The chapter to which I have reference in Sigerist "On the Sociology of Medicine", published by M. D. Publications, Incorporated, New York, N.Y., 1960, at page 209, vividly describes his association with their plan.

Sigerist retired to his native Europe and in 1956 published "Landmarks in the History of Hygiene" by the Oxford University Press, page 72. It is perhaps worth noting here that, having been an ardent proponent of the complete socialization of medicine, Sigerist retracted on his return to Europe and wrote as follows:

> Now that I am back in Europe, I am no longer in favour of health insurance and I think that better solutions should be found. Health insurance in many a European country has become rigid and is in the hands of groups that have a vested interest in it. The machinery is frequently very clumsy and we generally find the tendency to perpetuate under a Government insurance scheme an outgrown type of medical service. Hence the time has come to re-consider the whole set of problems and to seek new ways of solving them, ways that will make the best possible use of the present technology of medicine.

In speaking to this legislation in the other place on December 6, 1966, the Leader of the New Democratic Party stated he did not want to be a "spoil-sport." He said:

> I would make a special plea that optometric services be included because of the importance of these services to children and elderly people.

How considerate of him!

Honourable senators, this latter remark could not be further from the truth. These two groups, children and elderly people, require medical services not technician's services. The examination and diagnosis of a child's eye disability requires all the skill and diagnostic acumen of a highly qualified eye specialist. It would be just the same as sending a young child or an elderly person with a hearing disability to be evaluated by a hearing aid salesman.

Speaking to an amendment to the bill the other day, the minister rejected a series of opposition amendments designed to cover a variety of para-medical services. The medical profession has no objection to that, but it does object to the word "services". We feel that it should be a separate piece of legislation, and should not be considered in this bill.

However, the minister saw fit to shelve this problem of para-medical services, and conveniently relieved himself of any responsibility in this regard by passing it on to the provinces. Commenting on that, I would like to fall back on my legal friends and quote a very fine phrase, *lex dubia lex nulla*, a doubtful law is no law.

Canadian doctors recognize and support the need for government aid in making possible high-quality medical services for a proportion of our population. They believe that this can best be provided by the provision of a voluntary plan, available to all Canadians with government subsidy to the individual according to his needs. In setting up such a plan they believe that the ancient but vital medical doctrine, *Primum Non Nocere*—Do not harm —should be respected.

Attention should be directed to first things first—personnel, training, and our mental health services. The introduction of a plan or plans should be constantly accompanied by research into their effectiveness and, especially, their effect on the quality of medical care. Mechanisms should be built in for the correction of faults which are bound to appear in any plan actually in operation. The freezing of patterns of medical care which will inevitably result from massive Government intervention with centralized bureaucratic administration and with rigidly conceived rules, may well produce lowering of the quality of medical care exceedingly difficult to reverse in the future. Our ultimate goal is to retain that which is sound, precious, and essential in and to medicine and to the profession, and give up that which is harmful and outgrown or merely habit and not essential. To conclude in Dr. Galdston's words,

> This adaptation must be attained by reasoned study, by consultative statesmanship, mindful of changing conditions but mindful also that whatever is grievously injurious and disruptive to the medical profession must prove evil to the people as a whole.

To such a reasoned study and collaborative effort to improve medical services in this country with built-in self-corrective safeguards, the Canadian medical profession will gladly pledge itself.

When this bill goes to committee, I will discuss certain parts of it and move two amendments. I apologize for taking so much time, but I felt that it had to be said, and I thank you for your attention.