CIVIL SERVANTS

REASONS why the competitive system in the practice of medicine should be abrogated in favor of a public utility scheme. The health of the community is a public asset as well as a private boon. Why is the same doctor in some cases a man who makes his fee punishment fit the crime and in others an unpaid philanthropist?

By A MEDICAL MAN

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Chiropractors contradict by this their own fundamental theories, they obtain so-called "advertised cures" by such means. The nature of chiropractic training and theory and the open fight they are making to supplement standard treatment demands suppression. Chiropractors rank with all other quacks and Christian Science as a public danger, and require removal. The chief danger of the faith healer is as a spreader of communicable disease. They refuse vaccination and evade quarantine; hence they call for severe measures for the sake of public safety.

Popular distrust of orthodox medicine is strengthened everywhere by the advertisement and propagation of illegal forms of practice. People cheerfully pay money for fake remedies and treatment on the supposition that they would pay more for less result to a regular practitioner, who thus has a reputation for uncertainty quite on a par with a quack. There is a popular delusion that the doctor is "rolling in wealth," or "getting rich fast." The real truth is that about half of them have a long, hard fight to make both ends meet. Competition and poorly paid bills take care of that. Altogether, the private practice of the average doctor is a discouraging experience.

The strict adherence to precedent which a legal mind always follows, sees no outlet for medical evils. "Let us make the law more stringent," says Judge Hodgins, as quoted in the press. That will not help the doctor much. It will not make the people more readily content with his personal services. It will not prevent the use of proprietary medicines with their uncertain result. It will not save the hundreds of people who die annually for lack of proper medical treatment, either because they are unable to pay for it, or because they have no faith in medical treatment as now employed. There is no hope of real reform in any tightening of the statutes. The real reform is to put the doctors where they will be acceptable to the public and to make that acceptance **compulsory.**

This is the remedy we advise: The doctor should be licensed as a "Civil Servant" and assigned a definite district to serve, on a minimum salary provided by the state, and raised by local taxation. The doctors of each district would co-operate with their immediate neighbors for assistance and consultation, and be available for all public needs. The few regulations we now have for maintaining public health would not have to be stretched very far to meet the requirements of such a change. The Public Health Bureaus are administered by paid men already, but the real work of the bureaus is done by general practitioners without any salary whatever.

Education has become **compulsory.** Therefore the teaching profession are appointed and paid by the state. Public Health is even more important than Education. The state enforces certain restrictions to safeguard health generally, but leaves the vast extent of personal health to be cared for by individual choice, at personal expense. It is safe to say, that the sum paid for medicines and treatment, exclusive of all sums for proprietary remedies and doubtful forms of treatment which always come high, would greatly exceed the sum total necessary for a state-paid medical profession and free dispensaries; for necessarily the professional chemist would be included in the general reform. Five dollars per capita would hardly cover the present medical bill for Ontario annually, but it would be amply sufficient to employ all the doctors necessary to serve any Province in Canada and give a more efficient service in the conservation of public health.

There would be far less sickness than now. There would be prompt measures to treat cases which perish by delay of diagnosis and treatment. There would be no incentive to say that "the doctor keeps people sick." His chief aim would be to keep them well. As a civil servant he would be available to everybody, and obliged to do his best for their needs.

Some day the citizen may use his public utility stethoscope on the doctor.

Just how anomalous and arbitrary the fee system can become can be shown in a claim now pending in the probate courts. A certain physician is suing for the recovery of fees owing for a term of years by a deceased financier of Toronto. A total of $17,500 is asked for; and the special items charged disclose sums of $100 to $500 charged for trips made of less than 100 miles, that have apparently no material bearing on the condition of the patient, and might well be considered a holiday. Such charges are open to question; but the chief wonder is that a wealthy man should fail for so long to pay his medical fees, and thus leave his personal heirs open to excessive claims. One can hardly blame a doctor for getting all he can under the circumstances.

There is a Canaan of tolerable prosperity awaiting the wandering physician and surgeon. He is still in the desert of tradition, hedged in by the fee system. No wonder the people venerate false gods and hear not his wisdom. He shall not enter the heritage until the barrier is removed. The present war may accomplish something, but it will be very little indeed, we fear. The Western Provinces may point the way. The need for equalizing fees in the rural section is so glaringly evident that municipal contract will supplant the fee system at an early date. Ontario would require an earthquake to achieve this result. Perhaps we may yet have it. Who knows?

Between the cradle and the grave we must sail some very stormy seas. We risk unseen torpedoes and uncharted rocks, and shipwreck may intervene before we reach the serene harbor of old age, well content to cast our anchor behind the veil. The rickety old ship "Good Health" perforce needs a good navigator and a pilot. Shall we employ the policy of proprietary remedies or a travelling fakir for the job? Hardly likely.

Are the people ready for the remedy? If they are, the Ontario Medical Act the public and the medical profession to mutually arouse themselves and do some real thinking.

When that time comes, there will be so much noise around the Legislature that our law-makers won't bother any longer with judicial reports. There is nothing radical about the new report. If adopted it may accomplish more injustice than any abuse it corrected. It is the result of evidence of men with no perspective for the rank and file of the profession. They are well established specialists, and do not want any change that would lessen their income. Therefore precedent rules. A few more sub-sections to the act and a few more dollars to the legal adviser of the many offenders they will annually secure. The only amendment to the Ontario Medical Act is a new Act, which embodies the principle we have outlined, and makes the doctor a responsible citizen, not an unpaid philanthropist.

NEW SHIPS FOR THOSE GONE BELOW

IF all the ships sunk by German subs, representing over 11,000,000 tons, were ranged end to end, they would reach about 120 miles. The combined efforts of all the shipyards of Germany's enemies have not been able to catch up to the tonnage destruction by more than 2,000,000 tons. Canada is doing much. Orders for $65,000,000 worth of new shipping are already placed in Canadian yards. Twelve Canadian shipyards are now working on orders from the Imperial Munitions Board, and their capacity is being brought up to approximately 250,000 tons a year. In the Maritime Provinces the recovery from the dullness of recent years in wooden shipbuilding is remarkable. The cost of building has advanced 30 per cent. since last year; but the demand has been so pressing that the builders have been able to make profits of from 25 to even 75 per cent. During 1917 the Canadian Vickers, Limited, of Montreal, has built and delivered twelve submarines for Allied Governments, eight steel trawlers, complete, nine steel trawler hulls, besides a 7,000-ton cargo boat, the largest ocean-going steamer ever built in Canada. British Columbia now has thirty-two wooden and eight steel vessels under construction; while on the Great Lakes and in all shipbuilding yards of Ontario great activity has prevailed during the year.

By the end of 1918, says World's Work, it is estimated that the American tonnage will amount to 7,900,000, which is enough to maintain nearly 1,600,000 men abroad on the basis of 5 tons per man. In 1917, the U-boats sank about 6,000,000 tons of shipping. The world has much less shipping, therefore, than at the corresponding time in 1917.