

Supply—Health and Welfare

course, "cranks" who make ridiculous claims about communistic sabotage, rat poison, mental and physical diseases attributable to fluoridation of water, and even sterility.

If the government should decide that fluoridation of water is the only method of application and that the expense is justified, then they should declare a pure water supply is one which must be chlorinated and contain 1 p.p.m. fluorine, either in natural or artificial form.

It would clear the air of a lot of doubt and allow suspicious people to know whether they should be for it or against it.

Mr. Knight: Mr. Chairman, I shall confess quite freely that I am putting in the time until ten o'clock because what I have to say can be said in five minutes but one of my colleagues wishes to speak at greater length. As a matter of fact I had not intended to speak at all on the matter.

I have listened to some of the arguments and quotations which my leader gave people who are opposed to this system of what they call state medicine, but which I prefer to call national health insurance. One of the first arguments I heard was that advanced by the minister himself when he asserted, perhaps not loudly enough, that one of the great drawbacks to a national health scheme was the fact that we are under a federal system. I admit quite readily that it would be more difficult to bring about a national health insurance scheme under a federal system, but once established there would be no less benefit under a federal system than under a unitary system such as they have in Great Britain. I think that is a point that should have been cleared up.

Another argument, and this is a favourite one of the Prime Minister who has used it on previous occasions, is that you cannot have a national scheme until there are available the necessary doctors, nurses, equipment and so forth. In rebuttal of that argument I simply make this broad assertion. If we had waited in Saskatchewan until we had seven hospital beds per thousand of population we never would have had our hospitalization scheme. We went ahead with the scheme and gradually built up the number of hospital beds we have at the present time, and in this connection I give due credit to the minister. We should have the scheme first and these other things will be added.

The most ridiculous of all, of course, is the argument of my free enterprise friends who are always talking about the killing of private initiative. Ye gods, a woman who was sick and living 45 miles from town would not consider that national health insurance was killing her individual initiative. Disease will take her life; then she will not have to worry about her individual initiative.

[Mr. White (Middlesex East).]

I am reminded of my own experience many years ago. I sold three-quarters of an acre of land to the municipality in 1911 to be used as a cemetery. Because I was there, because I had the necessary picks and shovels, because I had hot coffee and the like, I helped bury a good many people on that site. I have known many a poor woman who was faced with childbirth, but because she lived 42 miles from town and could not risk ruining her family financially, because it would have meant ruination for the rest of their economic lives if she had to go to hospital, she tried to get along without that service and we buried her under the hill. That is what I have to say about killing initiative.

Let me say one word to my hon. friend here who is whispering about personal initiative, private initiative and the rest of it. I had a Conservative doctor as a father. He could not help it, because it is a matter of education. My father went into many long discussions at the breakfast table and other places in regard to Lloyd George's panel. I know all the arguments, because I have listened to many doctors speak about it. The fact that a man is a doctor means that he is most conservative, but it means also that he is intelligent; otherwise he could not have obtained his medical degree. Doctors are capable of learning, and some of them are capable of accepting change.

I think this has been proved. The hon. member for Rosetown-Biggarr told some stories about experiences in Britain. During the last five or six years I have spent some time in Britain, and I know what has happened there on the part of the medical profession. As was evidenced by the quotations which were read and as was said by a prominent doctor who spoke the other day, the fact that they have so much enthusiasm for the scheme proves that it is good. The Tory party in Britain has never tried to counteract the measures which were brought in in this regard in the British house. To my mind this proves that the scheme must be acceptable to the British people.

I think I have taken up my five minutes. If I have made any contribution to the debate, well and good; if not, then my friends in this group will continue tomorrow with longer speeches.

Mr. Martin: Let them say it now.

Mr. Knight: Some of my colleagues wish to speak, and I do not think we will reopen that argument tonight. The Minister of Finance over there would perhaps make another effort. As a matter of fact a couple of our colleagues who have just departed left upon the assurance that the proceedings of