

because of what you mention; people want to have a perfect mind and a perfect body. However, it is a different thing as far as physical illnesses go, such as lead poisoning in children, which is an index of poverty. It so happens that even in the most affluent of nations like Canada and the United States, 20 per cent of the population are poor. There are forty million poor in the United States, and 3,500,000 in Canada, and this 20 per cent of the population suffers something like 75 to 80 per cent of the major illnesses.

**Senator McGrand:** You are referring to Canada?

**Dr. Cappon:** Yes.

**Senator McGrand:** I had better get those figures.

**Dr. Cappon:** I say that there is relative poverty in Canada that amounts to about 20 per cent of the population, and they account for three-quarters of the illnesses.

You get the same situation as to accident proneness, in these cyclical situations where 10 per cent of truck-drivers account for more than 75 per cent of accidents. The same situation occurs in the poor.

There are two recommendations that I want to suggest myself which in part relate to your questions but which would only be part solutions because they would not overcome the impersonality barrier. The first suggestion is that all teaching hospitals be required to use their students and their facilities to support general practice in their areas. In other words, huge teaching hospitals so richly endowed with money and personnel should cease to live in their fortress and should go out and relate themselves at least to the population in the immediate vicinity.

This is what John Hopkins has not done, and until recently, it has been one of the foremost medical schools in the world. But they have richly deserved the hostility of all the community around them. People have wanted to burn it down because it did not do this. I would suggest that Canada learn from the experience of John Hopkins and others and require the teaching hospitals to do general and specialist practice and support the general practitioners in going out into the community; not staying there and waiting for patients to come.

The second recommendation I would suggest is to integrate the environment with medicine, to bring medicine to the people and to de-institutionalize and de-centralize medicine. At the present time the distance between a central large hospital and the

people, the poor, is an unbridgeable distance. In order to bridge this distance and take care of the environment, I would suggest that wherever there is a housing development, especially a public housing development, it should be a requirement that medical facilities be provided. Within the housing development, there should be clinics built for group practice where doctors should be encouraged to go, just as they should be encouraged to go into the north country to practise. These are two suggestions I have.

**Senator McGrand:** This is much like what is occurring at Pointe St. Charles.

**The Chairman:** I have one question. I do not recall any similar undertaking to the Pointe St. Charles one in the City of Toronto at the moment.

**Dr. Cappon:** No.

**The Chairman:** And we do have some teaching hospitals that are pretty well endowed, despite the fact that they cry for more money?

**Dr. Cappon:** Yes.

**The Chairman:** Do you share that view, Dr. Sullivan?

**Senator Sullivan:** There is not a duplication in Toronto of what these people are doing in Pointe St. Charles. I think they are doing an excellent job, but I want to re-emphasize strongly what Dr. Cappon has said. Some of the large teaching hospitals, due to the funds that they are being endowed with, are being "fossilized". And here I am using the words of the famous English surgeon Sir Arthur Lang. When asked about Hopkins, he said, "Hopkins, oh, yes, the place where they fossilize men." That is what is happening to a lot of the big teaching centres. They are medical science complexes. They have got to get out, as Dr. Cappon said. It is a very good point he brought out because it could be imparted to a great many of the deans of medicine across this country today. Let us emphasize that one.

**The Chairman:** Well, Dr. Sullivan, we are all laymen except Senator McGrand, and we have been sitting back for a long time. You people have been running the hospitals and the medical associations. What has kept you from doing something about it long before this?

**Senator Sullivan:** Correct me if I am wrong, Dr. Cappon. There are two groups developing in medicine.