakdowns. However, it has been possible to cross-classify some of them in order to arrive at some summary figures or give an indication of trends. While it has not always been possible to present cross-classified tables, references to these data are included in the text of this report.

⁵ *Ibid.*, p. 231.

⁶ *Ibid.*, p. 232.

⁷ *Ibid.*, p. 251.

⁸ *Ibid.*, p. 251.

⁹ *Cf.* p. 1, n. 1.

METHODS

Population Universe

The population universe from which the sample for the *Canadian Sickness Survey* was drawn consisted of the total population of Canada minus persons residing in institutions, military establishments, Indian reservations, and remote areas¹⁰. This population universe, estimated at 13,538,000, was calculated from the total population of Canada, as recorded in the 1951 Census, with appropriate adjustments for the excluded sections of the population.

Adjustment to Estimates of Persons

The estimates given in this bulletin were calculated from data obtained from a sample of about 33,000 persons, most of whom were reported on for the entire survey year. A few persons who were absent from the survey for less than 31 days were also included in the sample. Persons who were born or who died during the survey year, but were otherwise not absent from the survey for more than 30 days, were included in the sample. As they were not in the survey for a full year, certain adjustments had to be made in order to make their experience comparable with that of persons who were in the survey for a whole year. An appropriate small adjustment was made to estimates of numbers of persons—as distinct from numbers of injuries—recorded in the tables of this bulletin, in order to compensate for partial absence from the survey of the persons mentioned. In order words, all estimates pertain to person-years.

Accuracy of Reported Data

For various reasons it was impossible to carry out complete medical verification on all personal health histories covered by the survey. However, a check with physicians on a portion of the medically attended illnesses revealed a high degree of accuracy in the reporting of diagnoses by informants.

Some variation in the accuracy and uniformity of the data must be expected. While it was the intention to register any disturbance in the state of health of persons covered by the survey, it is likely that some informants neglected to report minor injuries. Also, lack of uniform standards in the background and medical orientation of enumerators may have had some effect on the strict comparability of their observations and reporting.

Estimating

The total sample was broken down into cells, by a division into provinces, areas (metropolitan and non-metropolitan) within provinces, and age-

sex groups (five male and five female age groups) within areas. The total population of each cell was taken from the 1951 Census, with appropriate adjustments for excluded sections of the population. For each cell the ratio of total population to sample population was used as a weight and applied to all sample data pertaining to the cell. Weighted figures for the various cells were appropriately combined to provide the published estimates.

Sampling Error

The standard of statistical accuracy set in this bulletin for estimates concerning numbers of persons was a maximum sampling error of 22%¹¹. To achieve this standard each published figure had to be based on a certain minimum frequency of persons in the sample reporting a phenomenon. Figures for numbers of persons that do not come up to the required standard of accuracy have not been shown. Corresponding figures for the number of injuries, units of health care, for rates, and for percentages have, similarly, been omitted.

Presentation of Data

In the tables absolute numbers are given in thousands, except for daily average incidence. Rates, percentages and averages were calculated from original full estimates, not from the rounded figures shown in the published tables. Every figure published in the tables has at least two digits. The rates (per 1,000 population) for the age-sex totals are **weighted averages** of individual age-sex rates; they are typical for the age-sex group. The rates (per 1,000 population) for other than age-sex totals are **accumulations** of individual rates.

The following rates have been used in this report:

1. Persons reporting injuries, days, or health care per 1,000 population.
2. Persons reporting health care for injuries per 1,000 persons reporting any health care.
3. Injuries reported per 1,000 population.
4. Injuries reported per 1,000 persons reporting injuries.

Percentages:

1. Percentage distribution of persons reporting injuries or health care, by various breakdowns.
2. Percentage distribution of reported injuries, days, injuries with health care, or the number of units of health care, by various breakdowns.
3. Proportions between parts and totals of various phenomena expressed in percentages.

¹⁰ The remote areas consisted of Labrador, the Northwest Territories, the Yukon, and the northernmost stretches of Quebec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia.

¹¹ With a 95% confidence limit, i.e., no individual figure was allowed a chance greater than one in 20 of exceeding a 22% margin of error.

Averages:

1. Average daily incidence of injuries.
2. Average number of days per injury.
3. Average number of health care units per injury with physicians' services.
4. Average number of person-days of hospitalization per injury with in-patient hospital care.

As each figure was rounded individually, addition of rounded figures may differ slightly from the rounded totals shown.

It should also be noted that the addition of the number of persons in a column need not be equal to the total of persons because a person may report different kinds of phenomena in the same column. The totals in this bulletin give an unduplicated count of persons.

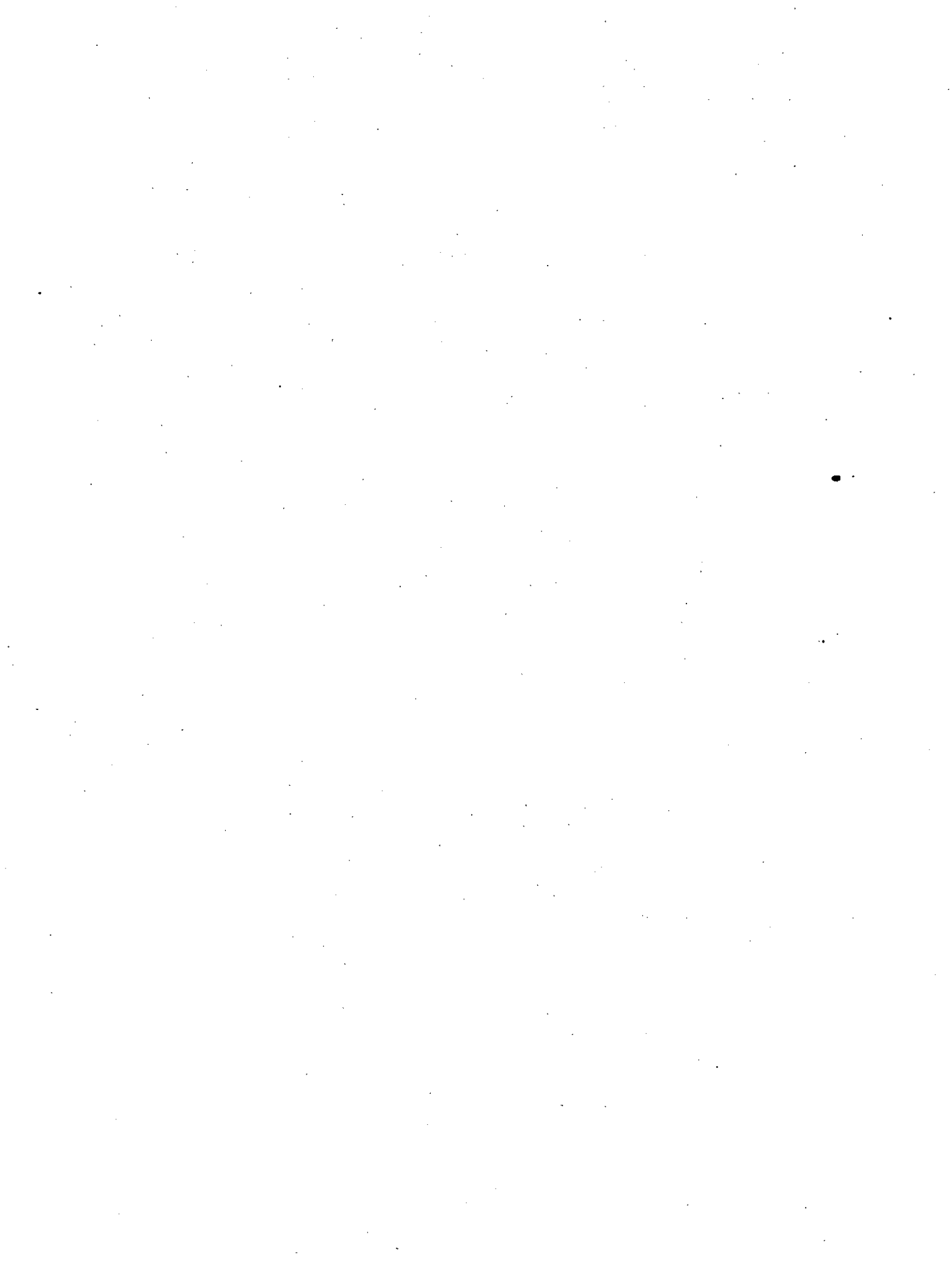
In all tables it will be found that the number of persons reporting some phenomena is either

smaller than or equal to the number of phenomena reported. This results from the circumstance that some people may report more than one phenomenon.

In order to underline and clarify some of the results presented in a tabular form, several charts have been included.

Arrangement of Material

The present report is divided into two sections. Section I deals with all injuries (Tables 1-18). Section II treats home injuries only (Tables 19-22). Section I is subdivided into three distinct parts: Incidence of injuries (Tables 1-5), severity of injuries (Tables 6-10), and volume of health care for injuries (Tables 11-18). Only the first two aspects were shown for home injuries. Not all of the available data were presented in tabular form. Some of them were included in the text, which is an integral part of this report.



FINDINGS
SECTION I (Tables 1-18)
ALL INJURIES

Incidence of Injuries

According to the estimates prepared for this bulletin nearly one and a half million persons suffered almost one and three quarter million injuries during the survey year. It follows that every one thousand persons reporting injuries suffered 1,207 injuries. Some 107 persons out of every 1,000 experienced one or more injuries. The average number of injuries reported was 129 per 1,000 population. On the average 4,789 injuries occurred every day of the survey year. The injuries accounted for about 5% of the total number of the estimated new and recurring illnesses¹² during the survey year.

Age and Sex Differences (Table 1)

Children under 15 years of age were more prone to get hurt by accidents than any other age group, while persons of 65 or more showed the lowest rate. Of the three middle age groups the persons 25-44 years of age had the highest rate. The rates for the other two groups were equal. A similar trend was observed for the average number of persons reporting injuries per 1,000 population, and for the percentage distribution of persons reporting injuries and of injuries reported.

The proneness to injuries may also be indicated by the rate per 1,000 persons reporting injuries. It was at its highest for the youngest age group, and with increasing age the rates gradually diminished. The lowest figure was obtained for persons of 65 or more.

However, when the volume of injuries was compared with the volume of all new and recurring illnesses, a different trend emerged. Injuries suffered by persons from 15-24 years of age were the highest proportion of all reported illnesses, and those suffered by children under 15 the lowest. This may indicate that although children under 15 experi-

enced more injuries than any other age group, they suffered an even higher proportion of the total illnesses. In other words, the high rate of injuries for children was offset by their even higher rate of illnesses.

It was found that the male population experienced substantially more injuries than the opposite sex. This is borne out by the figures (both absolute numbers and rates per 1,000 population) for the injuries reported, as well as by the number of persons reporting those injuries. The various age groups of the male population generally followed the trend of the total population.

The pattern in the female population was different. The children under 15 had again the highest rate of injuries reported but only by a narrow margin. In the case of rate of persons reporting injuries, children were surpassed by females in the 45-64 age group. Generally speaking, in the adult female population the older age groups were more prone to injuries than the younger ones. While it could be said that men experienced less injuries with increasing age, women suffered more injuries as they grew older. These trends were so much pronounced, that in the age group 65 and over, women showed even higher rate of injuries per 1,000 population than men.

These age-sex differences for injuries were confirmed by comparison of injuries with the total illness. The proportion of injuries was higher for males in every age group than for females. The highest proportion for men was registered in the 14-25 year age group, and for women in the groups of 45 and over.

The proneness to injuries as expressed in terms of rates per 1,000 persons reporting injuries, gave further support to the following two basic phenomena concerning the age and sex differences:

1. The male population suffered more injuries than the opposite sex.
2. With increasing age the males tended to experience less injuries, while the females tended to suffer more injuries.

¹² In the previous reports four measures of illness frequency have been used. The measure of "new and recurring illnesses" is comparable to the measure of incidence of injuries in this report.

