

In this country already medical men are beginning to work along the line of more systematic provision for the sick. I have before me a pamphlet containing a reprint of an article by J. A. Hannah, M.D., in The Canadian Doctor. It is entitled, The Development of a Voluntary Plan for Prepayment of Medical Services. This indicates that the medical men realize the necessity for a much more systematic way of dealing with the sick. There has been worked out a very interesting computation as to what it would cost if cooperative arrangements were made. I quote:

After extensive search and reading we were able to compile a table somewhat after the following:

Home calls—1 per person per year at \$3.	\$ 3 00
Office calls—1.5 per person per year at \$2.	3 00
Surgical operations—0.08 per person per year at \$50 each.	4 00
Hospital care—1.3 days per person per year at \$3.50 per day.	4 55
Drugs.	50
X-Ray.	1 00
Administration.	2 00
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Total for medical care.	\$18 05
Dental.	4 00
Nursing—0.5 per person per year at \$5 per day.	2 50
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Total.	\$24 55

Now, Mr. Speaker, it would seem that if it were possible that some arrangement could be arrived at, either a voluntary or a state arrangement, by which we could ensure that people could be taken care of for \$24.55 a year and the doctors receive adequate maintenance, this would be highly desirable in the interests of the public.

Mr. POWER: If I may interrupt, I suppose my hon. friend knows that there is some such scheme in force in Toronto at a fee of \$24.

Mr. WOODSWORTH: Yes, I understand that. I think that fee was based on these calculations.

Mr. POWER: It is operating in Toronto to-day.

Mr. BENNETT: There is one at less than that in Calgary.

Mr. WOODSWORTH: Undoubtedly if we had it under state control and on a very wide scale, that sum could be brought down considerably. I believe in some Scandinavian countries it is down to something like \$16 per person.

I should like further to present to the house a few considerations which have been advanced in a memorandum of the health league of Canada and which seem to me to

summarize the situation very well. I quote three isolated paragraphs:

If the dominion would finance a program of health promotion similar to that established in the United States, under the social security program, local health needs could more advantageously be served, the dominion could retain supervision over conditional grants for health purposes, could approve projects to be undertaken by the provinces, and could coordinate the public health program for all of Canada.

Again:

As long as the dominion continues to regard public health as a matter solely of provincial responsibility, and refuses to recognize the national health aspects of child and maternal health, and of such diseases as tuberculosis, cancer and venereal disease, the general improvement of public health of the nation will be retarded.

And still again:

The federal government should not only assume its responsibility in this field of public service, but also should plan, finance and supervise the administration of a comprehensive national health program. In carrying out such a program the cooperation of voluntary organizations will continue to be of prime importance.

Mr. POWER: What is the date?

Mr. WOODSWORTH: I am afraid this memorandum is not dated, but it is of recent date. It came to me along with several resolutions passed recently which, I believe, should be placed on record. The first, from the Canadian Medical Association, says:

Whereas venereal diseases constitute a problem of major importance; and

Whereas Canada, for eleven years, had a most effective plan for the control of venereal disease involving dominion and provincial cooperation and organized education; and

Whereas, in 1932, the division of venereal disease in the dominion government was dissolved and grants to the provinces for this purpose cancelled, also grants for educational purposes discontinued only to be restored in part; and

Whereas three regional conferences held in 1931, as well as the Dominion Council of Health, at a meeting held in December, 1931, all recommended that the scheme be extended and grants increased;

Therefore be it resolved that the dominion government be memorialized, and asked to reestablish the division of venereal diseases in the federal Department of Pensions and National Health; to reinstate the grants to the provinces; and to make adequate provision for educational purposes throughout Canada to the end that the Canadian scheme be once more put on an effective basis.

This resolution was passed at Ottawa in June, 1937.

It would seem to me that although we are not likely to have anything like a comprehensive scheme of state medicine, the least the government could do would be to comply with the terms of this resolution.