The BULLETIN

OF THE

VANCOUVER MEDICAL ASSOCIATION

Vol. XII. MAY, 1936 No. 8

UNIVERSITY OF BRITISH COLUMBIA
APR 24 1936

In This Issue:

Health Insurance Bill

LETTER TO THE PROFESSION

NEWS *and* NOTES

BULKETTS

(With Cascara and Bile Salts)

. . FOR . .

Chronic Habitual Constipation

BULKETTS POSSESS ENORMOUS BULK PRODUCING PROPERTIES AND BEING PROCESSED WITH CASCARA AND BILE SALTS PRODUCE BULK WITH MOTILITY.

WE WILL BE PLEASED TO PROVIDE ORIGINAL CONTAINERS FOR TRIAL ON REQUEST.

Western Wholesale Drug (1928) Limited

456 BROADWAY WEST

VANCOUVER - BRITISH COLUMBIA

(Or at all Vancouver Drug Co. Stores)

THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published Monthly under the Auspices of the Vancouver Medical Association in the Interests of the Medical Profession.

Offices:
203 Medical Dental Building, Georgia Street, Vancouver, B. C.

Editorial Board:
DR. J. H. MACDERMOT
DR. M. McC. BAIRD DR. D. E. H. CLEVELAND

All communications to be addressed to the Editor at the above address

VOL. XII. MAY, 1936 No. 8

OFFICERS 1935-1936

DR. C. H. VROOMAN, President
DR. W. T. EWING, Vice-President
DR. A. C. FROST, Past President
DR. G. H. CLEMENT, Hon. Secretary
DR. W. T. LOCKHART, Hon. Treasurer

Additional Members of Executive—DR. T. R. B. NELLES, DR. F. N. ROBERTSON

TRUSTEES

DR. W. D. BRYDONE-JACK DR. J. A. GILLESPIE DR. F. BRODIE

Auditors: MESSRS. SHAW, SALTER & PLOMMER

SECTIONS

Clinical Section

DR. J. R. NEILSON ..... Chairman
DR. ROY HUGGARD ..... Secretary

Eye, Ear, Nose and Throat

DR. H. R. MUSTARD ..... Chairman
DR. L. LEESON ..... Secretary

Pædiatric Section

DR. G. A. LAMONT ..... Chairman
DR. J. R. DAVIES ..... Secretary

Cancer Section

DR. J. W. THOMSON ..... Chairman
DR. ROY HUGGARD ..... Secretary

STANDING COMMITTEES

Library

DR. G. E. KIDD
DR. W. K. BURWELL
DR. C. A. RYAN
DR. W. D. KEITH
DR. H. A. RAWLINGS
DR. A. W. BAGNALL

Dinner

DR. LAVELL LEESON
DR. J. E. HARRISON
DR. A. LOWRIE

Summer School

DR. J. W. ARBUCKLE
DR. J. E. WALKER
DR. H. A. DESBRISAY
DR. H. R. MUSTARD
DR. A. C. FROST
DR. J. R. NADEN

Publications

DR. J. H. MACDERMOT
DR. MURRAY BAIRD
DR. D. E. H. CLEVELAND

Credentials

DR. H. A. SPOHN
DR. J. W. THOMSON
DR. W. L. GRAHAM

V. O. N. Advisory Board

DR. I. T. DAY
DR. W. H. HATFIELD
DR. A. B. SCHINBEIN

Rep. to B. C. Medical Assn.

DR. WALLACE WILSON

Sickness and Benevolent Fund — THE PRESIDENT — THE TRUSTEES

Biological Products

Anti-Anthrax Serum
Anti-Meningococcus Serum
Anti-Pneumococcus Serum (*Type I*)
Anti-Pneumococcus Serum (*Type II*)
Diphtheria Antitoxin
Diphtheria Toxin for Schick Test
Diphtheria Toxoid
Perfringens Antitoxin
Scarlet Fever Antitoxin
Scarlet Fever Toxin for Dick Test
Scarlet Fever Toxin
Staphylococcus Antitoxin
Staphylococcus Toxoid
Tetanus Antitoxin
Tetanus Toxoid
Tuberculin

Pertussis Vaccine
Rabies Vaccine (*Semple Method*)
Smallpox Vaccine
Typhoid Vaccine
Typhoid-Paratyphoid Vaccine
Heparin
Insulin
Liver Extract for Oral Administration
Liver Extract for Intramuscular Use (*1 cc. containing extract from 10 gms. of liver*)

The following additional products have been made available recently by the Connaught Laboratories

Adrenal Cortical Extract

Epinephrine Hydrochloride Solution 1:1000

Epinephrine Hydrochloride Inhalant Solution 1:100

Liver Extract for Intramuscular Use
(*1 cc. Containing Extract from 20 gms. of Liver*)

Outfit for Rapid Typing of Pneumococcus by Physicians

CONNAUGHT LABORATORIES

UNIVERSITY OF TORONTO

TORONTO 5 • CANADA

Depot for British Columbia

MACDONALD'S PRESCRIPTIONS LIMITED

MEDICAL-DENTAL BUILDING, VANCOUVER, B. C.

VANCOUVER HEALTH DEPARTMENT

STATISTICS—MARCH, 1936

Total Population (Estimated)	247,558
Japanese Population (Estimated)	8,055
Chinese Population (Estimated)	7,895
Hindu Population (Estimated)	320

	Number	Rate per 1,000 Population
Total deaths	262	12.1
Japanese deaths	1	1.4
Chinese deaths	9	13.5
Deaths—Residents only	237	11.3
Birth Registrations—Male, 149; Female, 145	294	14.0

INFANTILE MORTALITY—	February March, 1936	February March, 1935
Deaths under one year of age	10	13
Death rate—per 1,000 births	34.0	49.2
Stillbirths (not included in above)	9	13

CASES OF COMMUNICABLE DISEASES REPORTED IN THE CITY

	February, 1936		March, 1936		April 1st to 15th, 1936	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Smallpox	0	1	0	0	0	0
Scarlet Fever	42	0	41	0	17	0
Diphtheria	0	0	5	3	0	1
Chicken Pox	56	0	34	0	10	0
Measles	68	0	46	0	19	0
Rubella	520	0	1152	0	626	0
Mumps	357	0	262	0	48	0
Whooping-cough	32	0	10	0	4	0
Typhoid Fever	2	0	0	0	1	0
Undulant Fever	1	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	56	11	43	22	11	..
Meningitis (Epidemic)	0	0	0	0	0	0
Erysipelas	1	0	6	0	3	0
Encephalitis Lethargica	0	0	0	0	0	0
Paratyphoid Fever	0	0	0	0	0	0

High Blood Pressure...

BIOGLAN "H"

"The most effective therapy available."

Formula—Each 1 c.c. Ampoule contains:

Pancreas .....25 grammes of the fresh hypotensive principle
Anterior Lobe Pituitary.....2 grammes of fresh substance
Embryonin .....2 grammes of fresh substance

MADE IN ENGLAND BY

THE BOWSHER LABORATORIES LTD.

Biological and Research
Ponsbourne Manor, Hertford, England.

Rep., S. N. BAYNE
1432 Medical Dental Building Phone Sey. 4239 Vancouver, B. C.

References: "Ask the Doctor who has used it."

STANNOXYL

An Effective Remedy for all Staphylococcal Infections

In bottles of 80 tablets. Dose: 2 tablets three times a day.

STANNOXYL

For Boils, Carbuncles, Acne, Styes, etc.

In bottles of 80 tablets. Dose: 2 tablets three times a day.

Literature and Sample from:

ANGLO-FRENCH DRUG CO.

MONTREAL, CANADA

Obtainable from: B. C. Drugs Limited, Vancouver

VANCOUVER MEDICAL ASSOCIATION

Founded 1898 :: Incorporated 1906

Programme of the 38th Annual Session

GENERAL MEETINGS will be held on the first Tuesday of the month at 8 p.m.

CLINICAL MEETINGS will be held on the third Tuesday of the month at 8 p.m.

Place of meeting will appear on Agenda.

General Meetings will conform to the following order:

8:00 p.m.—Business as per Agenda.

9:00 p.m.—Paper of the evening.

1935.

October 2nd—GENERAL MEETING.

DR. G. F. STRONG: "Cardiac Pain."
Discussion opened by DR. H. A. DESBRISAY.

DR. A. M. AGNEW: "Vaginal Plastic Surgery."
Discussion opened by DR. J. J. MASON.

October 15th—CLINICAL MEETING.

November 5th—GENERAL MEETING.

DR. J. R. NADEN: "Epiphyseal Injuries."
Discussion opened by DR. F. P. PATTERSON.

DR. J. H. MACDERMOT: "Early Medical History of the B. C. Coast."

November 19th—CLINICAL MEETING.

December 3rd—GENERAL MEETING.

DR. LYALL HODGINS: "Diabetes."
Discussion opened by DR. WALLACE WILSON.

DR. FRANK TURNBULL: "The Early Diagnosis of Brain Tumours."
Discussion opened by DR. F. W. EMMONS.

December 17th—CLINICAL MEETING.

1936.

January 7th—GENERAL MEETING.

DR. WALTER M. PATON: "Tumours of the Head and Neck."
Discussion opened by DR. H. H. PITTS.

DR. B. J. HARRISON: "Roentgenology of Cardiac Diseases."
Discussion opened by DR. G. F. STRONG.

January 14th—CLINICAL MEETING.

February 4th—GENERAL MEETING.

MR. J. W. DEB. FARRIS: "Medico-Legal Problems."

February 18th—CLINICAL MEETING.

March 2nd—OSLER LECTURE.

April 7th—GENERAL MEETING.

DR. C. E. DOLMAN: "Serum Therapy."
Discussion by DR. HOWARD SPOHN AND DR. A. Y. MCNAIR.

April 21st—CLINICAL MEETING.

April 28th—ANNUAL MEETING.

EDITOR'S PAGE

We publish herewith a copy of the Health Insurance Bill, which, after suffering many things, like Ulysses, has at last been passed at the recent sitting of the Legislature.

There has been some criticism directed at the medical profession over this Bill, and it would be idle to deny the fact; but we do not think the criticism is necessarily well-founded.

We have been criticised for opposing the Bill. Well, we admit that freely. The original draft Bill was not in any way perfect; in many ways it was bad; but it was a long way better than this one. It *did* purport to look after *all* the members of the community whose yearly income, whether from indigence or low wages, fell below a certain level. It *did* acknowledge the fact that the Government should contribute to the Act, by at least half the lost of administration.

It *did* acknowledge the medical profession. It seemed to recognise the fact that medical men will be necessary in the working of this Act, and it gave us a certain amount of say in the administration of the Act. It *did* make some attempt to ensure that the income obtained from assessments, etc., would more nearly meet the necessary outgoings.

But gradually, under the pressure, not of clearer knowledge and riper judgment, but of political necessity, this Bill was pruned and shorn of these characters—till after a battle, never equalled, as we believe, in these parts at least, the Bill has emerged, a sorry enough spectacle.

For it is a pale shadow of its former self, anæmic and paralysed in its lower limbs, or lower income-levels, if you prefer. It no longer makes a pretence at humanitarianism, which we were led to believe was the main impulse animating its progenitors. The indigent, the domestic servant, the casual labourer, the part-time worker, those in receipt of old-age and mothers' pensions, in fact all the people who really need medical aid the most, and cannot afford it at all, are or may be excluded. The Government's contribution is removed. The contributions from those who do pay are not sufficient, on any calculation, to give what we would consider to be an adequate medical service.

