

In this period there has been an average of 17,000 cases of whooping cough, 3,000 cases of diphtheria, and over 17,000 cases of scarlet fever.

We have no means of preventing the spread of poliomyelitis by immunization. There are specific means of preventing diphtheria, whooping cough and scarlet fever. A full programme of immunization could banish these diseases from the country. Immunization by diphtheria toxoid is approximately 100 per cent effective. Whooping cough vaccine protects children and causes immunity in about eighty per cent of those treated. Immunization has proven the best and most effective means of protection against communicable diseases. As an example, I point out that in Toronto there were 2,256 cases of diphtheria in 1920 with 224 deaths, while in 1940 there were none. In the countries of Europe where war has upset public health organization, diphtheria is now showing a tremendous increase. Doctor Hastings, for many years medical officer of health for the city of Toronto, has said, "Every death from diphtheria should demand a coroner's inquest." The statistics regarding the mortality of these diseases have been encouraging generally, but we must remember that the price of safety is a thorough immunization programme. Diphtheria is only slowly coming under control.

The problem of arthritis continues as a major difficulty. Very little progress has been made by research in the quest for a solution. I again remind the committee that there are approximately 600,000 sufferers from this disease in Canada alone, with some completely disabled, and others partly so. I urge that financial assistance be given the new association which has been formed to study rheumatic diseases. While arthritis is not a killer, yet it causes long periods of disability; many of these chronic sufferers occupy hospital beds for months and years, and in many instances have spent all their funds in the hope of a cure. Rheumatic fever still stands as a chief cause of chronic heart disease.

The Canadian hospital council estimates that additional hospital accommodation is required for 40,000 patients. Later, I had a return from the minister in which he set the figure at 27,000 beds. Even with that difference of 13,000 beds, there is a marked demand for additional hospital beds in Canada.

Mr. MARTIN: Is the hon. member referring to the return tabled the other day?

Mr. BLAIR: Yes. The lack of hospital accommodation is apparent to any person who has tried to obtain a room in a hospital

[Mr. Blair.]

during the last few years. In an attempt to cut down on overhead expenses, hospitals have found it necessary to reduce their staffs, and the nurses are overworked. Unless patients can afford special nurses, often they do not receive sufficient attention. It is estimated that in all branches of the nursing service the shortage of professional nursing personnel now stands at 8,700. Of these, 7,000 are needed for all types of hospitals; 1,200 are needed for private duty, and 500 are needed for public health.

In regard to the question of beds, I quote from an article which appeared in the *Globe and Mail* of May 27. It is a dispatch from Niagara Falls; and this is the common thing we hear all over Canada in regard to hospitals:

Niagara Falls, May 27. Major Robert Buckner, business manager, told the Niagara Falls hospital trust tonight that the women's ward in the new wing has been closed for lack of nurses. "It may be necessary to close the men's ward in the new wing," he added.

The shortage of nurses today is due to the fact that the rate of increase in the number of nurses graduating has not kept up with the rate of increase in the demand for additional nursing service. The rate of admission to hospitals, according to the population throughout Canada, has greatly increased over the pre-war rate. In Ontario hospitals, the admission rate is more than sixty per cent higher than in 1931. In the event of an epidemic such as influenza, our position in Canada would be hazardous. We must remember that in the influenza epidemic of 1918 we lost 30,000 people in the Dominion of Canada. This is something we simply could not cope with at the present time.

Environment, especially during childhood, is a requisite of health. Unsanitary houses providing poor shelter are conducive neither to health nor to good citizenship. The ratio of sickness is higher in the slums than where the people are well housed.

There are widely different standards of health between one province and another. Under section 91 of the British North America Act, the health of the people is the individual responsibility of each province. There is an inequality in various fields such as public health or tuberculosis control as between provinces, and as between urban and rural areas of provinces. At this time it would be impossible to tabulate all the requirements of an adequate public health program for the dominion. I hope I shall not be accused of advocating expenditures. I do not think there is one