

THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 o'clock, Tuesday March 26th, 1963.

MR. CHAIRMAN: Resolution 55 (2) passed.

MR. DESJARDINS: Mr. Chairman, just before you called it 5:30, the Minister was telling me I was tenacious and boisterous. Tenacious -- I think that maybe I should be; I don't think he'd think too much of me if I'd ask a question and then not wait for the answer. Boisterous -- I think we're about even on that. He was on Friday night and I was yesterday. Today I'm not boisterous at all. I just don't know what to do on this department. On Friday I thought well, that Minister is such a terrific guy and he's a nice guy, a good friend of mine, I'll go to the head of the department; it'll be easier. But I was wrong and today I'm asking the Minister and I'm wrong again. By the way, when he mentioned my occupation -- or made reference -- I wish he would have come out and spelled my occupation, my profession; it might give me a little bit of a boost, but I've got your pre-arrangement anyway. But I think that we've had enough on that. I just wanted to again repeat that I don't expect the Minister to know everything, but I think that like everything else that when he's not too sure, he usually says, "Well I'll get this information for you" and I think that the question that I asked is very important. I think he knows it's very important, and I would expect him to later on give it to us and I can tell him right now -- promise him -- that I won't be boisterous until after the end of the Health estimates anyway.

MR. PAULLEY: Mr. Chairman, while we're dealing with the general question of psychiatric treatment -- no I'm not going to make reference to my honourable friend at this particular time. The Honourable the -- (interjection) -- well, I know that insofar as my honourable friend and I are concerned, my honourable friend from St. Boniface, we have an arrangement as to my last resting place. The direction we go after we've gone into our last resting place -- there may be a difference of where I'm going and my honourable friend but -- (interjection) -- Yes, I do too. But apart from that -- that's just in jest -- however, Mr. Chairman, at the offset, when the Minister of Health was making his introductory remarks and in particular when he was referring to psychiatric treatment and services, he made mention of the fact, if I recall correctly, that President Kennedy of that nation to the south of us had taken a considerable interest in mental illness and mental retardation, and sent a special message to the Congress of the United States. I have here with me a copy of the message of the President, but it's my understanding, Mr. Chairman, that the advisor to the President of the United States in the question of mental health, is a former Canadian, a person -- and I'm sorry that I haven't his name readily before me at the present time -- but this man was in the service of the Government of Manitoba, in psychiatric services -- I'm not positive but I believe he was born in Portage la Prairie, took his training here in Manitoba and he's now the advisor to the President of the United States. I wonder if the Minister is aware of this and whether or not he could indicate his agreement, because it appears to me that here is another case of where we have trained here in the Province of Manitoba a person, apparently well qualified in his chosen profession, and I'm wondering whether or not this would indicate a trend. Now the Honourable Minister mentioned the fact that there is a general shortage of psychiatrists right across the whole of the Dominion of Canada, and I think here is a concrete example of where one of these professional men has been trained here, as far as my information is concerned, and then left for different pastures -- maybe greener pastures. At least, if my information is correct, here is a young man, or a gentleman anyway, from the Province of Manitoba, who has reached the very exalted position, I would suggest if my information is correct, of being the advisor to the President in this general field, and I'm wondering whether or not, because of the fact that it wasn't too long ago that the remuneration for our psychiatrists here in the Province of Manitoba was considerably lower than those in other jurisdictions -- I would like to hear any comments that the Minister may care to offer in respect of this and as to whether or not the general level of remuneration for psychiatrists here in the Province of Manitoba has now reached a level which is comparable with similar payments or salaries to psychiatrists across the rest of Canada, and whether there's been a retardation of emigration from Manitoba to other jurisdictions of our trained men.

MR. JOHNSON: Mr. Chairman, with respect to the question asked by the Honourable Leader of the NDP; it's a very logical question. This sort of thing has been going on in all fields of

(Mr. Johnson cont'd) medical endeavour since the Manitoba Medical School opened. The top man at Salt Lake City, famous for blood research, is a Manitoban. The head of the Minnesota School of Post-Graduate Studies in Medicine is a Manitoban, Mr. Code -- Harold Code, Rochester -- well half of the physicians there emigrated from our fair province. So we tend to export the very best, and many of our men -- medical men -- have sought greener fields and I guess greener fields always look more attractive, but the point I want to make is this; I think we will only attract these men back and men of this calibre back here as we develop, not only salaries, but the kind of program that challenges them, and this is why I feel that our breakout into community mental health, putting the emphasis and taking advantage of all these newer concepts of care and attitudes in psychiatry, mean as much, I think, to most men, as the salary. However, in certain jurisdictions in the Southern States the price of psychiatrists is fantastic. However, in Manitoba we are pretty well getting into line with the other provinces and strides have been made in the last few years in this regard. However, I would say that in trying to attract some of these men that we know of back here, this seems to be as big a factor as the remuneration; in other words, is this challenge -- is this the kind of work they want to do? And that's why this changing emphasis on the programs in our mental hospitals, I think, will mean so much to the province in the long run. I would say that we are holding some very excellent men here now for that reason, that there is the challenge; and we've in the last year brought in quite a few psychiatrists from the outside. However, the point the Honourable Leader of the NDP makes is very well taken, but I would say that it was a combination of these two factors and we are most aware of it. If we're going to continue this program we simply will have to compete in the future.

MR. PAULLEY: My honourable friend mentioned that we're getting into line. Do I take it from his remarks that there will be a further -- or an increase, in the amount of remuneration to our psychiatrists in order to get into line, rather than just continuing to get into line. And also, I wonder if the Honourable the Minister has the name of this gentleman that I referred to as being the that left Manitoba and is now the advisor to the President of the States.

MR. JOHNSON: to get the name if the honourable member would like to give it to me. I don't know the particular gentleman in question. I say we've exported so many, I wouldn't know off-hand. Dr. Atkinson of our Manitoba School was one of the President's Special Advisors in his retardation program.

MR. GRAY: For the first time I admit that I am definitely out of order, but I do want to place on the record the -- Doctor Mathers, who passed away, he was the first man in Winnipeg who has worked very hard, being on a hospital staff and being one of the good doctors in the City of Winnipeg, who is responsible for the first psychiatric wing built in the General Hospital, I don't know how many years ago -- I think it is fifteen years ago or twenty years ago. He did a tremendous amount of work and good work. He was the first one to sell the idea of having a patient who is mentally disturbed first in the psychiatric ward, but it was called that time a mental hospital, and the mental hospital today was then called the "crazy house", and since then the whole program has been built up. He was also my doctor, so that's the reason I am taking the liberty -- I know I'm out of order -- to record his name as one of the pioneers, as one of the builders, and maybe as one of the inventors, of treating people with mental disturbances first in a hospital wing before they were sent away to the institutions, which, of course, has reformed now, but they were not reformed in the days gone by.

MR. SHOEMAKER: Would the Honourable Minister give us the per diem cost of care in the various institutions? I think some member asked that question. That is, the per diem rate of care in the Brandon Hospital, in the Selkirk Hospital and Manitoba School for Mentally Defective persons, and so on. Is that information available?

MR. JOHNSON: Yes, that information is available. I gave it to the House last year, I believe. I haven't got it with me now. It may be in here somewhere. But the per diem rate averages -- if the honourable member would like the exact rates I could obtain same -- but it averages between \$4.00 and \$5.00 per diem. Of course there is no capital amortization in these per diem rates.

MR. CAMPBELL: Mr. Chairman, I have heard my honourable friend, the Member for Inkster, use this term "crazy houses" on more than one occasion in this Committee, and I wouldn't want the feeling to persist that the mental institutions were ever called by that name officially. If some

(Mr. Campbell, cont'd) people -- very misguided people -- used that term in a sort of a colloquial way, or for any other reason, I can't be responsible for that, but the suggestion of my honourable friend, if I get his suggestion correctly, that this name used to be the official title of these institutions, is quite wrong. It's true that at one time they were called "asylums" -- asylums. And I don't think that's a bad word, because an asylum in its correct sense, I think, is a sort of a place of refuge. But just because of the connotation that that word derived through time, and perhaps because of the fact that there was a more enlightened view with regard to the treatment of mental illness, it was thought that this name would be better to be changed to "mental institution", but I know of no time when the public authorities were so ill-advised as to use the term "crazy houses". That just never happened so far as I know.

Similarly the institution at Portage la Prairie was at one time called the "Home for Incurables" and that was an unfortunate name, of course, because it's rather a bleak prospect to hold out to anyone even though it might be the fact that their condition is incurable, and it is a fact with a lot of the people there, no doubt, because they're a very, very different type of people go there to the ones who go to the mental institutions, but because there was a connotation there that was certainly a bleak one, that name was changed and I believe it's now called the Manitoba School, is it not? Manitoba School, a much better title; and I have mentioned this on other occasions in this House, because I think it's proper that we should try and get as good names as possible for institutions of this kind. I have mentioned here before, publicly, and I think it would be well to mention it again, I think there's one of the -- just to show how these names can cling -- I think that one of the Orders that does a wonderful work in this province and in other jurisdictions still clings to a name that I think they should consider changing, and that's the Shriners with their splendid work with the Childrens' Hospital. I wish they wouldn't call it "The Crippled Childrens' Hospital." There's something in that name that I think raises a connotation there that would be better left out, but the work they do certainly makes up for any deficiency in the name, but my real reason for rising at this time is simply to correct the impression that I'm afraid my honourable friend from Inkster has left, that this was at one time the official name of these institutions. If it was it goes far back beyond my time.

MR. JOHNSON: The Honourable Member from Lakeside has brought up a very interesting point, and I should inform the committee we finally had the word psychopathic plastered in over at the old so-called Psycho at the General. We call it the Psychiatric Institute and it is considered part and parcel of the administration of that hospital for all practical purposes now. This is a real step forward. Again, our Manitoba School, I think is the word we should use, as the member has pointed out; and Selkirk and Brandon, while we call them the Selkirk Hospital and the Brandon Hospital for Mental Diseases, I think we should refer to them as the Brandon, Selkirk facilities. It's only too apparent that more and more we see the daily evidence of the willingness of patients to go into a general hospital setting, and these 140 ward psychiatric beds that we have in our hospitals in the city are a very wonderful advance and we've got to continue to integrate mental health with other physical illnesses. We should also be changing -- and I know the First Minister is giving considerable thought to this when we revise our mental health legislation -- the words "For the fund for the mentally incompetent" sort of thing. I think we're coming out of the dark ages very rapidly and I think we in Manitoba are as far in the lead in modern attitudes in this as anywhere in Canada.

MR. PAULLEY: Mr. Chairman, just for the purpose of the record, too, I think that I should say a word or two in connection with this. I do think that the Honourable Member for Lakeside did not fully understand what the Honourable Member for Inkster was speaking of in connection with mental homes, because I heard what my honourable friend said and what he was doing and I think that what he said was in effect correct, and I agree with the Honourable Member for Lakeside when he said that there is no public body or governmental body that ever referred to our mental institutions or our mental hospitals as "crazy houses or bughouses", but what my honourable friend from Inkster was pointing out, that this was the case before individuals such as Dr. Mathers to whom he was paying a tribute came into the whole field and brought out of the dark atmosphere the whole treatment of those who are unfortunate enough to be suffering from mental diseases, and I think as substantiation for this is the reason why we have such organizations now operating in the Province of Manitoba and all power to them -- organizations that call them the "Open Door Club;" organizations of Share and the likes of that -- that are doing a good

(Mr. Paulley cont'd) in indoctrinating and educating the people of Manitoba, and this is going on elsewhere, are bringing out into the open the atmosphere or the connotation of "crazy houses" that there was, and I think that if we're honest with ourselves historically this was associated at one time, but it's through the efforts of these organizations and prominent men like Dr. Mathers and Dr. Pincock that there's no longer this connotation, and I think for the purpose of the record, Mr. Chairman, that was the attitude of my honourable colleague from Inkster, to say of the great comparison and the difference of attitude and approach to the situation now as the result of the endeavours of these organizations and these doctors as compared with what it was a few years ago -- and not too long ago either that this was the case -- and I'm happy and I join with the Honourable Member for Inkster in expressing gratitude to the public in general and to the people directly concerned that this is no longer the attitude, and I suggest to the Honourable Member for Lakeside that it wasn't the purpose or the intention of my colleague from Inkster to put any connotation of this nature to our mental hospitals in the Province of Manitoba.

MR. CHAIRMAN: (4) passed.

MR. TANCHAK: Mr. Chairman, I think the Honourable Minister left one question or part of one unanswered. There was a question asked before as far as salaries being paid to the inmates in the different homes and I think he answered that those working in shops do get paid, but I wonder -- and I'm interested in this; I have a special reason for it -- those who are working on institutional farms, do they get paid for this work?

