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measure enacted anywhere in Canada. It recognizes, more fully than the Saskatchewan act, the primary responsibility of the government, and provides a scheme of organization closely paralleling that for education, in which the government assumes the initiative in all organization. The Alberta act is based on the principle of the direct responsibility of the state for maintaining the health of each and every citizen, and it lays the foundation for a system of hospitals as complete and gratuitous as the public schools. Health matters are administered by the minister of municipal affairs and health.

The act provides for alternative initiative by the minister and the ratepayers, thus preventing action by the government before the ratepayers of a given district are ready for action, but giving the minister full general supervision over the administration by the local boards of each district. The minister establishes the districts; the ratepayers set the machinery of the act in motion by petition; the district board then proceeds with the business of establishing a hospital, having the benefit of provincial architects, provincial medical staff, etc., to advise them as to plans, costs, etc., and submits the scheme to the minister for approval. It must be approved by the minister before being submitted to the ratepayers. Individual ratepayers have access to the Board of Public Utility Commissioners for redress for a wronged minority. These commissioners also adjudicate on disputes as to site when the various sections of the district fail to agree.

This act seems to be happily designed to enable the government to progress in line with the progress of public opinion, and it leaves to public or voluntary initiative only as much as is absolutely necessary to preserve local autonomy. Before this time many municipalities had endeavored to combine by mutual agreement to form hospital districts, but with the exception of Lloydminster all these schemes failed, owing to disputes over sites, the inertia of one municipal council, or the stubbornness of another; and had they succeeded the province as a whole would not have been well served, as many local improvement districts would have been left isolated, owing to financial inability to participate in the organization of the district to which it naturally belonged.

The Alberta act differs from the Saskatchewan act in that the latter does not provide for such extensive government initiative. While the Saskatchewan act permits municipalities to unite to form hospital districts, the Alberta act provides that the government shall lay out suitable districts "without regard for municipal boundaries, and having regard only for the necessities of the hospital. This is an important difference because in Alberta the way is paved for a revolution of the present methods of safeguarding health by the first man in office who has the vision and the courage to take the lead; it provides the minister of health with adequate machinery to carry out a progressive democratic policy for complete nationalization of health within the boundaries of the province.

Progress in Alberta

During the last nine months the department has accumulated a great quantity of reliable data as to hospital costs. The provincial architect has provided nine sets of plans for hospitals, varying from nine to 30 beds, with surgical wards and complete equipment, suitable for a great variety of districts. These are on the unit plan and capable of extension from time to time. A provincial organizer has been appointed; 16 districts are in various stages of organization; two have been completely organized and have passed the necessary by-laws by enormous majorities. The cost of these hospitals is slightly over \$1,000 per bed, and it is estimated that the cost of maintenance will amount to a sum equal to about \$2.00 per quarter section per year on the land in the district.

Hon. Mr. Smith has appointed a staff of five public health nurses, who are engaged for the most part in inspecting public school pupils, and are accumu-

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