

In view of those findings I think we can make certain recommendations which, if put into operation, will not only affect the death rate from tuberculosis among Indians, but will be a general safeguard to the population of the country which comes in contact with the Indians. The point I make is that if the present situation continues, the good work which has been done by the medical profession throughout Canada in lowering the death rate from tuberculosis will be undone, and in a few years, probably a quarter or half a century from now we will have to do over again that which at this time could be prevented. I would recommend that:

1. In view of the facts I have set out, wherever possible the medical services given to the Indians should be full time, permanent appointments.

2. Medical services among the Indians should be considered to demand special experience and skill in dealing with diseases of the chest, especially tuberculosis, and such experience and skill should be chief considerations in the making of appointments. As I said earlier, I am afraid that sometimes these appointments are made as a matter of convenience, and that the qualifications of those appointed are not such as to give the Indians that care to which they are entitled.

3. The services of travelling clinics with X-ray equipment, either organized by the department or borrowed from provincial organizations, can and should be used for periodical surveys of reserves.

4. Such surveys should be made at least yearly in schools for Indian children, and children who have infective disease should be satisfactorily segregated or removed.

I submit to the minister that either these recommendations should be put into effect or the department should transfer to the Department of National Health the treatment of these wards which come under our care. I have no apology even on this last or second to the last day of the session to make for bringing this matter before the committee. I submit it is one of national importance, and one which will require the best thought and judgment of the minister and the officials in charge of this service. If we do not give the matter proper consideration at this time we are going to pay a severe penalty for not doing so.

I have made some suggestions which perhaps will be useful, and I believe I have presented the views of organized medicine. It is my belief that the minister, knowing that the views I have expressed are held not only by

me, but rather are those of doctors from one end of Canada to the other, will take note of the representations I have made.

Mr. TOLMIE: Mr. Chairman, the subject under discussion has been well covered, and for that reason I do not purpose saying very much or taking up much time. My reason for speaking on this question is that I have received from the health branch of the province of British Columbia a request to bring the matter before the house. May I say that the provincial government of British Columbia, as has been pointed out by the hon. member for Fraser Valley, is somewhat alarmed at the dissemination of tuberculosis in that province, much of which is said to be due to Indian sources.

Some of the figures are rather interesting. The government out there has made a real effort to cope with the situation by establishing a sanatorium at Tranquille, near Kamloops. At that point an excellent institution has been set up, to deal mostly with whites. It is believed by officials in that province that Indians, in their present condition, and with the high percentage of tuberculosis which is found among them, are a menace to the work which is being carried on to fight the disease.

I do not propose to give many figures, but I shall refer to a few of the high spots. One of the pathetic facts in connection with the record is that 58.52 per cent of Indians dying from tuberculosis are under 20 years of age. To a great extent they are helpless children. When it is remembered that tuberculosis is not hereditary, that is, that it is not communicable through the mother, the conclusion must be that these Indian children must develop the disease from contact after birth.

The registration of deaths showing only a percentage of 43.3 per cent where there was any evidence of a doctor being present at death or during illness, is a fact which should cause us alarm, and shows reason and plenty of opportunity for improvement. Doctor McQuarrie, who is in charge in British Columbia, is an official who is well known and in high standing, and one who thoroughly understands the situation. While I have not had experience in the treatment of human tuberculosis, I have had a very excellent opportunity to study animals infected with the disease, and I know from my experience that we cannot expect satisfactory results in caring for tuberculosis unless we have sufficient money. One cannot make one dollar do the work of three.

In connection with expenditures on education, with respect to the ailment, I notice that in 1936, \$400,554 was spent, and on