MR. JOHNSON: The people working on the institutional farms have never been paid a salary or anything. I should point out to the committee that the numbers of people with the modern attitudes -- and I'd like to correct a former statement I made here the other day. I was under the impression without checking that we had 4,200 patients in our three large institutions. You will notice from the synopsis of activities here that we're down from 1,600 to around 1,400 in Brandon; we're down from 1,200 to 1,050 in Selkirk, and as we are tending to rehabilitate folks and so on, they're not being used on the farm as much as they were in the past. There's less and less numbers of inmates assisting in laundries, and in the farms in the various activities of the institution, and this has become more marked in the last couple of years since they've developed these attitudes.

MR. FROESE: Mr. Chairman, talking of the farms that are being managed under the various hospitals, districts and the Department of Health, we have three items here: (1) The Brandon Hospital, where we have sale of produce to institutions of 55,000, at the Selkirk for 37,000, and the Manitoba School for Mentally Defective Persons lists \$30,000.00. This gives you a total of \$122,000.00. I was just wondering on what basis are the goods valued or how did they arrive at that figure? The only thing from the report on page 24, there's just a few brief paragraphs on the section dealing with mental hospital farms' management. It states that the farm acreage totalled some 4,100 acres, and it goes on to say that these farms produced 45,000 bushels of cereals, roughly 2,000 tons of forage, 31,000 bushels of potatoes, 74,000 pounds of , and 280 tons of seasonal vegetables.

Now I'm just wondering how good a proposition these farms are. If you take 400 acres to give you your necessary forage, and if you take the 100 acres for the potatoes and another 100 for the seasonal vegetables, that leaves you some 3,500 acres. To get another 500 for summer fallow leaves you some 3,000 acres, and from those 3,000 acres you get 45,000 bushels of grain. This is only another small crop, I consider, although I notice further down that the returns received from the sale of cattle, which was \$20,000 and the surplus pork that was sold for \$4,000 would make up some of the money that should have been received on the farm as such. I think we should have had a little more of an explanation on this matter of farm management of these various institutions. Apparently there are some very good dairy herds. They have 594 head of cattle that they keep to supply them with the necessary milk, but I wonder if the Minister could give us some information on how they arrived at these valuations and also whether we couldn't have some more detailed explanation on this, at least for the next year.

MR. JOHNSON: Mr. Chairman, these are very nominal valuations. This has come up before on a few occasions, and I've looked into it. A couple of years -- I think in '54, a very thorough study was made of the farm operation as it relates to the hospitals, as to whether they were economical or no, and it turned out in favour of the farms. Again, Agriculture are looking at it

(Mr. Johnson cont'd) again this year for me. However, it is set up to supply as much of the foodstuff as possible for use in the hospitals, and it's carried out in the production of all the fluid milk requirements, fresh vegetables, storage vegetables, as long as it is possible to preserve same in storage without refrigeration. And Brandon and Selkirk have pork and its products which are supplied, but we have no facilities for raising pigs at the Manitoba School, and farm staffs -- thousands of bunches of cut flowers and pot plants are supplied the year round by the greenhouses and gardens in these areas. I might add that with the advent of modern machinery and so on the view of the superintendents is that the patients who are up and about on the grounds and detained can benefit somewhat from assisting in the garden and in greenhouses and so on, but as a therapeutic measure the farms have pretty well outlived the reason for their creation. In other words, when these mental hospitals were first developed most people coming to the institutions came from an agrarian background and this was considered both a therapeutic measure and a measure to supply food and foodstuffs, self-supporting in that sense. However, the value of the farms other than for gardens, greenhouses and that sort of thing, is largely out of date as far as we are concerned in the health field. However, these farms do serve a very useful function in providing breeding stocks in these regions of the province, and as you know we won the Holstein Friesen award some time ago -- or the year before last. We have a full-time farm manager, and the volume of services rendered at this time, the nominal values given to the foodstuffs turned over to the institution I think don't really reflect the real value of the cost of this food, milk, etc. in dollars and cents. They're just nominal charges which are made to more or less -- I think if you went into it you can justify it much better in favour of the farms. However, Agriculture and Health are reviewing the whole area again.

MR. MOLGAT: Before we leave (4) Mr. Chairman, under this particular item, and also under the three preceding ones, I would like to say something about the report that we've received this year, the review for '62, and this is somewhat the same complaint, Mr. Chairman, as I made yesterday regarding the statement the Minister gave us regarding the hospitals. If it was possible to give us the reports from year to year on a comparable form, that is, following through the information the same way as the year before so that the committee can proceed and make an assessment of the progress in the department, it would be very helpful. For example, in this particular case, last year the report that we got which was entitled "Why a Department of Health" and which was the report for '61, gave us under Psychiatric Services, on page 46 and 47, a fairly detailed report of the admissions and the separations from each one of the institutions. Now this year we come to the report, under Psychiatric Services on page 18, it's much more difficult to follow through exactly what is happening in the field, and if the Minister could supply from year to year in the report the same type of statistical data I think it would prevent some of the questions from arising. The information would be there. The committee could judge the development of the program, what is happening.

Now I want to come specifically to the Manitoba School for Mental Defectives. Last year the report, page 47, indicated that the patient population was near the capacity of 1,012 throughout the year. There were 55 admissions and 56 separations; 37 were discharges and 19 deaths. The discharges were made up of 16 girls and 21 boys. Now this year we can't find the same sort of information in the report. On page 23 we find the same sort of information in the report. On page 23 we find that at the end of December there were 1,070 patients as compared to the capacity indicated last year of 1,012. I presume there was capacity added during the year to make up for the -- because if we were operating capacity last year at 1,012 how could we be operating this year with 1,070 and not be above capacity? Secondly, what has happened during the course of the year in the way of discharges? The only reference I can find is that 15 went from local placements to the Broadway Home. I would ask the Minister if in the future he could supply us with the same continuing information. Then we can assess what's happening in this particular field and know if the program that the Minister is recommending to the committee is actually as effective as all of us want it to be.

I wonder then if the Minister could tell us at this time what has been the discharge rate from the Manitoba School in 1962, broken down between boys and girls. Now I'll have more to say on the matter of the Broadway Home but I presume that will come under Item (6) and I will leave that for then, but if he could tell us now what has been the movement so that we can relate it to

(Mr. Molgat cont'd) last year's figures.

MR. JOHNSON: Yes. Of course, last year the honourable member will recall we finished the opening of the 175 female unit and we had the renovations going on, and again this year in our estimates. I'm sorry that -- this is a very good point, well taken. This year the department, I think, were trying to be more helpful. They put the synopsis this year in order of the estimates to try and help a little bit, but these statistics I agree are most important and because they're so impressive I regret their absence also. Living out on probation basis from the Manitoba School are one male and five females for a total of six. In daily work situations, but living in, are six male and 23 female, for a total of 29, and there were complete discharges in '62 of 29 males, 13 females, for a total of 42. These are the statistics given to me by the superintendent this year.

MR. DESJARDINS: Mr. Chairman, my leader started to discuss (4) and I was under the impression that we hadn't left (3). I'm wrong; I wanted to make a short observation on that. I guess I'll go to (4) then. It seems to me -- I'd like to ask the Minister what age at this school in Portage -- I think they take them from age six. What is the maximum, the older children there? How old are they?

MR. JOHNSON: Mr. Chairman, in the real sense they're all children, as we appreciate. The policy has been to maintain children from six years of age and over at the Portage School. We did plan a few years ago to enlarge the present facility and actually we're in the planning stage of putting in facilities for younger children. However, at that point the St. Amant -- the opportunity came to open the St. Amant ward and the policy is to take the younger children, have them admitted to the St. Amant facility, and three years ago we thought that 75 beds in that facility for children under six would be adequate; this year we're asking that the estimates be provided for up to 125 beds. During the period at St. Amant, where the younger children are accepted, the Sisters have been doing wonderful things with them in habit training and basic training periods, which has shown us that something can be done in habit training and so on at this younger age, and on an individual basis the provincial psychiatrist then recommends to the family, as he has over-all policy direction of the St. Amant facility, those children who graduate, as it were, from St. Amant to the Manitoba School where a serious attempt has been made to increase the socialization activities and training activities in this Portage School in the past year. I think I related that we have quite a few classified as pupils now and the emphasis on -- of course you must realize that I think the report points out that about 40 percent of the inmates in Portage can probably benefit from this kind of training that they're developing there, and the emphasis is on this aspect of care in that facility.

MR. DESJARDINS: I want to thank the Minister for his answer. He gave us a good description of the children under six, but my question was, under six they're taken care of in the St. Amant Ward. I understand that. And in the Portage Home it's from six, but to what age? I understand that this was the next problem that we had, that there was no room for them. I'd like the Minister to elaborate on that.

MR. JOHNSON: To all ages.

MR. DESJARDINS: to shortage of space, Mr. Chairman, or is that accepted now? I always heard it said that at times it was a difficulty that we had, that it might be either dangerous or something for the younger children if we kept children a little too -- older children. Is that something that we're working on or is that acceptable and are we satisfied that the age doesn't matter?

MR. JOHNSON: Oh, I wouldn't say we're always satisfied but we have done the following. One, opened and developed the St. Amant facility for younger children. For the older children that my honourable friend is talking about we have always had waiting lists. These waiting lists are still with us despite the large addition that was opened last year. There were also renovations going on during this past year. There are renovations coming up in the Capital Estimates for this year again to the old part of the main building; also we're making provision for three cottages at Portage, a different concept, keeping 30 boys to a cottage, to help with some of our defective boys in that area. In addition to that you will note, when we come to it, a substantial increase in the maintenance of mentally defectives outside of institutions. Where we have children who are getting over six and they're becoming aggressive, let's say, or a threat in the household, we make every effort, of course, to give these cases priority in admission. Where --

(Mr. Johnson cont'd) in many situations the child is, let's say, in the defective category but can be managed in the home, we have around 110 being supported in their own home with grants, helping the parents financially to maintain these children in the home. Also the Broadway Home program is being expanded to try and get the higher grade trainable children out of Portage to make room for more of these others, and it has been our objective -- I think we have in the last few years pulled up considerable slack, a backlog that had developed in this area. A lot more remains to be done, but we haven't been too happy to see Portage get beyond its present large capacity of 1,050 to -70 patients, and for that reason are developing the cottage idea this year to see how this works out. In other words, it may be the total answer if we put more emphasis on habilitation rather than institutions, and try to do more in this area we can get away without building so many beds. And this in short is what the program has been.

MR. DESJARDINS: Mr. Chairman, this information is very valuable. I still feel that my question is not answered. Maybe I should start by saying this, that I'm not trying to lead the Minister in any trap. I congratulate him and I know that the Government has done an awful lot of work, and good work. I say this sincerely. But my question is this, is it felt that the age -- I'm not talking about those under six now -- but in the Portage Home -- I'm not talking about more beds and so on -- I'm just asking this question: Is it felt that there is not too much importance placed on the limit? Let's say, is it the consensus of opinion that we should start from six, let's say, to 12 or 14, or doesn't that matter? This is my question, and I'm not as I say -- this is not criticism; I just want to know what is the next step. Are we satisfied that we can take children from six when they leave St. Amant Ward and go till 21, 30, or what is the case? I'm not saying what is being done. Maybe it's impossible to do what the government wants or the department wants right now, but is there something that they're aiming at?

MR. JOHNSON: indicate to my honourable friend probably wasn't clear enough. The children are individualized at St. Amant. The general rule is that after the age of six years, if no further improvement can be attained by being in St. Amant, the provincial psychiatrist recommends transfer to Portage la Prairie. If, however, a situation has arisen where benefits can be obtained by the special kind of program at St. Amant, then the children are kept there a little longer. But I in talking to the provincial psychiatrist about this, by and large, after the age of six, we expect to transfer these children to the Portage institution.

MR. DESJARDINS: Let's leave the St. Amant ward at six years old. I understand that part. I'm just talking about Portage now. Is it the intention to keep and-- forget those six and under; I understand that part -- but in Portage, we start at six, all the steps that have been explained by the Minister -- but in Portage, is there a limit? Is that for we'll say, 6 to 14? Not from St. Amant; I'm talking about leaving Portage. When do they leave Portage? When they're better? Or doesn't it matter if they're 21, 31 or what?

