locality and taken sick at night will very likely wind up in the emergency department of the local hospital. It is hard to get a doctor out to see a patient at night because doctors are scarce. In any event our doctors and hospitals are overburdened.

I appeal to this government, which I know is in a difficult position, to take steps to alleviate the shortage. Our present crisis is as bad as our 1942 crisis, which was met by having the medical schools operating all year round. Our output of doctors then was increased by 50 per cent.

Mr. Douglas: Hear, hear.

Mr. Rynard: It is wasteful and inefficient to have our expensive capital items, the medical school buildings, left idle for part of the year. I appeal to the government and to the minister concerned to meet with provincial health ministers, the heads of universities and teaching representatives and to see if medical schools could be operated throughout the year. Teaching in medical schools should not be confined to eight months of the year, with the schools being left empty for the remainder of the year. That is the only way we shall get enough doctors, and that is the only way we shall avoid cheating our public, which is paying for services it will not get.

Some will ask: But what about the doctor teacher shortage? My answer is that we can use television and the new audiovisual teaching methods which have come into prominence recently. Any student sitting in any classroom in Canada, because of television or audiovisual methods can see the greatest teachers in this country and hear them lecture. All that is needed is a proctor to note a student's questions after the lecture. It is as easy as that. Some say: But you cannot do things that way. Let me say that in the United States and Canada credits are given to those who go to conventions and teaching seminars, where teaching is carried on by this method.

• (3:40 p.m.)

These doctors are costing us a lot of money. It costs approximately $50,000 to put a doctor through medical school. As the hon. member for Sudbury has pointed out, we have a great stake in their careers. The difficulty caused by a shortage of practitioners is increasing today and we must see that a much worse crisis is avoided. We were able to cope in 1942 with the crisis but today we apparently cannot. I say to the minister of consumer affairs or to whoever is taking his place, that a consumer who is paying for something he is not getting is being cheated as badly as someone who picks an article off a counter which is priced too high. I hope that when the Liberals hold their convention this matter will be brought up. They intend to bring in medicare as of July 1. The first thing they should do is insure that doctors are available to carry out this project. Let us quit cheating the public.

Mrs. MacInnis (Vancouver-Kingsway): It is significant we should be ending this part of the session by talking about consumer problems. We had a discussion on aspects of the drug bill and today we have been talking about increasing the supply of doctors.

I want to refer again, today, to the way in which those who are hard of hearing are mercilessly exploited. Since I raised this subject the other day I have been amazed by the flood of letters and communications forthcoming from people all across the country who are hard of hearing and who feel they are being exploited. I wish to bring fresh evidence before the committee because the removal of these grievances should, I feel, be one of the immediate tasks of the department of consumer affairs. I am glad to see the minister in charge nodding his head. A real effort must be made to get to the bottom of this.

I mentioned that an inquiry by the minister of trade in British Columbia had discovered that in Vancouver and Victoria the mark-up on hearing aids as between wholesale and retail prices was as high as 306 per cent. One of the members of the legislature drew attention to the fact that hearing aids which cost $35 to manufacture in Japan were being sold in Vancouver for upwards of $400; that others which cost $77 to manufacture were being sold for $700. Since I raised this matter a great deal of evidence has come in from other parts of Canada. It should be remembered that most of these people have absolutely no means of deciding how much should be paid for a hearing aid, or which of the various models, widely differing in price, are best suited to their needs. One man who lives in this city inquired about hearing aids and was given information about four makes, all of them of the kind with a cord, the kind he needed. One was priced at $400, another at $280, a third at $329 and yet a fourth at $245. How was this man to decide which of the hearing aids he should buy? No information has gone out from the Department of Consumer and Corporate Affairs to help him decide where the best value lies. In the case I refer to the man is hard up and has no means of knowing.