alternative and point to the Junior High School as the efficient method for carrying it out.

The reasons so far given for the neglect of the Junior High School in Canada have been theoretical or social. Perhaps, however, the biggest obstacle has been a practical one, namely the necessity for consolidation for successful Junior High School work. It is most unfortunate that the adoption of the Junior High School idea on paper has in some cases actually made things worse by retaining prospective high school pupils a year longer in their local communities. Formerly, they entered high school with Grade IX, now with Grade X. It is axiomatic that for successful working a Junior High School should be a reasonable size (I have suggested six teachers as a minimum). In many, probably most, Canadian communities, this means that several elementary schools must feed a single central Junior High School. In rural areas the widespread adoption of the Larger School Unit will make it easier. (Incidentally, it is of the utmost importance that any consolidated rural high schoools begin with Grade VII, *not* Grade X). In urban areas disinclination of elementary schools to lose their older pupils should not be allowed to stand in the way of the establishment of Junior High Schools.

It seems that further educational reform is likely in these post-war days to follow the reforms already undertaken during the war. During this period the needs of pupils at the Junior High School stage must not be forgetten. Indeed it is not too much to say that some of our most pressing problems can only be solved by the adoption in some form of the Junior High School idea. In particular the problem of retardation or "repeaters," that is, children who remain two years or more in the same grade can only be met satisfactorily by the provision of diverse cources at the Junior High School stage. In this connection I might advise Nova Scotians (and others) to read the Educational Section of the Report of the Nova Scotia Royal Commission on Provincial Development and Rehabilitation (The Dawson Report) which deals very fully and clearly with the needs of pupils at the Junior High School level.

Health Reform in Saskatchewan

By MINDEL C. SHEPS

I.

SASKATCHEWAN'S health services have suffered, in common with other rural areas, from a shortage of personnel and hospitals, and especially of the diagnostic and therapeutic facilities on which modern scientific medicine is based.

Local preventive health services have been quite insufficent particularly in rural areas. In addition, observers were struck by the inadequacy of the mental hygiene program as regards both institutions and any program designed to prevent mental illness. Last but not least, in Saskatchewan as throughout this continent, there is an increasing need for a means of spreading the cost of all health services over the entire population, so that it shall not fall on the sick person when he needs care.

This situation has been aggravated by the lack of any centre with a population larger then 60,000, the lack of a medical school, and the marked insecurity of an economy largely dependent on the wheat crop.

Certain admirable and fairly successful attempts had been made to solve some of these problems in Saskatchewan through the development of municipal medical and hospitalization schemes, union hospitals (i.e. hospitals owned by

EDITOR'S NOTE: Dr. Mindel Sheps was, prior to her resignation in January, 1945, Secretary of the Health Services Planning Commission for the Province of Saskatchewan. She has taken an active part in the preparation of measures described in the article.

a group of municipalities) and the free treatment of tuberculosis, financed by a combination of a provincial grant and a levy on all the municipalities.

The first union hospital district was organized in 1917, and by 1944 there were 22 such districts operating hospitals. The people of several municipalities unite to form an area (with governmental approval) which levies a tax for the capital expenditures and operating deficits of a hospital. Varying in size from 10 to 70 beds, these hospitals have been sources of local pride and have brought medical facilities to thousands of people who otherwise would have been cut off from such assistance by many miles of difficult roads.

A remarkable beginning in socialized medicine, springing from the grass roots, has been the "municipal doctor system" of rural Saskatchewan. Starting indigenously, without precedent or legal authority, 25 years ago, this has now developed and extended over the province, so that close to one-quarter of the total population receive general medical care through this means. A rural or urban municipality by popular vote decides to tax its residents for the provision of medical care. The tax is usually a land tax—part of the general revenues of the municipality. In other cases a poll tax is levied on each resident. With this money a physician is engaged at a salary to look after the medical needs of the community.

This system, in spite of certain shortcomings, has brought great benefits to rural Saskatchewan. Briefly, it has provided a secure guaranteed income to physicians, and thus has brought doctors to many areas which otherwise would be without medical care. To the residents it has meant the removal of the financial barrier in seeking advice or treatment. This has resulted not only in an easing of the economic burden, but also in the earlier and better treatment of disease. It has been found consistently that much more preventive work is done by these municipal physicians than by private practitioners working in similar areas. A higher percentage of children immunized, more prenatal work, earlier treatment of illness, less debt following illness, are the results of the experiment.

Many areas also pay hospitalization costs for their residents in a similar manner, and others for surgical and consultants' services, thus going further along the road toward making medical care available to all.

Since, however, this has been entirely a local effort, these small communities have been unable to provide themselves with full-time public health services or the diagnostic and treatment services that can be rendered by the technically developed medical science of to-day.

II.