CHART-1

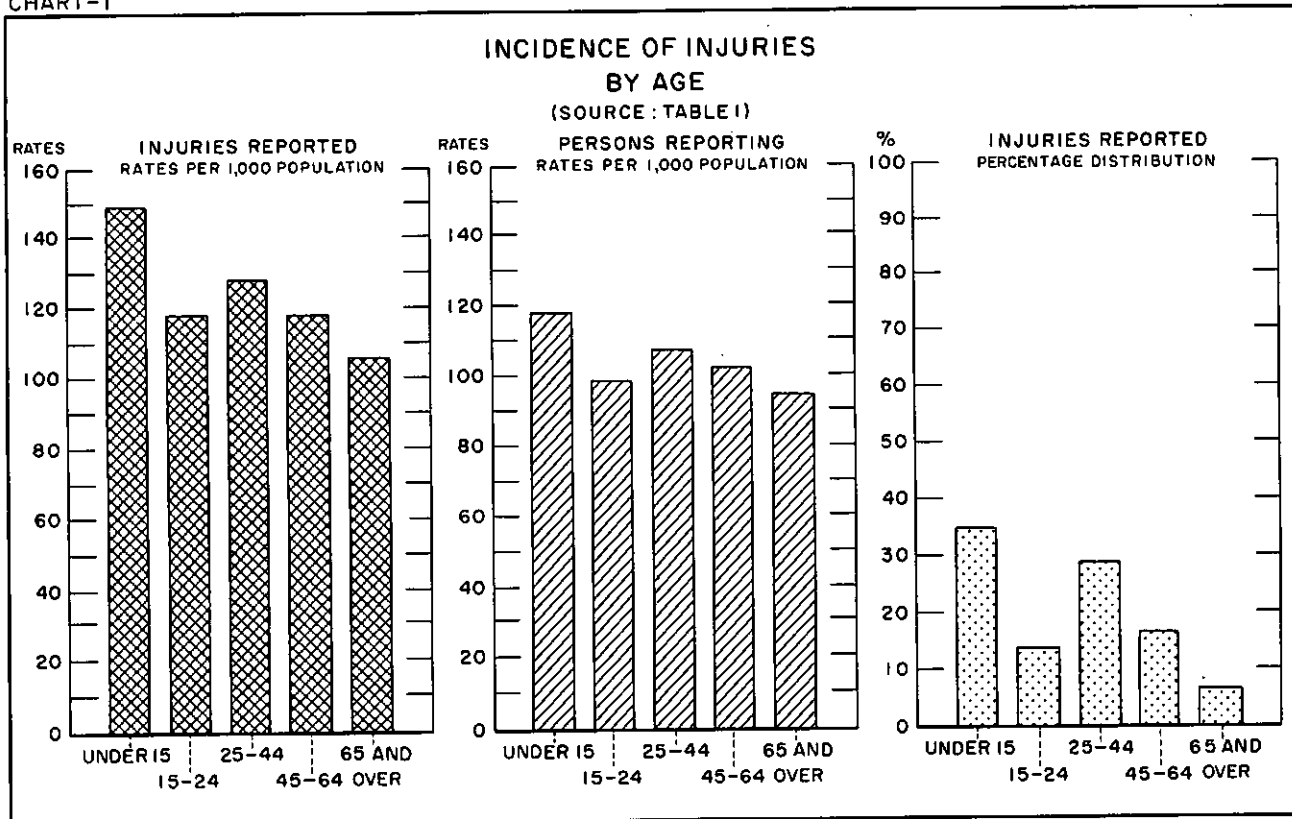


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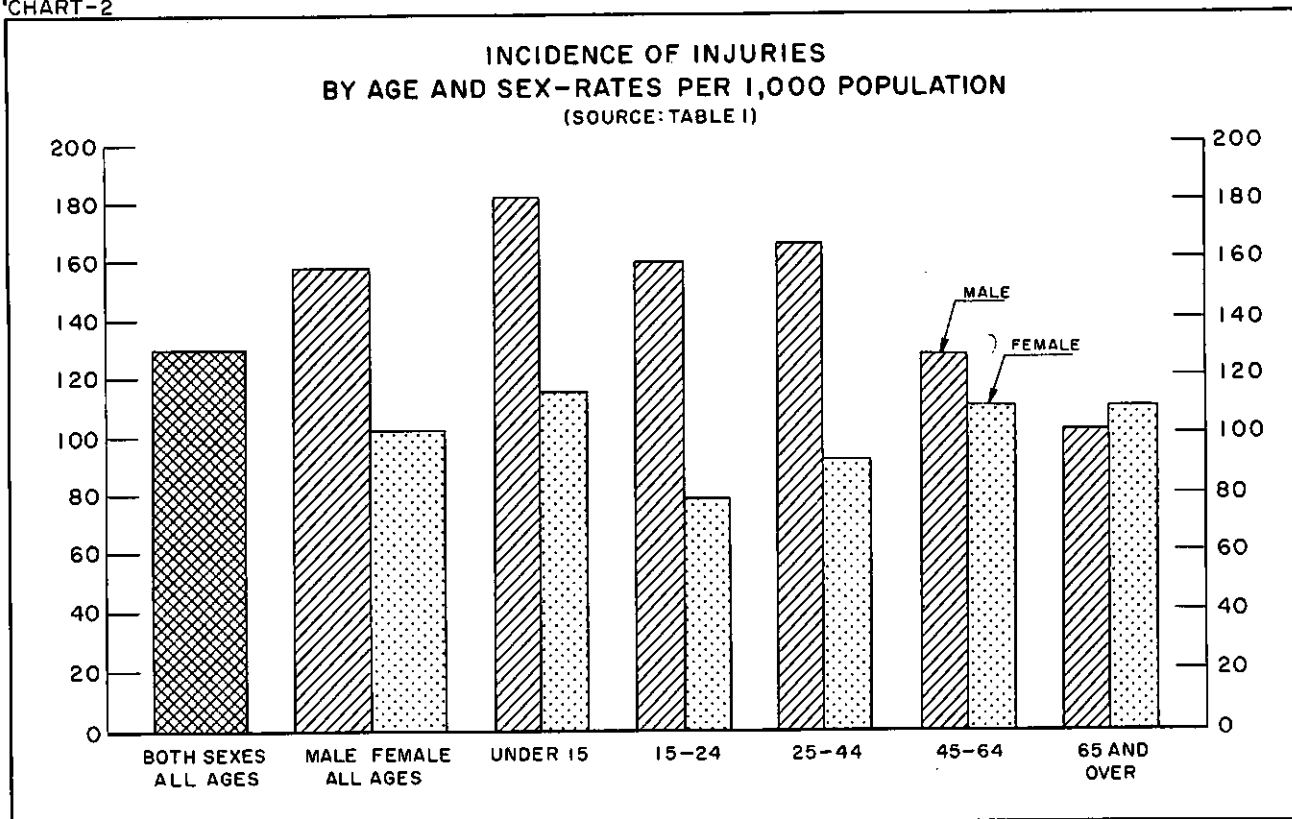


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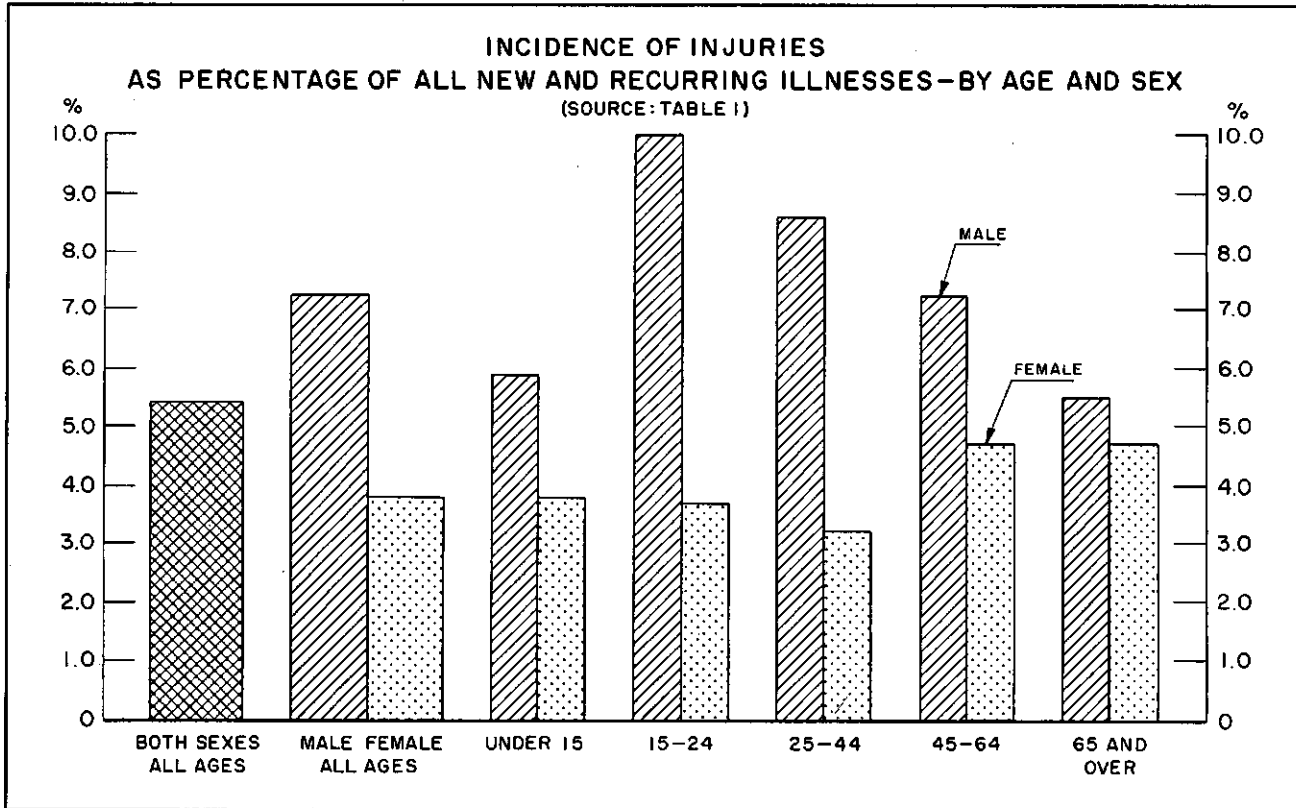
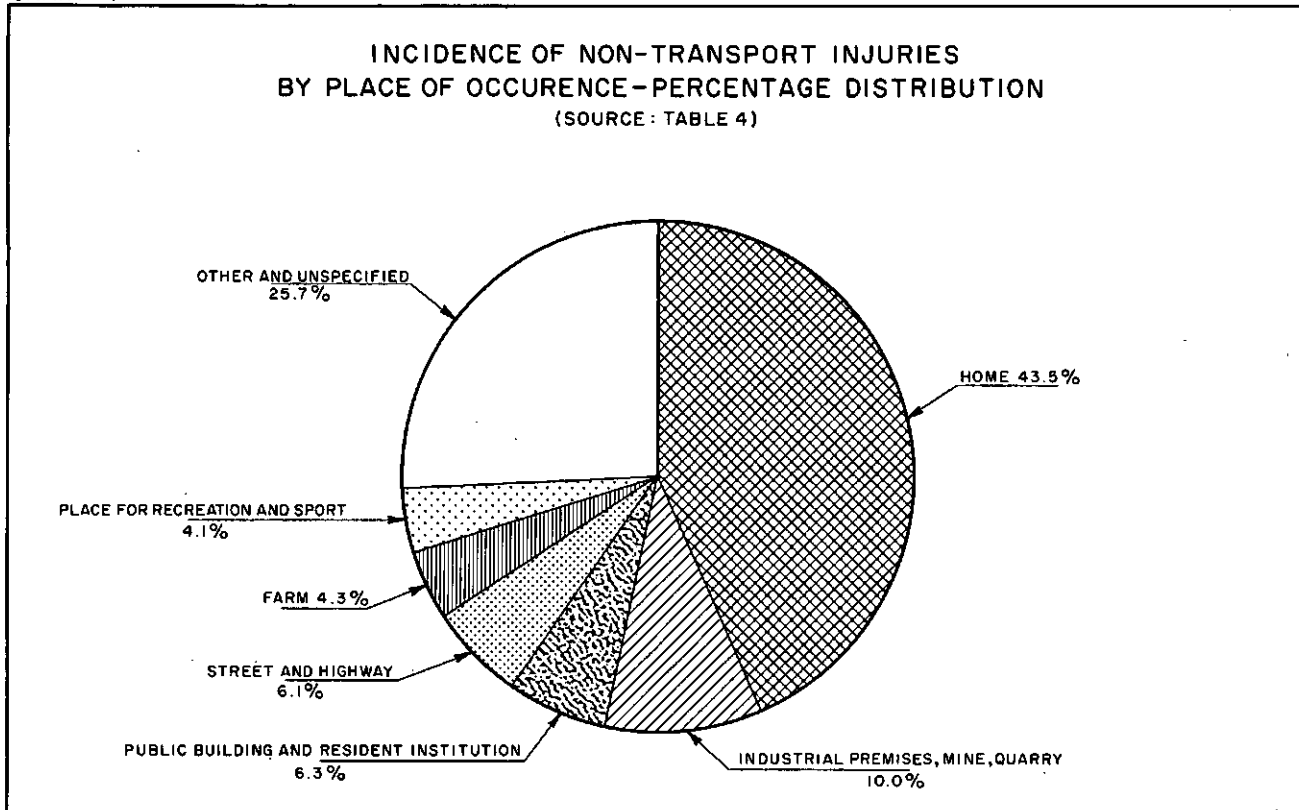


CHART-4



External Cause of Injuries (Table 2)

The E-code divides all injuries into two main groups which are unequal in regard to their volume:

1. Injuries caused by transport accidents, and
2. Injuries caused by non-transport accidents.

Transport Injuries.—Despite the prominence of transport accidents (and especially of motor vehicle accidents) in public discussion, they resulted in less than 6% of all injuries. The larger part of them was caused by motor vehicle accidents.

Non-Transport Injuries.—In this report injuries caused by non-transport accidents are divided into eight groups corresponding to eight different causes. By far the largest volume of injuries was due to falls, followed by injuries due to cutting and piercing instruments, and by injuries due to fire, combustion, hot and corrosive substance. The smallest group were injuries caused by foreign bodies entering through orifice. The residual group consisted almost entirely of accidental poisonings (E870-E895), and the code (E936) "other and unspecified accidents".

Nature of Injuries (Table 3)

Out of seven diagnostic groups for which reliable estimates could be obtained, the largest one—disregarding the residual category—was the group of lacerations and open wounds, followed by dislocations, sprains and strains, contusions and crushings, fractures, burns, and superficial injuries.

The rate of repeat injuries for persons with open wounds and lacerations was higher than the rate for any other type of injury. The fractures showed the lowest rate of repeat injuries. The residual category consisted mostly of reactions and complications due to non-therapeutic medical and surgical procedures (N997), effects of foreign body entering through orifice (N930-N933, N935), and of head injuries (N850-N856).

Place of Occurrence of Non-Transport Injuries (Table 4)

By far the most non-transport injuries (which represented about 94% of all injuries) occurred at home¹³. Industrial premises, mines and quarries were the scene of 10% of the injuries, the other specified places being represented by about 5% each.

This distribution expressed in terms of rates of injuries per 1,000 population, gave the same picture. However, in terms of the rates of injuries per 1,000 persons reporting injuries in same place, injuries which occurred in industrial premises,

mines and quarries, showed higher average than those which occurred at home. In other words, the home had fewer repeat injuries.

External Cause of Injuries by Age and Sex

Transport Injuries.—Out of 101,000 transport injuries, 65,000 were experienced by males, showing a rate of 9.5 injuries per 1,000 population (as compared with the rate of 7.4 injuries for both sexes combined). Although no reliable estimate for females could be obtained, it seems that the males suffered more transport injuries than the females. The same trends were observed in the category of motor vehicle injuries.

Non-transport Injuries.—Non-transport injuries generally followed the pattern of all injuries as far as age-sex distribution of the population in question was concerned. This could be expected as non-transport injuries formed about 94% of all injuries.

Incidence of Non-Transport Injuries during Survey Year, by Age and Sex

Age-sex groups	Non-transport injuries (E870-E999)	
	Number	Per 1,000 population
	thousands	
Both sexes	1,647	122
Under 15	579	141
15-24	224	109
25-44	474	121
45-64	265	110
65 and over	106	100
Male	1,008	148
Under 15	360	172
15-24	150	149
25-44	303	157
45-64	143	115
65 and over	50	94
Female	640	95
Under 15	219	108
15-24	73	70
25-44	171	87
45-64	122	104
65 and over	55	107

Females were more prone to suffer injuries due to falls than males. While analyzing the individual age-sex groups, it was found that this trend was reversed for children under 15. What was found true for all injuries, was even more true for falls; women as they grew older experienced more falls.

¹³ It is likely that the category of home injuries suffered less by under-reporting than injuries which occurred at other places, because the informants were regularly housewives.

**Incidence of Falls during Survey Year
by Age and Sex**

Age-sex groups	Falls (E900 - E904)	
	Number	Per 1,000 population
	thousands	
Both sexes	485	36
Under 15.....	165	40
15-24.....	..	..
25-44.....	113	29
45 and over.....	158	46
Male	227	33
Under 15.....	99	47
15-24.....	..	..
25-44.....	49	26
45 and over.....	52	29
Female	258	38
Under 15.....	66	33
15-24.....	..	..
25-44.....	64	32
45 and over.....	106	63

.. Reliable estimate not available.

These results applied, with all probability, to individual categories of falls (from one level to another, on same level, unspecified falls).

Although no reliable estimate for the number of women who suffered injuries due to **blows from falling objects** was available, there is a strong indication that men experienced substantially more injuries of this type than females (49,000 as compared with 62,000 for both sexes combined).

The rate of injuries caused by **machinery** having been 3.9 per 1,000 population, it could be quite safely assumed that males, especially during their working years, received the bulk of this type of injury.

Injuries caused by **cutting and piercing instruments** showed a decreasing tendency with increasing age of the total population. Males experienced almost three times as many injuries of this kind than females (the rate was 28.4 injuries for males as compared with 10.3 injuries for females per 1,000 population).

Injuries resulting from **fire, combustion, hot and corrosive substance** were evenly distributed between men and women.