MR. STEINKOPF: Mr. Chairman, I wonder if I could intercede at this point? I don't think that the Honourable Member for St. Boniface has got too good an idea of what a retarded child is. Age doesn't seem to have any bearing. A child, a retarded child, is a child all its life. And whether he is six or 14 or 40 or 80, he is still a retarded child. I think the Minister was trying to explain that there are facilities that have been developed outside of the Portage Home. A good example is the Retarded School, where there are some 270 children now. Many of them would be at Portage. Recently there was opened in St. Boniface the Riverside Lions Activity Centre, and these are for adult children, mostly over the age of 18. Now there are 25 at the Riverside Lions School now, and these are terminal cases that will be there for the rest of their lives, or as long as they can attend school. I believe that these children when they reach the age of 18 receive a grant -- or their parents do -- from the province, of some \$65.00 a month. It's this charge too that the parents are being asked to contribute towards the operation of the Riverside Lions Activity Centre. If this centre works out it is expected that there will be centres, similar centres, all over the province, to take the pressure off the Portage Home for these terminal cases that are at Portage that can be handled closer to where they live. And I think that the age limit at Portage has been up to now for life. Once they go to Portage they stay there just as long as they can; but the concept now, the whole idea in the mental retarded field, particularly with the mongoloids and types of that type, is to have a type of care as close to home as possible. And I think that there will be varied -- that the age limit I don't know what you're trying to get at, at how old are they kept at Portage, are they taken in at Portage,

(Mr. Steinkopf cont'd)but I think that the whole concept of Portage is a thing of the past and that age has no factor or no bearing at that school.

MR. DESJARDINS: That's exactly what I wanted - the last sentence there. I tried to make it plain that I wasn't criticizing. As far as my ignorance is concerned, that's exactly why I'm asking the question. If I knew, I'd keep quiet. Now the last member that spoke talked about the retarded children most, these not in institutions. My question was a very simple one; I don't know why it's snowballing like this. I just asked, because I've heard it said in the past, that it might be better to keep children in Portage up to 16 years old. And I wanted to know if there was a change. We're learning all the time in this field. I realize that when you're mentally ill you are a child -- you can be 65; that wasn't my point -- but sometimes you're more developed. And this was the idea, that I certainly have heard it said in the past that it would be advisable if at all possible to, say, keep these children in Portage until 16. It might not be that important. I won't stand up again on this question. It wasn't criticism. I think the government is doing much work, very good work, and I think that we are learning all the time. My question wasn't as I say, to trap anybody. It was just that I've heard it said that it would be better to keep children the same age -- some of them are retarded but they're still very strong; and I confess that I don't know. This is why I'm asking the question. But it's not that important and apparently -- I'll forget about it.

MR. CHAIRMAN: (4) passed?

MR. CAMPBELL: Just before (4) is passed, I was going to ask the Minister if it wouldn't perhaps be a good idea, in view of what we all seem to be agreed upon, of getting the least offensive names for these institutions, that we would leave out, even in the estimates, the latter portion of this designation in (4) and not print the part for mentally defective persons at all. We designate the two mental institutions in Selkirk and Brandon by the names of their districts -- the Brandon Hospital for Mental Diseases, the Selkirk Hospital for Mental Diseases. I rather like the suggestion of keeping the name "School" for the Portage la Prairie institution. Why not just call it "Manitoba School at Portage la Prairie," and leave out the "mentally defective persons?" It's true that a great advance has been made in dealing with these folk, as the Honourable Member for River Heights has pointed out. Cases that used to be considered hopeless are not now so considered. On the other hand, the other fact that's been brought out, I think, is that for a proportion -- unfortunately, still fairly high, -- custodial care is all that can be done, but for the ones who have a better future than that, and who do achieve quite a level of capability, and certainly are very dedicated workers, perhaps they get to the position where even the designation of "mentally defective" gets through to them with some adverse results. So what if we just call it "Manitoba School at Portage la Prairie" from now on?

MR. JOHNSON: Mr. Chairman, this is a point well taken. We tend in the department to refer to it as the Manitoba School, and I think that we should consider that very seriously. I think the Member for River Heights hit the nail on the head in the sense that I think one really has to go through the Portage School before one can get the real impact of what we're up against, and while it certainly is a firm policy now and recognized very clearly here in Manitoba that the department should be, and will continue to support, as the estimates reflect again this year, support these community efforts of interested citizens, parents and the Association for Retarded Children, in working as closely as possible with them, as indicated in my opening remarks, to salvage all these human resources that we can, but I think we must continue to realize that there are certain categories of people in this area where we simply will have to continue to have institutional facilities. I just marvel at the spirit of the staff at Portage, their dedication, bent firmly now on getting everyone out of that institution that can possibly be salvaged, and laying on more education training programs every day, the travelling choir -- it's just fantastic, as the Member for Lakeside has said, what can be achieved even with almost what used to be considered the unsalvageable. But we must always remember the importance of keeping the child in the community as much as we can even at increased cost, because once out of sight, as in so many cases in the past, out of mind; "once in an institution, hard to get out; " let's face it, we would be the same if we were put away for awhile. And I think one of the most heart-warming things to me has been the co-operation and stimulation that we in the department have had from the voluntary organizations in the province.

MR. CHAIRMAN: (4) Passed, (5) Passed, Item (6) Passed.

MR. MOLGAT: Mr. Chairman, under Item (6) we have the Broadway Home. I would like again to re-emphasize to the Minister the need for a continuing type of report so that we can follow the works and the results of any of our programs. I am particularly pleased with what I have seen of the Broadway Home program. I think it's an excellent program, and I can speak on this item from some personal knowledge because in my previous employment we had the opportunity to take on one of the boys; in fact, for a short period of time two or three of them, who came out under this probation program. And I was very, very happy with what can be accomplished in this field. I think there will be many more employers prepared to do this. It seems to me, however, there isn't enough information given to employers, or possibly sufficient promotion made of this program. In our particular case we found out about it actually through another employer, not through any information from the government, and yet I was in a position here as a member of the House to be aware of the program and possibly this was my own fault for not knowing as much about it as I should. And yet there are so many items that come under our scrutiny here that it's impossible for the members to be aware of every particular program that the government's involved in. But here is a case where, through the information obtained from another employer, we did employ on a temporary basis one of the boys from the Home and found out that this was a very satisfactory arrangement and subsequently took him completely, in our particular business, under our charge, and he was discharged from the control of the department. It seems to me that many more employers would be prepared to do this, partly as a business proposition and partly as a humanitarian approach, if they were approached and if they knew that this was available. I don't think that too many employers know of this and I would recommend to the Minister a promotion program of some type to encourage this, that is, provided that there are sufficient boys and girls from the Portage Home who are eligible for this type of service, and I assume that there are.

Now, coming back to my original point, this matter of insufficient information, I find again that in last year's report there isn't a direct reference at all to the Broadway Home. I may have missed it but I can't find it in the report. This year we find that 15 were sent from the local placements to the Broadway Home -- this is on page 23. Again on page 24 there's a statement there about the Broadway Home for Girls, that the program has been going on for 13 years, but no figures are given for the annual development of the program, what is happening. I would ask the Minister if he can give us the development there of the program under the Broadway Home for Girls; how many have moved yearly from the Portage Home to the Broadway Home; and then in turn how many have come out of the Broadway Home under full discharge.

Now the boys' program apparently started some three years ago and again we have no figures for the development of the program. I re-emphasize to the Minister, I am sure that this program can be developed. I'm sure he will find many employers who would be prepared to cooperate with the department if they were approached and had the information given to them. Certainly in my own case, when I was associated with the particular business I am referring to, we were more than happy to work out on the program. We worked with the social welfare people at the Broadway Home and found them most co-operative, and I'm sure that it was working in the interests of the three parties; the government, the employer and, most of all, the individual involved who was salvaged as a citizen, active in the community instead of simply being a ward of the government and in the final analysis not as satisfactory a situation as a free citizen earning his own way through life.

MR. JOHNSON: Mr. Chairman, I'll gladly give these figures. You will note this year we are employing a male social worker to help. It was only three years ago, really, that we got into boys. This was a half-way house, a return house to the community and rehabilitation of children from Portage la Prairie. In the past year the number of boys under supervision increased from 17 in '61 to 28 this year, while total clients increased from 53 to 70. You will understand that some of the girls live in but the boys live out. The Home provides living accommodation for girls. The boys are placed in foster homes and receive only supervision of work and health and the provision of socializing activities as the Leader of the Opposition has said. Most of the boys have been placed in farm homes. Some reside in foster homes in Winnipeg, employed in kennels, gas stations and as house boys in clubs. We've got some placed right in Winnipeg here in private clubs and so on. The girls are placed as domestics in private homes and restaurants. They work in assisting in hairdressing establishments. It's interesting that last year

(Mr. Johnson cont'd) the total earnings of the clients was \$19,700 which was up from \$18,000 last year. Certainly the Broadway Home committee, made up of the deputy ministers of the two departments and the Co-ordinator of Rehabilitation and so on, have been most keen on enlarging this program and the points made by the Honourable Leader of the Opposition are well taken. The co-ordinator has been pressing this, and also the achievement I mentioned in Portage la Prairie of letting them live in there and going out as a first step in finding employment in the community has been increasing. I think there is an increasing awareness of this but certainly I'll ask the Broadway Home committee to consider the further work.

MR. PAULLEY: Were going to pursue the same point?

MR. MOLGAT: If I can. My comments are not in any way critical of the Broadway Home committee. On the contrary, I think that they're doing an excellent job. I would just like the department to maybe make available to them some means of getting this program across to potential employers and having a real determined drive to see to it that employers know that this is possible, that they will be prepared to employ these people and then subsequently take them off completely from the charge of the government. I am enthused with what I saw of the program. I think it's a tremendous humanitarian program. It's so much better than keeping these people as wards of the government. Now could the Minister tell me, for example in the case of the boys -- the program has now been going for three years. How many each year have come from the Manitoba Home to, let us say, the Broadway Home -- and I realize in the case of the boys that they're not resident there but they're still under the controls -- then how many each year have moved out from this control into, shall we say, work as an active citizen and no longer as wards of the government at all?

MR. JOHNSON: I have that information somewhere. I'd be glad to obtain it if I may and give it to the honourable member. I think there were 17 last year, a total of 28 this year. As I recall, there's only three or four I think that have been discharged completely in the last year or two from the over-all supervision of the staff, but I will get that exact figure. The report says that since 1946, 92 in total have been established in the community. This is quite remarkable I think. Most of these, of course, have been girls. I don't think there's more than three or four boys. I know of one boy that's working in a laundry in the city, who is on his own, and we have found I might say an increasing sphere of activity for them as farm labourers in the last couple of years, but the exact figures -- I would be glad to look into this. It might be interesting -- when I mentioned earlier that the maintenance of defective children in the community quite in addition to the Broadway Home program, or including the Broadway Home program, there were 229 children who were under some sort of supervision by the department.

MR. MOLGAT: Mr. Chairman, I thank the Minister. I appreciate that he may not have the information right at hand on all the details that I ask, and I would re-emphasize that if this could be put in the Annual Report so that we can see step by step the development, then the committee will be in a position to properly judge the effectiveness of the program. I'll be happy to get the information later from the Minister.

MR. PAULLEY: Mr. Chairman, I believe this was the item that deals with the St. Amant Ward too, this general Item (6). I'm glad to hear from the Minister, if I understood him correctly, that further improvements and extensions are going to be made in the St. Amant Ward. While I'm sometimes accused in this House of buttering up the government, this is one field of endeavor that I think that the government deserves all praise, because if one goes through the St. Amant Ward, as I do now and again -- it happens to be in my constituency -- one is really amazed as to the transformation that has taken place in the last four or five years. When one, as I can, looks back to the old Youville Hospital in the then Town of Transcona and compares it with the present Ward in the old St. Boniface Sanatorium, one really marvels at the transformation in this field of human endeavour; but I think, Mr. Chairman, it is only fitting for me, as the representative of this constituency, to pay tribute to the Sisters in charge of this Ward. Here we have a very fine, righteous, worthy group of devoted individuals to the care and well-being of these unfortunate children. I, too, would pay a tribute to the Knights of Columbus who annually, if not more often, put on a tea in order to raise funds for the St. Amant Ward and help out. I've had the honour on a number of occasions of even being associated with the Minister of Health in pouring tea on these occasions, and I am sure that he would join me in saying that this is one of the times it is a real pleasure to pour tea on a Sunday afternoon, knowing of

(Mr. Paulley cont'd) the work that is being done in this Ward, I also would like to pay a tribute to Dr. Uchida who I think is one of the most outstanding individuals in her chosen field of work, I had an incident happen toward the latter part of the last Session when I received a communication from British Columbia where there had been some publicity given to a possible break-through in the field of the treatment of mongoloid children. I referred this to Dr. Uchida and she went to no end of trouble to track down as to whether or not there was any basis for the claim that was made in one of the Vancouver papers at this particular time that a doctor in Mexico had found a cure for mongoloidism; and I want to pay a tribute to Dr. Uchida for her efforts in tracing this down, I regret to have to state that after a thorough investigation they found no substantiation of a cure as suggested in the report in the Vancouver paper, but I thought, Mr. Chairman, that I could not sit still while we were dealing with this without paying a tribute to the Sisters, to the Knights of Columbus and to Dr. Uchida and I thank also the government for its activity in this field and wish them every success.

