

As regards poliomyelitis, no statistics are available as to the number permanently injured.

I am considering preventable cases, and a large percentage of these children could have been saved if we had had proper immunization methods. The lives of the younger generation of Canada should be paramount to any much discussed immigration. I am interested, first, in Canadians, and surely many of these children dying annually of these preventable diseases could be saved. Even if protective measures are available by immunization, these diseases still menace the health of the children of Canada. The Canadian infantile mortality rate is scandalously high. It is twice that of Sweden, twice that of New Zealand, and nineteen per cent higher than in the United States. There has been a decline in the past two years, but the rate is far above what it should be. It is estimated that during the six-year period of the war, Canada lost 90,000 infants. While there has been a drop in the infantile mortality rate in the past six years, it is probably on account of improved methods of treatment. Over half the infant deaths occur in the first month of life. Statistics show that 18,868 children under five years of age died in 1944. We can ill afford this drain on the population of Canada. The rate could be reduced further by pre-natal care and care of mothers and babies at birth and in early infancy. Sir Arthur Newsholme, author of the book "Vital Statistics", states:

Infantile mortality is the most sensitive index we possess of social welfare. If babies were well born and well cared for, mortality would be negligible.

I now come to a consideration of the so-called milk-borne diseases, which is one cause of a high infant mortality. This group includes a number of diseases caused by infected raw milk. The diseases are diphtheria, streptococcus infections of the throat and tonsils, scarlet fever, bovine tuberculosis, typhoid, paratyphoid and undulant fever. Of these, undulant fever and streptococcus infections are most common. In addition, thousands more infants suffer gastric and intestinal disturbances, and hundreds of infants contract intestinal infections, more or less fatal. When the province of Ontario made the pasteurization of milk compulsory, undulant fever was cut down forty-five per cent in the first year. Deaths from other milk-borne diseases were reduced, and there was a marked fall in the infant mortality rate.

Pasteurization kills the germs and renders the milk safe. I have twice appealed to the Minister of Agriculture (Mr. Gardiner) for a programme of vaccination to cut down Bang's

[Mr. Blair.]

disease which is the cause of undulant fever in human beings. Unfortunately Bang's disease is present in all provinces of Canada. I point out to the Minister of Health that this disease could be lessened and even eliminated if the Department of Agriculture would act. Farmers require help in cleaning up mastitis in herds. This disease is one cause of streptococcus infections in humans. Pasteurization of milk and treatment of the primary causes of infected milk would cut down the death rate of the diseases caused by infected milk. We have, therefore, the means to eliminate these diseases in Canada. Milk is our finest single food, and with clean handling and a clean source of supply from healthy cows, it is safer than any other food we use. But sometimes there is disease in milk, and whether it arises from disease in the herd or bad handling or from other causes, it has become necessary to pasteurize it for the safety of infants and adults. It is, therefore, a tragedy that the federal government does not give full cooperation in using all means to wipe out or curb diseases, which are wholly or partly preventable, on account of infected milk. Milk-borne diseases should be eliminated from Canada.

Hospital accommodation shows a tremendous shortage in Canada. One of the great needs today is sufficient hospitals where patients can be taken to receive expert diagnosis and treatment. It is estimated that we require 153,000 beds, with an additional 20,000 beds more required within the next ten years. The shortage of beds has reached such proportions that practically every hospital in Canada has a long waiting list. All available hospital space is crowded. There are only nine convalescent hospitals in Canada and they are all in three provinces. We require additional hospitals for the chronically ill. It is difficult to obtain accommodation for those who are chronically ill, on account of long periods of hospitalization. In many general hospitals it is difficult to obtain beds even for those acutely ill and requiring emergency treatment. Many of the beds in the public general hospitals are occupied by chronically ill cases, thus barring acute cases from hospital treatment. These chronic cases are not all old, nor are they all indigents. Many of them are in the younger age group. I quote from an address by Mayor Lewis of Ottawa on February 19:

There are no spare beds in the hospitals. There are no spare places for persons suffering mental illnesses. We are keeping people in our county gaol because there is no room for them in proper mental institutions . . . Our reformatories are filled and our gaols are filled. There is no place left for incurables and aged.