

Canadian citizens are demanding action. The support for any campaign for cancer research must come from the people and be directed by the government. The problem will have to be met in the same way and with the same energy as research workers discovered the secrets of radar and atomic energy.

Let us next consider tuberculosis. In 1944, 5,724 of our population died of this disease, the majority in early life. It rates as the seventh cause of death in all age groups in Canada, and the first cause of death in the age group from fifteen to forty-five. Not only has it a high mortality rate, but it is easily transmitted from an infected to a healthy person.

Several of the provinces are carrying out an excellent plan for the elimination of this disease. In addition to observing precautions for our own citizens, it is necessary that all potential immigrants to Canada pass a strict medical examination with chest X-rays before they are allowed to enter this country. It is agreed among workers in this field that the scourge of tuberculosis can be defeated if proper methods are taken.

Arthritis is a disease of long duration; and, while it is prevalent throughout Canada, certain districts seem to have a higher incidence than others. It is commonly called Canada's No. 1 crippler. The number of cases in Canada has been estimated at as high as 400,000, of whom possibly 100,000 are crippled. Arthritis has the ability to cripple without killing; therefore it leads all other diseases in causing chronic sufferers. It accounts for a greater number of work-days lost than any other chronic illness. In Canada we have few hospitals equipped for the treatment of this disease. In addition very little research is being carried out. Not only does arthritis cripple and destroy, but, like cancer, it causes excruciating pain and suffering.

When we are considering arthritis, there is a somewhat similar disease known as rheumatic fever which causes a high percentage of casualties, especially in the young. Even in the event of a cure of this disease the heart is frequently left damaged, resulting in invalidism and early death. If all the cases of heart disease which are given as the cause of death were fully investigated, many could be traced to rheumatic fever in early life. Like arthritis, this disease demands research.

Mental illness is apparently increasing with the growth in our population. The number of cases in mental hospitals has increased by sixty per cent in the last fifteen years. New methods of treatment have proven successful but there is a marked shortage of accommoda-

tion in mental hospitals. It is deplorable that there are waiting lists for admittance to many mental institutions.

Venereal disease can be eliminated, but more money must be spent on its treatment and more propaganda must be carried out. The fight against venereal disease must be carried into the open and the problem approached by treatment, moral propaganda and education. Money spent on venereal disease now will save money which is at present being spent in mental institutions and hospitals for patients who are chronically ill in many cases. Further to help eliminate this disease, I would urge that pre-marital blood tests be carried out, and also blood tests of all immigrants coming into this country.

In pointing out eight urgent needs for action on health matters, I grouped together child and maternal welfare. While it is a fact that maternal mortality has dropped from 4.2 per thousand live births in 1939 to 2.7 in 1944, the rate is still too high, and many of these mothers could have been saved if given adequate treatment. The rate of 2.7 per thousand live births means that 776 maternal deaths occurred in 1944. The drop in the mortality rate may be attributed to these circumstances: one, the advent of new treatment by penicillin and the sulpha drugs; two, the increased tendency to hospitalization of cases and, three, educational programmes. It is hoped that the difficulty in obtaining hospitalization will not mean a further rise in mortality rates. Much difficulty is experienced in obtaining hospital accommodation in crowded urban hospitals. I cannot therefore agree with the statement in a recent periodical from the Department of National Health and Welfare, speaking of maternal mortality, that the risk is negligible. The rates per thousand live births per province are of interest as of 1944. They are as follows: Prince Edward Island 5.2; Nova Scotia 2.1; New Brunswick 3.2; Quebec 3.1; Ontario, 2.5; Manitoba 3.1; Saskatchewan 2.3; Alberta 1.6; British Columbia 2.6.

I come next to the consideration of preventable disease. One thousand children die each year from whooping cough, diphtheria and scarlet fever. The use of diphtheria toxoid is 100 per cent effective for immunization against this disease, and eighty per cent of those treated by immunization against scarlet fever do not contract the disease. Like rheumatic fever, scarlet fever often leaves complications in its wake. I present the following statistics of diseases in the past three years: diphtheria, 8,801 cases, 868 deaths; whooping cough 44,656 cases, 1,206 deaths, scarlet fever 51,566 cases, 293 deaths; poliomyelitis 1,432 cases, 89 deaths.