MR. CHAIRMAN; (6) passed?

MR. ARTHUR E WRIGHT (Seven Oaks): Mr. Chairman, we have now come to the place where it shows a total for psychiatric services, and while this is not an itemized thing I wonder if the Honourable Minister would extend me the courtesy of saying something about the total for psychiatric services.

Mr. Chairman, in December 1961, a brief was presented to the Royal Commission on Health Services by the Canadian Mental Health Association, Manitoba Division, quite an extensive brief of some 30 pages, foolscap size. I just want to read the conclusion of that brief, Mr. Chairman. The conclusion says that "an attempt was made on pages 12 to 20 of this brief to present a concise picture of Manitoba's present mental health services. A look at this picture in the light of its basic concept, . . . on page 10 to 11 of this brief, and with awareness of the fact that Manitoba covers nearly 251,000 square miles and has a population of 906,000, reveals that our province's mental health services are inadequate." Mr. Chairman, I note that in the year 1962, a total was expended of \$5,230,500; 1963, \$6,206,000 which is almost a million dollars more; but in 1964 the total is \$6,701,900, or approximately half a million dollars more. I just wanted to ask the Minister, is this consistent with this new concept of mental care, or is this reduction of the amount due to the fact that we are releasing more people from our mental institutions? Is that it? I'm interested to know what the Minister would say about that.

MR. JOHNSON; Mr. Chairman, I think it's a combination of both, Sir, and I think, Mr. Chairman, that if you look over community mental health you'll see that most of the real increase in this area of community mental health services, where we must place our major emphasis, and we have been able to -- well, discharging people from our two major hospitals and by working with the community, keeping children in the community, one can see that this pays off both in human values and in dollars and cents. However, as your patient load decreases you get a better patient ratio too, but as I said earlier, chronic hospitals are becoming acute hospitals. But I would point out to my honourable member that that brief could have been written about any province in Canada, and I think we in Manitoba -- I don't know of a province that has the kind of people interested in retardation, the whole problem of retardation, that we have here in Manitoba. We're unique. Our people are really, if you want to put it, "on the ball," and really examining this area with it. There's a lot of unknowns yet to be worked out as to where we're going in the future with the facilities for these kind of children. However, I can assure my honourable friend that also in our brief to the Royal Commission on Health we pressed for recognition of mental illness in the same light as physical illness. We're hoping to get some federal participation in mental health. I'd be keenly disappointed if that recommendation didn't come out of the Royal Commission on Health Services. But I think that the estimates try to give a happy balance of the emphasis where it should be. I think this is my point. For example, the St. Amant Ward that the Honourable Leader of the NDP just spoke about, is without a doubt the finest of its kind in Canada. This is what people have told me. You'll be interested to know we have applications from every province in Canada to this facility at the present time. Of course we look after our Manitoba responsibility in this regard. However, I think these remarks pretty well cover all I can say at this point about the total for these services.

MR. CHAIRMAN; passed.

MR. MOLGAT; Mr. Chairman, I wonder if the Minister could give us some details on (6) (d)

(Mr. Molgat cont'd) and (6) (e), which are all grants for training or maintenance outside of the institutions. Are these largely to families, or are they largely to voluntary types of institutions not directly under government control? And if he could break down the amounts

MR. JOHNSON: Yes, I can. The grants 6 (d), Outside of Institutions, \$469,000.00. This takes care of the St. Amant Ward, which is being increased this year to 125 from 110. At the end of 1962 there were 229 mentally defective persons receiving partial or complete maintenance outside of the Manitoba School; 110 in St. Amant, 109 in foster homes, parental homes, are being cared for by various agencies. In some cases the parents receive a monthly grant to enable them to meet unusual expenditures occasioned by the fact that the child is deficient. In most cases, the payment is made directly to parents, from 30 to 40 dollars a month. In foster homes the payment goes up to \$4.50 a day. That is the expenditure of 6 (d).

6 (e) refers to the program of supporting the Kinsmen's Club, or the Association for Retarded Children in their school. Last year this was \$106,000 -- it's up to \$165,000.00. As you recall, this started in 1957. It's a program to assist the Association in stimulating communities to develop classroom training for children who had an I. Q. of less than 50 who were therefore inadmissible to special classes afforded by education. At that time it started out at \$15.00 per child for ten months, and we now pay \$40.00 a month for each child who attends a full-day class. And the latest development was referred to by the Honourable Member from River Heights, the break-out into the Riverside Lions Club in developing an activity centre in the past year on the ground floor of the St. Boniface law courts building, and they meet -- this fine organization, in looking for a project, as a matter of fact discussed the matter with our Provincial Co-ordinator, and we brought together the Association and the voluntary groups concerned, and arranged for this very wonderful centre -- activity centre. We estimate in '63 there'll be approximately 300 children attending half-day classes, and the same number in full-day, and this pretty well accounts for the \$59,000 increase.

MR. CHAIRMAN: (6) passed.

MR. MOLGAT: I wonder if the Minister would give me just a bit more of a break-down on this. Under (d), the maintenance of mental defectives outside of provincial institutions. How much of this is going to St. Amant Home. Did I understand 125? And how much is going to maintenance by parents, how much is going to maintenance by foster homes?

MR. JOHNSON: You'll have to work it out mathematically for me. There are 110 in St. Amant Ward at \$8.35 a day, our per diem rate in that institution. I just forget what that works out to; I haven't got it worked out in my notes here. The other 119 -- you want a breakdown of how many are in foster homes, how many are in their own homes, etc.? I'm afraid that particular breakdown I haven't got, but I would be glad to get it at a later date if I may.

MR. MOLGAT: As long as I can get it from the Minister subsequently. Then, if he could break down as well the grants for the training of the mentally retarded. He indicated this was in part of the Kinsmen Home and part for the Association, and if he could give me the breakdown of it again -- I don't need it right now, if he hasn't got it there, as long as I can get it subsequently.

MR. JOHNSON: I'll have to get these breakdowns for you. The breakdown I should say with 6 (e), all of this is involved in the support of the children in the Kinsmen School, with the Association for Retarded Children and the Riverside Lions Club project. As a matter of fact it's here -- no, sorry. I'll get that detail a little

MR. CHAIRMAN: (6) Passed. That completes the Psychiatric Services of the Health Division, that's (a). Now (b), the Health Services: (1) (a) passed.

MR. CAMPBELL: Mr. Chairman, on the Health Services, I don't know that -- like my honourable friend from Inkster I may charge myself as being out of order here. There's something that I would like to consult the professional advice of my honourable friend and his advisors on, because we are faced right today with a resolution in the House which we will not get an opportunity to discuss in any way except with the Speaker in the Chair, I suppose, and we can't have questions back and forth. I'm not trying to put my honourable friend in a difficult position, but I would like to hear his comments on the concluding sentence, or partial sentence of that resolution of our honourable friend from Wellington, because the concluding part of that motion says, "cigarette smoking has been proven to contribute to lung cancer and other serious diseases." Now, under Health Services. I'd like to ask my honourable friend -- I'm perfectly

(Mr. Campbell cont'd) serious in this, because it has some influence on the way that I would vote on that particular resolution -- have we a reasonable consensus of opinion among the medical people who have made a study of this and are in a position to know that cigarette smoking has been proven to contribute to lung cancer and other serious diseases?

MR. JOHNSON: Mr. Chairman, this is a tough one to field. However, there is no doubt that the official body of medicine has now categorically stated that there is a positive relationship between not only smoking and lung cancer, but smoking and cardiovascular disease that is, predisposing a person to coronary sclerosis and arterial sclerotic changes, and in general, cardiovascular degeneration. Now, this has evolved in the last two or three years. I think it's only a year ago that the official journal of the British medical profession "The Lancet" came out categorically with evidence which in the opinion of the experts was irrefutable evidence that there was a very positive relationship between smoking and cancer. I find this interesting, because I can always recall in the pathology textbooks written by Mr. William Boyd who was such an outstanding pathologist, when he was trying to justify, I think, the increased incidence of carcinoma of the lungs -- cancer of the lung -- which I guess was on the increase, we note in reports now since 1920 -- he pointed out that ever since they had started to tar the roads of Manitoba, there seemed -- tar being a carcinogenic agent, or cancer producing agent he wondered philosophically whether there was any relationship between this, and then I remember a few days later the pathologist at the hospital saying that the worst case of cancer of the lung he'd seen was in a woman who had lived out in the prairies of Manitoba all her life, and one gets thrown back. However, when the authorities that have spoken on this have made the statements and shown the positive evidence they have, health departments across the country must pay attention to this and promote this, and our Director of Health now, replacing Dr. Cleghorn, is Dr. James Morrison, the former Deputy City Health Officer, who has made a particularly exhausting study of this with Dr. Medovy and presented papers on the subject, and I can assure the honourable members of the House that he will give very positive leadership in identifying the Department of Health with this program.

MR. MOLGAT: Mr. Chairman, has the Minister himself given up the habit?

MR. JOHNSON: Well I passed a note around the other day and I think the last line is a matter of personal wisdom. We'll have to see how I make out -- and my honourable friend, is he sucking a cigar?

MR. MOLGAT: I'd like to point out to the Minister the resolution speaks strictly of cigarettes.

MR. HILLHOUSE: the Minister mind advising me whether or not kinee-kinnick has the same effect? Kinee-kinnick; does it have the same effect?

MR. JOHNSON: Kinee-kinnick? You don't mean

MR. SHOEMAKER: Mr. Chairman, I'm not certain whether an answer has been given to this question or not but is it a fact that this province is making use of every nickel of the federal grants that are available to them for all of the various departments? I have before me a rather outdated book now. The "Canadian Tax Foundation, Financial Aspects of Health Insurance" is the title of it, and a table on page 32 of that report sets out the various federal grants that are made available to each of the provinces.-(interjection)- '53 or '54--'53, '54 and '55 think, but it lists the total federal grants available -- it's '54 to '55 Mr. Chairman, the table 24 -- the total grants made available by the federal government for 1954-1955 was nearly 50 millions of dollars, that is, to the ten provinces, and the provinces only used about 31 million of the 50 million that was available. How are we progressing in this matter in that regard?

MR. JOHNSON: I think five percent of available federal health grants have been taken advantage of.

MR. SHOEMAKER: And Mr. Chairman, that's in all of the various grants?

MR. JOHNSON: Yes, when you consider these estimates another 3.1 or 3.2 million in federal grants are dispersed throughout these appropriations.

MR. SHOEMAKER: And there are nine various grants available in the field of health?

MR. JOHNSON: Yes, and they're enumerated at the front of your synopsis of activity.

MR. DESJARDINS: Mr. Chairman, I was doing pretty well following this until the Honourable Member for Selkirk stood up. I'm anxious to see the translation in Hansard as well as the answer from the Honourable Minister. I was very interested in the comment that the Honourable

(Mr. Desjardins cont'd) Minister gave in answer to the question of the member from Lakeside. Now this is maybe not quite as important and I certainly don't intend to bring in a motion or resolution on this, but nevertheless if there is something, if the medical men, the experts, have something on this I think it would be a good time to mention that at this time as information for the public. Most of the people felt that a suntan or a sunburn was very good, and I've read a few articles lately that too much sun -- and mind you there's a lot of people that do that in summer; I think we all know that, and the clothes that we that too much sun is a possible way of getting skin cancer. Is there anything on that at all or is there any research done in this? I've read a couple of articles in Readers Digest that sun like that could be fairly dangerous.

MR. JOHNSON: Mr. Chairman, in medical practice I used to have to keep up with all these popular magazines but I'm not able to do so now due to the extent of my duties. However, I would refer the honourable member to Dr. Walton, Medical Director of our Cancer Research and Treatment Foundation. Certainly anything in excess can tend to be harmful and sunlight is one of them. You know, in speaking of the resolution of the Honourable Member from Wellington, I'm sure the rest of the members of the House would hope that our member from St. Boniface will give this resolution every encouragement.

MR. CHAIRMAN: (1) passed, (2) passed.

