a higher income tends to assure the family of better nutrition, it is no guarantee. Furthermore, these surveys showed serious dietary deficiencies among families of an annual income less than $1,500. I am informed that this comprises more than half the families in Canada, so that there is a widespread nutrition problem. . . . Therefore, in analysing the meaning of this word "everyone" it is advisable to be clear that it is not just a case of relief families, or low-income families, because surveys show that even where apparently large amounts of money are being spent on food, yet there may be malnutrition."

If there was any doubt or misunderstanding as to the report of the Sirois commission, this war has certainly proved to us the great need for the improved care of health throughout this country. In a three months period last year, of 50,000 young men who tried to enlist, 20,000 were rejected as physically unfit. To date over 70,000 men have been discharged from the armed forces during this war, many of them—I do not know just what percentage—as physically unfit.

Among the twenty-six leading countries of the world, only four have a record of maternal deaths worse than Canada's. In four years, 1932 to 1935, Canada lost 70,000 infants under one year of age and lost another 33,000 mothers and still-born infants.

A government investigation of Canadian children has shown that half a million are undernourished, one-quarter of a million have impaired hearing, 77,000 have weak or damaged hearts, 35,000 suffer from tuberculosis. On the basis of these figures, Mr. Allan Ross, who takes care of rations for the Canadian troops, labelled Canada as a C3 nation.

The Hon. J. T. Thorson, as Minister of National War Services, stated in this house on November 11, 1941, that a total of 209,000 single men between the ages of twenty to twenty-four had been called and that 44 per cent of them had been rejected on medical inspection.

Therefore I do not think there is any doubt as to the need of some system of health insurance in this country, and this need has existed for a long time past. In social security and health legislation Canada lags far behind many other democratic countries. The magazine *Health* in its autumn issue in 1942 points out that:

> Under the social security act of 1938 medical care was provided in New Zealand for all. The service included free general practitioner's service, free hospital and sanitarium service for all and other benefits.
>
> In other words, in a large proportion of the English-speaking part of the British empire the problem of medical care has resulted in legislative action which we still lack in Canada.
>
> In order to estimate the type of national health programme which may be evolved in Canada and indeed which is likely to be evolved,

it is perhaps desirable to make some additional comparisons between Canada and the United States. Conditions in the two countries are similar so plans for the remedying of defects in public health machinery may well be similar.

In the United States for constitutional reasons it should be more difficult to initiate federal action in the field of health. Yet one finds that the efficiency of federal machinery is infinitely greater than in Canada, as expenditures on national health are greater.

I should mention the importance of full-time health service and the failure of our parliament to set aside any funds whatever for this purpose. On the other hand, in the United States under the social security act of 1935, $8,000,000 was made available annually for this purpose. In 1939 this appropriation was increased to $11,000,000.

It is more than interesting to note the remarkable increase in state and local expenditures as the result of the stimulus of federal subsidy. The total amount of money available from all sources in those health jurisdictions where federal funds were budgeted was $83,790,782 for the fiscal year 1940, an increase of $32,714,421 over the previous year. While because of some confusing factors this may not give an entirely accurate picture, it is obvious that the increase and improvement in local and state health machinery in the United States is much greater in proportion to federal grants than one could reasonably expect.

But if the two items of federal expenditure give one some idea of the direction in which we might go, they give little idea of the scope and magnitude of plans for national health under consideration in the United States.

The article goes on to cite details of expenditures in the United States, and then says:

> Our own dominion expenditures on health, as I have said, are about one million dollars annually, of which $50,000 only goes to the provinces in the form of subsidy.

I know personally of a community in western Canada where a group of doctors got together and organized the area, establishing a small hospital and clinic and a contributory scheme of health insurance for the people of the area. Under this scheme the head of a family paid $25 a year, a single person $15 a year, and each local municipality paid $300 a year to take care of the health of its indigents. This has worked very satisfactorily, and if it be possible I should like to see the country zoned and organized on some such basis as I have just referred to with respect to health insurance, the scheme to be supplemented by government assistance. These people could be given proper help in the matter of dental care and other parts of a proper scheme of health insurance.

In the past, speaking in this chamber, I have repeatedly asked that the old age pension be increased. I believe also that seventy years is too high a minimum; we might well consider reducing it. And certainly, in these