

Of course, division on the basis of population works along the same lines. The total of treatments for 1936 in the whole of Canada was 296,408.

Mr. McNIVEN: Is that for all types of venereal disease?

Mr. POWER: No, only syphilis. It is proposed under this vote to deal only with syphilis. The arsenicals supplied to the provinces under this vote are not those generally speaking, utilized in other types of venereal disease.

I might say a word with respect to observations which have been made on the vote which has just passed. I want to thank the hon. member for St. Boniface (Mr. Howden) for the history he gave of the movement to combat venereal disease in this country, and for the earnestness with which he attacks what is undoubtedly one of the most important health problems we have to face. The hon. member for Renfrew South (Mr. McCann) also explained his view, a view which, without having any technical knowledge, I am inclined to share; the common sense view, if I may so call it, that the most important function of this department is prevention—the endeavour to prevent the onset or spread of disease. I think I can make a broad distinction between the functions of the federal and the provincial departments of health. I would say the federal department should be concerned primarily with means of prevention, whereas the provincial departments, while also having to do with prevention, should perhaps have more to do with the curative side of the work.

The hon. member for St. Boniface will perhaps permit me to differ from him with respect to the underlying purpose, or as he put it, the "hub" of the department of health. I am not prepared to agree that the department was formed for the purpose of fighting venereal disease. Away back to the days of confederation there has been some semblance of a department of health, some of the work of such a department carried on. The Department of Agriculture looked after quarantine and food and drugs. The Department of Finance was in charge of conservation, which included the conservation of health and the control of tuberculosis. In 1919 the department of health was formed to take over quarantine, food and drugs, narcotics, proprietary and patent medicines, and three or four other branches. It was not entirely the result of a desire of the people of Canada to do further work in connection with venereal disease. But in 1919 or a few years prior thereto there was a fear throughout Canada,

as in some other countries which had taken part in the great war, that as a result of the exposure of the soldiers to venereal infection during the war this class of disease would be broadcast throughout the civilian population, with disastrous consequences. I am happy, both as a soldier and as minister of health, to be able to say, that as far as the Canadian army is concerned the health of the Canadian troops during the war was far better than was the health of the civilian population in Canada. Only 12,000 out of 600,000 soldiers were infected by syphilis. And we have been able since the war to keep statistics in the department of national health which are perhaps as accurate as any to be found elsewhere in the world. We have been able to follow to a considerable extent the men who, even before enlistment, were infected with venereal disease, and particularly syphilis, because a great many of those who were so infected before enlistment are now our pensioners. We have made special studies in the sequelæ of this disease and I am happy to say that the fears of those who thought that the disease would spread to an almost unlimited extent among the general population of Canada following the war have not been realized. Only 6.5 per cent of those infected have shown signs of sequelæ, and only half of the 6.5 are found to have become neurological. Doctor Burke of the Department of Pensions and Doctor Margaret Parkes have made studies, not complete as yet but fairly comprehensive, of these diseases and the consequences which have followed from them. It is a matter of pride for anyone associated with the Canadian army, and those who were associated with the Canadian army medical service particularly, that the treatment given during the war had such good results.

The hon. member for St. Boniface quoted a number of figures. I think he will agree that statistics are not entirely to be depended upon—although I have just been quoting some—and particularly statistics with reference to diseases of this kind. For obvious reasons it is almost impossible to obtain accurate figures respecting venereal disease. The experience of Sweden was quoted. I have here some notes concerning Sweden. The venereal disease campaign has been conducted there since 1918. We started ours in 1919. It has been carried on there in very much the same way as Canada's campaign was carried on prior to 1931. It comprises free medical treatment for all persons suffering from venereal disease, both in clinics and by physicians specially trained in the treatment of venereal diseases; compulsory notification and compulsory treatment; penal