MR. MOLGAT: Mr. Chairman, I believe under Item (2) we get to pollution and control of the various aspects of sanitation in the province and so on. Now we've had a great deal of controversy over the past year on lagoons -- whether or not they do work in our climate or whether they don't; whether they smell or whether they don't smell; whether they're effective or whether they're not; and it seems to me that the government should be taking the lead in this matter because a large number of municipalities in the province are now considering the development of lagoons for their sewer services. I wonder if the Minister could inform the Committee at this stage what is the final decision on this matter so that our municipalities will know whether or not to proceed on this basis or to look for other methods.

MR. JOHNSON: Mr. Chairman, I would like to table a survey which has been done by Mr. Art Sparling, our Public Health Engineer in the Sanitary Control Commission, and this is entitled "The Sewage Lagoons in Manitoba," a very excellent survey which outlines the role and the role of the Department and the Sanitary Control Commission in the development of lagoons in Manitoba. It gives all the background information. It tells of the design data that the department recommends to the consultants and the data required by the department from the municipalities and from the consultant in the development of lagoons. The summary of this is interesting in that none of the lagoons under observation in this study showed any appreciable degree of biochemical oxygen demand reduction in the winter ice cover period, and this condition is the result of the lack of oxygen. It is caused by the isolation of the body of the lagoon from sufficient sunlight to provide photosynthetic production of oxygen by algae growth and the apparent failure of organisms to take over the environment. And the conclusions were that the BOD reduction in the winter period is reduced to a negligible value in Manitoba sewage lagoons and (2) the condition is due to a lack of oxygen caused by the effective elimination of sunlight where there's snow covering the lagoons during the winter.

I think this report will indicate to members of the committee and if anyone who is particularly interested drops me a note or gives me their name I'd be glad to get a copy of this sent to them if they wish. It's a very excellent study and has everything in it. I think one of the practical things we want to know is what happens to the effluent from these lagoons. In the report it may mention that these lagoons -- the effluent is discharged into bodies of water and rivers, lakes, streams and so on. This is done during the summer months, and our department advise in this matter and actually control the times at which the effluent is allowed to discharge. When I asked the director about the state of the effluent that he is letting in from these lagoons he said in almost 100 percent of cases it is purer water than is in the natural stream. So that pretty well answers that question.

MR. MOLGAT: What is the final decision of the Department of Health then? Do they recommend lagoons for Manitoba? Are there limitations on the size of population that can be served through a lagoon or is it a general recommendation? Can the Minister inform us?

MR. JOHNSON: My understanding is that -- the general recommendation is that but for

(Mr. Johnson cont'd) industrial waste they've proven very effective -- the smaller lagoons in Manitoba in any event.

MR. MOLGAT: tell us what is the date of this report and whether it's been sent out to all municipal corporations, or will be sent out to them?

MR. JOHNSON: Yes, I believe this is generally available. I'm not just sure just when this report was printed. I could find out. The following material was presented to a group of consulting engineers on December 28th, 1961.

MR. CHAIRMAN: (2) passed.

MR. JOHNSTON: Mr. Chairman, I'd like to address a question to the Honourable Minister of Health and it's to do with condemnation of wells. That is, wells for drinking water or animal use. In my constituency lately there has been one quite recently, that is in the last three months, of a well that has been condemned as unfit for human use, and when this well was condemned it caused some hardship to the proprietor of a small business. Now this is the second such well in the area, I believe. It's in the eastern end of Portage and I'm perhaps alluding very closely to a rather dangerous subject out of Portage when I'm speaking of the lagoon situation we have there, but the question is this, that when one of your inspectors condemn a well as unfit for use and force the people to close their business -- in this case it was a restaurant business -- until the well was de-contaminated, is it in the field of your inspector's scope to trace down the source of the contamination and take corrective measures?

MR. JOHNSON: Inspectors do their best, of course, to trace down any source of contamination of wells and make an expert report to the department concerning this matter.

MR. JOHNSTON: Mr. Chairman, the particular well I'm referring to belongs to the Chuckwagon Restaurant just east of Portage. I'm wondering if you could give the information that the source of contamination had been traced down?

MR. JOHNSON: if I can or not. I would have to look at that specific question.

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MR. FROESE: Mr. Chairman, in cases where you have lagoons being brought about and a town use them, apparently there are recommendations for every so many people to have an acre of lagoon. Well, at first you do not have too many people hook up but gradually you get an increase and once you have received an increase that is larger than the original lagoon calls for, does the Inspector have any authority to make the town provide a larger lagoon? Because I think that's the case now in some places. And while I'm on my feet, we also have the matter of industrial wastes now that these people wish to discharge into this lagoon as well, and from what I understand these solids from these industrial wastes are much harder on lagoons and therefore will require much more acreage. Does the Department also have power to make these towns provide larger lagoons for industries as well?

MR. JOHNSON: When a municipality or town hire a consulting engineer to draw up specifications for a sewage disposal system, these plans must be submitted to the Department for over-all scrutiny and the Department acts in an advisory capacity in advising the community for the size of the area just how big a lagoon they should have and how they should plan for it. For example, the soil testing and so on, it is required that this be carried out and this be included in the report to the Department. They keep an over-all supervising eye over this matter, and in the study which I just tabled, and which is available to the honourable members, the forms and information required by the Department is spelled out in there. And certainly with respect to industrial wastes, and so on, the factors involved here are brought to the attention of the people developing the lagoon, and in general terms, industrial waste in general does tend to have an adverse effect. That's really all I can say technically on the subject but I would be glad to get any further information the honourable member would wish.

MR. HILLHOUSE: Mr. Chairman, I was interested in hearing the Honourable Minister speak about the lagoons and how effectively they are operating. There are one or two questions I would like to ask him. One is, does the use of hard detergents have any effect upon the operation of these lagoons? And the second is this, that during the last Session of the Legislature we had a discussion on pollution generally, and specifically in relation to the use of hard detergents and the fact that they were not soluble in water and did impair the efficiency of our sewage disposal plant. At that time, I think that I did suggest to the Minister that perhaps the time was right to make representations to the other Ministers of Health throughout Canada and to make representations to the Federal Government. I wonder if any steps have been taken, either between the various provinces of Canada and the Federal Government towards finding a solution to this problem similar to the solution that they are trying to work out in Great Britain and in Germany.

MR. CHAIRMAN: Member for Burrows.

MR. SMERCHANSKI: Mr. Chairman, I feel that the lagoons are very much in the experimental stage and the reason I say this is that the unknown factor is your industrial waste or sewage that contributes to the normal sewage going into a lagoon. And especially in the winter time when this freezes over, the oxygen which is required to completely disintegrate the sewage is not available and I think that, quite frankly, I haven't seen the report that has been prepared; I'd be very much interested in reading it -- but quite frankly, I do think that we should proceed most cautiously on lagoons because sewage treatment plants on a dollar for dollar per capita expenditure, I think are far more efficient and whenever you have any town or village expanding this expansion can be covered by additional units and you do not incur the same high capital cost that you would in trying to increase your lagoon. And, quite frankly, it is a known fact that when you have ice on the lagoon, which you have in the winter time, that the disintegration of the sewage is not complete and in the springtime as this sewage starts to completely be disintegrated, there is a great deal of smell no matter which way you look at it. And I think that in due time you are going to find that especially in those cities like Portage la Prairie or other cities where we are encouraging the development of new industries, you will find that some of the industrial raw sewage that goes into these lagoons inhibits or prohibits the growth of the bacteria that's required to disintegrate the sewage. I think that on the one hand a sewage lagoon might be perfectly OK for a village where there is no raw industrial sewage, but when you have any industry in the area I think that a very hard look should be taken because this certainly is contrary to the successful operation of a lagoon. And I think that before we go ahead and put up more open lagoons in our province that we take a hard look at the sewage treatment plant. I

(Mr. Smerchanski, cont'd) understand that federal aid is available for these plants, and that in the final analysis on a dollar for dollar capital expenditure you will find that a sewage treatment plant is truly more efficient for a community.

The other item that I did want to bring up was that I would like to ask the Honourable Minister, because of the larger amount of specialty crops which we are growing in the province, and because of the use of various arsenic compounds used in the spraying of these crops, is it considered perfectly safe for the use of these arsenic spraying compounds, making due allowance for the residual accumulation of arsenic in the human body? I bring this to his attention because down in the Red River Valley below us in the United States, arsenic compounds have been very much restricted in the use of spraying, especially in potato crops, as it was found that a good percentage of this arsenic was finding its way in the final potato processed product. I was just wondering if we have done anything in Manitoba in reference to the over-all application of arsenic spraying for our specialty crops.

MR. SAUL CHERNIACK (St. John's): Mr. Chairman, I am not an engineer and know practically nothing about lagoons, but my political -- did somebody say "Hear, hear"? Well, I didn't know that the Honourable Minister knew as little as I do about lagoons, but I intend to try and say something about them.

The reason I want to speak on this, Mr. Chairman, is that my political training is such that when I hear the word "lagoon", my ears perk up, and I see tomorrow's newspapers talking about lagoons to the citizens of Greater Winnipeg. And when they hear the word "lagoons" certain areas of Greater Winnipeg are keenly interested, and that is why I thought, Mr. Chairman, that I ought to lend, or bring a little bit of what I can remember about lagoons to the attention of this committee. I have a great deal of respect for what I believe is the knowledge of the Honourable Member for Burrows in this type of problem. His training is such that should make him much more expert than I am on it. But I can report to him that I have seen, not studied carefully because it wasn't my responsibility, but I have seen reports given to the Metropolitan Corporation of Winnipeg by experts, both within Winnipeg and from outside of Winnipeg, on costs, and his statement of dollar for dollar between sewage disposal units as compared to lagoons is not supported in these reports that I have read. I may be wrong but my impression is that something like double the cost would be more like a comparison between a constructed sewage disposal unit and a lagoon, aside from maintenance -- I mean yearly maintenance and upkeep.

I can also report, and I think I should stress this, that the problem of industrial wastes apparently is a serious problem in dealing with lagoons, and I know that in Metropolitan Winnipeg the plan is that industrial wastes will not be put into any lagoons which may be constructed because of the problem that industrial wastes create in lagoons. I think that it would be of interest to honourable members who live anywhere near where lagoons may be planned in Metropolitan Winnipeg, to know that industrial wastes will be diverted to go up to the Old Kildonan plant for handling industrial sewage, and it is intended that residential waste will be used in lagoons if they go ahead with it. I keep saying "if" because I don't remember whether they've actually decided to go ahead with it or not.

I would, however, point out also that I had occasion to speak to the Consulting Engineer who constructed and is still responsible for the East Grand Forks lagoon, which services some four to five thousand people, and he told me that one of the great problems that they have is disposing of the potato waste, which he says is organically -- and I hope that is right because I'm sitting beside an expert -- that this is one of the most difficult types of material to dispose of, and yet he said they have not had any trouble with disposing of the large amount of potato waste that they get from the plants that they have in that area. Finally, I am wondering if the Minister could tell us whether there has been any report yet from the two experiments that are being conducted -- possibly it's too early -- in two towns in Manitoba, which experiments are paid for, I think, by Metro and by the Provincial Government -- I am not sure of the Provincial Government; I was more interested in Metro's contribution -- in seeing to it whether there could be some provision made to keep these lagoons open during the winter in some manner, I think it's mechanical, of aerating it or keeping it bubbling so that the ice would not form, and thus prevent this problem of cutting off the oxygen completely. I think that this is an important experiment which might to some extent help members learn more about the problems of lagoons.

MR. CAMPBELL: May I ask my honourable friend who has just spoken if he knows what

(Mr. Campbell, cont'd) two towns or cities those are?

MR. CHERNIACK: I would if I remembered, but I don't.

MR. CAMPBELL: I gather that one of them is likely Portage la Prairie. It's a city, not a town, but that's by the way. I understand that in the Portage la Prairie lagoon that there is an experiment -- if that's what you should call it -- being carried on of pumping air into the lagoon, no doubt with the idea of getting the oxygen content available for that purpose that's been mentioned. But, Mr. Chairman, I couldn't let the discussion with regard to lagoons pass without mentioning the experience that some of we folk who are not engineers and not even people who have had municipal or Metro experience in connection with them -- I cannot help but observe in the Portage la Prairie area. It's been easy for me to keep in touch with, from a practical point of view, with the Portage la Prairie lagoon, because it happens to lie on the direct line between Portage la Prairie City and our farm. It's just as easy for me to travel along the east side of it or the north side of it on the way from the city to the farm, so I have seen it regularly since it was first installed. I've made it a point to walk up on the dike at the side of it, on the east side and on the north side on several occasions. I have checked it carefully as to odor during different kinds of weather, and I have tried to keep closely in touch with it from a practical point of view. Now, I know -- I know the difficulty for a layman to start arguing with the expert, and I speak in this connection only as a practical farmer, and no other qualification at all. But having seen that lagoon steadily and regularly since it was installed, I can say without any fear of contradiction that it is leaking and it is leaking very definitely, and that in my judgment as a practical farmer, that it is seriously harming some farms, not one, not two, not three, but many farms in the area.

