

annually to \$200,000, and besides that it made certain special contributions to the Health League of Canada. In all, the amount contributed in order to inaugurate the campaign for fighting venereal disease was approximately \$1,900,000, the theory being that if the federal government would contribute certain large sums both to the provinces and to voluntary organizations, the provinces and the public generally would be stimulated to undertake the work of fighting venereal disease. For reasons which it is not for me to discuss, in 1931 the government of the day decided that one way of economizing in this country was to cut out the grant made to the provinces for fighting venereal disease and also to abolish the grant made to the Canadian social hygiene council, now known as the Health League of Canada. Since that time, in 1934, I believe, the grant has been renewed to the Health League of Canada and it is only this year that we are returning to the system of assisting the provinces in their anti-venereal work, and we are doing so not by contribution. For some reason or other a great many of the provinces are rather averse to receiving contributions from us, and there have been objections in this house time and again to grants in aid on a straight contributory basis. It is very difficult to maintain control, and the leadership that everyone has been talking about does not remain so clearly in the hands of this federal department of health.

Last year we created a new division of epidemiology whose duty it is to work on this very disease as well as on others, and we also created a division of publicity, whose duty it will be to do most of the work carried on by the private agency. The division of publicity together with the division of epidemiology will give the federal department of health an opportunity to develop that leadership which has been talked about so much. We are proposing this year, not to act as doctors or to give prescriptions to the provinces, but to furnish them up to a certain point with the drug which is most expensive and which is most in use, I am informed, in the treatment of syphilis. We know that there are other drugs such as mercury, bismuth and one other the name of which escapes me. These also are of some use, but I am informed that the arsenicals are more important and they cost more.

Before coming to the house with this proposal to distribute arsenicals on the basis of population and the number of treatments we consulted the provinces to ascertain exactly the number of treatments that had been given in each of them and what amount of money

[Mr. Power.]

was expended in connection therewith. I find that the amount spent in connection with the giving of arsenicals in the various provinces was \$63,478.

Mr. HANSON: Has the minister got that by provinces?

Mr. POWER: I have it by provinces, but I have reason to believe that perhaps the figures are not exactly accurate in so far as they relate to British Columbia. Either the telegram sent by the department to the department in British Columbia was misunderstood, or else there is some error in the figures. It would appear that British Columbia spent on arsenicals in the past year \$15,050. The expenditures in the other provinces were: Alberta, \$1,900; Saskatchewan, \$2,600; Manitoba, \$3,423; Ontario, \$16,000; Quebec, \$20,000; New Brunswick, \$1,000; Nova Scotia, \$2,300; Prince Edward Island, \$1,205. There would seem to be an error with respect to British Columbia because I find that in that province there are only two clinics and they spent \$15,000 whereas in Ontario there are nineteen clinics and the expenditure is \$16,000; and in Quebec twenty-two clinics with an expenditure of \$20,000. Moreover, the population of Ontario, wherein \$16,000 was spent, is about seven times that of British Columbia where \$15,000 was spent; and with all due respect to the opinion that there are a large number of transients going through British Columbia I hardly think that that would account for the discrepancy in the figures. However, \$63,000 was the amount spent in the whole of Canada for arsenicals.

Mr. GREEN: Perhaps the work in British Columbia has been developed further than in the other provinces.

Mr. POWER: I am informed that that is not so. It is developed to a greater extent in Ontario and Quebec.

Mr. HANSON: Will the minister give the number of cases in each province?

Mr. POWER: The division for the ensuing year, 1938-39, as between the provinces will be on the basis of population combined with the number of treatments for syphilis during the year 1936, which is the last available year. These are the treatments in the various provinces in 1936:

Prince Edward Island.. . . .	809
Nova Scotia.. . . .	7,904
New Brunswick.. . . .	16,024
Quebec.. . . .	112,161
Ontario.. . . .	92,656
Manitoba.. . . .	12,800
Saskatchewan.. . . .	10,414
Alberta.. . . .	26,070
British Columbia.. . . .	16,907