Foreign bodies entering through orifice appeared to be responsible for more injuries in the male than in the female population.

Animals inflicted more injuries to males than to females. Children under 15 of both sexes suffered very likely more injuries of this kind than any other age group.

Medical, surgical and other therapeutic procedures were responsible for 3.9 injuries (or complications) in every 1,000 population. Indication was obtained that males suffered more often from these procedures than females. Seventy eight per cent of all cases were experienced by children under 15 of both sexes. The rate for children was 10.2 cases as compared with 3.9 cases in every 1,000 persons for the total population.

Nature of Injuries by Age and Sex

Some 178,000 **fractures** occurred in the Canadian population. Of these, 111,000 were experienced by men, and 67,000 by women, which gave the rates of 17.3 and 10.0 fractures respectively per 1,000 population. Strong indications are available that the rates had an increasing tendency with increasing age for both of the two sexes.

About 180,000 **dislocations, sprains and strains** were suffered by men, and 130,000 by women. Out of every 1,000 persons 26.4 injuries of this nature were registered for males, and 19.4 for females. Working age population (15-64) of both sexes combined had the highest average, with males in this group reporting a much higher average than females.

Lacerations and open wounds showed a clearly descending tendency with ascending age, both for males and females.

**Incidence of Lacerations and Open Wounds
during Survey Year by Age and Sex**

Age-sex groups	Lacerations and open wounds (N870 - N908)	
	Number	Per 1,000 population
	thousands	
Both sexes	402	30
Under 15.....	180	44
15-24.....	67	33
25-44.....	101	26
45 and over.....	54	15
Male	288	42
Under 15.....	127	60
15-24.....	51	51
25-44.....	70	36
45 and over.....	40	23
Female	114	17
Under 15.....	54	27
15-24.....	} 48	16
25-44.....		
45 and over.....	..	..

.. Reliable estimate not available.

Men experienced slightly more **superficial injuries** than females, while children under 15 of both sexes combined showed the highest rate among the age groups.

Contusions and crushings did not show any pronounced differences between the age-sex groups, with men and women reporting rates of 21 and 18 injuries respectively per 1,000 population. Children under 15 of both sexes combined suffered 18 injuries of this nature in every 1,000 population, and the working age groups showed a rate of 20. Boys under 15 suffered injuries at the rate of 21 for every 1,000 population; girls under 15 probably less. The general thesis, namely that women were more prone to injuries while they grew older, is supported by these findings (and some other indications) concerning contusions and crushings.

The diagnostic group of **burns** divided the total population in two almost equal groups, with men and women reporting rates of 8.9 and 8.8 burns respectively per 1,000 population. While children under 15 of both sexes combined suffered more burns than any other age group, it seems that adult women experienced more burns than adult men.

Place of Occurrence of Non-Transport Injuries by Age and Sex¹⁴

Out of 70,000 farm injuries, 63,000 were experienced by male population. It can, thus, be safely assumed, that men suffered more farm injuries than women. Indications were obtained that adult males of the age groups 25-64 experienced more farm injuries than any of the other age groups.

Although no reliable estimate for females could be obtained, it is extremely likely that males, and of course mainly the working age groups 15-64, reported far more injuries which occurred in **industrial places, mines and quarries**. While the total population averaged 12 injuries in those places for every 1,000 persons, persons 25-44, years of age registered the rate of 24. All males showed the rate of 23 and males 25-44 years the rate of 45 injuries for every 1,000 persons.

¹⁴ For home injuries by age and sex, see Table 19, and the accompanying text.

While injuries which occurred in places for **recreation and sport** averaged for all people 5.0 injuries per 1,000 population, men showed the average of 7.9 injuries. It can be assumed, therefore, that males experienced more injuries in this category than females. Indications are available that persons under 25 years of age suffered more injuries than the rest of the population.

Non-transport injuries which occurred on **streets and highways** were evenly distributed between both sexes.

Public buildings (mainly schools) and **resident institutions** witnessed 71,000 injuries suffered by males as compared with 103,000 injuries for the total population. Corresponding rates per 1,000 population were 10.4 injuries for males and 7.6 injuries for both sexes. It is likely, therefore, that females suffered less injuries than males. Out of the total number of injuries of this kind, children under 15 suffered 44,000, with an average of 10.8 injuries per every 1,000 persons. It can be also assumed from available indications, that adolescents figured prominently in the distribution of this type of injuries.

In the residual group of **other and unspecified** places, women registered the rate of 23 injuries and men 40 injuries per 1,000 population. This difference (namely for "unspecified" places) may perhaps be partly explained by the circumstance that the informants were mainly housewives.

External Cause of Injuries by Nature of Injuries

Transport Injuries. — Transport accidents resulted mainly in contusions and crushings, fractures, and lacerations and open wounds. The same diagnostic groups were the leading results of **motor vehicle accidents**.

Non-Transport Injuries. — The leading group in the category of non-transport injuries, **falls** caused more dislocations, sprains and strains than any other type of injuries. Almost 50% of all fractures were caused by falls, whereas only some 17% of all lacerations and open wounds were due to this cause. In the residual group of injuries of "other and unspecified" nature, head injuries (N850 - N856), and superficial injuries (N910 - N918) took a prominent place.

Incidence of Falls during Survey Year by Nature of Injury

Nature of injury	International classification	Falls (E900 - E904)		
		Number thousands	Per 1,000 population	As percentage of all injuries of same nature
Any nature	N800 - N999	485	35.8	27.8
Fracture	N800 - N829	88	6.5	49.5
Dislocation, sprain and strain..	N830 - N848	121	9.0	39.1
Laceration and open wound	N870 - N908	67	5.0	16.7
Contusion and crushing	N920 - N929	95	7.0	36.4
Other and unspecified.....	N850 - N869; N910 - N918; N930 - N999	114	8.4	19.1

The three sub-groups of falls (from one level to another, on same level, unspecified falls) showed generally the same pattern.

Blows from falling objects caused more contusions and crushings than any other kind of injury.

Lacerations and open wounds, and contusions and crushing were the most frequent results of accidents caused by **machinery**.

Accidents caused by **cutting and piercing instruments** resulted in almost 90% of cases in lacerations and open wounds. On the other hand, some 58% of all lacerations and open wounds were caused by cutting and piercing instruments.

More than 92% of injuries caused by **fire, combustion and corrosive substance** resulted in burns.

Foreign bodies entering through orifice caused damages classified in the **International Classification** as (N930-N936) "effects of foreign body entering through orifice". The leading diagnosis was (N930) "foreign body in eye and adnexa", followed by (N935) "foreign body in digestive tract".

Accidents caused by **animals** resulted chiefly in poisoning by venom (N978), in superficial injuries, lacerations and open wounds, and in contusions and crushings.

Physical damages due to **medical, surgical and other therapeutic and non-therapeutic procedures** were classified in the great majority of cases as (N997) "reactions and complications due to non-therapeutic medical and surgical procedures". Most of the remaining diagnoses fell under (N998) and (N999) "adverse reaction to injections, infusions, and transfusions for therapeutic pur-

poses", and "adverse reaction to other therapeutic procedures".

External Cause of Injuries by Place of Occurrence¹⁵

The leading causes for **farm** injuries were accidents due to cutting and piercing instruments, machinery, and animals.

Injuries which occurred in **industrial premises, mines and quarries** were mainly results of accidents caused by cutting and piercing instruments, by blows from falling objects, by falls, by machinery, by hot substance, corrosive liquid, and steam (E917), and by foreign bodies entering eye and adnexa (E920).

Falls, especially falls on same level, together with injuries caused by cutting and piercing instruments were responsible for most of the injuries experienced in places for **recreation and sport**.

Non-transport injuries which took place on **streets and highways** were caused mainly by falls (especially by falls on same level—E903), and by cutting and piercing instruments.

The same applied to injuries which occurred in **public buildings and resident institutions**.

External Cause of Injuries by Nature of Injuries, and by Age and Sex

The following estimates were obtained for the largest external cause of injury, **falls**, by diagnostic groups and sex.

¹⁵ For home injuries by E-code, see Table 20.

Incidence of Falls during Survey Year by Nature of Injury and by Sex

Nature of injury	International classification	Falls (E900 - E904)	
		Number thousands	Per 1,000 population
Any nature	N800 - N999	485	35.8
Male		227	33.4
Female		258	38.4
Fracture	N800 - N829	88	6.5
Male		45	6.6
Female		43	6.3
Dislocation, sprain and strain	N830 - N848	121	9.0
Male		58	8.6
Female		63	9.4
Laceration and open wound	N870 - N908	67	5.0
Male .....		..	..
Female .....		..	..
Contusion and crushing	N920 - N929	95	7.0
Male .....		..	..
Female		65	9.7
Other and unspecified	N850 - N869; N910 - N918; N930 - N999	114	8.4
Male		54	8.0
Female		60	8.9

.. Reliable estimate not available.

No adequate estimates are available for individual sexes in the case of falls which resulted in lacerations and open wounds. However, there were some indications that females suffered slightly less lacerations and open wounds caused by falls than males. For falls, which resulted in contusions and crushings, it may be assumed that men experienced less injuries of this nature than women.

It seems also that fractures caused by falls were more often experienced by older people. The same may be true for dislocations, sprains and strains, perhaps with some exceptions in the male population. Children under 15 suffered definitely more lacerations and open wounds due to falls than adults (12 lacerations for children in every 1,000 population as compared with 5 lacerations for total population). It appears that contusions and crushings resulting from falls were more often experienced by older persons, especially by older females.

As previously stated, injuries caused by cutting and piercing instruments resulted in almost 90 cases out of 100 in lacerations and open wounds. Males reported almost three-quarters of these injuries and females about one-quarter, corresponding to the rates of 26 and 9 respectively per 1,000 population. The averages per 1,000 population were 21 injuries for children under 15, 25 injuries for the 15-24 age group, and 15 injuries for the age groups 25-64.

Because more than 92% of injuries caused by fire, combustion, hot and corrosive substance

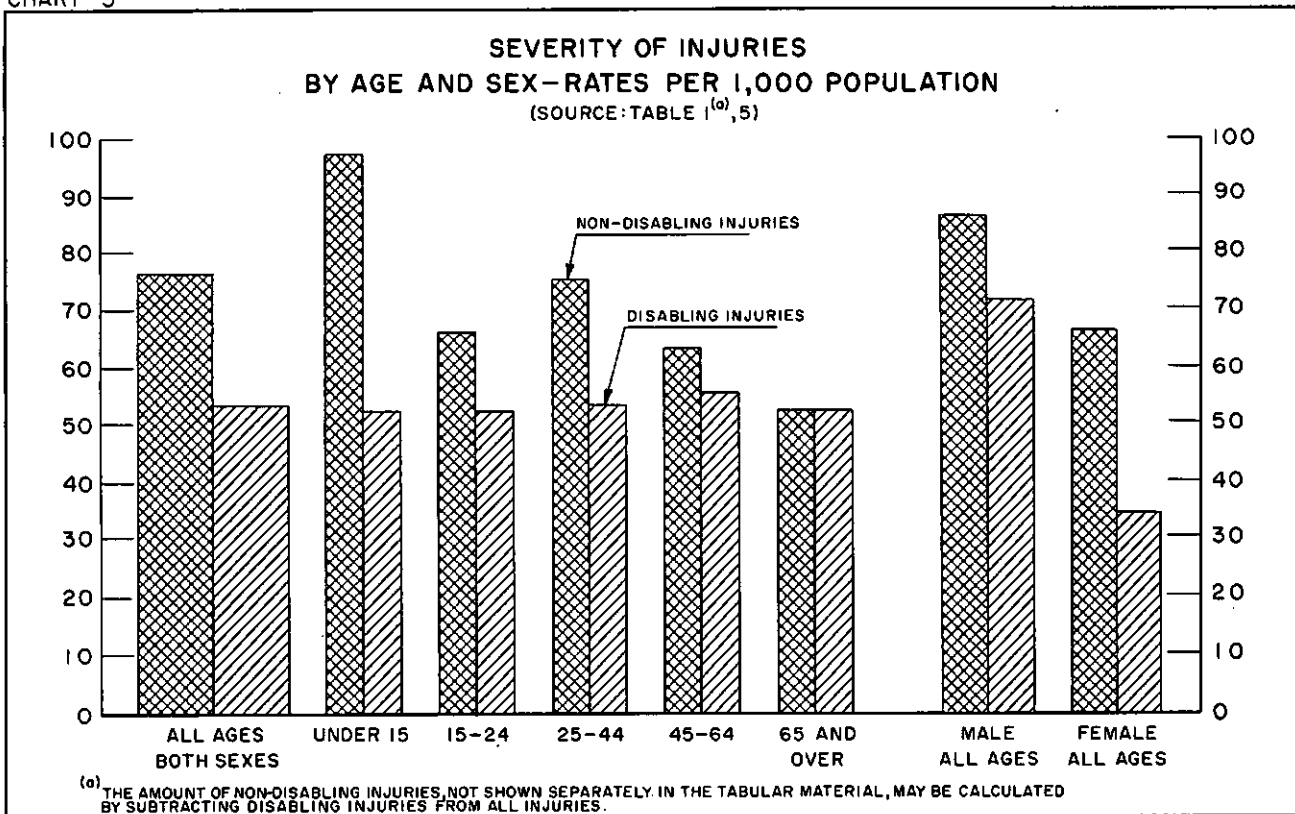
resulted in burns, the general picture as given previously for burns by age and sex did not change in any respect.

Severity of Injuries

Disabling Injuries.—Out of 1,748,000 injuries, 716,000 resulted in some kind of disability; in other words, about 41% of all injuries had a disabling character. The rate of disabling injuries per 1,000 population, was lower than the rate for non-disabling injuries. On the average, 1960 disabling injuries occurred in Canada every day during the survey, amounting to 4.7% of all disabling (new and recurring) illnesses reported during the survey year. As all injuries amounted to 5.4% of all (new and recurring) illnesses, it could be assumed that injuries resulted slightly less often in disability than all (new and recurring) illnesses combined. In other words, the ratio of all disabling illnesses to all illnesses was higher than the ratio of all disabling injuries to all injuries. It is obvious that the rate of disabling injuries per 1,000 persons reporting disabling injuries was lower than the rate of all injuries per 1,000 persons reporting all injuries, because few persons reported more than one disabling injury.

Age-Sex Differences (Table 5).—Unlike all injuries together, disabling injuries did not show pronounced differences in the age distribution of the population of both sexes combined. The rates of disabling injuries per 1,000 population lay in all age groups between 52 and 55.

CHART-5



Although separate reliable estimates for every one of the age-sex groups could not be obtained, it seems that this balanced picture was due to trends which ran in almost opposite directions in the age distribution of the two sexes. The trend in one sex offset the trend in the other sex. While the rate of disabling injuries for males 25-44 years was very likely the highest one in the male population, the rate for the corresponding female age group was the lowest in the reliable estimates for the female population. As in the case of all (disabling and non-disabling) injuries, the male population suffered more disabling injuries than the female population. Comparing the rates of disabling injuries per 1,000 persons reporting disabling injuries, it was found that men tended also more often to suffer more than one disabling injury during the survey.

