

ing by the beneficiary, for a period not to exceed 26 weeks in any one 12-month period.

(b) *Death benefits*.—Cash payment (for funeral expenses) to legal heirs for death due to sickness or non-industrial accident.

(c) *Medical benefits*.—To include adequate medical and surgical care, medicines and appliances in home, hospital, sanatorium, dispensary, or physician's office, beginning with the first day of disability, whether due to sickness, non-industrial accident, or to child-bearing by the beneficiary or the wife of the beneficiary, and limited to a period of 26 weeks in one 12-month period.

4. *Administration*.—All matters of promulgation of rules and regulations and appeals should be vested in a national or State commission created for this purpose. All matters of local administration should be vested in local boards of directors, federated according to districts, subject to supervision by the central authorities, and rules and regulations promulgated by the commission.

The commission and all local and federated boards should be composed of persons representing the contributors to the funds. The number representing employees and employers should be in the same ratio as their respective contributions.

Provision should be made for free choice of any physician registered on the local panel, and provision might be made also for adequate institutional care for those who prefer this method of medical benefits.

A corps of full-time medical officers should be provided within the national or State health service to have supervision of all hospital and dispensary relief; to examine all insured persons claiming to be disabled, and issue certificates in accordance with the regulations promulgated by the commission; to advise the administrative authorities and all contributors to the funds as to the best measures for the relief and prevention of sickness; to advise with the physicians attending sick members as to measures which will shorten the periods of disability; and to perform such other duties as may be fixed by regulations.

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The deaths of the following Canadian physicians have recently been announced: Dr. R. P. Campbell, Montreal, somewhere in France; Dr. Harry Goodsir MacKid, Calgary, Alberta—a past President of the Canadian Medical Association; Dr. George Wilkins, Montreal; Dr. John C. Mott, St. John, N.B.; Dr. Charles W. Hewson, Amherst, N.S.; Dr. E. H. Kertland, Toronto; Dr. I. R. Walker, Ingersoll, Ont.; Dr. Ernest William McLaughlin, Toronto.