We have been criticised, as a profession, for opposing this Bill, because it has been said of us that our reason for opposing it is that our remuneration is too low. It is quite true that this is one of our reasons—and there is nothing criminal in trying to get adequate pay for the work expected of us. The amount originally set aside for this purpose would mean economic slavery for the majority of medical men, and we do feel that we have a right to oppose this. The upper limit has been removed, and there may be now some room to bargain—but even so, this is not our main reason for objecting to this Bill.

Our main reason is that we know that this Bill will not give what was promised, to those who come under it, namely, a complete and adequate medical service. Those who think it will are due for a major disappointment. No partial Health Insurance Bill, such as is this, or those in effect in England and Germany, has ever given, or will ever give, a good service. It is true that this Bill promises specialist service, but it does not provide funds to give it, and it is governed by two pernicious principles. The first is that if enough money is not obtainable, medical benefits will be reduced; the second is that if there is not enough money to pay adequately for all the

service given, a reduced rate of pay must be accepted. We confess that we cannot remember ever having heard of a contract of any sort or description being signed on these terms.

We have been criticised as a profession for not giving our views to the public before this, while radio, press, pulpit, and University class-room have been freely conscripted and used without stint for purposes of propagation of the new gospel.

Our reasons for this are old-fashioned, but we believe good ones, notwithstanding. We wanted to play fair. We might long ago have expressed ourselves—but there was no definite statement, only "memoranda," and we did not feel that we were right in attacking anyone on suspicion, or through mistrust of their motives, until definite legislation was brought down.

But we think as medical men we are justified in pointing out to those who may, as many of our friends still do, ask our opinion of this legislation. We may rightly warn them of the following dangers as we see them; the following defects in this Bill:

First, the danger to industry—the economic threat of this Bill, provincial in scope, applied at a time when industry is gasping for life, and has to compete with stronger, more established industry elsewhere.

The danger, almost the certainty, that the assessments will not be enough, and will very soon have to be raised. This is the history of all such social legislation. Workmen's Compensation Acts, Old Age Pensions, Mothers' Pensions, Social Service—all these cost more and more as the years go by—and we are sure this will be no exception.

The danger of poor, hurried, inadequate medical service and the lowering of medical standards of practice. Anyone who knows anything about panel practice in Great Britain knows that its standard is deplorably low—and we fear that the tendency under this Bill will be in the same direction. Certainly, under a capitation system of payment, there would be grave danger of this.

The absence of any preventive measures designed to lessen disease.

The exclusion of the indigent and those whose income is uncertain and very small. This is one of the worst defects of this Bill.

The inadequacy of hospital arrangements. This has been consistently ignored, though hospital authorities have been most definite in their warnings.

We have been accused of opposition to health insurance. This is not true. We are unanimously in favour of health insurance and that is why we do not like this legislation. We foresee nothing but disillusionment and disappointment over this Bill, which, we were told, was to be so far in advance of all such legislation—and, in the last analysis, has turned out to be no better than the average old-time legislation.

In its study for many years of Health Insurance the medical profession has gradually formulated a series of principles which it believes should govern any Health Insurance scheme.

The basic object of these principles is to safeguard both our own interests and those of the public who would benefit under the Act, and we believe that both these things are essential. Thus we believe that the indigent should be included and those of very small income; that prevention should be a major feature in this type of legislation; that doctors should be paid for services rendered, and not according to a capitation fee and so on. We have not seen any reason to change our minds in these matters—

and believe that if the public demands and is to obtain adequate, modern, and scientific medical service, these principles must still be maintained.

Lastly, we feel we must say a word about the work of Dr. W. H. Sutherland, M.L.A., in regard to this Bill, as it passed through Committee. His attitude has been worthy of the highest praise. He shewed firmness and dignity, a due sense of the amenities, and a true respect both for the House and for the profession he represented. In the record as we have seen it, he refused steadily to yield to expediency, or to sacrifice his principles, and we congratulate him sincerely on his conduct in a very trying situation.

NEWS AND NOTES

Dr. W. E. Ainley, chairman of the Health Insurance Committee of the Council of the College of Physicians and Surgeons, has asked the BULLETIN to point out that the response of members to the questionnaire sent out as regards incomes is still very unsatisfactory and incomplete, some 35% only having responded so far.

This is a most important part of our study of this whole question of medical economics. Any information given is quite confidential—even the name of the giver will not be known—and no possible harm can come of the fullest frankness.

We again urge all members of the profession to complete their form and mail it at once.

Dr. Ainley's statement follows:

On March 14th a circular letter was sent to all doctors in the Province stating that the Health Insurance Committee was making a study of the incidence of disease in the Province, and estimating the amount of work done by the profession.

We also wanted information regarding gross and net incomes, and how obtained, so that we would correlate the work and the remuneration and thus obtain valuable information.

The results have been as follows to date:

	Letters sent	Income returns	Names given	% Income given	% Names given
Vancouver	354	111	78	31	22
Victoria	63	25	16	40	25
Other places	269	104	93	39	31
Total	686	240	187	35	27

Your co-operation in this study was earnestly requested. The results are discouraging and the large amount of work done is rendered largely useless. We need at least 75% return and should have 100%. Should Health Insurance come into force probably other studies will be desirable, but what is the use of undertaking work for the good of the profession, when the latter will not take the small amount of trouble necessary to help? Possibly the delinquents will take this to heart, and send in their information This is your own business; we can do no more about it.

W. E. AINLEY, *Chairman.*

* * * *

Amongst our advertisements in this and the next issue will be noticed the announcement of the forthcoming meeting of the Pacific Northwest Medical Association, to be held in Portland, Oregon, from July 8-11 inclusive.

The list of speakers is a guarantee that this meeting will be an excellent one, and well worthy of attendance by any medical man. One notices perhaps especially the name of Chevalier Jackson, that great exponent of the art of bronchoscopy, in whose hands it has indeed developed into one of the great branches of the tree of medicine.

We are happy to give our support to this meeting, and to call it to the attention of all our readers.

LETTER TO ALL MEMBERS OF THE MEDICAL PROFESSION IN B. C.

DEAR DOCTOR:

In this issue of the BULLETIN you will find a verbatim copy of the Health Insurance Act as passed by the Provincial Legislature on March 31, 1936.

The Health Insurance Committee has been delayed in reporting to the members of the medical profession by various causes: the first being that it was felt desirable that every medical man should have a copy of the Act to study for himself. This is our reason for printing this Act *in extenso*; as it would have been extremely difficult to obtain the six or seven hundred copies necessary in any other way.

We ask that everyone study this Act carefully, and note the following:

It will not come into effect until it is proclaimed by the Lieutenant-Governor in Council, and probably this will be done in sections: the first section dealing with the appointment of a Commission to set up machinery, draft regulations, arrange methods of payment with doctors, hospitals, etc., and determine forms of treatment for those benefiting under the scheme.

The Commission has been given wide powers both as to the extent and nature of the benefits to be given, and the amount of remuneration to be paid.

It is our definite understanding, both from statements of the Hon. G. M. Weir in Committee, and from legal opinion, that no medical man can be compelled to provide service under this Act unless he so desires. If he agrees to do so, he is subject to regulation, but until and unless he so agrees, he is a free agent.

The Committee is strongly of the opinion that it would be unwise for the profession to take any definite stand as to working under this Act until the regulations have been made known, and until we know what the Government will suggest with regard to the services to be rendered, and the remuneration that will be offered. When these are known, the Committee will study them carefully, and will be prepared to make definite recommendations to the profession. No action of any sort will be taken by the Committee without the full knowledge and endorsement of the profession throughout the Province, through the Council and through accredited representatives of the various sections.

In the meantime, the Committee wishes to take this opportunity of thanking the medical men for their loyalty and unqualified support during the difficult year that has just passed. It realises the strain and anxiety that have been felt by all medical men, and it has been conscious of this, and has been doing its best to conserve the interests of the profession. It has received pledges of support, and assurances of united action from every district. Direct canvass of every man has shewn almost complete unanimity, and it is of the greatest possible importance that this should continue to be the

case. Especially during the next few months will our solidarity be tested, and it must not fail. Sooner or later we shall be called on for decision, and we must act as a united body.

The upper limit of money available to pay doctors has been removed, and this, in the opinion of the Committee, renders the Bill somewhat more elastic, and makes negotiations possible.

We believe that there is still room for negotiation, and that terms satisfactory to both parties can be arranged—but this can only be secured if we act as a unit.

Independent action on the part of any medical man can only lead to disaster for himself as well as for all the members of the profession; and we most earnestly ask any medical man who may be approached with a view to action under this Act to refer to the Committee at once. We must make it clear that we are acting as members of a united profession, not individually.

A study of the Act and especially of the comments on it in a separate column, will, we believe, convince any man that unity is most urgently necessary, if our standards of practice and living are to be maintained, and if adequate medical service is to be secured for the beneficiaries under this Act.

There will, at a very early date, be opportunities given for the freest possible discussion of this bill, and of our future policy. Open meetings, whether luncheon meetings or afternoon meetings, will be arranged; speakers familiar with the Act will lead the discussions, and everyone will be given an opportunity to express his views, to ask questions, and to contribute suggestions.

In the meantime, your committee has closely reviewed the Act, and is ready, as soon as opportunity offers, to indicate clearly and definitely to the profession what line it thinks should be followed. This will, of course, depend upon the suggestions and proposals that will be made to us by the Commission, and every effort will be made to obtain an amicable and satisfactory understanding, on terms that are fair and equitable to all.

Yours truly,

W. E. AINLEY, *Chairman.*

We reproduce here the Health Insurance Bill, which will become law on proclamation, when the Cabinet decides on this. (ED.)

No. 26.] **BILL.** [1936.

An Act to provide for the Establishment of a Provincial System of Health Insurance.

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:—

PRELIMINARY.

Short title.

1. This Act may be cited as the "Health Insurance Act."

Interpretation.

2. In this Act, unless the context otherwise requires:—

"Benefits" means the benefits for insured persons which are specified or provided under Part III.:

"Commission" means the Health Insurance Commission constituted under this Act:

"Contribution week" means any calendar week or part of a calendar week for which an employee who is an insured person within the scope of section 4 is entitled to receive remuneration from his employer; except that a calendar week in which an employee is entitled to receive remuneration from two or more employers shall be counted as one contribution week; and "contribution week" includes any other week designated by the Commission, pursuant to the provisions of subsection (5) of section 8, as a contribution week in respect of an employee:

"Dependents," with respect to any employee or other person, means every person who is wholly or mainly dependent for support upon the employee or other person, and who is resident in the Province, and who is:—

(*a.*) The wife of the employee or other person; or

(*b.*) The husband of the employee or other person; or

(*c.*) The natural or adopted child of the employee or other person, and under the age of eighteen years; or

(*d.*) The natural or adopted child of the employee or other person, between the ages of eighteen and twenty years, inclusive, if dependent upon them for support; or

(*e.*) The natural or adopted child of the employee or other person, and over the age of eighteen years, and unable because of mental or physical incapacity to support himself; or

(*f.*) Any other member of the family or household of the employee or other person who is designated as a dependent by the Commission:

"Employee" means any person who is in receipt of or entitled to any remuneration for labour or services performed for another:

"Employer" includes every person directly or indirectly responsible for the payment or providing of the remuneration of an employee, and in respect of an employee in the service of the Crown in right of the Province includes the Crown:

"Fund" means the Health Insurance Fund established under this Act:

"Insured person" means any employee or other person within the scope of Part I. who is registered or is entitled to be registered as an insured person under this Act, and any dependent of an employee or other person so registered who is also registered or entitled to be registered under this Act. Insured persons who are employees and their dependents within the scope of section 4 shall be known as "employee insured persons." Insured persons who are persons and their dependents within the scope of section 5 shall be known as "voluntary insured persons":

"Medical services" includes all services and supplies designed for the prevention, cure, or alleviation of illness, injury, or physical or mental defect:

"Pharmacist" means any person registered under the "Pharmacy Act" as a licentiate pharmaceutical chemist:

"Physician" means any person registered under the "Medical Act":

"Prescribed" means prescribed by this Act or the regulations:

"Remuneration" means every form of compensation which an employee receives or is entitled to receive from an employer in return for labour or services performed for the employer, and, without restricting the generality of the foregoing, includes wages, salaries, commissions, fees, bonuses, and the reasonable money value of board, rent, housing, lodging, or similar perquisites or emoluments:

"Resident in the Province," in respect of any person, means that the person has his main place of abode in this Province.

