

with few exceptions, bringing alleviation of pain and of the degree of disablement. Indeed, it may be said that, if all cases of rheumatic disease were diagnosed in their early stages and promptly submitted to the treatments which present skill can suggest, there would be a prompt and great reduction in the number of lives wrecked by its ravages.

It goes on to suggest what we might adopt as a national objective. I quote from page 32:

The ideal is that every medical practitioner should have sufficient knowledge to detect, or at least to suspect (and, following suspicion, to seek further advice) the first symptoms of rheumatic disease. Like all other ideals, it is humanly speaking impossible of complete attainment; but it must be pursued steadily. It is most urgent in the field of juvenile rheumatism, and among those practitioners entrusted with the care of school children.

It goes on to say that we should have, in addition to a high level of training for the general practitioner, to enable him to detect, and suspect and bring cases to the attention of specialists, specialist centres which shall include not only research but also facilities for teaching. It works out in detail what might be expected of these centres.

Another thing that this report points out, and I think we should notice it and act upon it, is this:

It must be repeated that much of this sacrifice of human well-being is avoidable; there is no refuge in the excuse that since medical knowledge of causes and of the most efficacious treatments is incomplete, nothing can be done. In the majority of cases a great deal can be done. Even if there were no hope of gaining further knowledge by research—which emphatically is not the case—yet the national application of present methods of cure and alleviation would lift much of the burden of rheumatic disease from the community.

This report suggests that in Great Britain they should embark on a seven-year plan. They point out that if attention were given this problem seriously over a period of seven years great things could be accomplished in the field of research and great strides could be taken toward conquering the ravages, on a mass scale, of this dreadful disease. I suggest to the minister that he do the thing suggested last night—proceed without delay to call a conference on rheumatism and arthritis.

Mr. MARTIN: As a result of a consultation which one of my officials has had with Lord Horder and Doctor Wallace Graham of Toronto, the steps I referred to last night have been initiated.

Mrs. STRUM: I am happy to hear it.

I wish now to say a few words about cancer, and I do not want to repeat the arguments put forward so well by hon. members in this

debate. What the Department of National Health and Welfare has done in this regard is valuable; I mean putting out material warning us that cancer is a killer. This pamphlet warns us that one in every eight persons will die of cancer, and that is enough to scare the living daylights out of everyone who reads it. The only trouble is, it does not indicate what one must do to find the money to pay the cost of treatment. There are many good publications put out. Here is another one put out by the National Cancer Institute of Canada which gives a graphic description of cancer, its characteristics, cancer tissue and so on.

Mr. MARTIN: That is from *Life* magazine, and distributed by the cancer institute.

Mrs. STRUM: It is a supplement, yes. It points out one of the chief causes of fear and one of the chief reasons for delayed treatment. I quote:

Cancer is a chronic disease economically as well as medically. Over the twelve-to-eighteen-month course of treatment, out-of-pocket expenses climb above \$1,000, a figure that puts easily two-thirds of the families of the nation, who live on \$3,000 a year or less, in the class of medical indigents. The facilities and personnel required to treat cancer are inaccessible, in any case, to the vast majority of U.S. citizens. The 300 approved cancer-treatment clinics are far less than enough to take care of the estimated 300,000 new cases of cancer that turn up every year.

This indicates that we need research. We must have research, and we hope that steps will be taken to coordinate the work of the researchers and help to finance their programme. But in addition to that we must have treatment centres; we must have hospitalization. We must make provision for surgery. There must be provision to pay for the cost of radium, deep-ray and any of the new treatments that come up.

This brings me to the figures the department has given me in answer to my inquiry about the loss of life from cancer during recent years. I find that the cancer casualties during the war period were 95,627 as compared with 41,000 casualties in the theatre of war. So that actually here in Canada our losses were twice as heavy from the killer cancer as they were in the shooting war where our men were engaged in actual physical combat. That indicates the magnitude of this problem. Here is what we as a nation were spending on cancer through our appropriations for the national research council. In those years from 1939 to 1945 we spent only \$4,364.50. According to the figures I gave a moment ago, it would cost at least \$1,000 apiece to treat those cases, so that we should