

To drug stores	-	\$9,224	equals	60%
To doctors	-	4,918	"	32%
To dentists	-	1,263	"	8%
TOTAL		\$15,405	"	100%

Under the present Montreal Commission, the distribution proposed would have been as follows:

To drug stores	-	\$3,081	equals	20%
To doctors	-	12,324	"	80%
To dentists	-	Nil	"	Nil
TOTAL	-	\$15,405	"	100%

7. That in the event of a marked reduction of doctors' monthly accounts for service to the unemployed being made (for example, 25% to 50% of their total) on the plea of the Commission's inability to pay, that the following plan be substituted. The factual basis of the following plan is founded on the figures of the Montreal Relief Commission for March:-

Heads of families (men or women ) unemployed	-	65,785
Dependents of the above	-	102,122
Unemployable	-	2,269
TOTAL ON RELIEF	-	170,176

At 25¢ per month, the yearly income of the Commission for medical relief for distribution to doctors and druggists is 170,176 x .25 x 12 equals \$510,528.00. Of this amount, the doctors' share will be 80% equals \$408,420.00. Of the 1200 doctors in Montreal, 800 have registered on the Commission's list. This would permit an average of \$500.00 odd per year for each registered doctor. If the 170,176 persons on relief would be evenly divided, each of the registered doctors would have 212 patients. The proposed plan, in the event of the probability of the breakdown of the present scheme, is as follows:-

8. A City Medical Planning Board be formed by representatives of the English and French doctors, dentists and nurses. Any registered doctor in good standing in his medical society (this would be necessary for proper disciplinary control) may register with the Board and practice under this scheme. He might be allowed to accept a maximum of 500 patients on his list. The patients should have the right of choice of doctor and also right of change at certain fixed intervals. For these doctors accepting relief patients, abolish entirely the antiquated system of fee-for-service and substitute a per capita payment for an all-in service. It would cost no more than the present system (\$3.00 a year for each patient). It would do an end with padding accounts, dishonest calls, dishonest prescriptions. It would reduce the overhead of the commission. An Appeal Board should be set up to deal with patients and doctors complaints.

#### Additional Medical Relief.

Not only must the present medical relief be maintained, but it must be expanded and increased to include surgical dental treatment, home nursing and proportionate payments to the hospitals for the use of the outdoor departments.

10. The outdoor departments of our Hospitals would be utilized as consultant departments. A staff fund to be distributed equitably among doctors, internes, and nurses should be allocated to each Hospital treating the unemployed, both in indoor and outdoor department. Doctors treating relief patients urgently require the service of the outdoors for special investigation and advice and the hospitals should be paid for this service. An additional \$3.00 per capita per year would cover this essential service.

11. The present hospitalization plan under the Q.P.C.A. to continue, but amended to eliminate the property-owning clause.

12. Thus, an additional 25¢ per month bringing medical expenditure per capita for those on relief to 50¢ per month, instead of the present 25¢ would cost approximately \$1,021,056.00 a year, or \$6.00 per capita on relief a year (based