

measure of prevention. The purpose of this document is to outline the plan and its medical and administrative aspects to show that it is possible of application without incurring vast expense and that its application would result in a reduction in the ravages of rheumatic diseases—such rheumatic diseases including rheumatism and arthritic cases.

The estimated number of cases in the United Kingdom and Wales is set at over a million, and it is estimated that in Scotland alone there were 344,872 new cases yearly. In addition to the economic loss—the loss of days, the loss of wages and the loss of production—referring to the toll of pain the report states:

The toll of pain can be calculated on the assumption that almost every patient suffers, since pain is a characteristic symptom of most forms of the disease—pain so great in severe cases that medical practitioners sometimes have experience of patients praying for death as a release. The toll of disablement may be assessed from the fact that the basis of inclusion in the national health insurance figures quoted was incapacity to work on account of rheumatic disease.

I might add here that arthritic patients have told me that when they were first seized with the rheumatoid type of pain they were afraid they would die; later on they were afraid they would not. And as they became progressively worse and became chair cases, and in many cases blind, their condition was extremely sad and hopeless.

The report gives the findings of its investigations, and the evidence obtained thereby in relation to all aspects of the problem. This report, which I would recommend to all members, goes very fully into a classification of types in relation to causes, and stresses the need for the special training of physicians so that they may properly diagnose and classify the various types of arthritis, and recommend proper treatment.

It discusses glandular disturbances, physical injury and occupational causes which may be at the root of infection. It was found that some occupations seemed to provide conditions favourable to arthritis. The November survey by the bureau of statistics seems to bear this out. The women of Canada will be interested to learn that the largest single group comprises those keeping house, 41 per cent of the total arthritic population consisting of mothers or housewives charged with the great responsibility of holding the nation's homes together.

Agriculture, housewives, fishing, trapping and logging head the list of occupations in which the highest rates occur. Level of family incomes is also a factor of the greatest importance. The family income determines whether or not there will be enough of the protective foods; and in investigations carried on in England it was found that children coming from poor homes had three times as

much rheumatic infection as children derived from the same class but living in well-managed children's institutions and homes.

Any nation-wide attack on arthritis must include an attack on poverty because bad housing and inadequate diet are factors contributing to the incidence of rheumatic infections and have a bearing on the general health level and resistance of the people.

Climate also was investigated. I think we are all interested in this because we have the impression that if we could only go south, if we could only get to a warm climate or some place like Arizona or Australia, all the symptoms of rheumatism and arthritis might disappear. So climate was investigated in this empire association attack on arthritis. It was found that climate had very little to do with the incidence of arthritis. They investigated coastal and mountainous regions and hot, dry, arid climates like Arizona and Australia, but it was found that in every country there were the same problems and that there were large numbers of people afflicted in varying degrees by this universalcrippler, arthritis.

This investigation of hot climates has suggested that the problem is not one of geography but is related more to industrial and occupational groupings. With regard to the treatment of rheumatic diseases—I do not think we can emphasize this too strongly—the report states:

It must be repeated that much of this sacrifice of human well-being is unavoidable; that there is no refuge in the excuse that, since medical knowledge of causes and of the most efficacious treatments is incomplete, nothing can be done. In the majority of cases a great deal can be done. Even if there were no hope of gaining further knowledge by research—which, emphatically, is not the case—yet the national application of present methods of cure and alleviation would lift much of the burden of rheumatic disease from the community.

The importance of early treatment has been emphasized by a Swedish authority who charted the percentage of cures in relation to the stage at which treatment was undertaken. He states that the results of the first year of treatment resulted in 79 per cent validity; after two years this diminished to 56 per cent and at three years it had dropped to 50 per cent. He defined "validity" as the restoration of the ability to work normally or diminished according to the period which had elapsed before the specialized treatment was taken.

What can we do in Canada to check this painful and crippling malady and to cut down heart disease which results from the unchecked course of rheumatic diseases? We can begin this year by appropriating a part of the budget surplus for assistance to the provinces in launching an all-out drive on arthritis. Our greatest contribution to the