All recorded injuries resulted in almost 37 million complaint days during the survey year, averaging 21.1 complaint days per injury (Table 6). All disabling injuries caused more than 10.5 million disability days with an average of 14.8 disability days per disabling injury, or 6.1 disability days per any injury. The total of disability days amounted to 28.7% of all complaint days.

While the number of injuries generally tended to decline with increasing age in the total population (see Table 1), the average number of complaint

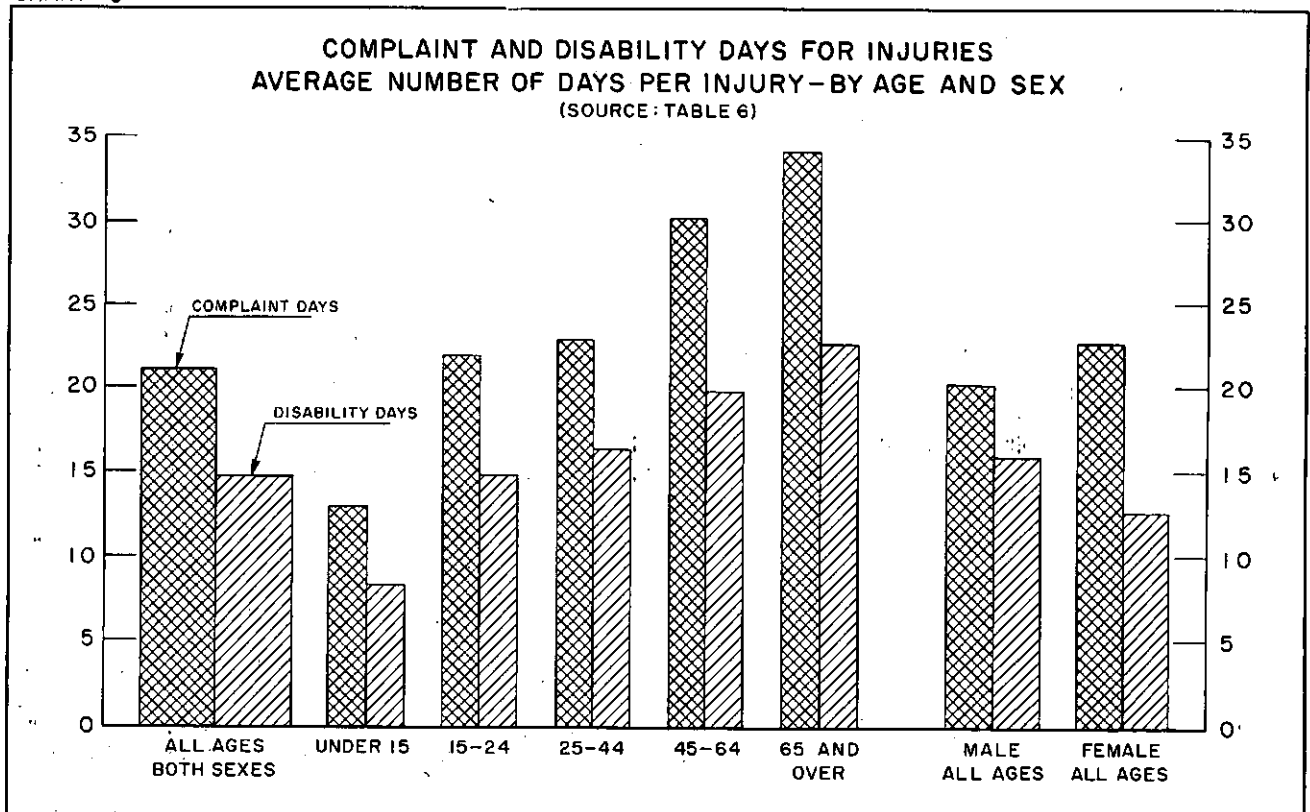
days per injury tended to increase with increasing age. This tendency in the population of both sexes combined was accentuated by the females, whose averages ranged from 11.9 for girls under 15 to 42.7 for women of 65 and over.

The distribution of averages of disability days per disabling injury by age groups showed very much the same pattern as in the case of complaint days. The averages became gradually higher with increasing age for both sexes combined, and very likely also for both sexes separately.

External Cause of Injuries (Table 7). - Injuries caused by **transport** accidents showed higher average of complaint and disability days per injury than injuries resulting from **non-transport** accidents.

Considering individual causes of injuries, **motor vehicle** injuries, **falls** and probably injuries due to **machinery** tended to result in higher average numbers of complaint and disability days than injuries caused by other elements. Falls on same level were obviously more severe than falls from one level to another. Falls on same level were experienced on streets and highways more often than falls from one level to another (see p. 29), while the proportion of these two categories of falls which occurred at home was just reversed (see Table 21). Since street injuries were the most

CHART-6



severe and home injuries the least severe (see the following paragraph on severity by place of occurrence), this may partially explain why falls on the same level were the more severe.

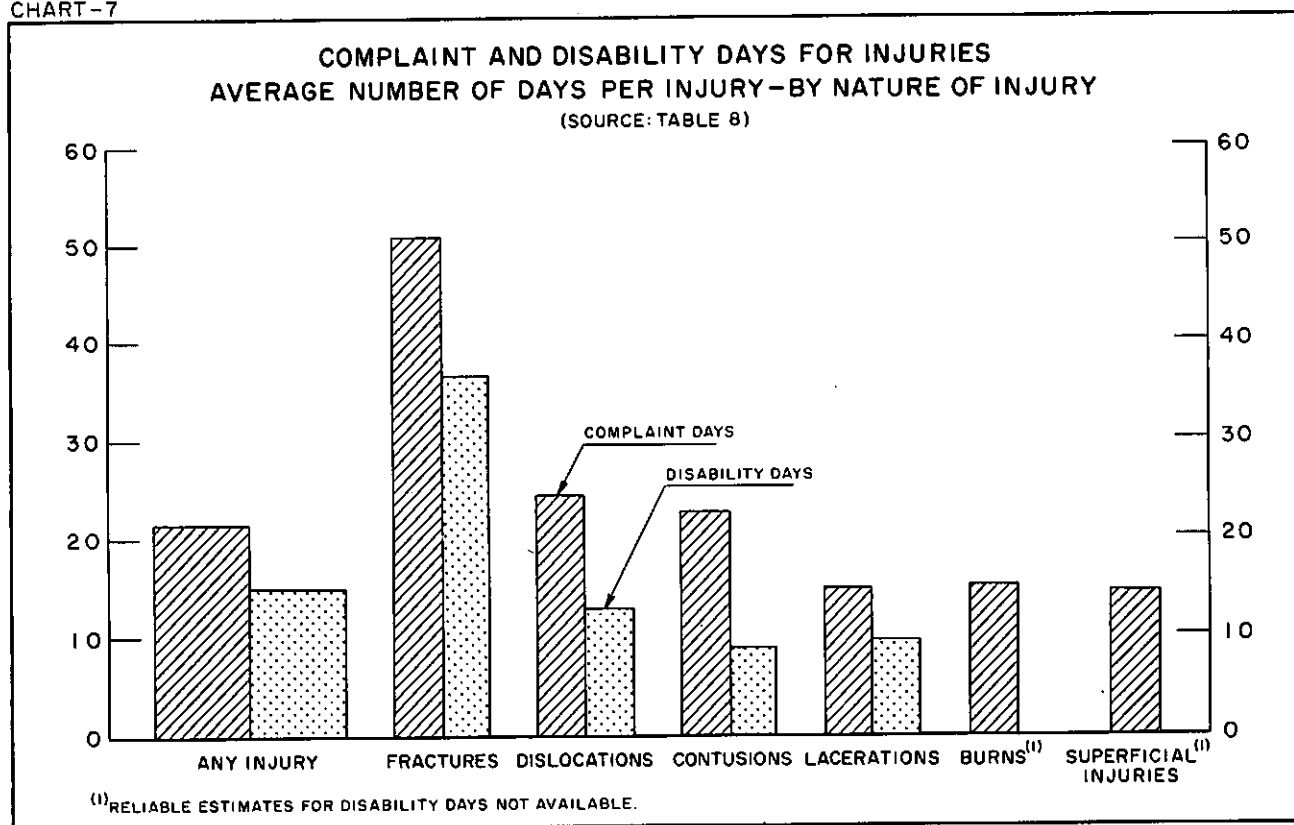
Nature of Injuries (Table 8).—**Fractures** were by far the most severe injuries, yielding the highest averages for both complaint and disability days. They were followed by **dislocations, sprains and strains**. **Contusions and crushings** averaged higher than **lacerations and open wounds** for complaint days; the latter, however, showed a slightly higher average for disability days.

Place of Occurrence of Non-Transport Injuries (Table 9).—Injuries which occurred on **streets and highways**, and in **industrial premises, mines and quarries** were on the average more severe than any other type of injuries. Injuries which were experienced at **home** were the least severe ones.

Duration of Sickness (Table 10).—Injuries resulted most frequently in complaints which lasted for 7-13 days closely followed by those which lasted 21 days or more. With the exception of the complaint period of 14-20 days, longer complaint periods were experienced more frequently than shorter ones. However, when the injuries with complaint days were clustered into groups with more or less equal number of days, it was found that injuries with one to six complaint days occurred more frequently than injuries with more than six days but less than 2 weeks of complaint, and than injuries with more than 14 days but less than 3 weeks of complaint.

Injuries with 7-13 disability days and with 2-3 disability days were more frequent than injuries with other duration of disability.

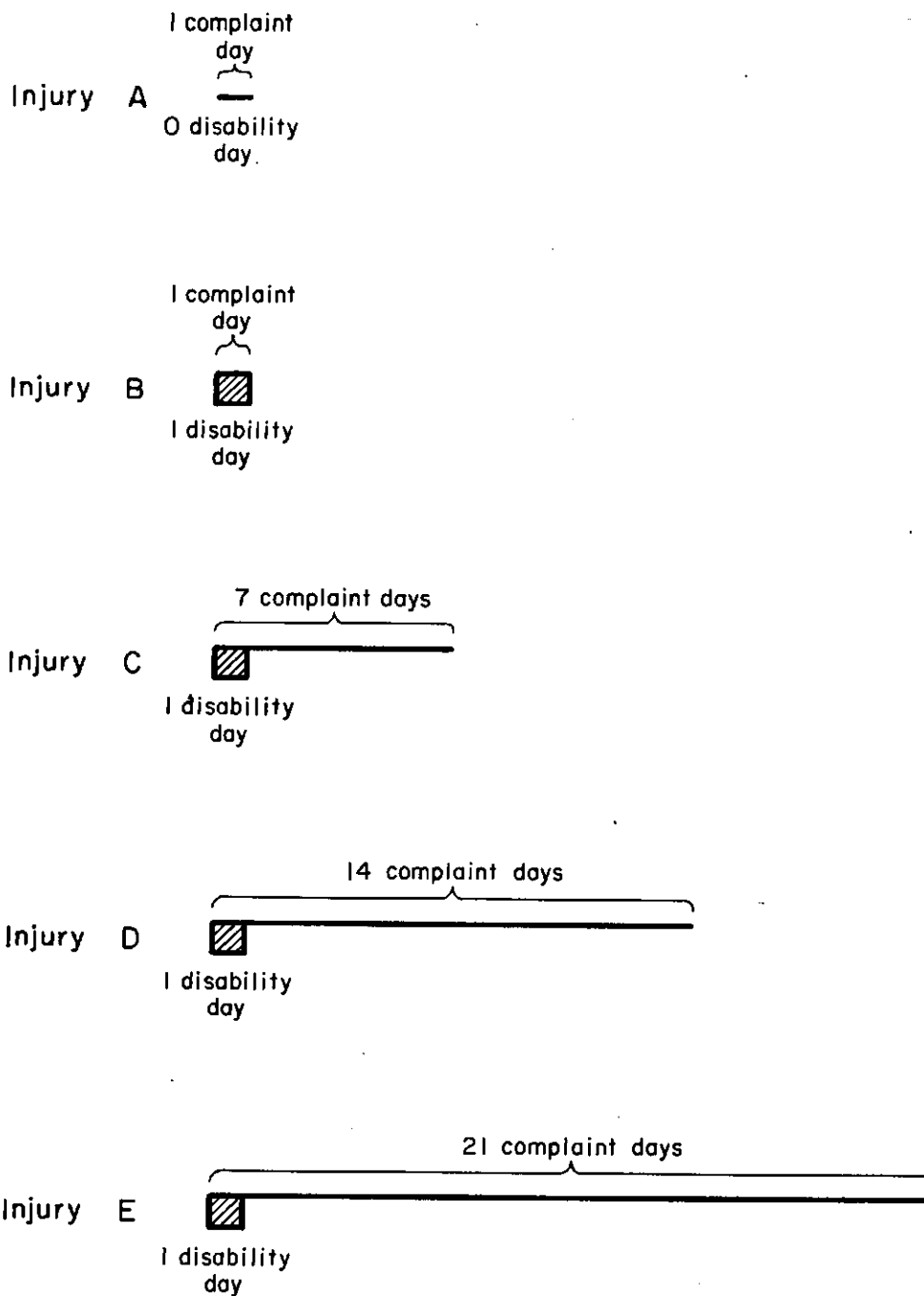
CHART-7



When injuries with various durations of disability were compared with injuries with various durations of complaint, it appeared that the proportion, thus obtained, steadily declined with every

increase in the duration. There were more injuries with one disability day than there were with one complaint day (101,000 as against 90,000). The following illustration will explain this phenomenon.

