

has to do is to read the books of Dr. Penfield. The latest book to which I shall refer is entitled "Medicine in Transition" by Iago Galdston, M.D. I will quote from the foreword by Lord Cohen of Birkenhead, President of the Royal Society of Medicine:

Dr. Galdston's earlier writings on the social science of medicine in a world of change stamp him as one of the outstanding medical philosophers of our time.

Here is a very important point as to what we are running into as all these services are being given. Dr. Galdston, at page 173 of his book, states:

With the recession of the infectious diseases, but not necessarily because of their recession, the functional and physiological disorders have now come to the fore. It is possible that some of these disorders have become demographically significant because in time past many of their victims would not have successfully run the gauntlet of the infectious diseases. But, whatever the reasons, a great many of the present-day disorders requiring medical service are distinctively functional and physiological in nature.

It is a most difficult problem to get a patient out of the hospital. The article continues:

The list is extensive and includes not so many disease entities as discomforts, dysfunctions, complaints, anxieties—symptoms not necessarily ascribable to any gross or definable pathology.

If there was ever sufficient evidence for this chamber to exercise its constitutional authority, namely, as that of the chamber of sober second thought, it is in this legislation.

It appears to me that the minister is mesmerised with his own power. He has been adamant in introducing his own version of medicare. He has rejected almost all suggestions for improving the plan. He has spurned the plight of the provinces. Technically, all that needed doing was a change in the bill so it would cover only the low income 30 per cent of the population. This 30 per cent of the population which the Canadian Medical Association rightly asked the Government immediately to institute care for was facetiously commented upon by the leader of the New Democratic Party. That is not unusual for him. However, let me tell him right straight that the medical profession has been taking care of that segment of the population from time immemorial for nothing. I speak, as the

standing evidence of that basic truth before you today, with my colleagues in the Senate, Dr. Gershaw and Dr. McGrand.

Both the Government and the socialists are so firmly committed to universal medicare, that anything short of that—even needicare now, universal medicare later—could topple the Government. The elected representatives have been chary of charging the Canadian Medical Association with putting forward its proposal in bad faith. Yet behind the coolness of the Government and the socialists undoubtedly there is apprehension that medicare for only the needy 30 per cent of the population would be so popular with the provinces, with the medical profession—the men who are to carry out the program—and perhaps even with the taxpayers, that pressure to leave it at that would be irresistible. Indeed, there is more than apprehension; there is suspicion that this is the result the doctors hoped to achieve.

The plan has worked very well in Ontario, Manitoba, Alberta and British Columbia, and to all intents and purposes is working satisfactorily in Quebec.

This bill, in brief, legislates so that the state will provide supported medicare for millionaires along with every other group.

Now I will quote freely from the past President of the Canadian Medical Association, Dr. Jones, on the need for markedly increased medical personnel of all kinds, that is, doctors, nurses, physiotherapists, occupational therapists, and so on. To meet this need, we need vastly stepped up recruitment. One of the principles that must be borne in mind is that any scheme for medical services must do more than gain grudging acceptance by my generation of doctors, but must be of such a sort that it will attract the best young people of this country to the health professions. This seems to me to be one of the greatest dangers in the introduction of new plans. In all honesty, one already hears of young people who are turning away from medicine because of the present unrest.

On page 180 of Galdston's book are figures in support of that view that are extremely revealing.

In this regard, I wish to make a few comments on what my colleague Senator MacKenzie said in this chamber on November 15 last. He quoted my associate of World War II, Dr. John F. McCreary, Dean of the Faculty of Medicine at the University of British Columbia. I have all of this in my presentation,