Division of Act into parts.

3. This Act is divided into five parts, as follows:—

PART.		SECTION.
I.	Insured Persons	4–6
II.	Health Insurance Fund	7–14
III.	Benefits	15–23
IV.	Administration	24–43
V.	Commencement of Act	44

PART I.—INSURED PERSONS

Employee insured persons.

4. (1.) On and after a date to be fixed by the Commission and to be approved by the Lieutenant-Governor in Council, every employee who is resident in the Province and whose rate of remuneration is not greater than one thousand eight hundred dollars per annum shall become and be an insured person and his dependents shall become and be insured persons under this Act.

Exemption of certain employees.

(2.) The provisions of subsection (1) shall not apply to:—

(*a.*) Agricultural employees:

(*b.*) Any employee holding a certificate of exemption pursuant to subsection (3):

(*c.*) Any employee who is a member of an industrial medical-service plan the members of which are exempt pursuant to subsection (4).

Certificate of exemption of Christian Scientists.

(3.) Where an employee otherwise within the scope of this section makes application for exemption in the manner prescribed by the regulations, and establishes to the satisfaction of the Commission that he is an adherent or member in good standing of the Christian Science Church, the Commission shall grant to him a certificate of exemption from the provisions of this Act; but, subject to the regulations, such certificate may be cancelled at the request of the employee or on the employee ceasing to be an adherent or member of that Church.

Order exempting members of medical-service plan.

(4.) In case of any industrial medical-service plan which was in operation on the first day of January, 1936, and which at that time was operated primarily for the benefit of the employees of a single employer, and embraced within its membership at least seventy-five percentum of the employees of that mployer, and provided for its members at least the services of a physician for all cases of ordinary illness, or such other medical services as in the opinion of the Lieutenant-Governor in Council were equivalent to such services, the employees of that employer otherwise within the scope of this

section who are members of that industrial medical-service plan shall be exempt from the provisions of subsection (1) if, at the date when this section becomes effective, they and their dependents, in the opinion of the Lieutenant-Governor in Council, under the continuation and development of their industrial medical-service plan, are reasonably assured of at least the services of a physician for all cases of ordinary illness and of hospital care therefor, or of such other medical services as in the opinion of the Lieutenant-Governor in Council are equivalent to those services; but if a majority of the employees of that employer otherwise within the scope of this section who are members of that industrial medical-service plan vote to come within the scope of this Act, by secret ballot, at a plebiscite of those employees taken at any time after the commencement of this Act pursuant to an Order of the Lieutenant-Governor in Council therefor made on the request of bona-fide representatives of those employees, or if it is established to the satisfaction of the Lieutenant-Governor in Council that those employees and their dependents are not in receipt of medical services equivalent to the services of a physician for all cases of ordinary illness and of hospital care therefor, the Lieutenant-Governor in Council may by Order declare that those employees shall be subject to the provisions of subsection (1).

Power to make exemptions.

(5.) Subject to the approval of the Lieutenant-Governor in Council, the Commission may from time to time and for any period of time exempt any or all of the following classes of employees from the provisions of subsection (1):—

(*a.*) Domestic servants employed in private households:

(*b*) Casual employees, that is to say, those whose employment is irregular and for short periods of time:

(*c.*) Part-time employees:

(*d.*) Employees in designated establishments, industries, or localities, and other employees whom, in the opinion of the Commission, it would be unnecessary or inexpedient to hold within the scope of this Act.

Extension of provisions to members of certain medical-service schemes.

(6.) Subject to the approval of the Lieutenant-Governor in Council, the Commission may extend the provisions of subsection (1) to employees resident in the Province whose rate of remuneration is greater than one thousand eight hundred dollars per annum but less than three thousand dollars per annum, if such employees were on the first day of January, 1936, members in good standing of any industrial medical-service plan which ceases to provide medical services for its members after this section becomes effective.

Voluntary insured persons.

5. After a date to be fixed by the Lieutenant-Governor in Council, in the case of any person resident in the Province who is not an employee insured person, if he makes application to the Commission to become a voluntary contributor under this Act, the Commission may admit that person to become and be an insured person and his dependents to become and be insured persons under this Act, subject to provisions of this Act and to such conditions as the regulations may prescribe.

Registration of insured persons.

6. Every person who becomes an insured person under this Act shall

be registered in the records of the Commission as an insured person in such manner as the regulations may prescribe, and shall continue to be so registered and to be an insured person so long as he continues to be eligible to receive benefits in accordance with the provisions of section 18 or 19.

PART II.—Health Insurance Fund.

Creation of Fund.

7. To meet the costs of all benefits provided and all salaries, outlays, and expenses incurred or payable under this Act there shall be constituted a Fund, to be operated by the Commission and to be known as the "Health Insurance Fund," in which shall be placed all moneys received from contributions made by insured persons and employers and all other moneys and income received by the Commission. The Commission shall deposit all moneys paid into the Fund in one or more chartered banks to the credit of the Commission.

Employees' contributions.

8. From the remuneration from time to time payable to each employee who is an insured person within the scope of section 4 his employer shall cause to be deducted an amount calculated at the rate of two per centum of the amount of the remuneration, except that:—

(*a.*) The amount to be deducted shall not be less than thirty-five cents per contribution week, unless a smaller amount is prescribed by the Commission with the approval of the Lieutenant-Governor in Council; and

(*b.*) The amount to be deducted shall not exceed seventy cents per contribution week.

The employer shall, at such times and in such manner as the regulations may prescribe, pay over to the Commission the amount so deducted as a contribution from that employee to the Fund.

Employers' contributions.

(2.) Every employer who is required to make a deduction from the remuneration of an employee pursuant to subsection (1) shall forward to the Commission with the contribution of his employee an amount calculated at the rate of one per centum of the amount of the remuneration payable to the employee as the employer's contribution to the Fund in respect of that employee, except that:—

(*a.*) The amount of the employer's contribution shall not be less than twenty cents per contribution week in respect of the employee, unless a smaller amount is prescribed by the Commission with the approval of the Lieutenant-Governor in Council; and

(*b.*) The amount of the employer's contribution shall not exceed thirty-five cents per contribution week in respect of the employee.

Where the Crown is the employer the contribution shall be paid by the Minister of Finance from moneys appropriated for that purpose by the Legislature, or if no appropriation is available for that purpose, from the Consolidated Revenue Fund.

Money value of emoluments.

(3.) Where the remuneration payable or provided by an employer to an insured person consists in part of board, lodging, housing, or other emoluments, perquisites, or provileges reducible to a money value, the

employer shall notify the Commission of the particulars thereof, and the Commission may approve or fix an amount which shall be deemed to be the money value thereof for the purposes of this Act.

Employee with two or more employers in one week.

(4.) Where an employee has more than one employer in any calendar week, the total amount of the employee's contribution and the total amount of the employers' contributions shall not be greater than the amounts of the recpective contributions that would have been deductible or payable if the employee had had only one employer in that week, and the regulations may prescribe that the total amount of the employers' contributions shall be payable by the first employer in that week or by any other of the employers in that week, or that part of the amount shall be payable by each of the several employers.

Special cases.

(5.) Where an employee has no regular employer or has a number of employers, or where the remuneration which is payable to an employee fluctuates considerably from time to time because of seasonal or irregular employment, the Commission, subject to the approval of the Lieutenant-Governor in Council, may fix rates of contribution for the employee and his employers, and may prescribe the times and methods of deduction, payment, and remittance of moneys to the Commission other than and in substitution for the rates, times, and methods prescribed in subsections (1) and (2), except that the rates of contribution so fixed shall not in any case make the employee liable to a total contribution greater than thirty-six dollars or his employer or employers liable to a total contribution greater than eighteen dollars in respect of any period of fifty-two consecutive weeks. The Commission may specify that the contribution of the employee shall be in respect of any number of weeks, whether the employee is entitled to receive remunration for labour or services performed within these weeks or not, and the weeks so specified shall be deemed to be contribution weeks in respect of the employee.

Liability of employers respecting employees' contributions.

(6.) In case an employer who is liable to pay a sum of money to the Fund as contributions in respect of an employee and himself fails to deduct the amount of the employee's contribution from the remuneration payable to him, pursuant to the provisions of this section, the employer shall nevertheless be liable to pay the amount of the employee's contribution, as well as his own, to the Fund.

Liability for payment of contributions where the employer is a contractor.

9. (1.) Where an employer who is liable, under this Act, to pay a sum of money to the Fund as contributions in respect of an employee and himself is:—

(*a.*) A contractor who performs work for any municipal corporation, or for any board or commission having the management of any work or service operated for a municipal corporation, the amount of the contribution may be paid by the corporation, board, or commission, as the case may be, and the amount paid may be deducted from any moneys due the contractor in respect of such work:

(*b.*) A contractor who performs work for any person, both the contractor and the person for whom the work is undertaken shall be liable for the payment of the contributions, and the

amount of the contributions may be levied upon and collected from either of them, or partly from one and partly from the other; but in the absence of any term in the contract to the contrary the contractor shall, as between himself and the person for whom the work is performed, be primarily liable for such contributions:

(*c*.) A sub-contractor who performs work for a contractor, both the sub-contractor and the contractor shall be liable for the payment of the contributions, and the amount of the contributions may be levied upon and collected from either of them, or partly from one and partly from the other; but in the absence of any term in the sub-contract to the contrary the sub-contractor shall, as between himself and the contractor, be primarily liable for such contributions.

(2.) The liability of any person for whom work is done in respect of any contributions to the Fund required by this Act to be made by any contractor or sub-contractor shall cease and determine within thirty-one days after the completion of the contract, unless the Commission within such time mails to the owner a notice of its claim by prepaid registered post addressed to the owner at his last-known address:

(*a*) The notice shall state the amount claimed and the name or names of the contractor or sub-contractor primarily liable for such payment.

Prohibition of improper deductions from wages.

10. No agreement by an employee to pay any portion of the contribution required to be paid by his employer under this part shall be valid, and no employer or other person shall make a deduction for that purpose from the wages of an employee, or in any other manner collect from an employee any portion of the contribution required to be paid by his employer.

Contributions of voluntary insured persons.

11. Every voluntary contributor who becomes an insured person under section 5 shall in accordance with the regulations make such contributions to the Fund as the Commission, subject to the approval of the Lieutenant-Governor in Council, may determine; but the rates of contribution shall be so determined that the total of the contributions to be made by the voluntary contributors shall be sufficient to cover the total costs of providing all benefits for voluntary insured persons and the administration expenses incidental thereto.

Investment of moneys in Fund.

