Certainly some of them have not been advanced by any others to date. I assure all hon. members who have made comments that they will surely be considered by the minister in the ensuing weeks as he gives consideration to the next budget.

Mr. Knowles: Mr. Speaker—

The Acting Speaker (Mr. Applewhaite): If the hon. member for Winnipeg North Centre speaks now he will close the debate.

Mr. Stanley Knowles (Winnipeg North Centre): Mr. Speaker, I have a few words to say, but even a few words would run it awfully close to six o'clock, and I would not want it on my conscience that I kept hon. members for a vote during the supper hour. Perhaps, therefore, hon. members might agree to my asking Your Honour to call it six o'clock.

At six o'clock the house took recess.

AFTER RECESS

The house resumed at eight o'clock.

Mr. Knowles: Mr. Speaker, it is not my intention to speak at any length in closing this debate, because I do not think it is necessary to do so. In the very nature of things I was able to predict the arguments which the parliamentary assistant to the Minister of Finance (Mr. Benidickson) would put forward in opposition to my proposal. In all modesty or with respect, whichever it is, I must say that I think those arguments against my proposal were answered in the speech I made when introducing the resolution this afternoon.

I might say that as I see it the parliamentary assistant tried to say two things. He said he agreed with the hon. member for Vancouver-Kingsway that this measure of itself would not guarantee that health bills would be paid. I agree too. In other words the parliamentary assistant to the Minister of Finance thinks, and in this I thoroughly agree with him, that there are better ways to deal with medical costs. My answer to that is, well and good; bring them forward. He knows as well as I do that the best answer to the problem of medical costs is a nation-wide program of health insurance, but that is not before us in this resolution. The government does not seem to be prepared to take that step just yet, but if it is now going to use the argument that this is not the best way to deal with medical costs, then it rests upon the government to come forward with that better way without delay.

The other thing which it seemed to me the parliamentary assistant to the Minister of Finance said was that in his view there are better ways than this to afford tax relief. If that is the case then I say to the government once again, all right; come forward with them. I do not know what the parliamentary assistant had in mind, but if he has in mind such proposals as raising the present exemption levels from $1,000 single and $2,000 married to higher figures, well and good; bring them on. If he has in mind reducing or cutting out the sales tax, well and good; let us do it. But if the government is not prepared to come forward with better ways than this to provide tax relief, then I suggest that it should not throw cold water on this suggestion.

May I say just a word to the hon. member for Westmorland (Mr. Murphy) who spoke in the debate this afternoon. I want him to know that I agree with the positive aspect of the suggestion he made, namely that the definition of medical expenses should be enlarged to include the kind of drugs to which he referred. I think you will recall, sir, that in the earlier part of my remarks I suggested that the definition is not satisfactory. As medical science is finding more drugs which are beneficial to people suffering from one illness or another, and particularly in view of the high cost of some of these modern drugs, the need to enlarge the definition becomes even greater.

But I would remind the hon. member, as I tried to do by a question at the end of his speech this afternoon, that if you do not remove the 3 per cent floor it then becomes a cruel hoax on people just to add another drug to the definition. This happened some years ago when the minister of finance added insulin, cortisone and ACTH to the list of drugs. The users of insulin in particular thought that that meant that they would get an income tax benefit from that drug being added to the list. But when it came time to pay their income tax many of them found that although insulin was on the list the amount they had spent on insulin in the course of the year did not add up to 4 per cent of their total income, as it was then, so they got no advantage. So I say to the hon. member for Westmorland that while I support what he is asking for, namely, the addition of these drugs to the list, unless you take away the 3 per cent floor merely to add them to the list is a cruel hoax on those who have to use these drugs, because they will not get any income tax advantage.

I said that I did not feel it was necessary to take all the arguments put forward this