

asset the dominion has. That value is enhanced if human life is in its full vigour of manhood or womanhood. The American Medical Association have stated that state medicine is any form of medical treatment provided, conducted, controlled or subsidized by the federal or state government. So, in a degree, at the present time, in quite a number of the provinces we have state medicine, and especially in connection with the operation of sanatoria and the subsidizing of hospitals and doctors.

A royal commission was appointed in Saskatchewan in 1921, and its report showed that sixty-five per cent of the school children were infected with tuberculosis, and that seventy-five per cent of the students in the normal schools were in the same condition. In 1934 only fourteen per cent of the school children and seventeen per cent of the normal school students of Saskatoon were infected. Ninety thousand school children were examined in British Columbia and eighty-three were found to be medical defectives.

I should like to pay tribute to what has been done by the school nurses in some of the provinces and also to the efforts put forth by some municipalities to provide dental and medical care for school children. When a report is sent home that a pupil requires certain treatment, quite often there is the problem of financing to be solved. I know of one instance where a school nurse visited a school and recommended that two girls should have their tonsils removed. Neither set of parents considered the matter to be sufficiently urgent; it was thought that it could be left until holiday time. In both instances the girl was dead before the holidays. The fear of having to pay a doctor's and hospital bill is what keeps many back.

Reference was made this afternoon to what other countries are doing along this line. Sweden presents the nearest approach to state medicine. The system there is on a non-compulsory basis and most of the people take advantage of it. A room in a publicly owned hospital costs seventy-five cents a day as compared with \$7.50 a day in a privately owned hospital. An appendix operation costs only \$8. Sweden rightly boasts of the most inexpensive yet most efficient health service in the world. We can all make a comparison between those costs and what we have to pay in our own community.

The National Health Insurance Act was passed in England in 1911. This was a compulsory scheme for all workers receiving less than \$1,250 a year. The average contribution by the worker is about eight cents a week, the employer paying a like amount and the

state, the balance. That scheme has been in operation for many years, and it offers a guide as to what is beneficial for a country. A patient is permitted to have his own doctor, and the doctors have as much freedom under the scheme as they had formerly. I should like to quote Lloyd George in this connection. In July, 1933, he said:

The scheme of national health insurance which I launched in 1911 has now been in operation for twenty-one years. It has firmly established itself as a permanent feature of our social life and has proved of incalculable benefit to the nation. While its main features have remained unaltered it has been added to and adapted by successive governments of every party colour and used to serve as a basis for further developments of social insurance which are steadily raising the standard of life of our people and increasing their security and happiness.

Doctor Routley, secretary of the Canadian Medical Association, visited Europe last year. Speaking on February 7, 1938, at the convention of the association held here in Ottawa, he stated that Lloyd George had told him that such social security measures as state medicine and health insurance had kept Great Britain from revolution in the past few years. State medicine has been in operation in England since 1911 and it has proved its worth. More than 18,000,000 people in the British Isles have benefited from the free health services.

I should like to touch briefly upon what has taken place in New Zealand. As a memorial to King George V, the government decided last year that a fund should be created for the establishment of permanent health camps. Public appeals and government subsidies produced approximately \$850,000. Last year half a pint of milk daily was made available to all school children, both public and private. What a boon to agriculture such a scheme would be. Of course, we are glad for what has been done and for what is being done. Lord Bessborough and his lady appealed for a fund to be known as the King George V silver jubilee cancer fund. This fund has made it possible to do great work throughout the dominion.

I should like to turn now to my own province. I want to give all credit possible to the provincial government and the municipal authorities of Saskatchewan for what has been done in connection with state medicine, hospitalization and control of tuberculosis. That province is now seeking to lead the world in cancer treatment. The only thing that keeps it back is lack of funds to complete the program. I have read carefully the addresses of the present Minister of Public Health, Doctor Uhrich, as well as the reports