12. The Commission shall, subject to the approval of the Minister of Finance, cause all moneys in the Fund in excess of current requirements to be invested and reinvested in any securities which are under the "Trustee Act" a proper investment for trust funds. At least every three months, or at such times as the Minister of Finance may require, the Commission shall account to the Minister of Finance for all moneys so invested, furnishing proper vouchers therefor. All investments shall be made in the names of the Commission and the Minister of Finance jointly, and all interest on investments shall be payable to the Commission and shall form part of the Fund.

Accounting.

13. Separate accounts shall be kept by the Commission of the moneys received and expended to provide benefits for employee insured persons and voluntary insured persons, respectively; but for the purpose of paying the

costs of all benefits, outlays, and expenses under this Act, the Fund shall, nevertheless, be deemed one and indivisible.

Audit of accounts.

14. The accounts of the Commission shall be audited by the Comptroller-General or by an auditor appointed by the Lieutenant-Governor in Council for that purpose, and the salary or remuneration of the last-mentioned auditor shall be paid by the Commission.

PART III.—BENEFITS.

Mandatory benefits.

15. (1) Subject to the provisions of this Act and the regulations, the Commission shall provide benefits for insured persons as follows:

(*a.*) The services of a physician when required for preventive, diagnostic, or therapeutic treatment and care, including prenatal and maternity treatment for women and surgical and specialist services, as may be necessary:

(*b.*) Necessary hospital maintenance and care in a public ward, including drugs, medicines, and dressings, and all other services which the hospital is equipped to provide; but such hospital maintenance and care shall be provided for an insured person for not more than ten consecutive weeks for any one illness, unless a longer period is prescribed by the regulations: Provided that where an insured person chooses to avail himself of semi-private or private ward care or other hospital services more costly than those authorized under this clause and the regulations, the Commission shall apply towards the payment of the hospital bill of that insured person an amount equal to the cost of providing the benefits to which he would otherwise have been entitled to under this clause:

(*c.*) Necessary drugs, medicines and dressings; subject to the provisions of the regulations, which may require that a part, not exceeding one-half, of the cost of such drugs, medicines and dressings shall be borne by insured persons:

(*d.*) Necessary laboratory services and diagnostic aids, including X-ray, biochemical, and other services.

Permissive benefits.

(2.) To the extent that the resources of the Fund permit, the Commission may provide for insured persons such medical services, additional to those specified in subsection (1), as it considers to be valuable to protect and advance their health and well-being.

Regulations affecting benefits.

(3.) Subject to the approval of the Lieutenant-Governor in Council, the Commission may make regulations to limit or to specify and define in greater detail the nature and extent of the various benefits authorized in subsections (1) and (2); to specify standards of service to insured persons to be observed by physicians, hospitals, laboratories, pharmacists, and other persons rendering such service; to prescribe that the provision of certain medical services shall be subject to small charges being borne by insured persons; and to designate the manner in which and the conditions upon which and the place at which benefits shall be granted.

Certain services excluded.

16. The benefits to be provided for insured persons shall not include

any services for the diagnosis and treatment of tuberculosis, venereal diseases, nervous and mental diseases, or other diseases or conditions requiring medical treatment, when such services are otherwise available to insured persons free or at nominal charges through any public or governmental institution or organization.

Exclusion from benefits where other provision available.

17. Where in respect of any sickness or injury an insured person:—

(*a.*) Is in receipt of or is entitled to receive under any other Act of the Legislature or of the Parliament of the Dominion, or through any public or governmental institution or organization, treatment, care, or service similar to that which the Commission is authorized to provide by way of benefits under this act; or

(*b.*) Is entitled to recover the cost of such similar treatment, care, or service by virtue of a claim against any other person for causing the sickness or injury,—

no benefits shall be provided for that insured person under this Act in respect of that sickness or injury, except as the Commission may direct in case of urgent need.

Employee insured persons' eligibility to receive benefits.

18. (1.) Where an employee first becomes an insured person under this Act, he and his dependents (if any) shall not become eligible to receive benefits under this Act until after the expiration of four weeks from the time the employee became an insured person, nor until contributions to the Fund from the employee for four contribution weeks have become deductible and payable; but after becoming eligible to receive benefits he and his dependents shall continue to be eligible during each succeeding contribution week in respect of the employee; and:—

(*a.*) For four additional calendar weeks; and

(*b.*) For such further additional period as may be determined by the Commission, subject to the approval of the Lieutenant-Governor in Council.

(2.) Where an employee who, having ceased to be eligible to receive benefits pursuant to the provisions of subsection (1), again becomes an insured person, he and his dependents shall not become eligible to receive benefits until after the expiration of one week from that time, nor until contributions to the Fund from the employee for one contribution week have become deductible and payable; but after again becoming eligible to receive benefits in this manner he and his dependents shall continue to be eligible during each succeeding contribution week in respect of the employee; and:—

(*a.*) For one additional calendar week; and

(*b.*) For such further additional period as may be determined by the Commission, subject to the approval of the Lieutenant-Governor in Council.

(3.) Where an employee, who, having ceased to be eligible to receive benefits pursuant to the provisions of subsection (1) or subsection (2), is unable, because of sickness or inujry, to engage in any employment, as may be determined by the Commission, he, but not his dependents, shall be eligible to receive benefits for a further additional period not to exceed twelve weeks, unless a longer period is prescribed by the regulations; and

the regulations may prescribe that the employee's dependents shall be eligible to receive benefits for the same period as the employee.

Voluntary insured persons' eligibility to receive benefits.

19. Voluntary insured persons shall become eligible to receive benefits under this Act and shall continue to be eligible in accordance with such conditions as the Commission, subject to the approval of the Lieutenant-Governor in Council, may determine.

Right of insured persons to choose physician and pharmacist.

20. Without in any way limiting the power of the Commission under this Act to provide benefits for insured persons in such manner as it may consider expedient, the Commission shall, in all cases where it considers the circumstances do not require the exercise of such power in order to procure prompt, efficient, and economical medical service for the insured person, permit medical service to be administered, so far as the selection of physician or pharmacist is concerned, by the physician or pharmacist who may be selected or employed by the insured person, to the end that so far as possible all competent physicians and pharmacists without distinction may be employed and be available to insured persons.

Arrangements and payments for medical services.

21. (1.) Subject to the provisions of subsection (2), the Commission shall make all arrangements necessary to provide the benefits which insured persons are entitled to receive under this Act, and shall arrange for the payment of the costs of such benefits. The fees or charges for benefits furnished and for travelling expenses incurred in providing such benefits under this Act shall not be more than would be properly and reasonably charged the insured person if he were paying them directly, and the amount thereof may be fixed and determined by the regulations, and no action for any amount larger than that fixed by the regulations shall lie in respect of such benefits.

Methods for remunerating physicians.

(2.) Any one of the following methods may be used for remunerating physicians who provide the services set out in clause (*a*) of subsection (1) of section 15:—

(*a.*) A salary system:

(*b.*) A per capita system whereunder the physician is paid at the rate of a fixed amount per annum for every insured person eligible to receive benefits for whom the physician has accepted the responsibility of providing services:

(*c.*) A fee system whereunder payment is based upon the extent and character of the services rendered; but where this system is adopted the total expenditures for any one year for the services of physicians shall not exceed a fixed rate per annum per insured person eligible to receive benefits, to be prescribed by the regulations, multiplied by the average number of insured persons eligible to receive benefits for that year, and for any portion of a year the total expenditures shall be limited *pro rata.* The rate shall be fixed to apply as from the date at which any insured persons first become eligible to receive benefits under this Act until the thirty-first day of March next succeeding, and the rate shall be revised semi-annually thereafter to apply for the next succeeding period of six months, until the thirty-first day of March next suc-

ceeding; and thereafter the rate shall be revised annually to apply for the next succeeding year:

(*d.*) Any combination or modification of the systems designated in clauses (*a*) to (*c*):

Provided that, if either of the methods of remuneration set out in clause (*b*) or clause (*c*) is used or any combination or modification thereof, from the date at which section 4 becomes effective until the thirty-first day of March, 1938, the Commission shall allocate from the Fund moneys for the payment of physicians at the rate of not less than four dollars and fifty cents per annum per insured person eligible to receive benefits.

Power to penalize physicians and others.

22. In addition to all other penalties prescribed by or under this Act, the Commission may penalize any person, including any physician or pharmacist, and the manager of any hospital or laboratory, who fails to provide services according to the standards prescribed by the Commission, and who wilfully violates any provision of this Act or of the regulations, by debarring him either permanently or for a limited period, from all rights of serving or of providing benefits for insured persons under this Act.

Reports.

23. The Commission may require from any person providing benefits to insured persons such reports or information as it considers necessary.

PART IV.—ADMINISTRATION.

Health Insurance Commission.

24. For the purpose of administering and carrying out the provisions of this Act, there is hereby constituted a Commission, which shall be known as the "Health Insurance Commission" and shall be a corporation. The Commission shall be composed of the Chairman and not more than four other members, to be appointed by the Lieutenant-Governor in Council as hereinafter provided. Two members shall constitute a quorum to transact business. No vacancy shall impair the rights of the remaining members to exercise all of the powers of the Commission so long as two members remain. In case of disagreement among the members in connection with any matter over which the Commission has authority, the vote of the majority, as shown in the Commission's record of proceedings, shall prevail and shall constitute the decision of the Commission.

Chairman.

25. (1.) The Lieutenant-Governor in Council shall appoint the Chairman of the Commission, who shall hold office for a term of seven years, and shall be eligible for reappointment for succeeding terms of office of the same length. The Chairman may be removed from office by the Lieutenant-Governor in Council at any time for cause. The Chairman shall devote his full time to the service of the Commission and shall not hold any other position of trust or profit. He shall receive a salary of not less than five thousand dollars nor more than seven thousand five hundred dollars per annum, as may be determined by the Lieutenant-Governor in Council. The Chairman shall be the chief executive officer of the Commission, and, as its representative, shall supervise and direct the administration and enforcement of this Act.

Other members.

(2.) The Lieutenant-Governor in Council shall appoint not less than two and not more than four other persons as members of the Commission,

each of whom shall hold office for a term of five years and shall be eligible for reappointmentment for succeeding terms of office of the same length. Any member may be removed from office by the Lieutenant-Governor in Council at any time for cause. Each member appointed under this subsection shall devote so much of his time as may be necessary to the service of the Commission, and, subject to the provisions of subsection (3), shall receive such remuneration from the Fund as may be determined from time to time by the Lieutenant-Governor in Council, to an amount not to exceed two thousand five hundred dollars per annum.

Vice-Chairman.

(3.) The Lieutenant-Governor in Council may at any time designate as Vice-Chairman one of the members of the Commission appointed under the provisions of subsection (2), who shall hold office until the expiration of his tenure of office as a member of the Commission. The Vice-Chairman shall assist the Chairman to supervise and direct the administration and enforcement of this Act, shall devote his full time to the service of the Commission, and shall receive in return therefor a salary not exceeding three thousand five hundred dollars per annum in addition to such remuneration as he may receive as a member of the Commission pursuant to the provisions of subsection (2).

Technical Advisory Council.

26. (1.) The Lieutenant-Governor in Council may appoint, for the term of five years, not more than six persons to constitute a Technical Advisory Council. The members to be appointed shall be persons equipped by special training or experience to assist and advise the Commission, and shall include the Provincial Health Officer, the Chairman or some other representative of the Workmen's Compensation Board, and a physician with experience in private practice. At least one member of the Technical Advisory Council shall be a woman. Members shall be eligible for reappointment for like terms of five years. The members of the Technical Advisory Council shall meet at the call of the Commission. It shahll be the duty of the Technical Advisory Council to assist and advise the Commission with respect to the establishment and administration of a system of health insurance.