Now there is a case before the courts at the present time with regard to this, and I do not intend to discuss that particular case, because a decision has not been rendered in it yet, and I'll be interested to see what the decision is when it comes, whereby the Portage corporation, I believe, is being sued by an individual farmer there for damage. But, regardless of what that case says, my opinion is that there's no question that there is leakage. Now I don't know where the effluent was supposed to go to in that particular case. I gather that from what the experts tell me that by the time the discharge takes place that it is supposed to be quite pure, but I think -- and this again, admitting that I am not in possession of technical information -- I think that the difficulty in the Portage lagoon perhaps arises from the fact that there has been so much leakage in it that it simply has never functioned in the way that it was supposed to function. It perhaps has never attained the height in order to have the various chambers or areas interact with one another. Be that as it may, the one point that I can emphasize is that I am positive that it is leaking now, and leaking seriously, and that the material is going out on to the farms close by, and the material -- the point that the Honourable Member for Selkirk mentioned a minute ago -- the material that flows out from the lagoon can be designated right today, when there's considerable amount of water around due to the spring run-off, the discharge from that lagoon can be designated any place by the fact that it shows the detergent on the material that is coming out, it shows in the water in the area.

Now, the only advice that I can give in this connection -- I notice from the report that the Minister laid on the table a short time ago that there is something in the neighborhood of 29 lagoons listed in there -- the only advice that I could suggest to areas that are thinking of putting in lagoons, would be to be very careful of the kind of soil that they go in, because this one in Portage la Prairie has been established on a large tract of land, 160 acres or thereabouts, and it happens to be a pretty mellow soil, in fact there are some sand runs in the confines of that particular area; and whether that is the reason, whether it's the sole reason -- what other reason there would be, I don't know -- but whatever the reason, there is certainly a seepage in a very, very great quantity from that particular lagoon. Now I'm not advocating the establishment of lagoons in this area. I'd like to make that very plain. I'm not suggesting that they should be established here, but my guess would be that the soil around Winnipeg, as I know it, if it resembles that in the garden that my wife makes me dig occasionally, is much more suitable for the establishment of lagoons than the soil immediately adjacent to Portage la Prairie. I think that you're flirting with serious trouble if you establish a lagoon on an area where the soil is poor. On the other hand, having said that I think the soil around Winnipeg is perhaps more suitable, I can't help but recall the fact that the water storage basin

(Mr. Campbell, cont'd) down here established down south of the CNR tracks, has been leaking, leaking quite seriously, and even though that may arise from cracks in the cement, sealing that they have, yet the water must have to get away some way after getting out of those cracks. So perhaps even this soil doesn't make the difference that I was thinking.

My only point in this connection, Mr. Chairman, is to report that so far as the people of Lakeside are concerned, who live close to the Portage la Prairie city lagoon, they're not in favour of lagoons in that area, and if I had one of the farms close by -- and I have one close enough that it may be in the area soon the way it's spreading -- I certainly share their opinion. So that I think we should be very careful, Mr. Chairman. I was interested in the remarks of the technically-qualified man who spoke to us from Burrows, and the experienced municipal man who spoke to us from St. John's, because we have to pay attention to the experts and the experienced people in this regard, but my advice to the Department and to any municipalities considering this, would be to look mighty carefully at the lagoon system before they commit themselves too far to it. Now that is based on the Portage la Prairie one, I admit. It's the only one that I'm really well acquainted with.

MR. JOHNSTON: when this word lagoon was first mentioned, I hesitated to rise and speak, but I feel that I could bring forward a point here that may be needed to be referred to in the future about lagoons. And we in the City of Portage la Prairie, that is, the City Council, have a very heavy responsibility facing us on the outcome of this lawsuit. Now, as I speak, I'm not going to put Portage on the spot, so to speak, as to whether this is a failure or not a failure, but I have quite a strong feeling on this in that some years ago, as I understand it, the Province of Manitoba passed an act or a law to do with rivers, keeping the waters pure. I don't know the exact name of this act, but it became incumbent upon the cities and towns who were at that time dumping raw sewage into rivers, that they had to change their methods of sewage disposal. And Portage la Prairie at this time, as I understand it, acting with active co-operation from the province, proceeded with their lagoon system. Now we will know in a short time how it's decided by the courts whether this is working satisfactorily or not; but the question I'm going to pose to this government is this. That if the City of Portage was encouraged to take this means of sewage disposal, and it was for the good of the province as a whole, and as I observe the situation in Winnipeg now, and it seems to me that Winnipeg has not been required to follow this law or act up until now -- if we face difficulties with lawsuits and so on in Portage la Prairie, can we expect to get some help from the province. -- (Interjection) -- Thank you, I see we have some agreement on this side. -- (Interjection) --

I would also like to give a word of caution to anybody in Greater Winnipeg who may be faced with having a lagoon in their neighborhood. And if they live down-wind from this proposed lagoon, all I can say is they'd better get down to the nearest war surplus store and buy some gas masks. When the ice breaks up -- and I'm speaking from personal experience on this -- when the ice breaks up in the spring, and we know that the workings of a lagoon depend on sunlight and oxygen and air movement to disperse and break down the bacteria, that when the ice breaks up and rots and this smell comes out all of a sudden, for some days, I might say for some weeks, the smell defies description. And I say this with all seriousness, that if any areas in Winnipeg are considering a lagoon they want to consider it very carefully.

MR. JOHNSON: Mr. Chairman, I think we've had quite a discussion on lagoons, and the thing I think that we should bring out here -- a lot of things have been said and possibly Portage is a separate problem, and I wouldn't like to comment -- this lagoon of course was approved some years ago before my time as Minister, in Portage la Prairie -- and that doesn't detract or add anything. I'm just pointing out it's been there for some time.

We have to put lagoons in proper perspective and I'm no more expert at lagoons but in listening to the various consultants referred to this evening and I think that our Chief Public Health Engineer in Manitoba is as well versed in the lagoon situation than anyone, and they're not in the experimental stage in Manitoba today. Let's not fool ourselves. Thirty-three out of forty-seven municipalities have lagoons and due to the higher cost of mechanical equipment I am sure it is doubtful whether many of these municipalities would have sewage works in towns if it were not for the lagoon system. The per capita cost for lagoons, I am advised, varies between \$5.00 to \$15.00 per capita while mechanical treatment plants vary between \$20.00 and \$40.00 per capita. My impression, for what it adds to this debate, if any, from talking to Mr.

(Mr. Johnson, cont'd) Kay and officials in the Department, is that lagoons but for industrial waste have proven highly satisfactory in most instances and I think they have learned a great deal more about them. I think they have learned that an impervious clay lining of a lagoon will prevent the kind of seepage possibly that has been referred to as occurring in this one jurisdiction. Experiments are, I should advise the Committee, being conducted I believe at Portage and Winkler. The information hasn't been finalized. The critical period apparently is at spring breakup which is occurring now. However, aeration lagoons have apparently been quite successful in the United States and industrial waste treatment by -- that is industrial waste treatment by these aerated lagoons -- appears to be practical from the information that we have.

The only comment I would make on the Portage lagoon system, I believe that the effluent is pumped by pipeline into the Assiniboine River, or it was -- I remember this instance, and also that the Department investigated very carefully -- the Health Unit -- and we could establish no health hazard in the local area. However, we should probably await the decisions of the courts, but my understanding also is very definitely that the municipalities, of course, are responsible for the operation of their lagoons. The municipalities hire a consultant and this consultant comes to the Department and the expert advice that they have and the areas around the lagoon and so on are mapped out with them. I don't know the details of the Portage situation. It's probably one of the early ones and we're probably a lot more knowledgeable today, I don't know. The impression I have from everything I can absorb is that lagoons have certainly helped in the Province of Manitoba and, as I say, are no longer experimental.

The Honourable Member for Selkirk spoke about the detergent question which he brought out last year and the notes -- under the International Joint Committee -- I believe we wrote the International Joint Committee following the last Session with respect to these insoluble detergents and also contacted the federal authorities. I have, I believe, letters on file now, but I distinctly remember following this up at that time. I think they're called the cold detergents. Legislation I recall last year was passed in Germany and I think again has been passed in Michigan, but appears to have little chance of success there from what we can learn. Mechanical treatment plants apparently aren't able to treat the hard detergent or the cold detergent, and there's no public health hazard associated with it as far as I'm aware. I think just at the time the Honourable Member from Selkirk raised this last year the Department had been concerned or there had been quite a bit of information on this matter, especially as it affected "God's country" where he and I come from, when our constituencies received some of the brunt of it one year there. I think perhaps that covers the questions that were asked here, I believe.

MR. SMERCHANSKI: Mr. Chairman, I just can't help but have to disagree with the Honourable Minister in that because lagoons cannot handle all raw industrial waste it certainly is in the experimental stage, and the thing is that as soon as we start to expand Manitoba industrially, and we're trying to expand it industrially in terms of trying to spread industry through the smaller towns and villages, it is true that initially the treatment of raw sewage in a lagoon is cheaper and the per capita cost is lower. But eventually the cost will get higher so that I would make a suggestion that we look at this thing as a long-term problem because it's not one that can be settled today, tomorrow, within the next few years. If we're going to industrialize rural Manitoba and also in view of the fact that we will be growing a lot of specialty crops such as sugar beets or mint or potatoes, the processing of these specialty crops contributes a great deal of residual industrial pulps and waste which no one knows the exact reaction of these industrial wastes in reference to open lagoons. In other words, they may rob the lagoon of the excess free oxygen and therefore will not work properly; and no matter how much air you bubble into it, if you get slime in the bottom of your open lagoon this also is not going to work practically. And I would just make this observation, Mr. Chairman, that open lagoons are very nice for small villages or towns that will not have industrial waste at one time or another, but with the program that we're undertaking to industrialize Manitoba this is a very important step and I do think that we should take a very hard look, and from the standpoint of industrial raw sewage our lagoons are definitely and absolutely experimental.

MR. JOHNSTON: In buttressing the honourable member who just spoke, the Honourable Minister of Health gave the figures, and mind you these were probably estimates, as \$15.00

(Mr. Johnston, cont'd) per capita for lagoons and up to \$40.00 per capita for enclosed sanitation or sewage disposal systems. I roughly worked it out here, and again I speak only from the experience in Portage la Prairie -- well, working on a figure of 13,000 population, 15 times that is \$195,000; working on the figure of \$40.00 per capita for 13,000 with an enclosed sewage disposal, comes to \$520,000.00. Speaking again from personal experience in Portage la Prairie, we are already over \$400,000 with our lagoon system. Now perhaps it isn't fair to attribute all the cost to the actual lagoon, which is 160 acres divided into four parts, but there is the cost of quite a long line out to the lagoon, there is quite an expensive pumping apparatus that has to be used to force pump the effluent another long distance to the river, and while I'm not sure of the exact figure -- in fact I think it is almost \$450,000 so far and we are by no means through with this problem -- I feel that in built-up areas, particularly large cities and with industrial waste, that it would be wise to consider further.

MR. CHAIRMAN: 3 passed.

MR. MOLGAT: No, Mr. Chairman, still on No. 2. The reason I asked the question of the Minister, Mr. Chairman, is that there are a growing number of municipalities who are interested in this and I think that the Government has to take the lead in either recommending it or not recommending it. Now, the Minister, if I understood him correctly, said that the government did recommend it and cited this report. Now obviously I haven't had the chance to read the report with any accuracy at this stage, having just received it a few moments ago, and I'm not an engineer or an expert in these matters at all, but looking over this report I frankly do not see where this report recommends lagoons at this stage. The conclusions which appear on page 2 entitled "Winter Operation of Sewage Lagoons in Manitoba" would indicate simply its conclusions: No. 1, BOD reduction in the winter period is reduced to a negligible value in Manitoba sewage lagoons; No. 2, that this condition is due to a lack of oxygen caused by the effective elimination of sunlight by the snow cover that accumulates on the ice covering the sewage lagoons in winter. These are the two conclusions that I see in the report. Then there's an analysis of a number of the lagoons now in operation and page 6, for example, states that the sewage lagoon has a very great capacity for the removal of BOD "under certain conditions". These conditions are listed as, under our prairie climate the long period of summer sunlight lends itself to almost complete reduction of BOD loadings in excess of the recognized maximum. But then on the same page they proceed to say that these climatic conditions however are of limited duration and the winter period, equally as long, is not conducive to algae growth; and it goes on to say that during the winter the reduction of waste slows to a minimum, then the spring breakup of the ice and snow cover commences in early April and is accompanied by a rapid fall in the residual BOD and this decline may be completed sometime in May. But in instances -- and this re-enforces what my colleague from Burrows was saying -- in instances where a high proportion of the sewage loading is industrial, is dragged out until a later period. This period, generally referred to as the spring recovery period, is often accompanied by objectionable odors.