INJURIES - FREQUENCY - SEVERITY - HEALTH CARE

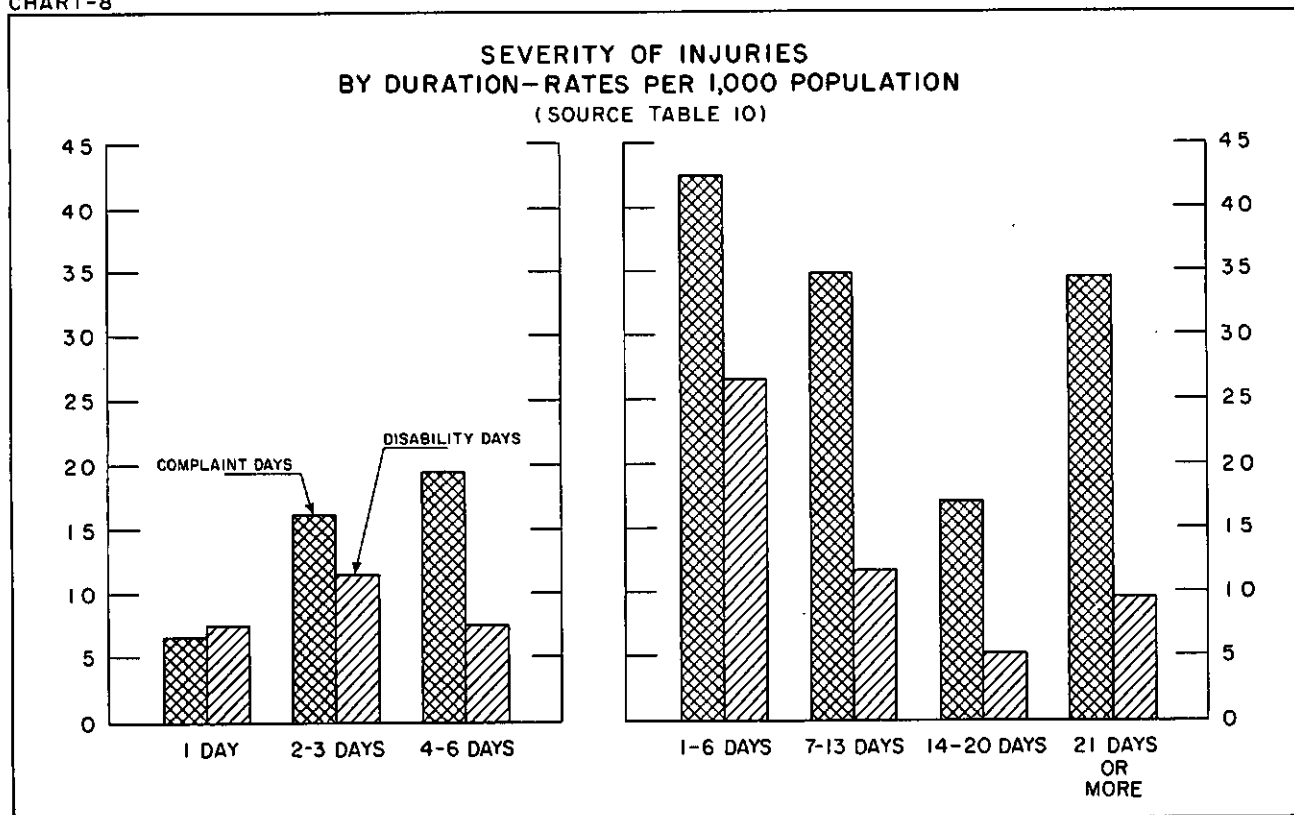


From the above illustration the following results were obtained:

Out of 5 injuries (A, B, C, D, E) there were:

1. 2 injuries with 1 complaint day (A, B)
2. 1 injury with 7 complaint days (C)
3. 1 injury with 14 complaint days (D)
4. 1 injury with 21 complaint days (E), and
5. 4 injuries with one disability day (B, C, D, E)

CHART-8



Health Care for Injuries

Physicians' Services

Out of 1,748,000 reported injuries, 910,000 were attended by a physician.¹⁶ Some 2,192,000 doctors' calls and clinic visits were reported for injuries, yielding the average of 2.4 doctors' calls and clinic visits per injury attended by a physician. Doctors' calls and clinic visits on account of injuries represented 9.1% of all doctors' calls and clinic visits reported during the survey. The number of persons reporting physicians' services for injuries was 14.1% of all persons reporting any physicians' services. This seems to indicate that an injured person on the average received fewer medical attentions than a person ill in general.

Age-Sex Differences (Table 11).—Male population experienced more injuries than female population (see Table 1). The same applies to physicians' services for injuries. Men reported physicians' services more often than women. Almost 20% of the males reporting any physicians' services required physicians' attention for injuries, whereas the proportion for females was only about 9.0%. The proportion of the number of doctors' calls and clinic visits for injuries to all doctors' calls and clinic visits was about three times as big for men as for

women. An injured man under physicians' care was on the average medically attended 2.5 times, whereas a woman only 2.2 times.

The age distribution of the population of both sexes combined did not show much pronounced difference in respect to physicians' services for injuries. However, it seems that injured persons 15-24 years old and injured persons 65 and over required more medical attention than injured people in other age groups.

Comparing the number of calls and visits for injuries with the number of these services for illness in general, it appeared that injured persons under 25 had a higher proportion of services for injuries than any other age group, and persons of 65 and over, the lowest proportion.

Persons in the 45-64 age group reporting physicians' services for injuries required on the average more doctors' calls and clinic visits per injury with these services than any other age group. Injured children under 15 reporting physicians' services required the least medical attention.

Comparing individual types of physicians' services (Tables 12, 13, 14), it was found that 71% of all services for injuries were doctors' office calls, 15.6% clinic visits, and 13.4% doctors' home calls. The fact that women required more home calls than clinic visits may be explained by the fact that they experienced more injuries at home than in other places.

¹⁶ For the definition of "physicians' services", see p. 8.

CHART-9

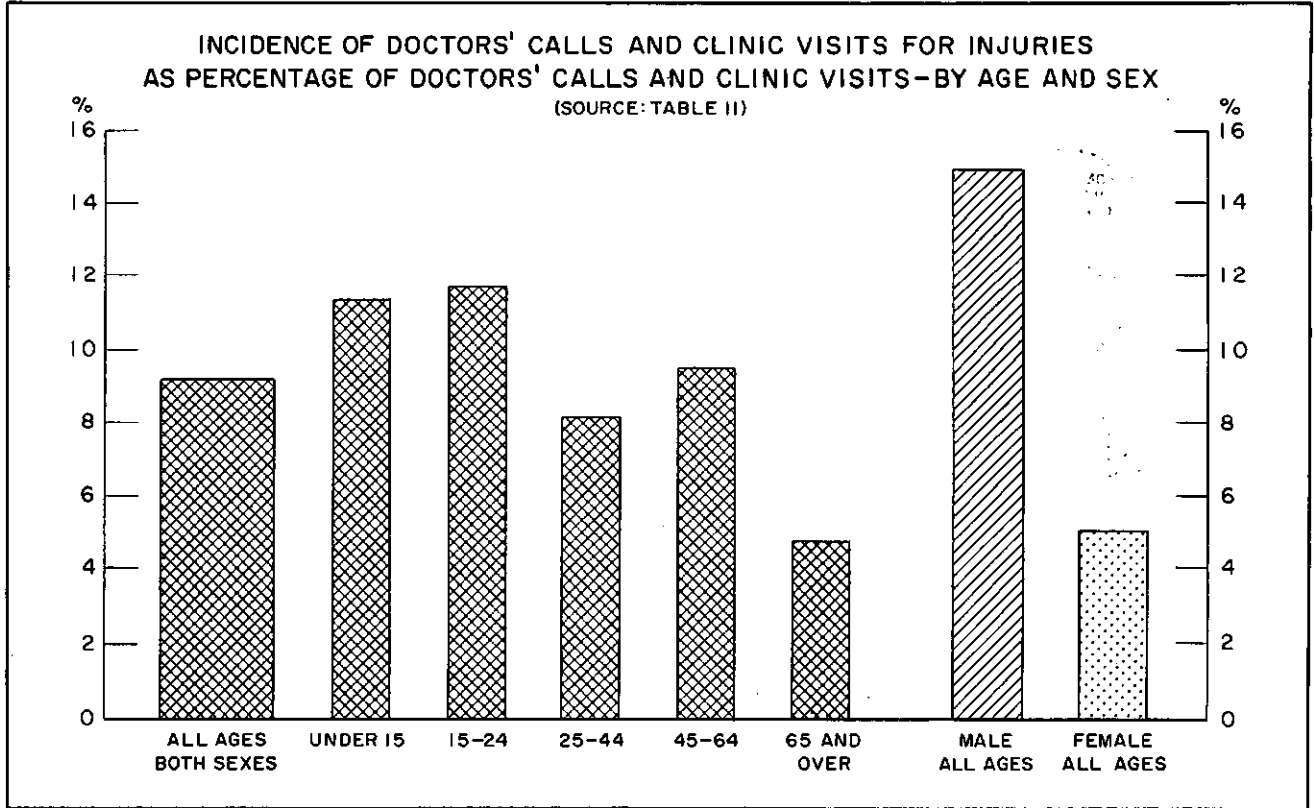


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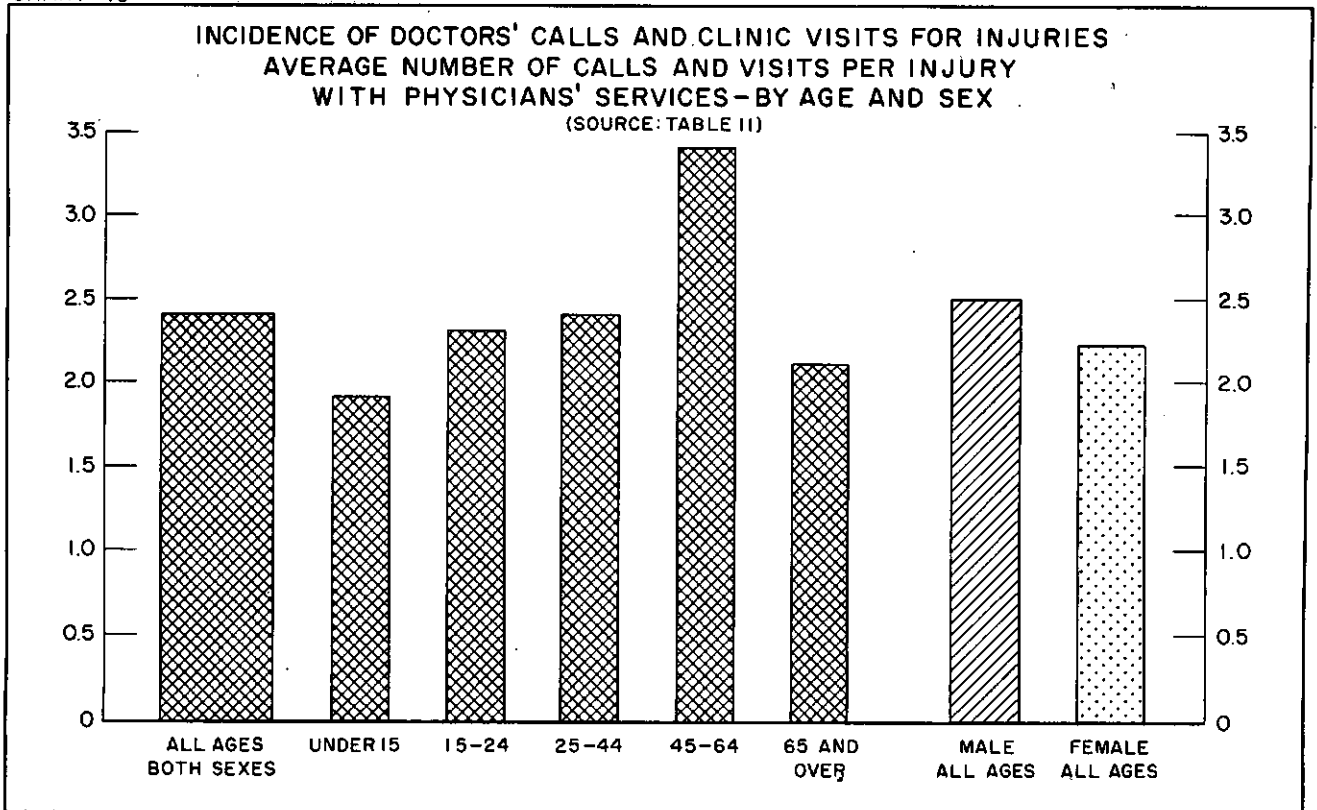
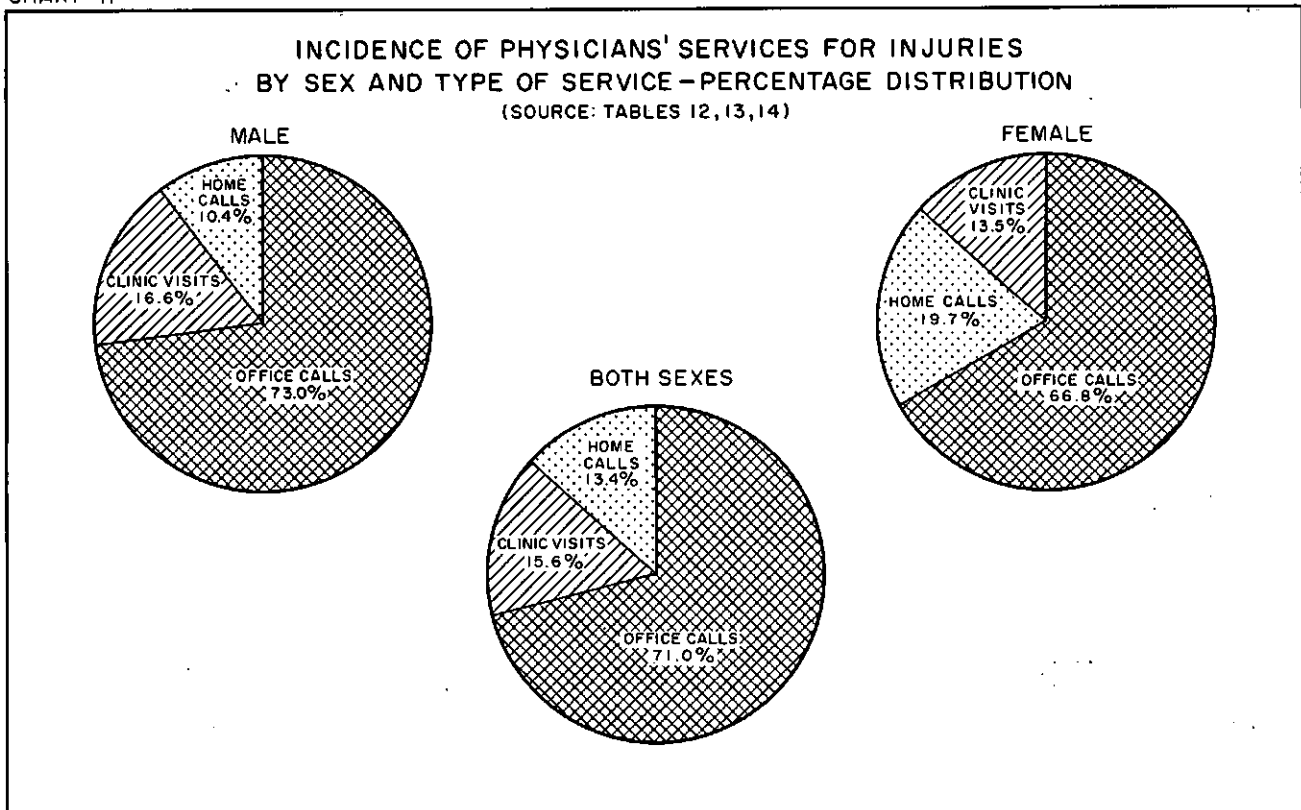


CHART-11



External Cause of Injuries (Table 15).—While there were no substantial differences found in the average number of doctors' calls and clinic visits per injury between the external cause, the fact that **transport** and **motor vehicle** injuries were the most severe, (see p. 32), was confirmed by means of the total count of physicians' services. Motor vehicle injuries were attended by a physician in almost 67% of the cases, while only 51.4% of the **non-transport** injuries received physicians' care.

Nature of Injuries (Table 16).—Out of five diagnostic groups which could be estimated separately, 84.0% of the **fractures** required physicians' services. Although no reliable estimate for fractures with in-patient hospital care could be obtained, it may be quite safely assumed that most of the remaining 16% were treated in hospital. The other four diagnostic groups required physicians' services for about 50.0% of the injuries.