(2.) The members of the Technical Advisory Council shall be paid out of the Fund the amount of the travelling and other personal expenses necessarily incurred by them in the discharge of their official duties; but they shall not receive any remuneration for their services, except as may be determined by the Commission with the approval of the Lieutenant-Governor in Council.

Appointment of Director of Medical Services.

27. (1.) The Commission, subject to the approval of the Lieutenant-Governor in Council, shall appoint and employ a physician as Director of Medical Services, shall fix his salary, and shall determine his duties.

Appointment of other officers.

(2.) The Commission shall appoint and employ such other physicians, officers, employees, and assistants as may be required for the administration and enforcement of this Act, shall determine their duties, and, subject to the approval of the Lieutenant-Governor in Council, shall fix their remuneration. All officers or employees receiving or disbursing moneys of the Commission shall give bonds in amounts and with sureties to be approved by the Commission.

Duties and powers of the Commission.

28. The Commission shall administer this Act and shall have, in addition to the duties imposed and powers granted elsewhere in this Act, the following duties and powers:—

(*a.*) Subject to the approval of the Lieutenant-Governor in Council, to make all such regulations, not inconsistent with the provisions of this Act, as it may consider necessary to implement, to administer, and to enforce this Act:

(*b.*) To require that unless claims for compensation in connection with medical services rendered to insured persons by physicians, pharmacists, hospitals, or other persons are filed within a reasonable period of time after the performance of such services, as may be determined by the Commission, the Commission shall not be liable to meet such claims for compensation:

(*c.*) To make such expenditures from the Fund as may be necessary to provide for the proper administration of this Act and to provide benefits for the insured persons entitled thereto:

(*d.*) To appoint local committees to advise on and assist in the administration of this Act in local districts:

(*e.*) Subject to the approval of the Lieutenant-Governor in Council, to enter into agreements with the Government of the Dominion or any body established by that Government to act in its behalf to accept financial subventions to assist in meeting the costs of the benefits for insured persons authorized under this Act:

(*f.*) Subject to the approval of the Lieutenant-Governor in Council, to enter into an agreement with the Government of the Dominion to provide for the bringing within the scope of this Act of employees of the Crown in right of the Dominion:

(*g.*) To investigate the problem of providing cash payments for employees unable to work on account of sickness, and to report its findings thereon to the Lieutenant-Governor in Council:

(*h.*) To organize and administer voluntary hospital insurance plans in co-operation with any hospitals that desire to participate:

(*i.*) Generally to do all other things necessary to carry out the full intent of this Act.

Publication of regulations and presentation to Legislative Assembly.

29. (1.) All regulations made by the Commission under the authority of this Act shall be published in the Gazette, and each regulation shall have effect from the date of publication, or from a later date specified in the regulations, as if enacted in this Act; and all regulations shall be laid before the Legislative Assembly as soon as may be after they are made.

Power to rescind regulations.

(2.) The Lieutenant-Governor in Council may by Order at any time rescind the approval given to any regulation made by the Commission under the authority of this Act, and may cause a notice of the Order to be published in the Gazette; and thereupon the regulation in respect of which approval is rescinded shall cease to be in operation.

Annual report.

30. (1.) The Commission shall, on or before the first day of March in each year, make a report to the Lieutenant-Governor of its transactions during the last preceding calendar year, which report shall contain such particulars as the Lieutenant-Governor in Council may prescribe.

(2.) The report shall be forthwith laid before the Legislative Assembly if it is then in session, or, if it is not then in session, within fifteen days after the opening of the next session.

Powers of Commission in conducting inquiries.

31. (1.) The Commission shall have the like powers as the Supreme Court for compelling the attendance of witnesses and of examining them under oath, and for compelling the production and inspection of books, papers, documents, and things in connection with any inquiry, hearing, or proceeding of the Commission under this Act.

(2.) The Commission may cause depositions of witnesses residing within or without the Province to be taken before any person appointed by the Commission in a similar manner to that prescribed by the Rules of the Supreme Court for the taking of like depositions in that Court before a Commissioner.

Inquiries and powers of officers.

32. Any inquiry which the Commission considers necessary may be made by any one of its members or by an officer of the Commission, or by some other person appointed by the Commission to make the inquiry; and the Commission may act upon his report as to the result of the inquiry, and every such member, officer, or person appointed to make an inquiry shall, for the purposes of the inquiry, have all the powers conferred upon the Commission by section 31.

Divulging of official information.

33. No officer or employee of the Commission and no person authorized to make an inquiry under this Part shall divulge or allow to be divulged, except in the performance of his duties or under authority of the Commission, any information obtained by him which has come to his knowledge in making or in connection with an inquiry under this Act.

Employers' records.

34. Every employer within the scope of this Act shall keep a true and accurate record of the full name and residential address of each of his employees, the remuneration paid or payable to such employee, and the days of employment for which such remuneration is payable to the employee, and shall upon demand furnish the Commission with a statement of the record verified under oath, and shall upon demand permit the inspection of the record by the Commission or any of its officers at any time and as often as may be necessary to verify the names or number of employees, the amounts of remuneration paid or payable, and their days of employment.

Duty of employers to give information.

35. Every employer, including employers not otherwise subject to the provisions of this Act, shall furnish to the Commission upon request all information in his possession required by it to carry out the purposes and provisions of this Act. The Commission may prescribe the time, manner, and form in which the inforation shall be furnished and may require that the information be verified under oats. The information shall be for the exclusive use of the Commission and shall not be made available to the public,

except that it may be tabulated and published in statistical form if the business affairs of individual employers are not thereby revealed.

Exclusive jurisdiction of Commission.

36. (1.) The Commission shall have exclusive jurisdiction to inquire into, hear, and determine all matters and questions of fact and law arising under this Act, and no proceedings by or before the Commission shall be restrained by injunction, prohibition, or other process or proceeding in any Court, or be removable by certiorari or otherwise into any Court.

(2.) Notwithstanding the provisions of subsection (1), the Commission shall have full discretionary power at any time to reopen, rehear, and redetermine any matter which has been dealt with by it.

Insured person to submit to examination.

37. (1.) Every insured person who applies for or is in receipt of any benefits under this Act, if requested by the Commission, shall submit himself to medical examination at such time and place as it may direct. If the insured person fails to submit himself to such examination, or obstructs the same, his right to benefits may be suspended until the examination has taken place.

Effect of refusal of medical treatment.

(2.) If, in the judgment of the Commission, an insured person persists in such practices as tend to imperil or retard his recovery or refuses to submit to such medical treatment as is necessary to promote his recovery, the Commission may, in its discretion, reduce or suspend the benefits to which the insured person would otherwise be entitled.

Waiver of rights forbidden.

38. No agreement, by an insured person entitled to any of the benefits provided by this Act, to waive any right or any of the benefits under this Act shall be valid.

Reimbursement of Fund in certain cases.

39. If any benefits are paid for or furnished by the Commission under this Act in the event of sickness or injury to any person who by reason of the sickness or injury has a right or claim for compensation or medical services against an employer or any other person for causing the sickness or injury and for the damages resulting therefrom, or has a right or claim for compensation or medical services under the "Workmen's Compensation Act" or any other Act, the Fund shall, to the extent of the benefits so paid for and the cost of the benefits so furnished, be entitled to reimbursement out of any sum or damages or allowance which that person receives by way of compensation or payment for medical services or through suit or judgment in settlement of his right or claim, and the Commission shall, to that extent, be subrogated to the said right or claim as against such employer or other person.

Power of Commission to take up personal claims.

40. (1.) If any person otherwise entitled to receive benefits provided by this Act for sickness or injury has such right or claim as described in section 39 and refuses or neglects to take the necessary action to enforce his right or claim within such time as may be fixed by the Commission, it shall be lawful for the Commission to take action or institute proceedings at its own expense in the name and in behalf of the said person.

(2.) In case any judgment or award is granted in behalf of an insured person in consequence of an action or proceeding under subsection (1), the Commission shall be entitled to recover its reasonable costs and expenses in

connection with such action or proceeding from said judgment or award in addition to its claim for reimbursement against the insured person. But the liability of the insured person to reimburse the Commission shall be limited to the amount of money collected in respect of said judgment or award.

Collection of moneys due to the Fund.

41. (1.) The payment of every sum of money which any employer or person, other than the Crown, is required by this Act or the regulations or by any agreement entered into under this Act to pay or forward to the Commission may be enforced by action in any Court of competent jurisdiction in the name of the Commission, together with the costs of the action, as for debt due by that employer or person to the Commission.

Filing of certificate as judgment.

(2.) Where default is made by any employer or person in the payment or forwarding to the Commission of any sum of money referred to in subsection (1), or any part of that sum, the Commission may issue its certificate stating the sum so required to be paid or forwarded, the amount thereof in default, and the name of the employer or person by whom it was required to be paid or forwarded, and such certificate, or a copy of it certified by any member of the Commission under the seal of the Commission to be a true copy, may be filed with the Registrar of the Supreme or any County Court, and when so filed shall become an order of that Court and may be enforced as a judgment of the Court against that employer or person for the amount stated in the certificate.

Rights of priority.

(3.) In the case of every amount payable to the Commission under this Act by an employer other than the Crown, the Commission shall as between itself and any other person be entitled to the same rights of priority in respect of the payment of that amount as the Crown would have if that amount were a debt due from that employer to the Crown.

Penalty for default in payment of moneys.

42. (1.) If any sum of money which any employer or person, other than the Crown, is required by this Act or the regulations or by any agreement entered into under this Act to pay or forward to the Commission, or any part of it, is not paid or forwarded at the time when it was so required to be paid or forwarded, the defaulting employer or person shall be liable to pay and shall pay to the Commission as a penalty for his default such a percentage upon the sum in default as may be prescribed by the Commission, and the penalty shall be added to the sum so in default and shall for all purposes of this Act be deemed to become and be a part thereof.

Penalty for offences against Act.

(2.) Every person who in violation of this Act does any act which he is prohibited from doing or refuses or neglects to perform or observe any duty or obligation imposed on him shall be guilty of an offence against this Act, and shall be liable, on summary conviction, to a fine of not less than ten dollars and not more than five hundred dollars.

Penalties for breach of regulations.

(3.) The Commission may by the regulations provide fines, recoverable on summary conviction, for the enforcement of the regulations, but in no case shall the fine exceed the sum of fifty dollars.

Disposition of funds.

(4.) All fines imposed under subsection (2) or (3) shall, when collected, be paid over to the Commission and shall form part of the Fund.

Notices and service.

43. Every notice or request which the Commission or any member, or officer, or representative of the Commission is empowered or required to give or make under the provisions of this Act or the regulations shall be in writing, and may be served either personally or by mailing it by letter mail to the address of the person to whom it is given or made. Where a notice or request is mailed, service of the notice or request shall be deemed to be effected at the time at which the letter containing it would be delivered in the ordinary course of post.

PART V.—COMMENCEMENT OF ACT.

Proclamation.

44. This Act shall come into operation on a day to be fixed by the Lieutenant-Governor by his Proclamation.

COMMENTS ON THE ACT

We would suggest that the following be read in conjunction with the Act.

PRELIMINARY SECTION

"*Dependents.*" The fee paid is for each member of the family, not a family payment. So, if $5 per annum were allowed *per capita,* a family of 5 would represent $25 per annum.

Women doctors have felt some anxiety over this Bill, but we think this explanation will remove their fears:

"Physician" includes osteopaths, as registered under the Act.