Then we go on to the specific analysis of certain lagoons and the one in Winkler that the Minister referred to as being one of those being examined. One of the statements there is: "This indicates that there is no measurable treatment effected by the lagoons under ice and snow cover." In other words, once there is ice and snow cover apparently it does not work. It goes on to say as well about the Winkler lagoon that during the entire period of the survey it was noted that odors were very bad once the lagoons were ice-free. It has also been noted the recovery period of this lagoon is the most extended of all. The fact that this lagoon receives the highest proportion of industrial wastes of any lagoon in Manitoba could account for this slow recovery. Then they go on to the Portage one. They state that more data is available on the operation of this lagoon than for any other. And then on the next page proceed to say: "insufficient data is available to permit full assessment of the possibility of this method of treatment. This operation is currently being carefully watched."

Now, as I pointed out, Mr. Chairman, I am not an expert, I haven't had a chance to read this; we've had this now for some 15 minutes, but judging from the statements that I have seen there, I cannot see a definite recommendation from this study for the expansion of lagoons in Manitoba. Now the government must, I think, take a definite stand in this matter; either recommends it to our municipalities or it doesn't, because our municipalities will be faced with

(Mr. Molgat, cont'd) a very substantial possible expenditure and if they're going to do this under government recommendation, as the Minister apparently has given us, then we want to be sure that this is going to work. If not, if it's not going to work, then we had better recommend to them that they investigate other systems. More and more of our municipalities are being encouraged to go into municipal sewage systems and it is urgent that we give them a recommendation from this source.

MR. JOHNSON: in discussing this matter with the staff I realized this study had been completed -- I thought it might be helpful, because I thought the matter was -- I think the question related to the efficacy of lagoons, and I was merely trying to indicate that the Department and Mr. Sparling or the Sanitary Control Commission had been trying to play a role as a public agency in learning more about the lagoon system. I think when any municipality has a consulting engineer in to recommend a sewage and water disposal system that the consultants recommend on the basis of the kind of effluent and so on, advise the municipality as to the most suitable method of disposal. And my impression has been and still is, that most of these municipalities have decided on a lagoon system because I think they gravitated to Manitoba from North Dakota when people heard they worked down there, and the community of Gimli, for example, is extremely pleased. I don't think sewage and waterworks would have been possible without the lagoon system. I don't think anybody in the community had any idea as to whether lagoons would work. I think the Department of Health, within their knowledge of the value of lagoons and the efficacy of lagoons, from what they could determine from the best sources of information available to them, there was a chance these would work in Manitoba, and I think that it's only too apparent that the points brought up by the Honourable Member from Burrows and the Honourable Member from Lakeside, are of real concern to the Department. And within the light of knowledge available to us, examples are put in here of the fact that the Department in being asked demands to know as a public health measure the efficacy of lagoons. We demand certain design data that is required by the Department and other data from the municipality; and in saying we recommend them, I think in the evolution of sewage treatment facilities the Department must do its best to assess the information at hand and, of course, the consultants are free to advise the municipalities on whatever system they deem most advisable. And cost-wise -- and I imagine it is the cost factor that has played the biggest role in Manitoba. The attitude of the Department is, as I understand it, that lagoons for a small community are really beyond the experimental stage when so many municipalities already have lagoons; so many are working so eminently well, and they're continuing to participate in studies to give them more knowledge in view of their direct responsibilities. But I think it's up to the individual consultant called in by any municipality to assume the responsibility of recommending to the municipality the kind of treatment works. We are interested, of course, in carrying out our role, and we are also interested in working with both the municipalities and consultants in the best interests of the community. I don't think the Department would give a blanket approval of lagoons of any size; they would want to know all the particulars and then express an opinion to the consultants as asked and certainly to the municipality.

MR. CHAIRMAN: (3) -- passed; (4) -- passed; (5) -- passed; (6) -- passed.

MR. MOLGAT: Mr. Chairman, Mr. Chairman. I think under (3) that we have a very large number of items there, going all the way to (g) and I have some questions there of the Minister. Under 3(b)(5) - the grants to the Alcoholism Rehabilitation Program. I note that here we are making a grant of \$65,000.00. In the Department of Education we had for Alcohol Education Committee and other grants of \$67,000.00. It seems to me, Mr. Chairman, that possibly the time has come where we should concentrate our work in this field under one department or the other. I wonder if at this stage by having it split into different type of work whether we are getting full value for the money we are expending in this field. I don't think there are any members of the House who would want us to reduce the expenditures on it, provided that the work is being effective. After all, the government does make a very large amount of money from this source and I think we have a responsibility to assist those who possibly have gotten themselves in trouble as a result of the use of my honourable friend's products. But in addition to that the education end also is important to possibly warn others. However, if we could group these two I think we could get a better job done instead of having it under two different departments and with what appears to be at least two different programs

(Mr. Molgat, cont'd) that may not be worked in conjunction to get the best value.

MR. JOHNSON: point well taken.

MR. CHAIRMAN: (3) -- passed; (4) -- passed.

MR. MOLGAT: I am glad to see the Minister agrees with me, Mr. Chairman. I take it then that he will move to co-operate with his colleague the Minister of Education. I would like now to refer to (g) under the same heading, Mr. Chairman, and here I come back again to my request to have continuing information in the report so that we can go from year to year and see what is happening. Now the Minister was very pleased to give us in his initial opening comments very long lists of "firsts" in the Province of Manitoba, and he didn't mention anything about this field. Now last year his report said that "the increase is at variance with the trends in the rest of Manitoba, and Manitoba now occupies the position of having the highest rate per thousand of all the provinces." This was a first of a very debatable value. If the Minister would refer to last year's report, page 31, he will see there a graph which shows in rather a dramatic way the development, particularly since my honourable friend has taken office, in this field, and it's a most unfortunate development. Now this year his report isn't quite as explicit and presumably he still has the honor of being first in this field in Canada as well because it really shows a very small reduction. The total figures, as I make them -- and again they are not set up in a form that one can follow very easily -- but as I make them, in 1961 the total cases were 2,249; in 1962 admittedly there is some drop to 1,962. I wonder if the Minister could give us some comments on this matter, and why is it that the Province of Manitoba has the very dubious honor of leading the list in what appears to be a first here, in why there has been such a very substantial increase since 1958.

MR. JOHNSON: Obviously I wasn't too happy the way this was reported last year in this booklet. On further examination we find that other jurisdictions were experiencing a similar rise in this illness. In reporting to the House last year, I can just report that during the past year we tried very hard, and had some success, in getting more Public Health Education material out, with posters, 2,000. We went so far as to place these posters in places where we thought that sources of infection were originating, handed out 25,000 booklets of matches as we heard this had worked in other jurisdictions, giving information concerning the facilities available. An article was published in the Manitoba Medical Review, a very excellent article by our Director of this Department and the head of the Provincial Lab, Dr. Lansdown and Dr. Snell, and they showed us the tremendous resources that are available to Manitobans in the treatment of this illness. A very excellent article was prepared and published nationally, and this year we are adding another nurse for contact investigation work. We have in the past been employing a nurse, as we know, part-time on loan from the Nursing Division, but have added a full-time nurse to our follow-up contact program. This is something that's endemic, as you know, and has been before the dawn of civilization. It's a matter much like any other infectious disease, it must be pursued vigorously, it's there all the time smouldering, and we need -- this just isn't a departmental effort -- we need the concern and interest of everyone in the health field in reporting and contacting this facilitation process. Every physician in the province is given the material to report on, he is given the medication if he reports and we offer the free clinic around three days a week where these people can come and receive completely free treatment. We notice an increase in our services and I don't think we will probably notice the effect of the case load for a little while yet; but certainly we are keeping a very close eye on this whole matter, and really I can't say anything more about it.

MR. MOLGAT: Mr. Chairman, I refer again to last year's report which stated that the experience in the rest of Canada was in the reverse, and that Manitoba had achieved first position. Is this still the case? Could the Minister also tell me if it's correct that the majority of the cases do in fact come from one locality in the province of Manitoba?

MR. JOHNSON: Yes, one area.

MR. MOLGAT: Could the Minister tell me what percentage of the total cases do come from this area?

MR. JOHNSON: I can find out the percentage, yes.

MR. FROESE: We passed the items rather fast there for awhile. I was just interested in one item, that's on 3(e) -- that's the grants, under the grants to the City of Winnipeg, \$90,000.00. I wonder if the Minister could just tell us what qualifies it for it and what this is

(Mr. Froese, cont'd) being spent on.

MR. JOHNSON: It's been a grant on the statutes for some time. This is a grant to the City of Winnipeg in lieu of the establishment of the Health Unit. They have their own Public Health Department.

MR. CHAIRMAN: (4) -- passed.

MR. CAMPBELL: I missed some of the introductory statement of the Minister, and I assume that he likely talked about the cancer treatment and research at work at that time, and that's the reason that no attention has been paid to it under (f) of (3). Is that correct? If it is, I wouldn't ask him to repeat it, but if he didn't cover it at that time would he tell us just how the program is progressing?

MR. JOHNSON: Yes. I spoke on this -- somebody just from the back said "till it came out of my ears." The long and short of it, I would tell my honourable friend, the new cancer treatment and research facility will open this year. The budget here is up about 80,000 to -- for extra staff and so on.

MR. CAMPBELL: my honourable friend's statement and I'm sure that he gave a proper one on it.

MR. PAULLEY: Mr. Chairman, whether the Minister could tell us what the special item of the recoveries from The Manitoba Hospital Commission are in this item on cancer.

MR. JOHNSON: Insured services. The Cancer Treatment and Research Foundation renders services to in-patients in hospitals -- patients in hospitals, to major hospitals where they're treated. This is part of your insured service under the Hospital Plan. The treatment, the radio-therapy, radium, etcetera that you would receive in being treated as an in-patient in the hospital, that is recoverable under the Hospital Plan, this item as it is shown here. Is that clear?

MR. PAULLEY: in which there's special provision made for recovery under the Hospital Commission and the insurance premiums, is it only in respect of cancer treatment that there is a specific recovery to the hospital commission?

MR. JOHNSON: Well, there's certainly coverage under psychiatry, that's in the running of the Psychiatric Institute, that was in the psychiatric vote earlier. I don't know what the honourable member's getting at. There's, oh -- whatever constitutes in-patient service is on the hospitalization.

MR. CHAIRMAN: (3) passed.

MR. DESJARDINS: Mr. Chairman, under (g)(2) Supplies, I see where there's a \$4,000 increase. Is that the as advertised in the City of St. Boniface?

MR. JOHNSON: What item is that?

MR. DESJARDINS: (g)(2).

MR. JOHNSON: I thought we were through this appropriation. What item are we on now, Mr. Chairman?

MR. CHAIRMAN: (g)(2) of No. 3.

MR. JOHNSON: Yes, that's for the supplies to the honourable member's, or to the St. Boniface Hospital. That's the supplies -- the increase -- supplies. Yes.

MR. CHAIRMAN: (4) -- passed; (5) -- passed; (6) -- passed; (7) -- passed.

MR. MOLGAT: Mr. Chairman -- on (7). I have a number of questions to the Minister regarding the report he gave us yesterday. I asked him questions earlier on the mental hospitals. Does he wish to leave the other hospitals in -- I was referring now to the construction program -- until "Capital", or does he want to mention them now on that program?

MR. JOHNSON: Could you give me your questions now?

MR. MOLGAT: Well, my question is again a relation between last year's program as listed by the Minister on the -- (Interjection) -- fine. Here are my questions then, Mr. Chairman. Under last year's program there are a number of projects listed by the Minister. This is a report that he gave us entitled "Hospital Projects Approved for Future Construction Grants for the Years 1962-63 to 1969-70." This year he gave us a new report, but I find that some of the projects listed last year don't appear this year. I wonder what happened to them.

I'll take them in order as they appear in last year's report. Page 1 -- Ashern. an extension to provide six additional beds schedule for 62-63. I don't find it this year. The

(Mr. Molgat, cont'd) next one is Beausejour. An extension to provide eight additional beds for 64-65, which I no longer find listed. Now there are a number of others: Carberry, which was indicated as an extension to provide ten additional beds for 62-63, and now it's, I find in the column "Likely in 63 or 64". In other words, substantially pushed back. Gladstone, which was indicated as an extension to provide additional laboratory, X-ray and service, which was listed for 63-64, I no longer find listed. Minnedosa, extension to provide seven additional beds, 63-64, no longer listed. St. Pierre, an extension to provide nine additional beds in 63-64, I can't find listed. Steinbach, which was listed as a new 65-bed hospital for 62-63 is now in the "Likely" column in 63 or 64. Similarly with Swan River, similarly with Whitemouth and with Winkler. All these have been pushed back at least one or possibly two years.