Place of Occurrence of Injuries (Table 17).—The highest proportion of physicians' care was received for injuries which occurred in **industrial places, mines and quarries** which were attended in

about 61 cases out of a hundred by a physician. An injury of this type required on the average 3.9 doctors' calls and clinic visits. The lowest averages for physicians' services were found for **home** injuries.

In-Patient Hospital Care (Table 18)

Some 156,000 injuries (or 8.9% of all injuries) were treated in hospitals. On the average 11% of hospitalized persons were hospitalized because of an injury. All persons hospitalized because of injuries reported 2,224,000 person-days of hospitalization, averaging 14 person-days of hospitalization per hospitalized injury. Just over 10% of all person-days of hospitalization during the survey year were due to injuries. It appears therefore that injured persons received about the same amount of hospitalization as persons ill in general.

Males were hospitalized because of injuries more often than females. However, the average number of person-days of hospitalization per injury with in-patient hospital care was the same for both sexes.

FINDINGS

SECTION II (Tables 19-22)

HOME INJURIES

Incidence of Home Injuries

Some 717,000 injuries, or 41% of all injuries, occurred at home during the survey. On the average 1,965 home injuries were experienced every day in Canada. Out of every 1,000 persons 46 reported home injuries. Every 1,000 persons reporting home injuries experienced 1,164 of them. Comparing this average with the averages for injuries which occurred at other specified places (see Table 4), it was found that home injuries and injuries experienced in industrial premises, mines and quarries tended to be experienced more than once by the same person more often than injuries which occurred at any other place.

Age-Sex Differences for Home Injuries

(Table 19)

It can be said that the trends for home injuries within the age-sex groups were atypical of all injuries.

It was found that home injuries were the only type of injuries (possibly with the exception of injuries occurring on streets and highways) which were experienced more often by women than by men.¹⁷ On the other hand, the male population

¹⁷ This finding seems to be an obvious one considering the fact that women spent on the average more time at home than men. However, the circumstance that the informants were mainly housewives, may have introduced a slight bias into this phenomenon.

tended to suffer more than one injury at home more often than female population.

Children under 15 of both sexes combined suffered far more home injuries than any other age group. The trend in the following age groups showed an increased number of injuries with increasing age. Boys under 15 had the highest rate of all age-sex groups among the reliable estimates.

Similar and even more distinct tendencies were observed while comparing the proportion of home injuries to all injuries. Whereas females suffered 55.0% of all injuries at home, the proportion for males was 32.3%. Children under 15 and persons of 65 and over showed higher proportions of home injuries than any other age group. Comparing the rates of home injuries per 1,000 population with the proportions of home injuries to all injuries, it was observed that in both sets of averages the trends were quite similar. The only substantial difference was found for persons of 65 and over. Their rate of home injuries per 1,000 population was higher than the rates for the 15-64 groups, but much smaller than the rate for children under 15. However, their proportion of home injuries to all injuries was the highest of all age groups. The fact that persons 65 and over had the highest rate of home injuries and the lowest rate of all injuries, indicates that they were particularly prone to home injuries (see Table 1).

CHART-12

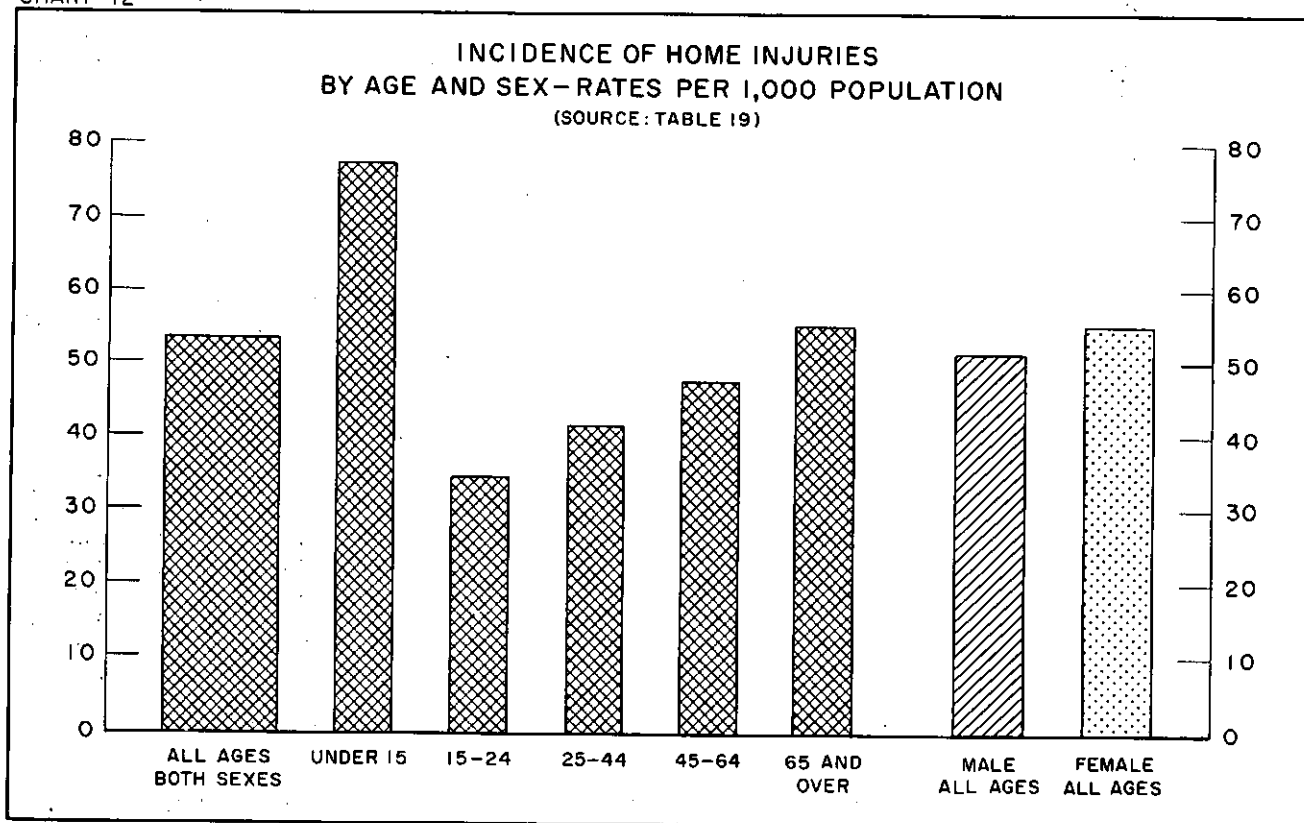
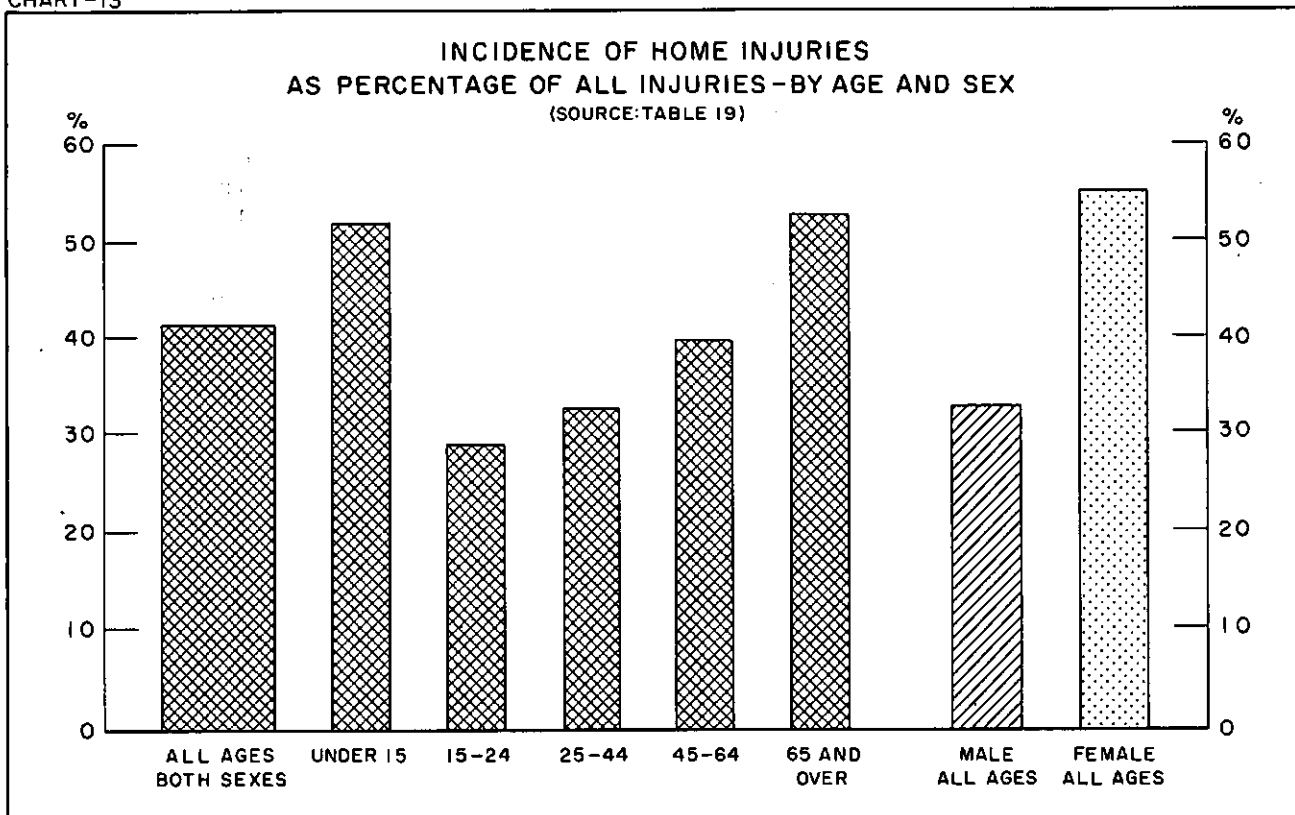


CHART-13



External Cause of Home Injuries (Table 20)

Falls were the most common cause of home injuries. Falls from one level to another were more common than falls on the same level. Falls were followed by injuries caused by **cutting and piercing instruments** and injuries due to **fire, combustion, hot and corrosive substance**. 53.7% of all non-transport falls and 55.0% of all non-transport injuries due to cutting and piercing instruments occurred at home. Over three quarters of all non-transport injuries caused by **fire, combustion, hot and corrosive substance**, were experienced at home.

Home injuries caused by cutting and piercing instruments, and by fire, combustion, hot and corrosive substance tended to be suffered more than once by the same person more often than falls.

Nature of Home Injuries (Table 21)

Lacerations and open wounds were the most common injuries experienced at home, and **fractures** the least common. Although home injuries of any nature represented 41.0% of all injuries, it was found that more lacerations and open wounds were suffered at home than at any other place. As home was the commonest place for injuries caused by **fire, combustion, hot and corrosive substance**, it was also the most typical place for burns.

Lacerations and open wounds suffered at home tended to be experienced more than once by the same person more often than any other diagnostic group.

Severity of Home Injuries (Table 22)

Almost 33% of all home injuries resulted in disability. Since 40.9% of all injuries were disabling ones (see Table 5), it may be concluded that home injuries were on the average less severe than all injuries. As it was shown previously (see Table 9), home injuries were on the average least severe of injuries which occurred at some other place.

When all home injuries were compared with disabling home injuries, it appeared that 32% of all home injuries had a complaint period of 6 days or less, while 55% of disabling injuries had the same duration. Comparing the percentage distribution of all injuries with complaints of various durations (see Table 10) with the same distribution of home injuries, it was found that home injuries showed very much the same pattern as all injuries. Comparing in the same way all disabling injuries (see Table 10) with disabling home injuries, it appeared that the latter tended to be of even shorter duration than all disabling injuries. This finding gives a further support to the thesis that home injuries were on the average less severe than other injuries.

