

The Address—Mrs. Strum

smaller sanatoria accommodation. That is to say, Saskatchewan, which was the first province in Canada to institute the free tuberculosis treatment and subsequently establish a world record for treatment and cure, has now the lowest death rate; and I am happy to say now that we have more beds available than patients needing treatment. In spite of the slight increase due to the war years we have for the first time in our sanatoria empty beds waiting for patients, instead of patients waiting for beds.

Perhaps the most important difference between arthritis and tuberculosis is that tuberculosis, if untreated, means the death of its victims in a relatively short space of time. Arthritis, while being a crippler, is not a quick killer. Perhaps if it were it would have been taken seriously long ago. Perhaps because rheumatism symptoms are fairly widespread and are often confused with muscular strains and stresses we have accepted this burden of pain and suffering without question, and have permitted the disability to go untreated and unchallenged.

But how important is arthritis as a disease? We are happy to have now the results of the most recent attempt to determine the incidence of arthritis in Canada. The survey of November 1947 undertaken by the Dominion Bureau of Statistics at the request of the Department of National Health and Welfare is now before us. Again comparing arthritis with tuberculosis, while there are in Canada 30,000 people suffering from tuberculosis, according to the government survey, in November 1947 there were an estimated 652,000 people, or almost 22 times as many suffering from arthritis as from tuberculosis. This is a comparison worth noting.

The number of arthritic sufferers is more than the total afflicted with heart disease, cancer, tuberculosis and diabetes combined. Yet in Canada there is only one hospital for civilians, equipped for the specialized treatment of civilian arthritis. It is the hospital at Banff, and this hospital can treat only seventy-five patients, who must pay the cost of their own treatment.

I visited this hospital last summer. I was greatly impressed with the provision made there by the nursing sisters of the order of St. Martha. I was impressed with the story the patients told me of the relief they had had from pain, and of restored mobility of limbs through the use of various treatments and surgery. I was impressed beyond anything I had expected; and I could see that, if we could only establish treatment centres where we could get experience in treating large numbers of people to build up a history

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of cases and to train personnel, the picture for arthritis would be far from hopeless.

Mr. Martin: Perhaps the hon. member would permit me one observation. I am sure she would like to know that, under the new national health plan, funds have been placed at the disposal of the government of British Columbia to do that very thing.

Mrs. Strum: I am glad to hear that, and I shall still ask that it be done for all the provinces.

The November survey carried out by the Dominion Bureau of Statistics has some very interesting facts about arthritis in particular. It reveals that 25 per cent of the persons with arthritis have had no medical advice or treatment whatever. The menace to Canada of this untreated disease represents the greatest single loss to industry. It represents approximately 20 per cent of persons suffering unemployment through illness. That is, 19.8 per cent of all persons laid off because of illness are laid off because of arthritis, according to our own bureau of statistics. This represents 22.5 per cent of all the time lost, because of the extended nature of the disease and the time during which people are out of industry and employment. The loss of days by both male and female employees represents the staggering total of 1,650,300 days during the period of the month of October for Canadian labour, or the equivalent of 5,501 years of 300 working days per year.

The Department of National Health and Welfare in its annual report of 1948 states:

Canada has today 4,800,000 gainfully employed persons. The sickness rate of this vital section of our population is estimated to be nine days per annum, and represents a loss of over \$500,000,000 to the national income.

The cost of arthritis might be represented as 22.6 per cent or almost one-quarter of this staggering sum.

While this Canadian survey gives us a very valuable chart as to the prevalence of this painful and disabling malady, it does not recommend any program to alleviate or check its ravages. We are fortunate however in having a report suggesting such a program. I refer to the report by Lord Horder, and the plan for national action which he sets forth here. This report is the result of four years of research by the empire rheumatism council. This council conducted a campaign inquiring into the causes and best means of treatment of rheumatic diseases. It states:

From laboratory and clinical research, from observations of the work of various treatment centres at home, from a close examination by representatives of the empire rheumatism council into the methods of many of the rheumatic hospitals and clinics in Europe and in the United States, there has been gathered knowledge sufficient to suggest a plan of treatment on a national scale and of some