

Better provision will be made for the security of the worker during unemployment, in sickness, and in old age.

I should like to ask the Prime Minister whether part IV of the measure covers that extra security for the worker in sickness, or if he intends to bring down during the present session other measures which will have the effect of implementing that part of the speech from the throne and if so, what they are?

Mr. SPENCER: Before the Prime Minister speaks I should like to associate myself with other hon. members in criticizing the very small reference made in the bill to the matter of health. Probably—and I hope it is true—this is not the only reference to health the government intends to make. If it is the only health measure, then I am quite sure a large number of people throughout Canada will be very much disappointed in the government's action. Of course the government's program is not before us, and possibly at this time we are unjust in making any criticism with regard to what it may do in the matter of health measures. I am basing my present remarks on the fact that this is the only reference which has been made concerning national health, and it seems to me if no other reference is to be made the one now before us is, to place the best construction upon it, only a pious hope that the commission will cooperate with other institutions. I pointed out only a few weeks ago that the subject of health has been discussed in this house no less than seven times in only a few years. On three occasions resolutions on the subject have been agreed to. I trust this is not the only reference which will be made to health, and that in the near future the government will bring down a worth while plan for taking care of the health of our people.

Miss MACPHAIL: Mr. Chairman, if nothing more is to be added to part IV it would be better not to have it in the measure at all, because its high flown title, "national health," signifies nothing. When one reads the few sections in this part one may readily realize that it is only a data collecting agency. I am not so sure that that is going to help the people who are ill and need medical care. Unless something more is to be done—and we know that through the years the government has specialized in high flown titles, with little following after them—we might as well eliminate part IV altogether. In the Kingston Whig Standard of February 18 I read the other day about the system of socialized medicine or state medicine, whichever you

[Mr. Mackenzie King.]

choose to call it, in Sweden. There are two or three points in the article I should like to place on Hansard. The article states:

The present form of socialized medicine in Sweden was established during the sixties and seventies. Of all the social legislation in Sweden it is the earliest and grew naturally and painlessly out of the older system.

Here are some of the figures showing costs to people under medical care in Sweden:

A patient may lie in a ward at any hospital for as little as 2.50 crowns a day (70 cents), and receive the care of the best specialists without any further charge. This rate is unusually low compared to the private hospitals such as the Red Cross, which takes 20 crowns a day.

Then it goes on to say:

An operation for appendicitis in Sweden costs no more than \$8. The clinics operating in connection with all the large hospitals are on the same basis, with a straight rate of 2 crowns or 30 cents for each visit.

Then follows the story of the county hospitals.

Sickness insurance has been established in Sweden since 1891. It is not the obligatory kind which began in Germany in 1883 and found its most inclusive organization in the English law of 1912.

It is clear to any person following the subject that Canada is far behind many other countries in the care we give to the sick. I feel so strongly on the subject that I believe, in the present measure, it would be better to make no reference to it than to insert the words "national health" as though something was being done about it, and then follow that heading by other words which do not seem to have anything but a very indirect bearing upon health matters.

Mr. MacINNIS: Mr. Chairman, I cannot altogether agree with the hon. member for Vancouver Centre (Mr. Mackenzie) when he says there is nothing definite in the bill. I believe there is something very definite in it, namely that it does not want to do anything, and it wants to do a lot of that.

Mr. MACKENZIE (Vancouver): For once we agree.

Mr. MacINNIS: The measure is supposed to be based on unemployment and health insurance measures of the United Kingdom. There seems to be a dread in the Prime Minister's mind that he might in some way or other overstep the provisions of the legislation in Great Britain. Now everyone knows who has had anything at all to do with municipal affairs in Canada that the health situation in this dominion is deplorable, and