

The direct profit motive should be eliminated, for it detracts attention from the full, hearty serving in the cause.

If the medical men did not have to worry any more about their salaries, that is if they were like the ministers in that respect, they would give far better service. Mr. Greaves continues:

Secondly, prevention and remedy of disease cannot be genuinely effected unless the public has at its disposal, and at a reasonable cost, everything which it needs for each individual case and which science has discovered for our hygienic benefit.

That is, they should have at their disposal in the cause of health those things which are needed to deal with the average case that comes to them for attention. Hon. Doctor Weir, provincial secretary of British Columbia, says that in Canada in 1930 five out of eight people of average means sufficiently ill to require the services of a trained nurse were unable to pay for these services. This statement is based on the evidence of 1,189 doctors. Also he says that in Canada in 1930, illness from sixty to ninety days in hospital bankrupted fifty per cent of the people of moderate means for periods ranging from two years to five years and over. In British Columbia in 1935, out of 9,000 heads of families on relief, 1,600, or about eighteen per cent, were suffering from partial disabilities, while additional numbers were totally disabled or were suffering from temporary difficulties.

From the Health League of Canada I quote:

Every year thousands of Canadians die from preventable diseases.

This health league has done a great deal to aid in the cure of preventable disease. The writer tells us that the success of vaccination made medical science think along new lines; that they have been exploring other fields and are doing great work. They tell us that one out of three dies ahead of his time. Professor Winslow of Yale university states that twenty-nine per cent of the deaths in the United States registration area are postponable; and we have the authority of the Health League of Canada for the statement that thirty-four per cent of the deaths in Canada, also could be postponed. Half of our disease, they say, is preventable. One hundred and eighty thousand Canadians are always sick; of these ninety-one to ninety-six per cent are ill enough to be disabled. So that 1.82 per cent and 2.88 per cent, or more than two per cent of the whole population, is always too sick to work; that is, two per cent of Canada's population, or 180,000 persons, are always on the sick list. The bulletin states:

Of the population of Canada, thirty per cent are adult males; thirty per cent are adult females.

It is thus estimated that 54,000 adult males are continuously ill. This amount of illness would suggest that in the adult male population alone there are lost each year 16,200,000 working days.

Calculations show that, for every twenty males gainfully employed, there are approximately six females similarly employed. This would suggest that, in addition, the female population loses 4,800,000 working days per year.

Total loss per year—21,000,000 working days, at least fifty per cent preventable.

Superfluous loss per year—10,500,000 working days.

Converted into money, the annual cost of illness is estimated to be approximately \$300,000,000. To this is to be added a much larger sum in the cost of postponable deaths. In the United States this is said to be six billions annually, and in Canada it is on a corresponding scale.

Let us consider mothers' allowances for a moment. These are paid for the most part to young widows with dependent children. One province alone spends over two and a quarter million dollars a year for the relief of the distress of widows and orphans whose husbands and fathers in a large number of cases have died as a result of preventable diseases.

Referring to British Columbia again, I understand that different countries have adopted the voluntary system, while in others the contributory system prevails. The following countries have the compulsory system: Austria, Bulgaria, Chile, Czechoslovakia, Denmark, Estonia, France, Germany, Great Britain, Greece, Hungary, Northern Ireland, Italy, Japan, Latvia, Lithuania, Luxemburg, The Netherlands, Norway, Poland, Portugal, Roumania, Russia, Switzerland, Yugoslavia. The voluntary system exists in the following countries: Argentina, Australia, Belgium, Finland, India, Italy, New Zealand, Palestine, Spain, Sweden, Switzerland, Union of South Africa, Uruguay.

May I read a note on one of the most progressive countries that have health insurance or state medicine: I refer to Northern Ireland, Northern Ireland came under the British scheme of health insurance in 1930, and in 1934 the various organizations there were unified by being absorbed in a single national health insurance society. The note reads:

Ireland came under the British scheme of health insurance in 1930. In 1934, the Irish societies were unified by all being absorbed into a single National Health Insurance Society. This unification is regarded as a preparatory measure with a view to the institution of a