Evidence has been submitted that Government aided house building can only be provided economically by mass production, that is, by building a great many houses at one time, that, in order to obtain low unit cost, they should be built in accordance with established sound town planning theories governing their accessibility, accommodation, site disposition, their number to the acre, selective occupancy and the zoning of housing areas to effect stabilization of the beneficial conditions obtained and the values invested.

The provision of houses, whether involving individual ownership or group dwellings for rent, if to be considered under any form of Government assistance, positively demands the necessity of their construction and maintenance under strict control and in keeping with definitely prescribed minimum standards of construction, accommodation and amenities.

RECONSTRUCTION (SLUM CLEARANCE)

A slum or a slum house is an insanitary house.

A sanitary house if overcrowded becomes insanitary and a slum.

A slum district is an area in which the substantial majority of the houses are in slum condition.

Slum clearance is almost altogether reconstruction which may be said to consist of undertakings involving large areas of one or more city blocks of high priced central land.

The Minister of Health in Great Britain, Sir E. Hilton Young, has spoken of the slums as representing a problem of "ridding our social organism of radiating centres of depravity and disease". In these words he has echoed the conviction of all thoughtful people.

Slums are a heavy indirect charge on the community. It is estimated by the Bureau of Statistics that crime costs us in Canada $60,000,000 per year, taking into consideration the lost time of those in our criminal institutions. The Department of Health estimates that Public Health costs us, including all phases such as medical fees, hospitalization, etc., $20,000,000 per year. These figures would be substantially reduced by the elimination of overcrowding and bad housing.

The Medical Health Officer, Glasgow, Scotland, reported mortality rates in houses as follows:—

	Death Rate
One-roomed houses	25·9 per 1,000
Two-roomed houses	16·5 " "
Three-roomed houses	11·5 " "
Four-roomed houses	10·8 " "

That is to say, the death rate in one-roomed houses was three times as great as in three-roomed houses.

The following figures are an indication of the effect of re-housing on the same sites in Liverpool, England.

	Deaths from all causes, per 1,000 population	Deaths from tuberculosis per 1,000 population	Infant Mortality per 1,000 births
Before reconstruction	37·0	4·0	259
After reconstruction	26·6	1·9	162
Entire City	18·0	1·7	119

The infant mortality rate of a community is controlled by many factors, and one of these, not least important, is housing. Infant mortality statistics furnished by the Department of Public Health, in Toronto, demonstrate this quite clearly. The infant mortality rate is the death rate for infants under one year computed per thousand living births. For Toronto as a whole, in 1933, this was 63·4. For the seven areas of bad housing it was 72·6 and for the four