

*Health Insurance*

going to read clause 2, subclause (e), the definition of "hospital", to which the amendment moved by the hon. member has reference. It is in these words:

"Hospital" means a hospital or other facility, prescribed by the regulations, providing in-patient or out-patient services, but does not include

- (i) a tuberculosis hospital or sanatorium,
- (ii) a hospital or institution for the mentally ill, or
- (iii) a nursing home, a home for the aged, an infirmary or other institution the purpose of which is the provision of custodial care.

The amendment moved by the hon. member would refer the bill to the committee of the whole for the purpose of considering this clause and thereby giving an opportunity, even at this late hour, of including within the ambit of the legislation sanatoria, tuberculosis hospitals and institutions and hospitals for the mentally ill. I cannot understand this omission. While tuberculosis is in recession, mental diseases are on the increase. The hon. member for Lanark (Mr. Blair) placed on *Hansard* the record in this regard, a startling record, a frightening one, one which indicates a terrible toll and that mental diseases are, to a challenging degree, on the increase. The statistics he placed before the house indicated that between 1932 and 1954 there had been an increase of 87 per cent in the number of patients in mental institutions, or a total of 68,050. That is a very serious situation.

I listened to the minister as he made his explanation. I always find the minister intensely interesting. He possesses an unusual capacity for elucidation without providing the same degree of light, and what he says he says with a becoming suavity. But in all the arguments that he advanced I found no serious reason why these two groups, mental hospitals and tuberculosis hospitals or sanatoria, should not be included. His attitude was that to do so would be to assist the provinces, to subsidize them, I think was the expression.

As I have followed the course of the legislation I have wondered sometimes whether the government really intended when it was introduced that it would go into effect, for the minister imposed a veto on its application by providing that a majority of the provinces in number and in population would have to join the scheme before the legislation would become effective. That I cannot understand. Why is there this departure from the provisions in the past for the bringing into effect of social legislation unless the reason for the imposition of the qualification in question was the hope that the legislation could not or would not be implemented?

[Mr. Diefenbaker.]

There is also the further disqualification of sanatoria and mental hospitals. Why is this? Why are these hospitals and institutions discriminated against? I say that the legislation in its present form is discriminatory in that it denies these institutions a right that should be theirs. The hon. member for Eglinton said that it had that effect and that there was no reason to draw a distinction. The minister says that no distinction has been drawn. In point of fact, whether or not the distinction was intentionally drawn, the result is that there is discrimination against these two types of institutions.

At the present time the provinces find themselves with a smaller and smaller share of the tax dollar and with an increasing problem intensified by our modern way of life which has resulted in the multiplication of the number of mental patients. This load of responsibility cannot be discharged properly by the provinces. I suggest that now the minister give reconsideration to the question and accept the amendment of the hon. member for Eglinton which he moved on behalf of this party. Now that we are passing such legislation every reasonable facet of the problem should be met, for once the legislation finds its place on the statute books an amendment in order to cover tuberculosis sanatoria and institutions and mental institutions will be almost impossible of attainment. I cannot see that this demand is unreasonable and I feel that reality demands acceptance of the principle contained in the amendment moved.

This legislation which is designed to bring about the beneficial results which were pictured in such lucid language by the minister just before the dinner adjournment should not remain incomplete by denying to these institutions equality with the hospitals qualified under this legislation. The legislation as it is in its present form, beneficial as it will be, acceptable as it is to members in all parts of the house, is a step in the right direction. But the goal that all of us have in mind will not be achieved until the two types of institutions to which I have made reference are included within the provisions of this legislation.

Having said that I conclude my argument, for I do not wish to cover ground already covered. We in the opposition throughout the years have favoured this type of legislation. All parts of the house are in support of it. I ask the minister, before a vote is taken, once more to reconsider the matter to the end that, after a period of 38 years of promises periodically made and unkept, the legislation should be as complete as it is possible to make it and should cover all classes of medical institutions within our