

The degree of sickness among the people cannot be decided by the number of beds occupied in hospitals. Thousands, unable to afford treatment, or unable to procure accommodation, occupy beds at home, of which we have no records. A large percentage of the people cannot afford to pay the high cost of sickness. New methods of treatment and diagnosis have been discovered, but the cost of medical and hospital care has increased tremendously. There is a serious gap existing between advanced medical science and application in so far as treatment is concerned. Many people in the lower income brackets receive from sickness financial set-backs which they are never able to overcome, and which leave them constantly in debt. The cost of hospitalization, nursing and medical care is beyond the limits of their resources.

The shortage of nurses and trained hospital attendants is another serious problem. Wards in general hospitals in Canada have been closed because there are not enough nurses to care for the patients. Tuberculosis sanatoria and mental hospitals are understaffed for nurses. The demand for nurses in army hospitals has further reduced the number available for public hospitals. Many nurses are overworked and hospitals are short staffed. Patients, unless they can afford special nurses, often do not receive enough attention. Nurses have been overworked to the point of endangering their health. Many married nurses who returned to their profession during the war years are now retiring on account of income tax regulations. In order to give efficient and competent care of our sick, and to staff the 150,000 beds required, larger numbers of trained nurses must be graduated from training schools. In taking steps to rectify this situation, it must be remembered that young women entering this profession require matriculation from high schools, and a course of three years' hospital training. The shortage cannot be solved by short courses to graduate additional nurses. Any lowering of the standards will mean an inefficient service to the public.

It is often stated that the health of a nation is the wealth of a nation. The health of the people depends also to a large degree on the conditions of environment under which they live and work. It depends on decent housing and elimination of slums. It depends on adequate nutrition and facilities of education. The loss in wages to our industrial workers in 1942 amounts to \$135,000,000 on account of sickness. The loss in production by reason of absence from work amounted to millions, and the total for sickness, loss of time, and production, has been estimated at a

billion dollars. We must attack this wastage and cut down the losses on account of diseases. We are paying dearly for sickness. Preventive and early treatment could cut down sickness. Our national bill for sickness is higher than what it would cost to keep these people well and producing. I am not advocating a programme of expenditure, but rather a programme of economy.

The medical colleges and science faculties in our Canadian universities are of high standard. They graduate many students, anxious and capable of doing research. Unfortunately, a large proportion of these graduates move to the United States where they receive more lucrative salaries. This country can ill afford to lose these citizens, and conditions should be made more attractive to retain them here either on health problems or in research on the products of our national resources to build up new industries and create employment for our people.

I am aware that many of the matters mentioned are within the jurisdiction of the provinces, but, as I have previously said, it is the duty of the federal government to give leadership, direction and financial support. If the solution of these urgent national health problems is dependent on a successful dominion-provincial agreement among all the provinces, and if the declarations made by the Prime Minister (Mr. Mackenzie King) regarding the bringing of the provinces together is to be accepted, then there seems little hope for improvement in the standards of health within our dominion. It is, therefore, an obligation on the part of the government to reconvene the dominion-provincial conference. There is no alibi for inaction by those responsible where the lives of Canadian citizens are at stake.

Mr. H. W. WINKLER (Lisgar): Mr. Speaker, my first words in my brief remarks in this debate are of congratulation to the mover and the seconder of the address in reply to the speech from the throne for their admirable speeches. Both those hon. gentlemen are members of this section of the house, and I must say there are certain advantages in sitting in this section. Chief among them would be the undoubted bond that exists between the members. There is, however, a disadvantage in sitting in this neighbourhood, and that is the difficulty of hearing, possibly not at this moment, but when the house is comparatively full. A recommendation has been made that loud speakers be installed in the house. With the exception of a few of us who might use them advantageously, I believe that loud speakers would not be of any benefit in this corner, but that hearing aids would