CHART - 14

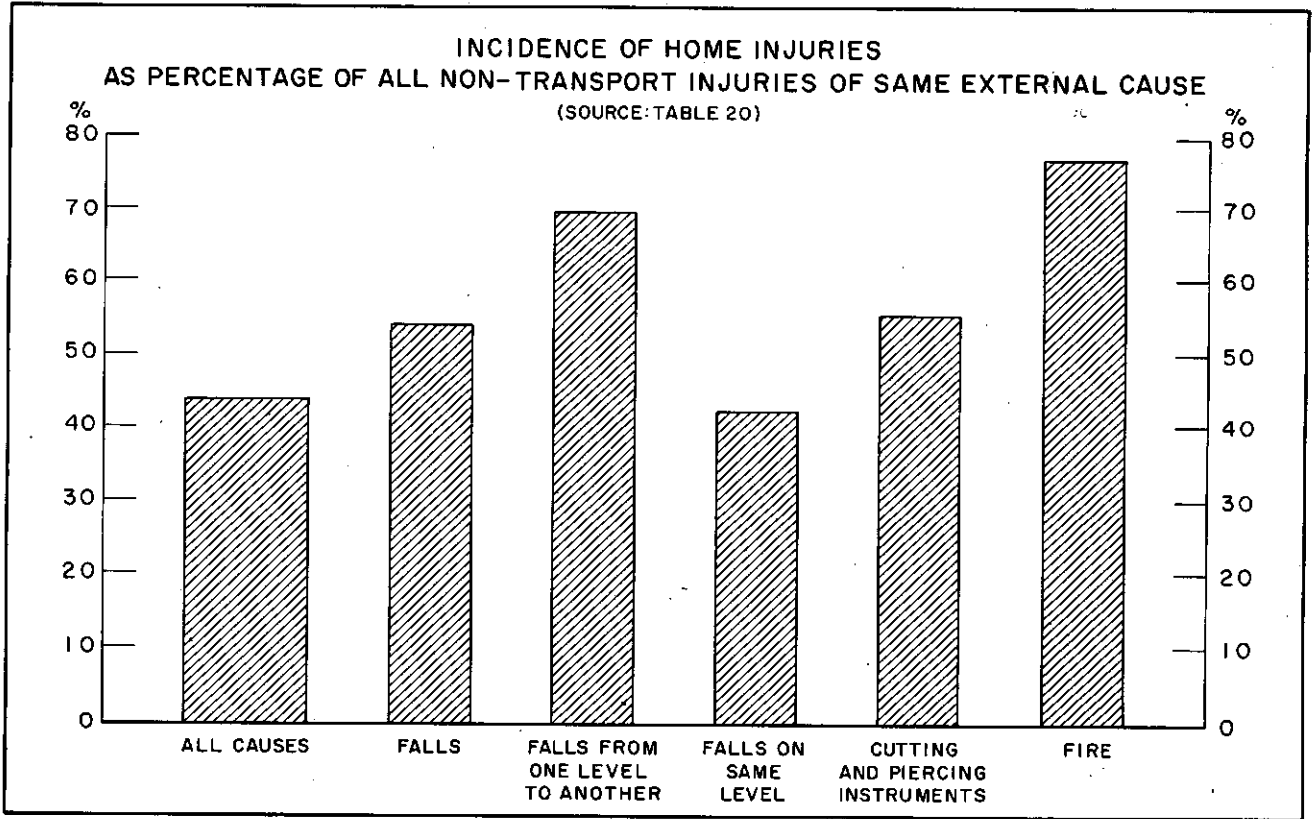
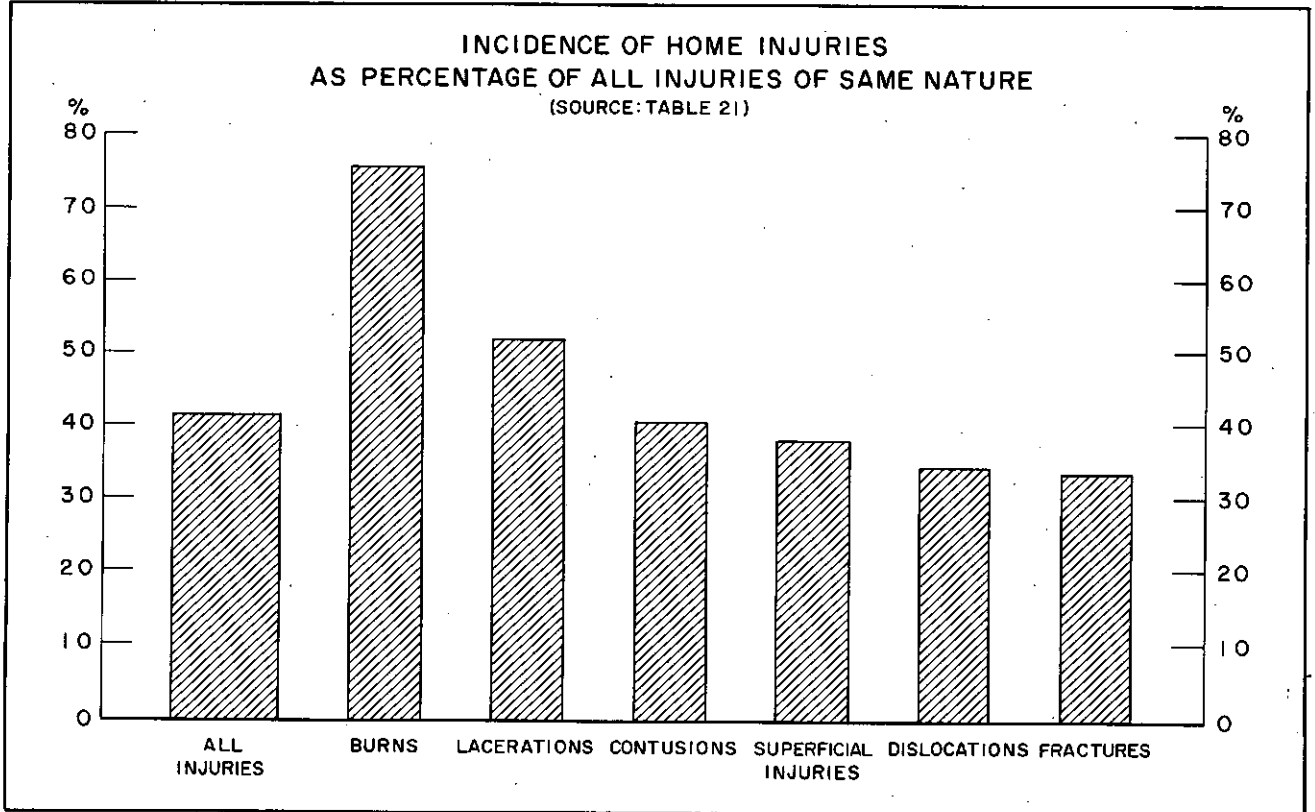


CHART - 15



**TABLE 1. Incidence of Injuries during Survey Year,
by Age and Sex**

Age-sex groups	Persons reporting injuries			Injuries reported					
	Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	As percentage of all new and recurring illnesses ¹	Rate per 1,000 population	Rate per 1,000 persons reporting injuries	Percentage distribution	Average daily incidence
	thousands			thousands					
Both sexes	1,448	107	100.0	1,748	5.4	129	1,207	100.0	4,789
Under 15	485	118	33.5	612	4.9	149	1,262	35.0	1,676
15-24	201	98	13.9	241	6.4	118	1,198	13.8	860
25-44	417	107	28.8	499	5.4	128	1,195	28.5	1,367
45-64	246	102	17.0	286	5.8	118	1,161	16.3	783
65 and over	99	94	6.8	111	5.0	105	1,121	6.3	303
Male	872	128	100.0	1,072	7.2	157	1,230	100.0	2,938
Under 15	296	141	33.9	380	5.9	181	1,286	35.5	1,042
15-24	130	129	14.9	160	10.0	159	1,227	14.9	438
25-44	261	135	29.9	320	8.6	165	1,224	29.8	875
45-64	134	107	15.4	159	7.2	127	1,186	14.8	435
65 and over	51	95	5.8	54	5.5	101	1,063	5.0	148
Female	577	86	100.0	676	3.8	101	1,172	100.0	1,852
Under 15	189	94	32.8	232	3.8	115	1,224	34.3	635
15-24	71	68	12.3	81	3.7	78	1,146	12.0	222
25-44	156	79	27.1	179	3.2	91	1,146	26.5	491
45-64	112	96	19.5	127	4.7	109	1,132	18.8	348
65 and over	48	92	8.3	57	4.7	109	1,183	8.4	155

¹ For the estimated number of all new and recurring illnesses in the survey year, see *Canadian Sickness Survey, 1950-51*, No. 11, Table 16 B, col. 1.

**TABLE 2. Incidence of Injuries during Survey Year,
by External Cause**

External cause	International classification	Persons reporting injuries			Injuries reported				
		Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	Rate per 1,000 population	Rate per 1,000 persons reporting injuries	Percentage distribution	Average daily incidence
		thousands			thousands				
Any cause	E800 - E999	1,448	107.0	100.0	1,748	129.1	1,207	100.0	4,789
Transport	E800 - E866	96	7.1	6.6	101	7.4	1,053	5.8	276
Motor vehicle	E810 - E835	67	4.9	4.6	70	5.2	1,048	4.0	192
Non-transport	E870 - E999	1,369	101.1	94.5	1,647	121.7	1,204	94.2	4,513
Any fall	E900 - E904	451	33.3	31.2	485	35.9	1,076	27.8	1,330
Fall from one level to another	E900 - E902	150	11.1	10.4	155	11.4	1,029	8.8	423
Fall on same level)	E903	141	10.4	9.7	149	11.0	1,060	8.6	409
Unspecified fall	E904	170	12.6	11.8	181	13.4	1,065	10.4	497
Blow from falling object	E910	58	4.3	4.0	62	4.6	1,066	3.5	169
Machinery	E912	49	3.6	3.4	53	3.9	1,067	3.0	144
Cutting and piercing instrument	E913	241	17.8	16.6	263	19.4	1,091	15.0	720
Fire, combustion, hot and corrosive substance	E916 - E917	106	7.8	7.3	115	8.5	1,083	6.6	315
Foreign body entering through orifice	E920 - E923	47	3.5	3.3	50	3.7	1,059	2.9	137
Animal	E927 - E928	58	4.3	4.0	60	4.5	1,046	3.5	166
Medical and surgical procedure	E940 - E959	48	3.5	3.3	53	3.9	1,113	3.1	146
Other non-transport and unspecified	E870 - E895, E911, E914, E915, E918, E919, E924 - E926, E929 - E936, E960 - E999	460	34.0	31.8	506	37.4	1,100	28.9	1,386

**TABLE 3. Incidence of Injuries during Survey Year
by Nature of Injury**

Nature of injury	International classification	Persons reporting injuries			Injuries reported				
		Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	Rate per 1,000 population	Rate per 1,000 persons reporting injuries	Percentage distribution	Average daily incidence
Any injury	N800-N999	1,448	107.0	100.0	1,748	129.1	1,207	100.0	4,789
Fracture	N800-N829	173	12.8	12.0	178	13.1	1,027	10.2	487
Dislocation, sprain and strain	N830-N848	298	22.0	20.6	310	22.9	1,042	17.8	851
Laceration and open wound	N870-N908	359	26.5	24.8	402	29.7	1,120	23.0	1,102
Superficial injury	N910-N918	89	6.6	6.1	94	7.0	1,062	5.4	258
Contusion and crushing	N920-N929	250	18.5	17.3	261	19.3	1,046	14.9	716
Burn	N940-N949	111	8.2	7.7	119	8.8	1,072	6.8	327
Other and unspecified	N850-N869, N930-N936, N950-N999	355	26.2	24.5	383	28.3	1,077	21.9	1,048

**TABLE 4. Incidence of Non-Transport Injuries during Survey Year
by Place of Occurrence**

Place of occurrence	International classification	Persons reporting injuries			Injuries reported				
		Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	Rate per 1,000 population	Rate per 1,000 persons reporting injuries	Percentage distribution	Average daily incidence
Any place	E870 -E999	1,369	101.1	100.0	1,647	121.7	1,204	100.0	4,513
Home	E870.0-E999.0	616	45.5	45.0	717	53.0	1,164	43.5	1,965
Farm	E870.1-E999.1	65	4.8	4.8	70	5.2	1,073	4.3	192
Industrial premises, mine, quarry	E870.2-E999.2 E870.3-E999.3	139	10.3	10.2	164	12.1	1,178	10.0	450
Place for recreation and sport	E870.4-E999.4	62	4.6	4.6	68	5.0	1,091	4.1	187
Street and highway	E870.5-E999.5	95	7.0	6.9	101	7.4	1,060	6.1	276
Public building and resident institution	E870.6-E999.6 E870.7-E999.7	93	6.9	6.8	103	7.6	1,107	6.3	282
Other and unspecified	E870.8-E999.8 E870.9-E999.9	395	29.2	28.9	424	31.3	1,073	25.7	1,161

TABLE 5. Incidence of Disabling Injuries during Survey Year
by Age and Sex

Age—sex groups	Persons reporting disabling injuries				Disabling injuries reported						
	Number of persons	As percentage of persons reporting any injury ¹	Rate per 1,000 population	Percentage distribution	Number of disabling injuries	As percentage of all injuries ²	As percentage of all disabling (new and recurring) illnesses ³	Rate per 1,000 population	Rate per 1,000 persons reporting disabling injuries	Percentage distribution	Average daily incidence
	thousands				thousands						
Both sexes	658	45.3	49	100.0	716	40.9	4.7	53	1,087	100.0	1,960
Under 15	194	40.1	47	29.5	212	34.7	3.3	52	1,093	29.7	582
15-24	95	47.3	46	14.4	107	44.3	5.6	52	1,122	14.9	292
25-44	193	46.3	49	29.3	208	41.7	5.6	53	1,077	29.1	570
45-64	123	50.2	51	18.8	133	46.8	6.3	55	1,078	18.6	365
65 and over	52	53.1	50	8.0	55	50.0	5.6	52	1,055	7.7	151
Male	438	50.3	64	100.0	485	45.2	6.7	71	1,107	100.0	1,329
Under 15	120	40.7	57	27.4	133	35.1	4.0	64	1,110	27.5	365
15-24	67	51.1	66	15.2	77	48.0	9.3	76	1,154	15.8	210
25-44	144	55.1	74	32.8	158	49.5	10.1	82	1,101	32.6	433
45-64	78	58.1	62	17.7	86	54.3	8.4	69	1,107	17.8	236
65 and over .....	..	..	..	..	..	..	..	..	..	..	..
Female	220	38.2	33	100.0	230	34.1	2.9	34	1,047	100.0	631
Under 15	74	39.2	37	33.7	79	34.1	2.5	39	1,067	34.3	217
15-24 .....	..	..	..	..	..	..	..	..	..	..	..
25-44	49	31.6	25	22.5	50	27.8	2.3	25	1,006	21.6	136
45-64	46	40.7	39	20.7	47	37.0	4.3	40	1,029	20.4	129
65 and over .....	..	..	..	..	..	..	..	..	..	..	..

¹ For the estimated number of persons reporting any injury during the survey year, see Table 1 of this Bulletin.

² For the estimated number of all injuries reported during the survey year, see Table 1 of this Bulletin.

³ For the estimated number of all disabling illnesses commencing during the survey year, see *Canadian Sickness Survey, 1950-51, No. 7, Table 5, col. (8).*

.. Reliable estimate not available.

TABLE 6. Severity of Injuries during Survey Year
by Age and Sex

Age—sex groups	Number of all injuries	Complaint days reported			Number of disabling injuries	Disability days reported			
		Number of complaint days	Percentage distribution	Average number of complaint days per injury		Number of disability days	As percentage of complaint days	Percentage distribution	Average number of disability days per disabling injury
	thousands				thousands				
Both sexes	1,748	36,936	100.0	21.1	716	10,619	28.7	100.0	14.8
Under 15	613	7,852	21.3	12.8	212	1,751	22.3	16.5	8.2
15-24	241	5,282	14.3	21.9	107	1,582	30.0	14.9	14.8
25-44	499	11,393	30.8	22.8	208	3,398	29.8	32.0	16.3
45-64	286	8,640	23.4	30.2	133	2,639	30.5	24.9	19.8
65 and over	111	3,769	10.2	34.1	55	1,249	33.1	11.8	22.6
Male	1,072	21,632	100.0	20.2	485	7,723	35.7	100.0	15.9
Under 15	380	5,097	23.6	13.4	133	1,225	24.0	15.9	9.2
15-24	160	3,491	16.1	21.8	77	1,239	35.6	16.0	16.1
25-44	320	7,295	33.7	22.8	158	2,765	37.9	35.8	17.5
45-64	159	4,398	20.3	27.7	86	1,802	41.0	23.3	20.9
65 and over	54	1,352	6.3	25.1	..	..	..	..	..
Female	676	15,304	100.0	22.6	230	2,896	18.9	100.0	12.6
Under 15	232	2,754	18.0	11.9	79	526	19.1	18.2	6.7
15-24	81	1,792	11.7	22.1	..	..	..	..	..
25-44	179	4,097	26.8	22.8	50	633	15.5	21.9	12.7
45-64	127	4,244	27.7	33.4	47	837	19.7	28.9	17.8
65 and over	57	2,417	15.8	42.7	..	..	..	..	..

.. Reliable estimate not available.

