

legislation to control infection of others, both directly and indirectly; financial contributions by the central government to the local public health authorities. Sweden claims that on the whole the results were favourable of the legislation dealing with compulsory notification and so on. Canada I am afraid will not find it so satisfactory. All the provinces shortly after 1919 placed on their statute books legislation of varying degrees of severity in order to prevent the spread of venereal disease. I am informed that, although there have been prosecutions and even convictions in certain provinces, the law has to a large extent become a dead letter. The law with respect to compulsory notification has not been carried out to anything like the full extent. The law with respect to compulsory treatment is largely confined now to those who come before the criminal courts or who are in penal institutions. Outside of that these Draconian laws passed in 1919 are to a considerable extent a dead letter. However, Sweden I believe found very much the same results from their campaign as have been found in Canada. I do not wish to take time to give all the details with respect to Sweden and comparisons of their experience with that of Canada; suffice it to say that apparently the results were about the same. Perhaps Sweden is more proud of it than is Canada, particularly since, as has often been repeated, the Canadian government gave up the work in 1931.

I have here a statement showing the number of admissions for syphilis reported at clinics in the five year period between 1932 and 1936. The figures are as follows for all Canada:

1932.. . . . .	9,730
1933.. . . . .	9,408
1934.. . . . .	7,178
1935.. . . . .	6,241
1936.. . . . .	5,832

There was a considerable drop in the number of new admissions for syphilis during that period.

The same results were perhaps not attained with respect to gonorrhoea, where there has not been the same decrease in new admissions to hospitals. During the course of the discussion much was made of the influence of syphilis on the state of the mind, and the number of persons suffering from venereal diseases who afterwards became the inmates of mental institutions. Whilst I am not at all prepared to contradict any of the figures which have been given, perhaps it would be interesting to note the figures I have received from the bureau of statistics for the year 1936. These figures are given for all Canada.

[Mr. Power.]

The total number of first admissions to mental hospitals from 1932 to 1935 inclusive was 6,932. Of these there were 392 cases of general paralysis from syphilis, and 17 attributable to cerebral syphilis, making a total of 409. That is a percentage of 5.9 of all admissions. During the same period 7.4 per cent of the patients in mental hospitals died from general paralysis, and 0.7 per cent from cerebral syphilis. These appear to be the figures given by the bureau of statistics. I am told that the discharges from recoveries in mental cases from mental hospitals using modern methods reach as high as fifty per cent.

Mr. McCANN: Is the minister including all cases which have arisen as a result of syphilis?

Mr. POWER: Yes, all cases. The fifty per cent covers all cases, including those resulting from syphilis.

Some time ago when the house was discussing statements the hon. member for Winnipeg North Centre read from a book entitled *Social Work and Legislation in Sweden*, and detailed a lengthy list of services which had been carried on in that country. His suggestion was that we should do something similar in Canada, and he was very critical of the government and of the department because the work had not been done. Again this afternoon he referred to Sweden.

During the course of the earlier debate to which I have referred I did not have the time to discuss conditions in Sweden or what Sweden has been doing along social lines, as compared with Canada. But in order to show that Canada is doing a great deal in the way of health legislation it might be well to put certain figures on Hansard. When we speak about work in Canada towards the advancement of health we do not necessarily refer only to the federal government. It carries on only a very small portion of the work. A great many people believe there is some overlapping, and that we should do none of it.

In the following table I shall set out the figures for Sweden and Canada in connection with certain social work, where the suggestion had been made that Sweden is far ahead of us.

Sweden: Accident insurance, 2,400,000 kronor or \$600,000 or 9 cents per capita.

Canada: Accident insurance (workmen's compensation), \$13,380,000 or \$1.20 per capita.

Sweden: Sickness insurance, 13,000,000 kronor or \$3,250,000 or 50 cents per capita.

Canada: Sickness insurance—Nil.

Sweden: Pension insurance, 55,900,000 kronor or \$13,975,000 or \$2.15 per capita.