

they do—and the expenses are met by the municipalities, it means that the municipalities get further into debt; and as my hon. friend has just said, the municipalities can no longer meet the situation. I do think that my hon. friend from Winnipeg North Centre was right when he said that conditions were appalling. The Prime Minister has told the committee that the departments of health will be consulted and that, if they are willing to cooperate, something will be done, I hope no time will be lost getting the provinces together so that some action can be taken during the present session.

Mr. MITCHELL: I asked the question that started this discussion, and I was interested in the observations of a worthy doctor from one of the Winnipeg constituencies. The greatest problem at the moment is not the provision of medical care but the cost. After all—and I say this in a kindly spirit—the doctors are suffering largely for their sins, and I mean the lack of organization and the high fees charged to those people who make an effort to pay their way. I do not say that for the purpose of being critical; I say it because it comes from my practical experience as a governor for many years of the municipal hospitals in my city. The medical profession stands in the same relationship to the community as did the schools fifty years ago. They are more or less in a state of anarchy, and those who feel that a scheme of this description can be launched over night are simply kidding themselves; we might as well be frank about it. First of all we have to get the medical profession down to earth; they must tell us which way they are going. You cannot boss the doctors around though you can persuade them. I remember the great difficulty they experienced in Great Britain in connection with the panel scheme and the launching of a system of health insurance. The doctors put up opposition to the scheme and threatened to strike against the government because of the low figure at which the panel rates were fixed; but when the scheme was in practical application the greatest defenders of health insurance were the doctors themselves. As a matter of fact the medical practitioners there in the last three months have affiliated themselves with the trade union congress.

I believe that the doctors can do really constructive work in connection with this scheme, using their influence with the provincial and federal governments with a view to setting in motion a system of national health insurance. In my opinion they are the keystone of the arch, and if nothing else has

been accomplished to-night we have had the crystallization of the views of the Canadian people's representatives on this question. My hon. friend spoke about the doctors doing \$400 or \$500 worth of work and receiving only \$100 for it. Well, I think it is fair to say that if you get fifty per cent of your bills in the most prosperous times you are not doing so badly. Consider the question of major and minor operations. The average working man who tries to pay his way in this country finds, when he or a member of his family is faced with a major operation, it is almost like buying a house.

Mr. HOWDEN: When I spoke about medical men doing \$400 and \$500 worth of work at the present time, I was speaking of the reduced fees they now receive—\$10 and \$15 for a major operation and 50 cents for a call.

Mr. MITCHELL: I wish they were down to that figure in my town; I am speaking from practical experience. My hon. friend knows as well as I do that an operation for appendicitis costs around \$150.

Mr. HOWDEN: Fifteen dollars to-day.

Mr. MITCHELL: That is about all it is worth. I do not know of any man in Canada who can earn \$15 in twenty minutes. I do not say this in any spirit of criticism of the profession, because in my opinion they have made a distinct contribution to the life of the nation. And they have probably suffered more than any of the professional class in Canada through the depression. If this depression will only get people to realize that it is better to have a sound system of health insurance than the condition that exists now, then something useful will have come out of this troubled time. I believe this is a fair thing to say: public ward patients—and I am speaking of my own city—get the best attention; they have a better chance than some of the other patients of coming out of the front door, I might say, than the back one, because the best surgeons in the city are on the staffs of our hospitals, and a public ward patient does not get an operation unless it is needed.

Some hon. MEMBERS: Oh, oh.

Mr. MITCHELL: I may be telling tales out of school. I was in England last year for the first time in twenty-five years with the exception of the war. I always had the opinion the British led the world in medicine, surgery and hospitals, but I think they are a long way behind us. I believe our equipment and even our doctors themselves are the