

what might be properly termed a contract price, that is, a rate much lower than that which is paid to the doctor. This leads to an unsatisfactory state of affairs because the hospital has no control over the injured man. Very often, only routine dressings are done, and these by a nurse. This is by no means conducive to good surgery. First aids and first dressings may often have to be done at Hospital clinics, but there should be a rule that requires a staff man to see the case so that it may go under compensation by the Board. The case should be in the care of a member of the staff who would send his bill for services rendered, and thus be held responsible for the outcome of the case. A reasonable course for a workman to take is to place himself under the personal care of his family doctor, or the doctor nominated by his employer. One of the clauses of the Act states that the employer shall secure medical attention for the injured workman, and, in the event of his failure to do so, the workman may secure a doctor. This alternative is seldom presented to an injured man, but, instead, the employer sends him to a hospital and considers that his duty is done. From these considerations, it will appear evident, that the Board or Employer, in making use of the hospitals, are often depriving the workman of the best medical opportunities, and are also depriving the practitioner of many cases to which he is justly entitled.

Quite recently a meeting of the different Industrial Boards of America was held in Toronto. Addresses on the subject of the Surgical attention of the injured men were of a very high order, and all maintained the principles enumerated above. Dr. F. H. Thompson, Medical Director of Oregon State Industrial Commission, read a most interesting paper entitled, "How Can Medical Service be Improved?" He pointed out that the paramount duty of every Compensation Board that had medical first aid provision, is the securing of competent and efficient service to injured workmen, but he deprecated the fact that the medical man was paid the least possible amount for his services. He suggested the inauguration of a standard fee bill for certain zones, the zones to include one or more States. The fee scale was to be the minimum scale that would be charged to a workman in his community, and was to be chosen by representatives from the State Medical Society and the Board. He also recommended a complete original report of cases, with clear "follow-up" reports from every surgeon, while he suggested that no open bone work, such as grafting, wiring, pegging, etc., should be done unless first taken up with, and authorized by the Board. He pointed out that much benefit would result from frequent conferences between medical men in adjacent communities engaged in compensation work. In conclusion he strongly criticized the hospital contract system, and recom-