Then we come along to the whole program for the City of Winnipeg area, and I find in that one that there were to be a number of projects for the future and that most of these were in the period of 65-66, and that none of them have been brought up. For example, Concordia, Children's, St. Anthony's of The Pas, whereas the Grace Hospital one, which is in the same category, now appears in the immediate. And I wonder if the Minister could explain to us this whole matter. In the Winnipeg case -- yes, I think I've given him that -- Children's was listed 64-65; Concordia was listed 65-66; and St. Anthony's of The Pas the same period 65-66.

MR. JOHNSON: Mr. Chairman, if the honourable member is referring to Schedule 1 of last year, indicating the years in which we thought these projects could go forward within the resources, and so on. I should point out to my Honourable Leader of the Opposition that the brochure that he has in front of him now is Schedule 2. The estimated cost is given because these projects have actually been tendered and have gone to that point, so it's all right to give these figures. The honourable member will note that following the issuance of this report, each of these hospitals was written in turn and then boards came in and discussed their program either with ourselves or the commission. And of all the programs and the scheduling which we have arranged here and mention here, if you will note from this list that, for instance, Carberry is back on Schedule 3, and Ashern and so on, and we say they're likely to start in '63 or '64. This is because negotiations in most instances are still going on. For example, St. Anne's. Planning is developed and is going forward in Steinbach. Swan River is deep into planning, and so on. And as the facilities are talked over with the individual hospital board, their wishes and any changes in programming are -- there has to be certain flexibility. But if, for instance, one or two hospitals decided not to go ahead on schedule as we have anticipated they wished to go ahead, they're placed back a year, and that sort of thing. So we tried to indicate to you here in Schedule 3 -- these are the hospitals -- for example, Winkler passed her vote the other day and are well into planning their 57-bed hospital. At Pine Falls here, 20 additional beds. This is pretty well about to get going, and so grants probably won't be -- This just indicated to you of all the programs listed here, these are pretty well in the planning stage and going forward. No figures were given because of the fact that this cannot be divulged. But some hospitals are ready to go ahead, others are delayed for various reasons. In some instances, preliminary estimates show a cost which might be a little excessive, or there might be a change. In one instance a plan didn't look too acceptable to ourselves and in rediscussing this with the board it was re-done, and this sort of thing.

I think the honourable member referred the other night to the fact that -- and I regret that the mental list wasn't added or indicated -- we didn't indicate to you what is going ahead this year. The sheet last year under the mental hospital programs, if you look at your sheet on page 6, showed the Portage Home for Mental Defectives, female residence. That has been built, that is complete. The main building -- there are certain renovations been going ahead, there's more to be done this year. The male residence will be going ahead this year. We'll hear of that in Capital. The Selkirk Mental Hospital, Community Mental Health Centre -- that is going ahead. Monies were passed in the two previous years. Concerning psychiatric facilities being centralized, we have spoken to one major hospital, and asked them in their planning to plan such a facility. We're in negotiation at the present time with the Children's Home group, and the Association for Retarded Children hadn't anticipated going ahead before '64. I could have put this program in the -- it should have been added, I guess, to the list I gave you.

MR. MOLGAT: Mr. Chairman, I wonder then if I could just check these with the Minister. Carberry is "Likely in 63-64"; Steinbach -- "Likely 63-64"; Swan River, Whitemouth

(Mr. Molgat, cont'd) and Winkler. Now those five were originally in the 62-63 list. I take it that in the case of all of those the decision not to proceed in 62-63 was the decision of the hospital board. It wasn't for lack of funds available from government grants.

MR. JOHNSON: No, and we're finding, too, that in the development of a modern hospital that by the time you get the board in and start developing your plans and sharing -- the routine is that the hospital concern gives a very detailed description of what they expect and what they think they should have in the community. This is looked at by the construction department and if it's approved in principle then preliminary plans are drawn, and when preliminary plans and estimates are worked out there's a vote of the ratepayers in the case of these municipal hospitals. Now we find from the time we start until we've got that hospital under way it's two years. However, the monies, as you know, were placed aside in '62 for these purposes and these of course will carry forward.

MR. PAULLEY: I just want to ask one question on the hospitals -- the same line I think, Gil, unless you have something in rebuttal. Well, it's on the same point that I wish to ask the Minister a question or two in connection with Schedule 3 of likely hospital construction starts in '63 or '64. I don't see any mention in this list to Concordia Hospital to be built in Elmwood. I passed there this evening on my way home during the supper hour, and I noticed a nice-looking brand new sign adjacent to Archibald Street drawing attention of the public to the fact that hospital construction is likely to start in the fall of '63 or '64, yet when I see the list of construction projects given to us the other day by the Minister, there's no mention of this. I wonder if he would give us the assurance of the project to be commenced in the general area -- a sorely needed one -- and is there any significance in the fact that it's not on the list that we have before us?

MR. JOHNSON: Well, Mr. Chairman, this is an example of the difficulties in presenting all the facts to the honourable members. The Concordia Hospital Board visited me just the other day concerning the whole matter. They are having some new ideas, or different ideas, at the present time that they wanted to share with me, and I suggested they place these down and meet with the Commission's Construction Division. This is the difficulty, of course, with the blueprint that we had. We're following this blueprint by and large and bringing in the hospitals, but in the light of changing developments and changing opinions of the board members in this instance, we have to work with them. This is the kind of thing that happens. I'm not just sure what the final plans of the group will be in the development of that facility. They're just at the stage of meeting with the Commission with a description of their project and discussing the financing of their share of the hospital.

MR. PAULLEY: Mr. Chairman, that there hasn't been any approval given at this time in respect of the building additions at the site of the Concordia Hospital?

MR. JOHNSON: Well, Mr. Chairman, we had the Willard Hospital Survey Board Report and we agreed in principle with the Report and this Report was developed after the Commission had spoken to the individual hospitals, and measured the over-all needs in the community, and we gave a blueprint based on the -- you remember we approved the emergency projects that Dr. Willard thought were most urgent and put them into several categories, and then called in the hospital boards concerned and discussed the plans with them, and of course there is re-scheduling in certain instances, new ideas creeping in in other instances since the Survey Board Report was held, and while this is an over-all blueprint, we have to be flexible in meeting with the boards. In principle it was approved and the Concordia Hospital board are now re-examining their whole position. Now, I'm not in a position to say at this time just what they're going to do, whether they're going to go ahead as planned on the schedule that we had originally approved, or some other idea. This is the board's right and decision to get a change of ideas at any time, and we had a most fruitful and interesting meeting, and they are developing their ideas with the Hospital Commission at this time.

MR. PAULLEY: Mr. Chairman, I appreciate the remarks of the Minister but I still haven't got an answer to my question. Well, may I say this, my friend, that as I said, tonight on my way home over the supper hour, I note that there is a sign of considerable proportions indicating the start of construction in the fall of 1963 or in 1964 of the hospital. Therefore I would suggest that insofar as the hospital board of Concordia Hospital are concerned, that the project will be gone ahead with. Now I can't conceive of the hospital board saying that they're

(Mr. Paulley, cont'd) going to go ahead with this unless they've had some intimation from the Minister or the Hospital Commission as to approval for the start of construction, and it's my understanding -- I'm sorry that I haven't got the news clips before me at the present time -- but it's my understanding that there was a conference of representatives of the general area with the board of Concordia Hospital, and that following that there was a meeting, I believe, with the Minister -- I may be in error in that regard, but I believe that there were further consultations -- and the impression that I got from the news reports in respect of Concordia Hospital and the extension there, was that everything was all set ready to go. Now then as I say, Mr. Chairman, when I look at the blueprint -- to use the Minister's own words -- the blueprint of hospital construction or projects for the year '63 and '64 I see no mention of this particular hospital. Now I want to know why, in view of, as I said, the outwardly exhibit of the start of construction, the news items that have appeared recently of consultations of the board with public representatives and others, and I believe also the Minister in connection with this extension, and I appreciate the Minister's references to the blueprint of the Willard Report. I read every page of it but I don't remember every page of it I must frankly confess. As to their blueprint, the Minister has suggested to me that these are subject to change, but I do want to know from him, where does Concordia Hospital start in the light of recent activities?

MR. JOHNSON: All I can tell the Committee quite sincerely is that the Concordia Hospital -- I'm talking with the Administrator from time to time realizing they want to get on with their hospital -- this spring contacted me and I was under the impression they had accepted the Willard Commission Report and the general recommendations thereto, but I do believe that there's been a change in the thinking of the board very recently. The Concordia Hospital talking to me -- I had 20 members of both the board and members of the municipalities were in my office just ten days ago, so I'm quite at sea to inform my honourable friend

MR. PAULLEY: informs me through the media of the sign that they're going ahead, and may I suggest to the Honourable the Minister that he gives his blessing and his approval to the start on the construction if the hospital board at Concordia are prepared to go ahead with their construction, because we sorely need another hospital in that area.

MR. JOHNSON: You can depend on the Department of Health and the Minister to do what is in the public interest.

MR. MOLGAT: I want to come back to the list that I was discussing with the Minister and we may continue on the matter brought up by the Member from Radisson. Last year in the report the St. James, or the Grace Hospital, was listed as '65-66. Now presumably in this case the Salvation Army was prepared to proceed sooner, and the Minister agreed to go ahead on that basis. Now I gather from him that if the Concordia board, who were also listed for '65-66, are in agreement to proceed sooner, that the Minister will go ahead. Now what is the situation then with the Children's Hospital, also in the general Winnipeg area, who were listed here for 100 additional beds in '64-65? I don't find them listed in the "Likely" projects either. Could the Minister indicate whether he's prepared to proceed with that one if that board is willing to proceed?

MR. JOHNSON: This Concordia Hospital -- the Leader of the Opposition slipped over that. I didn't quite get the question there. There's no hokus pokus to this, Mr. Chairman. It's a straight case of a survey being made, the availability of grants being deducted in the order of priority in the opinion of the government, and followed the Willard Report pretty well. Following this the hospitals are brought in and the program is discussed with them. One organization, for instance, with three hospitals in the province wanted the Schedule 1 in a different year than was anticipated. Now the three hospitals he mentioned were first of all the

MR. MOLGAT: The one that's listed is under Winnipeg, the Grace Hospital; actually it's St. James, I believe, is it not?

MR. JOHNSON: That's right.

MR. MOLGAT: 250 beds, originally scheduled '65-66 and now moved up.

MR. JOHNSON: Moved up a year with the concurrence of the government in view of the desire of the people of St. James and the board of that hospital to get on with this project. After that favorable vote, and in the light of certain other -- it became obvious that other hospitals wouldn't be able to proceed as quickly as they had intended; therefore, on the recommendation of the Commission and in the over-all needs of the Winnipeg area, this was thought advisable

(Mr. Johnson, cont'd) and was so recommended to myself. The Concordia Hospital, as I have indicated, have tentative approval in the grants being available first in '65. Until the Concordia Hospital have described their project and the Commission has recommended that we adopt a certain course with them, I'm not prepared to comment too much on that at this moment. I have met with the board and I know they're having some change in their thinking. I don't know just what these are and I'm not free to reveal them. The last hospital was the Children's Hospital

MR. MOLGAT: Listed on page 4 of last year -- the bottom of page 4 of last year's report.

MR. JOHNSON: Yes, the Children's Hospital are still -- are not ready to proceed at this time. They have not made arrangements for their equity at the moment. I talked to members of the board about two months ago-- I haven't seen them since. The other 100 beds he mentions at the Municipal, I believe that the City of Winnipeg is recommending that this go ahead. This will be a 100-bed "Half-way House" at that site.

MR. ROBLIN: I move that the Committee rise, Mr. Chairman.

MR. CHAIRMAN: Madam Speaker, the Committee of Supply has directed me to report progress and asks leave to sit again.

MR. W. G. MARTIN (St. Matthews): Madam Speaker, I beg to move, seconded by the Honourable Member for Springfield, that the report of the Committee be received.

Madam Speaker presented the motion and after a voice vote declared the motion carried.

MR. ROBLIN: Madam Speaker, I beg to move, seconded by the Honourable Minister of Health, that the House do now adjourn.

Madam Speaker presented the motion and after a voice vote declared the motion carried and the House adjourned until 2:30 Wednesday afternoon.