

it is getting worse. It was deplorable even before this depression began, and we all know what its ravages have been since that time. In every city and municipality in this dominion there are countless agencies which have for their purpose the gathering of funds in one way or another by charity, soliciting and begging, to take care of those who are too poverty stricken to take care of themselves. In some of the larger cities in the last few years attempts have been made to co-ordinate these activities, yet after all that amounts to nothing more than a rather more dignified way of begging than they had before. There is no reason in the world why this information gathering bureau should not have been put to work long ago. My hon. friend from Battle River (Mr. Spencer) introduced a resolution in this house year after year to that end, and my hon. friend from St. Boniface (Mr. Howden) did the same thing. It was not necessary to wait until now to get some body to gather statistics in regard to health matters.

I should like to read for the information of the committee an article in the *Commerce of the Nation*, of March, 1932. The article is by Frank G. Pedley, M.D., executive director of the Montreal council of social agencies. He has had considerable experience with the subject matter he discusses. First of all he touches on the difficulty, almost the impossibility, under our present system of giving everyone a wage sufficient to provide him with all the necessities and comforts of life, and he draws attention very definitely to the need of national health services. He says:

One aspect of the problem may be discussed, however, since it has a more strictly medical bearing and is supported by a great body of experience. I refer to the matter of sickness insurance.

When serious illness incapacitates the bread winner of a family a vicious cycle is apt to be established which inevitably leads to ruin, for illness results in loss of time and loss of wages; the curtailment of income debases the scale of living and this prevents the sick man from enjoying an environment suited to his recovery. Perhaps the sequence of things can be more clearly understood in the case of a hypothetical John Jones. Let us say that Jones develops tuberculosis. Jones, of course, does not know that he has tuberculosis at first. He may feel abnormally tired and out of sorts, but he has felt that way before and now that he is married and has some children he thinks twice before incurring a doctor's bill. If Jones lives in a city he can go to a free clinic, but free clinics are usually operated in the day time and it means loss of time and wages to attend one. Jones' \$20 or \$25 a week—

That was a high wage even in the time of high wages:

—is not sufficient to maintain himself and his family adequately even if he works full time. Jones, therefore, puts off seeing the doctor. We know he does this because most of the people in Jones' circle who die of tuberculosis have put off consulting a physician until within a few months of their death.

He probably carries on for a few months on patent medicines and finally sees his doctor. If the doctor is wise and capable the condition will be recognized and Jones will be advised to stop work and undertake treatment for six months or more. But the doctor might as well recommend a trip to Europe. The butcher and baker must be paid and Jones has not been able to accumulate any money for a contingency like this. It is true that he can apply to a family welfare association, if there is one in his town, but if Jones is an independent, self-reliant individual, of the breed we like to think Canadians are made of, he will refuse to apply to charity no matter how graciously it is offered.

The inevitable day comes when nature compels cessation of work and on that day the dissolution of the family begins in earnest. Mrs. Jones will leave the care of the home to take up casual labour, the children will leave school prematurely and another family will become submerged along with literally thousands of others.

Three things were wrong in Jones' case. His standard of living predisposed him to the development of the condition. He delayed too long in consulting a physician, and he failed to follow his advice when he did consult him. The reason in any event was financial. Medical fees are high in our country, nor is this because doctors get paid too much. The practice of medicine in this country is conducted in the most inefficient way conceivable. The doctor must charge you for the hours he spends waiting for you to consult him, for the hours he devotes gratis in hospitals and for the bills he cannot collect from your neighbour. The few minutes you spend in his office are only an item in the bill.

If a doctor were kept reasonably busy, was sure of most of his accounts and did not have to devote a substantial amount of his time to free work, his fee could be materially lower without any loss to him. However the doctor's fee was not the only barrier to Jones. Even if he had consulted the doctor early he could not have followed the necessary treatment without sinking into a morass of debt.

He goes on to say:

If one compares the case of a Canadian Jones with that of an English one the contrast is very apparent. In England at the first sign of indisposition Jones may consult the physician of his choice. He has paid for that right and there is no question of charity about it. If the doctor advises a holiday Jones can take one and he need not worry about the finances of the family, for a proportion of his wages will be paid at regular intervals and with no more loss of respect to Jones than there is to a woman who collects her husband's life insurance at his death.

Information on all these matters has been available to the Prime Minister for years,