INJURIES - FREQUENCY - SEVERITY - HEALTH CARE

TABLE 7. Severity of Injuries during Survey Year
by External Cause

External cause	Inter-national classification	Number of all injuries	Complaint days reported			Number of disabling injuries	Disability days reported			
			Number of complaint days	Percentage distribution	Average number of complaint days per injury		Number of disability days	As percentage of complaint days	Percentage distribution	Average number of disability days per disabling injury
			thousands				thousands			
Any cause	E800-E999	1,748	36,936	100.0	21.1	716	10,619	28.7	100.0	14.8
Transport	E800-E866	101	2,558	6.9	25.5	49	845	33.0	8.0	17.1
Motor vehicle	E810-E835	70	2,007	5.4	28.7	36	646	32.2	6.1	18.8
Non-transport	E870-E999	1,647	34,378	93.1	20.9	666	9,774	28.4	92.0	14.7
Any fall	E900-E904	485	13,531	36.6	27.9	216	4,481	33.1	42.2	20.8
Fall from one level to another	E900-E902	155	4,060	11.0	26.3	70	1,250	30.8	11.8	17.8
Fall on same level	E903	149	5,121	13.9	34.3	58	1,669	32.6	15.7	28.9
Unspecified fall	E904	181	4,349	11.8	24.0	88	1,562	35.9	14.7	17.8
Cutting and piercing instrument	E913	263	4,020	10.9	15.3	84	740	18.4	7.0	8.8
Blow from falling object	E910	62	1,166	3.2	18.9					
Machinery	E912	53	1,334	3.6	25.3					
Fire, combustion, hot and corrosive substance	E916-E917	115	1,709	4.6	14.9					
Foreign body entering through orifice	E920-E923	50	506	1.4	10.1					
Animal	E927-E928	60	886	2.4	14.7					
Medical and surgical procedure	E940-E959	53	507	1.4	9.5					
Other non-transport and unspecified	E870-E895, E911, E914, E915, E918, E919, E924-E926, E929-E936, E960-E999	506	10,720	29.0	21.0					
		899	16,827	45.6	18.7	367 ¹	4,553 ¹	27.1 ¹	42.9 ¹	12.4 ¹

¹ Reliable estimates for individual causes not available.TABLE 8. Severity of Injuries during Survey Year
by Nature of Injury

Nature of injury	Inter-national classification	Number of all injuries	Complaint days reported			Number of disabling injuries	Disability days reported			
			Number of complaint days	Percentage distribution	Average number of complaint days per injury		Number of disability days	As percentage of complaint days	Percentage distribution	Average number of disability days per disabling injury
			thousands				thousands			
Any Injury	N800-N999	1,748	36,936	100.0	21.1	716	10,619	28.7	100.0	14.8
Fracture	N800-N829	178	8,985	24.3	50.6	119	4,310	48.0	40.6	36.4
Dislocation, sprain and strain	N830-N848	310	7,476	20.2	24.1	142	1,777	23.8	16.7	12.5
Laceration and open wound	N870-N908	402	5,959	16.1	14.8	127	1,195	20.1	11.3	9.4
Contusion and crushing	N920-N929	261	5,853	15.8	22.4	102	894	15.3	8.4	8.8
Superficial injury	N910-N918	94	1,335	3.6	14.2					
Burn	N940-N949	119	1,783	4.8	23.0	226 ¹	2,443 ¹	28.2 ¹	23.0 ¹	10.8 ¹
Other and unspecified	N850-N869, N930-N936, N950-N999	383	5,546	15.0	14.5					
		596	8,663	23.0	14.5					

¹ Reliable estimates for individual categories not available.

**TABLE 9. Severity of Non-Transport Injuries during Survey Year
by Place of Occurrence**

Place of occurrence	International classification	Number all of injuries	Complaint days reported			Number of disabling injuries	Disability days reported			
			Number of complaint days	Percentage distribution	Average number of complaint days per injury		Number of disability days	As percentage of complaint days	Percentage distribution	Average number of disability days per disabling injury
			thousands				thousands			
Any place	E870-E999	1,647	34,378	100.0	20.9	666	9,774	28.4	100.0	14.7
Home	E870.0-E999.0	717	13,648	39.7	19.0	236	2,749	20.1	28.1	11.7
Industrial premises, mine, quarry	E870.2-E999.2 E870.3-E999.3	164	4,456	13.0	27.1	84	2,063	46.3	21.1	24.5
Street and highway	E870.5-E999.5	101	2,766	8.0	27.5	45	1,126	40.7	11.5	25.2
Farm	E870.1-E999.1	70	1,577	4.6	22.5	301 ¹	3,836 ¹	28.4 ¹	39.2 ¹	12.7 ¹
Place for recreation and sport	E870.4-E999.4	68	1,386	4.0	20.3					
Public building and resident institution	E870.6-E999.6 E870.7-E999.7	665	13,507	39.3	20.3					
Other and unspecified	E870.8-E999.8 E870.9-E999.9	103	2,517	7.3	24.4					
		424	8,027	23.3	18.9					

¹ Reliable estimates for individual places of occurrence not available.

**TABLE 10. Severity of Injuries during Survey Year
by Duration of Sickness**

Duration of sickness	All injuries ¹			Disabling injuries			
	Total	Rate per 1,000 population	Percentage distribution	Total	As percentage of "all injuries"	Rate per 1,000 population	Percentage distribution
	thousands			thousands			
Totals	1,748	129.1	100.0	716	40.9	52.9	100.0
1 day	90	6.6	5.1	101	112.4	7.5	14.1
2-3 days	219	16.2	12.5	155	71.0	11.5	21.7
4-6 days	266	19.6	15.2	102	38.4	7.5	14.3
7-13 days	472	34.9	27.0	158	33.5	11.7	22.1
14-20 days	232	17.1	13.3	69	29.7	5.1	9.6
21 days or more	469	34.7	26.9	130	27.7	9.6	18.1

¹ All injuries include non-disabling and disabling injuries. The duration of sickness is here expressed in terms of complaint days. The duration of sickness for disabling injuries is expressed in terms of disability days.

**TABLE 16. Volume of Physicians' Services for Injuries during Survey Year
by Nature of Injury**

Nature of injury	International classification	Persons reporting physicians' services for injuries			Injuries with physicians' services			Doctors' calls and clinic visits for injuries		
		Total	Per-centage distribution	Rate per 1,000 population	Total	Per-centage distribution	As per-centage of all injuries of same nature ¹	Total	Per-centage distribution	Average number per injury with physicians' services
		thousands			thousands			thousands		
Any injury	N800-N999	822	100.0	60.7	910	100.0	52.1	2,192	100.0	2.4
Fracture	N800-N829	147	17.9	10.8	150	16.4	84.2	437	19.9	2.9
Dislocation, sprain and strain	N830-N848	148	18.0	10.9	153	16.8	49.3	360	16.4	2.4
Laceration and open wound	N870-N908	199	24.2	14.7	210	23.1	52.1	563	25.7	2.7
Contusion and crushing	N920-N929	126	15.4	9.3	128	14.0	48.8	276	12.6	2.2
Other and unspecified	N850-N869, N910-N918, N930-N999	255	31.1	18.9	270	29.6	45.2	556	25.4	2.1

¹ For the estimated number of all injuries by their nature reported during the survey year, see Table 3 of this Bulletin.

**TABLE 17. Volume of Physicians' Services for Non-Transport Injuries during Survey Year
by Place of Occurrence**

Place of occurrence	International classification	Persons reporting physicians' services for injuries			Injuries with physicians' services			Doctors' calls and clinic visits for injuries		
		Total	Per-centage distribution	Rate per 1,000 population	Total	Per-centage distribution	As per-centage of all injuries occurring in same place ¹	Total	Per-centage distribution	Average number per injury with physicians' services
		thousands			thousands			thousands		
Any place	E870-E999	765	100.0	56.5	847	100.0	51.4	2,037	100.0	2.4
Home	E870.0-E999.0	322	42.0	23.8	348	41.1	48.6	758	37.2	2.2
Industrial premises, mine, quarry	E870.2-E999.2 E870.3-E999.3	93	12.2	6.9	100	11.8	60.9	392	19.2	3.9
Street and highway	E870.5-E999.5	48	6.3	3.5	50	5.9	49.4	108	5.3	2.2
Public building and resident institution	E870.6-E999.6 E870.7-E999.7	54	7.0	4.0	56	6.6	54.0	124	6.1	2.2
Other and unspecified	E870.1-E999.1 E870.4-E999.4 E870.8-E999.8 E870.9-E999.9	277	36.1	20.4	293	34.6	52.1	655	32.1	2.2

¹ For the estimated number of all non-transport injuries by place of occurrence reported during the survey year, see Table 4 of this Bulletin.

**TABLE 18. Volume of In-Patient Hospital Care for Injuries during Survey Year
by Sex**

Sex	Persons reporting in-patient hospital care for injuries				Injuries with in-patient hospital care			Person-days of hospitalization for injuries			
	Total	Per-centage distribution	Rate per 1,000 population	As percentage of persons reporting any in-patient hospital care ¹	Total	Per-centage distribution	As per-centage of all injuries ²	Total	Per-centage distribution	As per-centage of all person-days of hospitalization ³	Average number per injury with in-patient hospital care
	thousands				thousands			thousands			
Both sexes	152	100.0	11	11.0	156	100.0	8.9	2,224	100.0	10.2	14
Male	103	68.0	15	18.4	107	68.8	10.0	1,546	69.5	15.3	14
Female	48	32.0	7	5.9	49	31.2	7.2	678	30.5	5.8	14

¹ For the estimated number of persons reporting any in-patient hospital care during the survey year, see *Canadian Sickness Survey, 1950-51*, No. 8, Table 8, col. (b).

² For the estimated number of injuries reported during the survey year, see Table 1 of this Bulletin.

³ For the estimated number of all person-days of hospitalization reported during the survey year, see *Canadian Sickness Survey, 1950-51*, No. 8, Table 10, col. (f). These figures have been revised since; the revised figures have been used for calculation of this column.

**TABLE 19. Incidence of Home Injuries during Survey Year
by Age and Sex**

Age—sex groups	Persons reporting home injuries			Home injuries reported					
	Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	As percentage of all injuries ¹	Rate per 1,000 population	Rate per 1,000 persons reporting home injuries	Percentage distribution	Average daily incidence
	thousands			thousands					
Both sexes	616	46	100.0	717	41.0	53	1.164	100.0	1.965
Under 15	259	63	42.0	317	51.8	77	1.225	44.2	888
15-24	64	31	10.4	69	28.8	34	1.089	9.7	190
25-44	140	36	22.8	161	32.2	41	1.145	22.4	440
45-64	105	43	17.0	113	39.4	47	1.077	15.7	308
65 and over	49	47	8.0	58	52.3	55	1.175	8.1	158
Male	290	43	100.0	346	32.3	51	1.192	100.0	948
Under 15	154	73	52.9	192	50.5	91	1.249	55.5	526
15-24 .....	..	..	..	..	..	..	..	..	..
25-44	51	26	17.5	58	18.3	30	1.151	16.9	160
45-64	54	30	18.6	60	28.2	34	1.109	17.3	164
65 and over .....	..	..	..	..	..	..	..	..	..
Female	326	49	100.0	371	55.0	55	1.139	100.0	1,018
Under 15	105	52	32.2	125	53.9	62	1.189	33.6	342
15-24 .....	..	..	..	..	..	..	..	..	..
25-44	90	45	27.4	102	57.0	52	1.142	27.5	280
45-64	67	57	20.4	70	55.4	60	1.058	19.0	193
65 and over .....	..	..	..	..	..	..	..	..	..

¹ For the estimated number of all injuries reported during the survey year, see Table 1 of this Bulletin.

.. Reliable estimate not available.

**TABLE 20. Incidence of Home Injuries during Survey Year
by External Cause**

External cause	International classification	Persons reporting home injuries			Home injuries reported					
		Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	As percentage of all non-transport injuries of same external cause ¹	Rate per 1,000 population	Rate per 1,000 persons reporting home injuries	Percentage distribution	Average daily incidence
		thousands			thousands					
Any cause	E870.0-E999.0	616	45.5	100.0	717	43.5	53.0	1.164	100.0	1.965
Any fall	E900.0-E904.0	245	18.1	39.7	261	53.7	19.3	1.065	36.3	714
Fall from one level to another	E900.0-E902.0	104	7.7	16.9	107	69.1	7.9	1.026	14.9	292
Fall on same level	E903.0	59	4.4	9.6	62	41.8	4.6	1.056	8.7	171
Unspecified falls	E904.0	88	6.5	14.3	91	50.4	6.8	1.037	12.7	250
Cutting and piercing instrument ...	E913.0	131	9.7	21.2	145	55.0	10.7	1.104	20.2	396
Fire, combustion, hot and corrosive substance	E916.0-E917.0	80	5.9	13.0	88	76.6	6.5	1.100	12.3	241
Other and unspecified	E870.0-E895.0, E910.0-E912.0, E914.0-E915.0, E918.0-E999.0	208	15.3	33.7	224	28.6	16.5	1.078	31.2	613

¹ For the estimated number of all non-transport injuries by external cause reported during the survey year, see Table 2 of this Bulletin.

INJURIES - FREQUENCY - SEVERITY - HEALTH CARE

TABLE 21. Incidence of Home Injuries during Survey Year
by Nature of Injury

Nature of injury	International classification	Persons reporting home injuries			Home injuries reported					
		Number of persons	Rate per 1,000 population	Percentage distribution	Number of injuries	As percentage of all injuries of same nature ¹	Rate per 1,000 population	Rate per 1,000 persons reporting home injuries	Percentage distribution	Average daily incidence
		thousands			thousands					
Any injury	N800-N999	616	45.5	100.0	717	41.0	53.0	1,164	100.0	1,965
Fracture	N800-N829	58	4.3	9.5	60	33.6	4.4	1,023	8.3	164
Dislocation, sprain and strain ..	N830-N848	105	7.8	17.0	106	34.3	7.9	1,015	14.8	292
Laceration and open wound	N870-N908	188	13.9	30.5	209	51.9	15.4	1,110	29.1	572
Superficial injury	N910-N918	34	2.5	5.6	35	37.6	2.6	1,028	4.9	97
Contusion and crushing	N920-N929	102	7.6	16.6	105	40.1	7.7	1,024	14.6	287
Burn	N940-N949	83	6.1	13.5	90	75.6	6.7	1,087	12.6	247
Other and unspecified	N850-N869, N930-N936, N950-N999	107	7.9	17.3	112	29.2	8.3	1,045	15.6	306

¹ For the estimated number of all injuries reported during the survey year, see Table 1 of this Bulletin.

TABLE 22. Severity of Home Injuries during Survey Year
by Duration of Sickness

Duration of complaint	All home injuries ¹			Disabling home injuries			
	Total	Rate per 1,000 population	Percentage distribution	Total	As percentage of "all home injuries"	Rate per 1,000 population	Percentage distribution
	thousands			thousands			
Totals	717	53.0	100.0	236	32.9	17.1	100.0
1-3 days } 1-6 days	113 } 228	8.3 } 16.9	15.7 } 31.8	83 } 125	73.6 } 54.9	6.1 } 9.3	35.2 } 53.2
4-6 days }	116 }	8.5 }	16.1 }	42 }	36.6 }	3.1 }	18.0 }
7-13 days	202	14.9	28.2	57	28.1	4.2	24.1
14 days or more	287	21.2	40.0	54	18.7	4.0	22.8

¹ All home injuries include non-disabling and disabling home injuries. The duration of sickness is here expressed in terms of complaint days. The duration of sickness for disabling home injuries is expressed in terms of disability days.

APPENDIX - Survey Population,
by Age and Sex

Both sexes	Number of persons	Male	Number of persons	Female	Number of persons
	thousands		thousands		thousands
All ages	13,538	All ages	6,818	All ages	6,720
Under 15	4,116	Under 15	2,099	Under 15	2,017
15-24	2,049	15-24	1,007	15-24	1,042
25-44	3,903	25-44	1,932	25-44	1,971
45-64	2,415	45-64	1,245	45-64	1,170
65 and over	1,054	65 and over	534	65 and over	520

