county councils' schemes relating to maternity and child welfare, school medical inspection, and treatment of tuberculosis. In Caithness and Lewis the Public Health Committee of the County Council acts, in the former directly and in the latter through a special subcommittee, in place of a federation of nursing associations.

3. *Hospital and specialist services.* So far as the medical and nursing services are concerned, the objects which were aimed at when the Fund was established have largely been achieved, but the maximum benefit to be obtained from the expenditure will not be forthcoming until it is possible to put into full operation other schemes already approved for the application of the Fund. Little so far has been done towards the establishment of such services as dentistry and ophthalmology. The few dentists and ophthalmologists in the Highlands and Islands area at present are so situated that a large percentage of the people would have to travel long distances to consult them, entailing an absence from home of perhaps one or two days (or in extreme cases longer) and an expenditure which they would be unable to face.

The development of the Royal Northern Infirmary, Inverness, as an up-to-date hospital with all modern equipment, and staffed by a team of specialists (already appointed or in prospect) ensures that a large part of the Highland mainland is brought into the orbit of modern hospital facilities. In other parts (Zetland, Orkney, Caithness, Sutherland and Lewis) resident surgeons, whose appointments are assisted from the Fund, secure for the people the advantages of skilled surgery within reasonable distance of their homes.

While it is not possible to overcome entirely the risks of delay due to weather and other physical conditions, it has been the aim of the administrators of the Highlands and Islands (Medical Service) Fund to secure a medical and nursing service in these areas approaching so far as practicable that which is available to the people of the Lowlands. It cannot yet be said that that ideal has been achieved, although considerable progress has certainly been made towards it.

II.—Saskatchewan's Municipal Physician System

By H. O. Davison *

ADEQUATE provision for medical services for the residents of the rural communities of Saskatchewan had been a major problem for many years. The province covers an extensive area and is essentially an agricultural one with sixty-three per cent of its 931,000 people living on farms. Many of these rural areas, although in great need of medical services, did not assure satisfactory incomes to qualified physicians. On the other hand the cost to the residents of calling in a private practitioner was too high. Especially was this true in the case of those living far remote from where the physician was located. The municipal physician system was designed to meet both of these conditions.

Its development was simple and logical. Local affairs are administered either by an urban or rural municipality, the latter being an organized rural unit of self-government at least eighteen miles square and containing an average of 2,100 people. To assist rural municipalities in securing a resident physician, the Provincial Legislature passed legislation in 1916 empowering them to guarantee a doctor's income up to an annual amount of $1,500, or to pay

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an annual grant of a similar amount as an inducement for him to practice his profession in the municipality.

Three years later, in 1919, an alternate plan was introduced by which a rural municipality was allowed to employ a physician outright for its people. The maximum salary was set at $5,000 per annum which was increased in 1930 by an additional sum of $500 for each township in excess of nine. By 1932 the scheme was applicable to a portion as well as to a whole municipality and two or more contiguous ones were permitted to co-operate for the purpose. In 1935 the system was extended to towns and villages with a maximum salary of $2.00 per head of population, and in 1937 both urban and rural municipalities were given power to meet their surgical needs on a basis similar to that required for the employment of a municipal physician with the solitary exception that the matter of expense was left to the discretion of local councils.

No restrictions are placed on the number of municipal physicians employed so long as their total salaries do not exceed the maximum indicated by legislation. The municipality pays them from money raised through taxation on land in the same manner as it secures funds to pay for other municipal services. Thus it is evident that the municipal physician system tends to equalize the cost of medical care to a considerable extent.

In establishing a municipal doctor scheme a bylaw on the question is submitted to the electors of the municipality, assent being obtained upon a favourable vote of three-fifths of those casting their ballots. If it sees fit, the council is thereupon authorized to arrange for the necessary service. If doctors are already located in the districts the electors express their preference when voting on the bylaw, the council adding the name or names of any outside practitioners it desires. This affords a measure of protection to physicians in private practice where a municipal plan is contemplated, and at the same time gives the council an indication as to the service most acceptable to the people.

The municipality and the physician or surgeon engaged enter into a written agreement specifying particulars of the service to be rendered and outlining the terms and conditions under which it is available.