PART I.

Section 4 (1), "rate of remuneration." We had suggested that this read "total income from all sources," for obvious reasons. We are assured that there are very few individuals who would obtain such income from other sources as to matter and any attempt to segregate them would cost far more than it is worth. The committee took this up with the Cabinet, and thinks it best to accept this explanation.

Section 4, subsection (5).

The Committee registered its objections to this clause, and these were ruled out.

We still object to this clause, as it omits many people who most genuinely need help—and we believe there is not sufficient reason for excluding them.

Section 5. We object unreservedly to this clause. It is a completely different clause to that presented in the original draft, where an income limit of eighteen hundred dollars was laid down. This has been removed.

This would seem to throw the scheme wide open to everyone in the Province, and we feel that it should meet with our unqualified and united opposition. Section 11 does not adequately safeguard this clause against abuse.

PART II.

Except for our reference to Section 2, we have no comments to make.

Part III.

Section 16.

The Committee has considered this clause very carefully. Subject to the possibility of regulations defining this more clearly and satisfactorily, we would say that this is a thoroughly dangerous clause.

It would seem to menace very gravely the right of the patient to choose his own doctor. It compels people in these categories either to go to a free clinic, or pay their bills themselves; it groups tuberculosis, venereal disease and nervous and mental diseases together in a way that shews a great lack of information on these matters; and it leaves us with no clear understanding of where we stand.

Here again we must as an organised profession demand that this be clearly and satisfactorily settled.

Section 17. Since the Commission is amply protected by 39 and 40, this section, especially clause (*b*), is objectionable to us, unless some safeguards be secured. Otherwise we may treat a patient for some time, and then discover we have no claim for payment.

Section 18. During this four weeks how are we to be paid?

Is the public to be notified that they are liable for this time?

Section 19. See above under Section 5.

Section 20. This clause gives very great powers to the Commission, and the principle of free choice of doctor will be in danger, unless we are very definite upon the subject.

Section 21. This is the crux of the whole Act. The Committee wishes to make the following points: We recognise that in certain localities a salaried system may be necessary and that even the capitation system may be advisable in certain cases.

Otherwise, we believe as firmly as ever that the principle we should follow and on which we should absolutely insist, is that specified fees should be paid (and guaranteed) for specified work: that this should be done without restriction by any fixed pool, and that the medical profession as a whole should insist firmly on these points. We may compromise on most of the other points in this Bill, but this one is vital to us as a profession.

Section 22. We feel that the organised medical profession should have some say, as in Great Britain, in matters of discipline.

We understand that this does not mean that we are compelled to work under the Act. These penalties apply only to those who consent to work under it.

Part IV.

We note merely that while under the original drafts the medical profession was to be freely consulted as regards appointments, this is no longer the case. The Committee feels that this is much the best way.

In conclusion, the points on which we have touched, while they do not exhaust possible comment by any means, emphasize, as we believe, the need for complete unity among ourselves. We must maintain a reasonable, fair, even a generous attitude; but we must adhere to the fundamental principles which have so often been laid down.

HEALTH INSURANCE IN ENGLAND

R. G. Leland, M.D.
Chicago
(Bureau of Medical Economics, American Medical Association)

(Continued from April issue)

Certainly even these claims indicate that insurance has not gone far toward "solving" the pressing problems of medical care. It did not bring any significant contribution to preventive medicine or the care of the indigent.[7] It has aggravated the overloading of hospitals and has forced on them problems of administration and of financial support as pressing even as those that have fallen on the hospitals in this country since 1930.

It has failed so completely to meet the demand for general medical care that the British Medical Association is today as actively engaged in trying to find new plans and methods of advance as is the organized medical profession in the United States. This is shown by the proposal for a general plan for the medical care of the British people and other plans which it has developed to add specialists' care, especially in the London area. This plan, it should be noted, has brought strong criticism from the medical profession because of the great reduction in fees to bring these services within the paying ability of insured patients. It has been freely charged that standards of specialization have been lowered in order to secure consultants who would accept such fees.[8]

The almost complete absence of the use of laboratory service and diagnosis in panel practice has compelled the British Medical Association to undertake the organization of a plan to provide such a service. The British Medical Association has also organized several independent insurance plans such as the British Provident Association and the Birmingham plan to meet the needs of those outside the insurance scheme. In short, insurance, so far from providing any answer to the problems of medical care, has left organized medicine with much the same problems as are to be found in the United States.

The outstanding fact is that insurance has removed the possibility of a choice among the ways of meeting such problems. If we are to judge by the plans proposed by the British Medical Association and the public, there is recognition, if not acceptance, of the inevitability, but not yet of the desirability of the complete socialization of medicine in Great Britain.

The situation may offer an explanation why nearly all of the statements of the representatives of organized medicine in Great Britain are favourable to insurance. The British Medical Association is now so deeply involved in the scheme and has given such hostages to political fortune in connection with its administration that it is pledged to its defense. Before accepting the statement which is so frequently made that the British physicians are practically unanimous in favour of insurance, it is well to consider that every physician has a chance to vote his approval in the most effective way by signifying his willingness to practice under panel conditions. Judged by this test, only 44 per cent of British physicians have so registered their willingness. The remaining 56 per cent apparently are not willing to accept the conditions of the scheme. Furthermore, of the 44 per cent that are registered as panel practitioners there are many who still depend primarily on private practice but who only enter their names on the panel because of local situations. Much is made of the claim that insurance has increased the income

of the panel physician. We can well believe this when we remember the conditions that preceded insurance. It has undoubtedly raised many physicians from a "starvation" to a "subsistence" level. The average income of a panel physician from insurance is about $2000 annually. Approximately $1000 of this must be spent in maintaining this practice. This does not indicate a very high level of payment, even though we remember that panel practice is often incidental and that the main dependence is on private patients.

The real reason why organized medicine in Great Britain and the great percentage of the population now express a more or less approval of insurance is because it is an accomplished fact. Apparently there is no movement in England to abolish insurance. Such a movement would be futile. The nation has now progressed too far along this road. There is no turning back. The United States is not now where England stood in 1911. It is in a far more favourable position to choose the road which it will follow. It has developed methods of meeting the problems of medical care that are far in advance of those existing in England at that time.

This is the really important question, hypothetic though it may be! If England were back in 1911 in the situation which now exists in the United States, would it choose the road of insurance? On this point an oft quoted and discussed statement of Sir Henry Brackenbury may be in point. He began a recent address on "What Is Wrong with National Health Insurance?" with these sentences:

By this address I want to be provocative of thought. My title is not a statement, but a question; and though relative brevity must almost always lead to some appearance of dogmatism, I do not want to be dogmatic but interrogatory. First, I want to recall two passages from the Memorandum of Evidence submitted on behalf of the British Medical Association to the Royal Commission on National Health Insurance.

"The measure of success which has attended the experiment of providing medical benefit under the National Health Insurance Acts system has been sufficient to justify the profession in uniting to ensure the continuance and improvement of an insurance system.

"The organization of a National Health Insurance scheme is not necessarily, or even probably, the best means of utilizing limited resources for the promotion of national health. It is more than likely that there are a number of other directions in which, severally or collectively, a corresponding expenditure would produce an even more satisfactory return."

Those statements were made more than eight years ago. There can be no doubt, however, that contradictory as some may think them, they are both regarded as true by the great majority of the medical profession today.

(Concluded in June issue)

"Absolute Accuracy"

In filling the eye physician's prescription, nothing short of absolute precision will satisfy us. We take a pride in maintaining Guild standards to the utmost.

Hale

OPTICAL CO. LTD.

Dispensing Opticians

430 Birks Bldg., Vancouver, B. C.

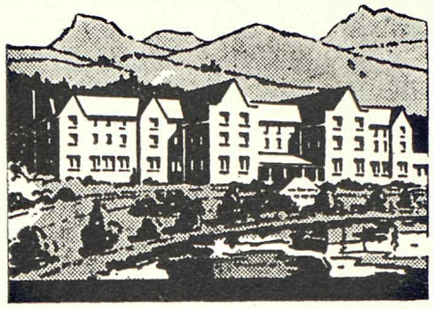
SPA RECONDITIONING COURSE

7 DAYS
all-inclusive

Includes room with bath and three delicious meals daily.

$40

Same course after June 1st, $50.



Two hours' drive from Vancouver over good roads; by C.P.R., C.N.R. or daily Gray Line Busses.

Bubbling Hot Potash and Sulphur Springs—Nature's health-giving waters.

TIRED professional men find the beautiful Harrison Hot Springs Hotel a rendezvous for rest and complete relaxation. Only a few feet above sea level, yet enveloped in invigorating high mountain air; a paradise of glorious scenery, mountain and lake. Rates are moderate, accommodation is luxurious—a few days revitalizes and eliminates that tired feeling.

Telephone Trinity 2201 for complete information. Write for illustrated book, "Seven Steps to Vibrant Health."

HARRISON HOT SPRINGS Hotel

HARRISON, BRITISH COLUMBIA

FIFTEENTH ANNUAL MEETING

PACIFIC NORTHWEST MEDICAL ASSOCIATION

PORTLAND, OREGON — HOTEL MULTNOMAH

JULY 8, 9, 10, 11, 1936

GUEST SPEAKERS:

Ray M. Balyeat, M.A., M.D.
Russell L. Cecil, A.B., M.D., Sc.D.
Carl Henry Davis, A.B., M.D.
D. J. Davis, B.S., M.D., Ph.D.
Paul John Hanzlik, Ph.C., A.B., A.M., M.D.
Alexis F. Hartmann, B.S., M.S., M.D.
Chevalier Jackson, D.Sc., M.D., LL.D.
Walter J. Meek, A.B., Ph.D.
Harry E. Mock, B.S., M.D., Sc.D.
Roy D. McClure, M.D.
Lewis J. Pollock, M.D.

N.B.—Additional speaker in Medicine to be announced later.

This will be one of the finest meetings in the history of the Association. Plan to attend.

For Memberships Apply to:

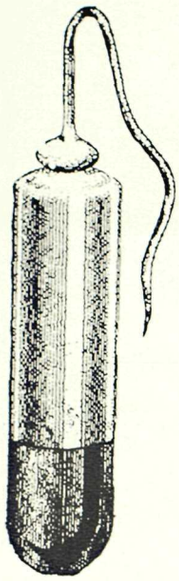
DR. JOHN C. ADAMS
Medical-Dental Bldg.,
Portland, Oregon.

DR. JAMES M. BOWERS
530 Stimson Bldg.,
Seattle, Washington.

or

DR. C. W. COUNTRYMAN, Secretary-Treasurer,
262 Paulson M. & D. Building, Spokane, Washington.

TWO DECADES OF SERVICE TO THE MEDICAL PROFESSION



Samples will be gladly furnished to physicians addressing us on their own stationery.

Progressive Gynecologists and Physicians in general have endorsed PON-TAM-PONS for the past twenty years as an easy, safe and thorough method of vaginal and uterine medication. It combines the medicinal function of a vaginal suppository with the mechanical support offered by a correctly shaped tampon, ensuring the continued application of the medicament to the diseased areas and at the same time furnishing the necessary support.

The various treatments to which the tampon is adaptable will be at once apparent to the physician, but lacerations, leucorrhoea, gonorrhoea, prolapse, post-operative and post-confinement treatment, and uterine hemorrhage are some of the conditions in which PON-TAM-PONS offer new and most effective treatment. There are many unique points of advantage in treatment by PON-TAM-PONS.

