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## State Medicine.

Paper given by Dr. Emmerson before the Huron Medical Society in May, 1921.

The purpose in nationalizing the Medical profession is to give the best possible service to the public in the development of healthy men and women, in maintaining each individual in the State in the best possible health, and in giving the most skilful aid when sick or injured.

One factor will be much more extended powers and duties of Medical Health Officers. We do not purpose discussing the beneficial and far reaching results of the well directed work of Boards of Health, but will confine ourselves to that phase of State Medicine wherein medical and surgical aid is required in the treatment of the sick and injured.

The advantages which the injured and diseased have in the cities would be extended throughout the country. This would necessitate large and well equipped hospitals in convenient centres with smaller hospitals interspersed. There would be a full supply of specialists in all branches of medicine and surgery. For example the birth rate is fairly accurately known hence the number of obstetricians can be ascertained, these would be properly distributed. Women during their pregnancy would be under their supervision,

the general practitioner acting as a sort of out house physician taking temperature, pulse, examining urine &c., and reporting to his chief who would advise as to the treatment to be carried out, and when the patient nears her time of accouchment she would be sent to the hospital for the specialist to treat. Eye injuries and diseases with the modifications necessary to their particular needs would be similarly dealt with under that line of specialists, also ear, nose and throat cases by their respective specialists. Likewise diseases of the skin; regarding these, the general practitioner would thank God that he had gotten rid of them and take courage. There would be the specialists in brain surgery and the specialists in rectal surgery although these two might be combined, the specialists in thoracic surgery, the specialists in abdominal surgery, in genito urinary surgery, in orthopaedic surgery, in plastic surgery, the gynaecological specialists. After all the leading divisions had been specialized, then what is left could be given to another class or surgeons called general surgeons who would be of the mediocre variety because no man of ability would want to be called a general surgeon.