At present the system is operating in seventy-two rural municipalities, and in parts of three others as well as in forty-three towns and villages, with the result that 17.5% of Saskatchewan's population is found in communities where medical care is furnished at the expense of the municipality. The scheme is not applicable to cities and if the combined population of these centres is deducted the figure rises to approximately 21%. In addition to ordinary medical attention major surgical services are available in thirty urban or rural municipalities.

Twenty-six rural and four urban centres have agreements with more than one doctor. About sixty per cent of all the schemes provide the service to all residents while the remainder restrict it to resident ratepayers, renters, hired help and in a number of cases school teachers. It is customary to include non-resident ratepayers for office calls.

Under the terms of his agreement the physician furnishes general medical services, obstetrical care and performs minor surgery. He acts as medical health officer for the municipality, organizes and conducts immunization clinics in connection with communicable diseases, inspects school premises and examines school children, providing corrective treatment where necessary. He equips a suitable office, supplies his own automobile and pays its running expenses and also, twenty-eight rural and six urban contracts require him to furnish patients with ordinary drugs and dressings on his first visit for temporary relief.

Salaries in rural municipalities vary from $2,400 to $5,500 per annum, depending upon a number of factors. Some contracts permit a charge of from $1.00 to $3.00 for the initial home call during an illness or injury, while in others the physician may collect from the patient a fee for certain services, such as for attendance on a maternity case or for

the removal of tonsils or adenoids. A combination of both may be used. Office calls are always free but when the physician is called needlessly to a home and there is no stipulated initial fee, he is usually allowed to collect $2.00 and his mileage charges which he retains for his personal use. In one or two schemes this fee is payable to and collectable by the municipality.

Municipal physicians may engage in private practice, attending patients not eligible for free service and charging their regular fees, provided this does not interfere with their responsibility to municipalities and to those they have contracted to care for.

The cost of maintaining a municipal system to a taxpayer of a rural municipality amounts to an average yearly tax of $3.40 on each 160 acres of assessable land he owns. The average per capita cost in a rural scheme is $2.12 and in an urban $1.72.

The Health Services Board, which is a branch of the Provincial Department of Public Health, supervises and controls all agreements and bylaws as well as the general activities of the municipal physicians and surgeons engaged throughout the province. Through its efforts the various schemes are being coordinated, more uniformity in agreements is being secured and unsound features eliminated for the purpose of guaranteeing an efficient medical service under a municipal plan, one in which the people deriving the benefit will have the fullest confidence.

However, the final success or failure of the system in a community depends largely upon the physician selected. Not only must he possess the necessary professional qualifications but he must be a man of sound judgment, a good tactician, willing to serve, be genuinely interested in the health of the people and look upon the work as a desirable permanency.

He will find it possible to improve the amount and quality of preventive service in the district which in the end will reduce his work, and his position as health officer will increase his authority in the isolation of cases of communicable disease. Undoubtedly a larger percentage of maternity patients will seek prenatal care and a greater number will consult him at his office for advice during the early stages of disease.

Usually, the physician will be better able to plan his activities so that he can care for more patients than a private practitioner in the same time and he is freer to judge when urgent and serious cases are deserving of greater attention, regardless of the economic status of the patient.

He loses a certain amount of his independence as a practitioner and may at times feel that he is being imposed upon, although patients for the most part do not abuse their privilege of calling the doctor to their homes for trifling ailments.

However, the municipal physician system has provided incomes and working conditions to doctors which assure their presence in communities that otherwise might not receive medical services and insofar as the recipients of the service are concerned many municipalities where the system has been in operation satisfactorily for any length of time, regard it as an integral public service to be shared and supported by the entire community.

Auxiliary services are often invaluable to a physician, especially so in rural areas. Saskatchewan has provided means whereby they can be readily secured. Rural municipalities and urban centres are able to combine to form hospital districts for the construction and maintenance of union hospitals. These institutions are built from funds usually raised by debenture issues, which are repaid through taxation. Further, actual hospitalization may be furnished at the expense of the municipality. Nursing services may also be provided at public expense, thus rounding out a medical service well able to cope with the requirements of most communities.