PON-TAM-PONS are packed in six tampons to a box and are made to the following medication:

A — ICHTHYOL COMPOUND, Glycerin and Boro-Glyceride 50%, Ichthyol 2.5%. Resublimed Iodine .14%, Carbolic Acid (absolute Phenol) .5%, Powdered Hydrastis 1%.

B — ICHTHYOL 10%, Glycerin and Boro-Glyceride 50%.

C — PROTARGOL AND ICHTHYOL (Each 2%), Glycerin and Boro-Glyceride 50%.

E — GLYCEROLE OF TANNIN 50%.

F — ICHTHYOL COMPOUND WITH SILVER IODIDE. Glycerin and Boro-Glyceride 50%. Ichthyol 2.5%, Iodine 14%, Phenol .5%, Powdered Hydrastis 1%, Silver Iodide made soluble by Potassium Iodide) 1%.

G — GLYCERIN AND BORO-GLYCERIDE. Glycerin and Boro-Glyceride 50%, Resublimed Iodine 25%.

H — PLAIN GLYCERIN Gelatin base.

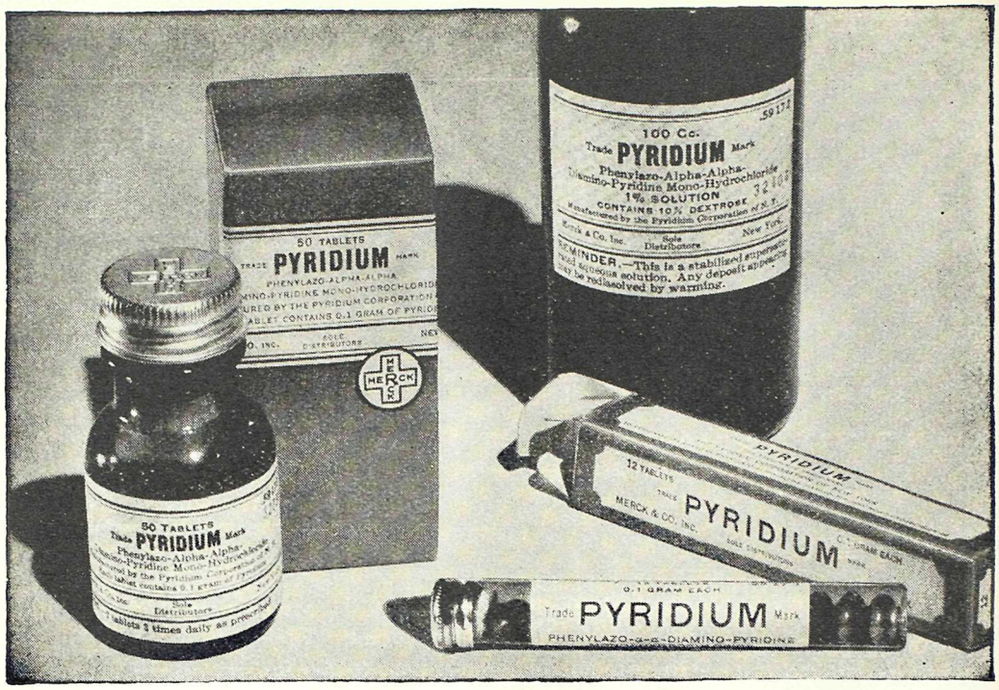
CANADA POND-TAM-PON CO.

Sole Manufacturers in Canada

Western Distributors Ltd., Wholesale Distributors, Vancouver, B. C.

PON-TAM-PONS may be obtained through all wholesale and retail druggists in Canada.

Please write for further information.



★ PYELITIS ★

Prompt relief of the distressing symptoms which often accompany pyelitis may be obtained by the oral administration of Pyridium. Shortening of the duration of treatment has been reported in many cases. Pyridium is non-toxic and non-irritative in therapeutic doses. Pyridium solution for kidney lavage may be employed effectively with the oral administration of the tablets.

TRADE **PYRIDIUM** MARK

LITERATURE WILL BE MAILED ON REQUEST

MERCK & Co. Ltd., *Manufacturing Chemists*, MONTREAL, Que.

A SPENCER IS

Designed to meet the special needs of the individual.

You can prescribe and obtain exactly what your patient needs.

CORSETS and
SURGICAL BELTS

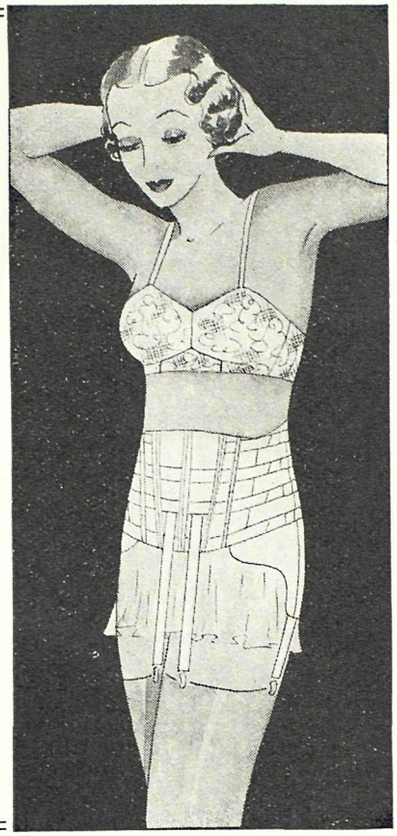
SPENCER CORSETS (Canada) LIMITED

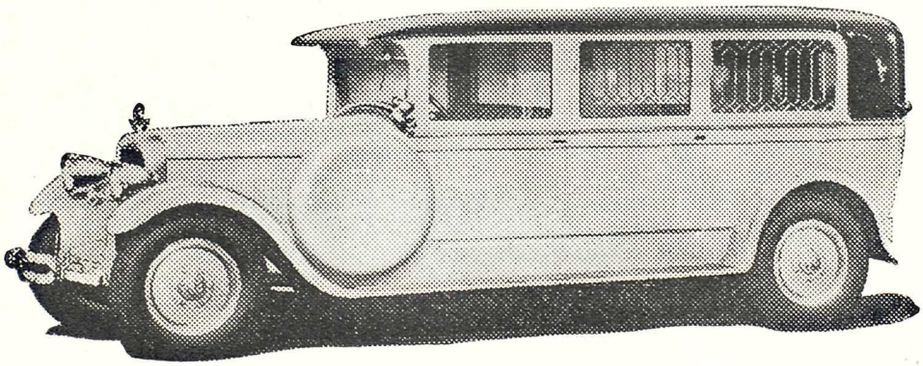
MARGARET LESLIE, *Manager*

445 GRANVILLE STREET

Phone: Sey. 6870

VANCOUVER, B. C.





536 13th Avenue West — Fairmont 80

Exclusive Ambulance Service

FAIRMONT 80

ALL ATTENDANTS QUALIFIED IN FIRST AID

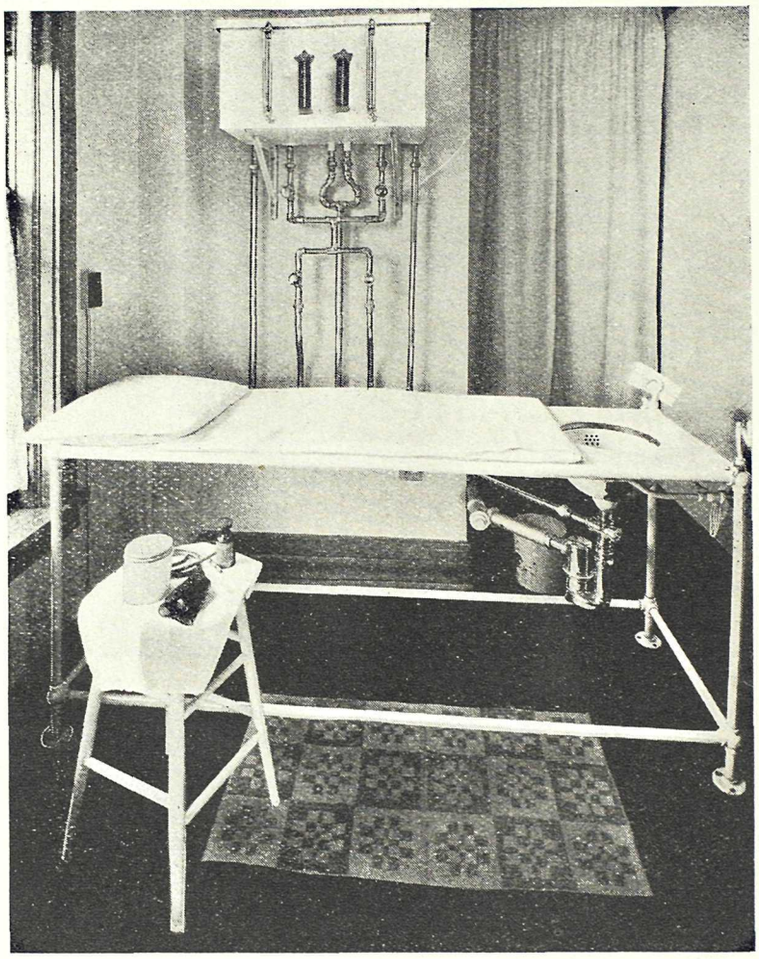
"St. John's Ambulance Association"

WE SPECIALIZE IN AMBULANCE SERVICE ONLY

R. J. CAMPBELL — J. H. CRELLIN — W. L. BERTRAND

CONSTIPATION

THE BASIC CAUSE OF ALL COMPLAINTS



Treatment Room, showing the Irrigation Table.

REALIZING the need for a properly equipped centre where those suffering from constipation, worms, indigestion, etc., could be assured of modern scientific colonic irrigation and internal medication, Nurse Leonard has fitted out operating rooms with the most up-to-date scientific equipment. Here the patient will receive every attention, and proper thorough treatment under the care of a fully trained nursing staff, at a moderate charge.

Individual Treatment.....$ 2.50
Entire Course..... 10.00
Medication (if necessary) $1 to $3 extra

There is no better step towards ridding yourself of constipation, indigestion, acidity, rheumatism, arthritis, worms, diverticulosis, colitis, acne, and all the numerous complants which afflict mankind, than to take a colonic irrigation and internal medication. To ensure comfort, convenience and thoroughness in this undertaking, call at the colonic irrigation rooms, Suite 631, Birks Building, phone Seymour 2443. Registered nurses always at your service.

COLONIC IRRIGATION INSTITUTE

Superintendent—E. M. LEONARD, R.N., Post Graduate, Mayo Bros.

631 Birks Bldg. Phone Sey. 2443. Vancouver, B. C.

Opening in Victoria, B. C., on May 1st, on the 5th Floor of the Campbell Bldg.

EMMENIN

in the treatment of

menopausal symptoms

NOTE

SUBSTANTIAL PRICE REDUCTION EFFECTIVE MAY 1st

One of the outstanding applications of Emmenin therapy lies in the treatment of menopausal symptoms. Emmenin is particularly effective where the menopausal syndrome is of a milder form and where the symptoms have recently appeared.

The more usual and outstanding symptoms of the menopause—hot flushes, physical weakness and mental irritability,—show satisfactory response to Emmenin treatment. The hot flushes especially, respond quickly, the physical weakness is usually relieved and the patient exhibits a feeling of well-being in contrast to the depressed mental state so often encountered in menopausal cases.

AYERST, McKENNA & HARRISON, LIMITED

Biological and Pharmaceutical Chemists

MONTREAL CANADA

A PRESCRIPTION SERVICE . . .

Conducted in accord with the ethics of the Medical Profession and maintained to the standard suggested by our slogan:

PHARMACEUTICAL EXCELLENCE

McGill & Orme
LIMITED

FORT STREET (opp. Times) *Phone Garden 1196* VICTORIA, B. C.

Nunn & Thomson

2559 Cambie Street - - Vancouver, B. C.

NOVARSENOBENZOL BILLON

Acknowledged throughout the world as standard arsenical spirochaeticide.

- Its great value was clearly demonstrated during the Great War where its use among the Allied Armies checked the menace of an epidemic of syphilis among the soldiers. Many Canadian practitioners can trace back their unfaltering attachment to Novarsenobenzol Billon to these days.
- Since then, Novarsenobenzol Billon has consistently retained the preference of Canadian physicians and specialists. It is now employed in a large number of hospitals and Governmental controlled V. D. Clinics.

Specify "NOVARSENOBENZOL BILLON"

LABORATORY POULENC FRERES OF CANADA LIMITED

Distributors: ROUGIER FRERES, MONTREAL

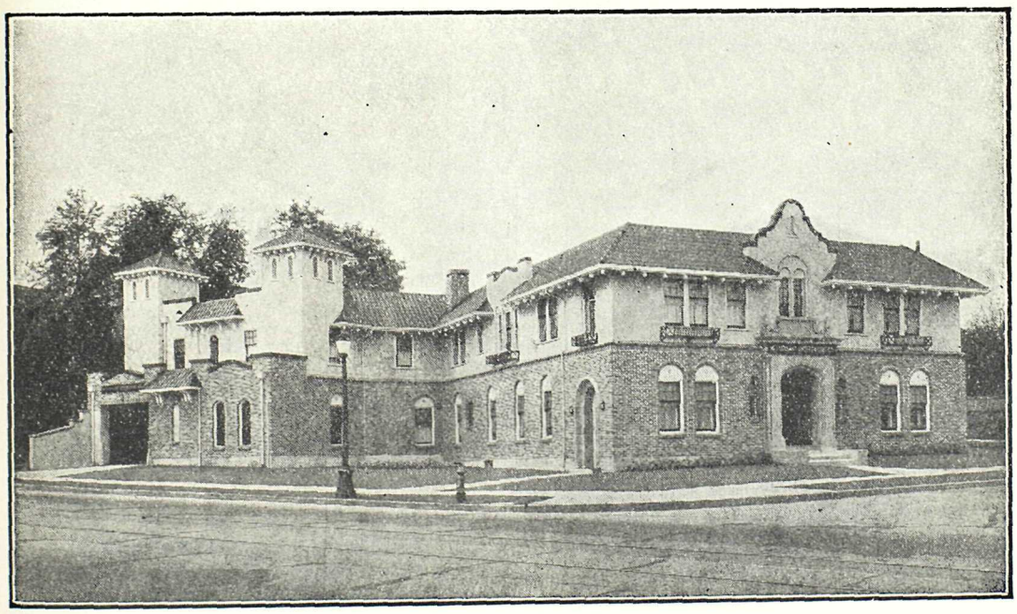
Dial "Ciba"

Dial calms excited, irritated nerves, and for such occasions as nervous insomnia, mental and traumatic agitation, pre-operative restlessness, etc., it will fulfil all the requirements of a good hypnotic.

Cibalgine "Ciba"

Cibalgine represents a non-narcotic analgesic and antipyretic worthy of the physician's confidence. It is indicated in the treatment of pain of every description, febrile manifestations, nervous excitement, insomnia due to pain, dysmenorrhoea, etc.

CIBA COMPANY LIMITED
MONTREAL



Mount Pleasant Undertaking Co. Ltd.

KINGSWAY *at* 11th AVE. Telephone Fairmont 58 VANCOUVER, B. C.

R. F. HARRISON W. R. REYNOLDS

STEVENS' SAFETY PACKAGE

STERILE GAUZE

is a handy, convenient, clean commodity for the bag or the office. Supplied in one yard, five yards and twenty-five yard packages.

B. C. STEVENS CO.

Phone Seymour 698 730 Richards St., Vancouver, B. C.

S. BOWELL & SON

DISTINCTIVE FUNERAL SERVICE

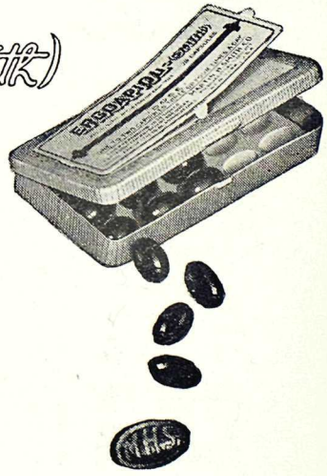
Phone 993

66 SIXTH STREET NEW WESTMINSTER, B. C.

Ergoapiol-(Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

• MARTIN H. SMITH COMPANY
150 LAFAYETTE STREET, NEW YORK, N. Y.



Dosage: 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, *visible only* when capsule is cut in half at seam.

Full formula and descriptive literature on request

PHYSIOTHERAPY

ANTIPHLOGISTINE is compatible with all other forms of medication and in physiotherapy it is a very satisfactory adjuvant.

Following treatment by X-rays, diathermy, ultraviolet rays, etc., it has a soothing, decongestive and absorptive action.

Erythematous, erosive, edematous and painful conditions are benefited by its use and regeneration of circulatory nutrition is promoted.

In Dermatological and Rheumatic Affections

and in those conditions requiring hyperthermic temperatures, while Antiphlogistine itself is an active thermogenous agent, when used in conjunction with physiotherapeutic measures, it serves to potentiate their effects.

Sample and literature sent on request.

ANTIPHLOGISTINE

Made in Canada

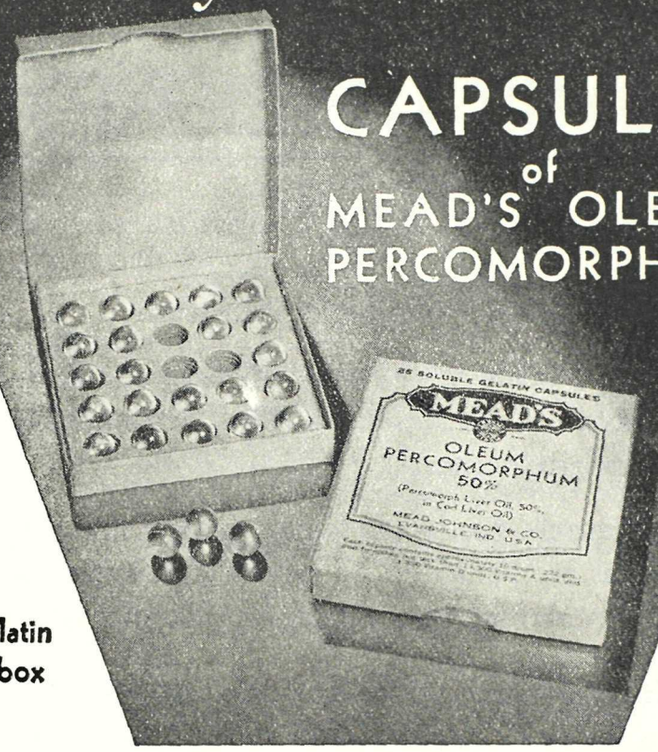
The Denver Chemical Mfg. Co.

153 Lagauchetiere St. W.

MONTREAL

Now Ready—

CAPSULES of MEAD'S OLEUM PERCOMORPHUM



25 soluble gelatin capsules in a box

Not advertised to the public

IN PREGNANCY AND LOW-CALORIE DIETS

and wherever vitamins A and D are required with minimum added calories

RESTRICTED diet regimens, as for the obese, know no season for vitamin therapy. Because of the frequent drain on the mother's stores and the added requirement of the fetus, the need for vitamins A and D is increased during pregnancy. Yet, it is in just such cases that there may be an aversion or intolerance to fats. In the obese, who studiously avoid butter, cream and other good sources of vitamin A, the deficiency should be made up. This can be done in a convenient and highly acceptable manner by prescribing Mead's Capsules of Oleum Percomorphum, which combine a high potency of both vitamins A and D. Each 10-drop capsule supplies natural vitamins in amounts not less than 13,300 A units and 1,850 D units (U.S.P.). Every capsule represents more than 5 teaspoonfuls of cod liver oil* in vitamins A and D. These vitamins, moreover, are in the same ratio as in cod liver oil.*

*U.S.P. XI Minimum Standard

For physicians who prefer Mead's Viosterol in Halibut Liver Oil, 3-minim capsules containing not less than 8,500 vitamin A units and 1,700 vitamin D units (U.S.P.) are available.

MEAD JOHNSON & CO. OF CANADA, LTD., Belleville, Ont.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

FINE DAYS ARE HERE AGAIN

—but no holidays here!

It's our privilege to be ready when you phone—night or day, Sundays, holidays!

It is our regular day by day patronage that makes our responsible emergency service possible.

OPEN ALL NIGHT

SEY·1050 OPEN ALL NIGHT

GEORGIA PHARMACY LIMITED

W. GEORGIA 777 STREET

SEY-MOUR 1050

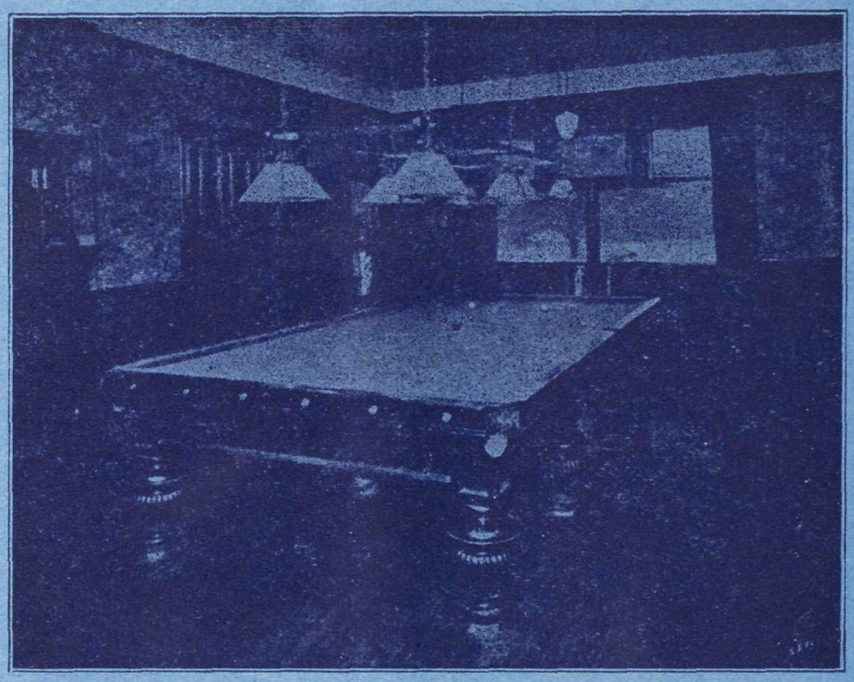
Center & Hanna Ltd.

Established 1893

VANCOUVER, B. C.

North Vancouver, B. C. Powell River, B. C.

PUBLISHED MONTHLY AT VANCOUVER, B. C., BY ROY WRIGLEY LTD., 300 WEST PENDER STREET



Hollywood Sanitarium
Limited

For the treatment of

Alcoholic, Nervous and Psychopathic Cases
Exclusively

Reference—B. C. Medical Association

For information apply to

Medical Superintendent, New Westminster, B. C.
or 515 Birks Building, Vancouver

SEYMOUR 4183 WESTMINSTER 288