"The present Government of the Province of Saskatchewan was elected on a platform that promised 'to set up a complete system of socialized health services with special emphasis on preventive medicine, so that everybody in the province will receive adequate medical, surgical, dental, nursing and hospital care without charge.' The government, of course, realized that the establishment of a complete network of health services covering all parts of the province would undoubtedly take considerable time, but was determined to make a beginning in providing such a network without delay." (First paragraph of report of Dr. Henry E. Sigerist presented to the Minister of Public Health of Saskatchewan on October 4, 1944.)

In order to lay a solid foundation for future developments, the government had asked Dr. Sigerist, as one of the world authorities on the provision of medical care, to carry out a survey of existing health services and facilities and to recommend necessary action. Dr. Sigerist was assisted in his survey by several technical experts who were well acquainted with the province. In addition to studying various reports and records, they covered some 2,000

miles of the province in a 12-day tour, during which they held sittings in a number of villages and towns, and had the opportunity of studying local conditions at first hand.

In making his recommendations, Dr. Sigerist felt that the future developments should, wherever possible, be based on the existing plans and services. He therefore, suggested that the municipal doctor system be extended while correcting certain deficiencies. The improvements would be in the direction of raising the standards of rural practice through the provision of "local health centres" which would be well-equipped workshops for rural physicians, and through improving the physicians' salaries and other working conditions.

In order to make possible the provision of scientific preventive and diagnostic services to rural areas, he recommended the division of the province into a number of health regions. A region is to be the unit for planning and providing those services which are beyond the means of the local municipal units. Each region will have the staff necessary to provide complete public health services, (including sanitary control, maternal and child welfare, etc.) and a central laboratory and hospital (in addition to the smaller laboratories in other centres). In addition, a group of specialists will be stationed in one or more of the main centres of the region. According to the services in question and the prevailing conditions, the rural population will be served by travelling clinics going out from these centres, or, where necessary, will be sent to the centres by their local physicians.

Dr. Sigerist strongly recommended that immediate steps be taken to increase the number of doctors, dentists, nurses, technicians, and other personnel in the province. In the measures necessary to increase personnel he included a medical school, improved working conditions and security for salaried personnel, assistance to those who wish to qualify themselves for work in the provincial health program, and the use of Aides and Auxiliaries where feasible.

Other recommendations made by Dr. Sigerist were the promotion of a program of health education, industrial hygiene and nutrition, by the government; the construction of new hospitals, homes for the aged and institutions for the chronically ill; and the institution of an active mental hygiene program. He suggested the appointment of a Health Services Planning Commission to carry on the work of investigating the needs of the province and the costs of various services, and to work out plans for a number of health regions.

With regard to the economic problems involved in securing adequate medical care, Dr. Sigerist suggested that the first steps might be the provision of free care to old age pensioners, widows and orphans; to persons suffering from mental illnesses, and from venereal diseases, and to persons referred to the cancer clinics. He also recommended free hospitalization, and that a first step toward free hospitalization might be the institution of free maternity care.

In addition he recommended assistance to municipalities employing municipal doctors; investigation of a health insurance plan for the cities, and, as a first step toward the provision of dental care, the establishment of school dental clinics.

III.

In the 16 months since Dr. Sigerist's report was submitted, many of his recommendations have been brought into effect, and others are provided for in the plans of the government. Medical and surgical care, dentistry, nursing, hospital care and drugs are provided by the provincial government to recipients of Old Age Pensions, Mothers' Allowances, their dependents, and to government wards. The services of the mental hospitals are free to Saskatchewan residents. People suffering from cancer receive free diagnosis and treatment, including hospital care, and the diagnostic services of the clinic are free to anyone referred there.

To provide a sounder foundation for province-wide health services, the department itself has been strengthened. The leadership and educational facilities to be offered there will be of paramount importance in determining the quality of public health services.

A detailed survey of the mental hygiene situation has been carried out by Dr. Hincks of the National Committee for Mental Hygiene and his recommendae tions are being put into effect as supplies and personnel permit. They includs several additional institutions, increased staff and two mental hygiene clinics.

The government has been stimulating the building and enlarging of hospitals, and the provision of additional equipment where necessary. Advice on these matters is given by the Health Services Planning Commission which was appointed in Nov., 1944, and of which the chief of the division of hospital administration is a member. Grants, based on the need for the planned expenditure and the fiscal needs of the area concerned, are given by the provincial government toward these buildings. The shortage of building materials has prevented very much actual construction, but the number of union hospital districts has been increased by almost 100% during the past year, and the plans awaiting fruition will result in an increase of at least 25% in hospital bed capacity.

Grants which vary inversely with the economic condition of the municipality concerned are being made to help municipalities to provide medical care for their residents, whether they do this by engaging a municipal physician or by paying fees for services rendered. To qualify for this grant, a municipality must provide certain minimum services and if the physician is on salary, must ensure him of a minimum salary (based on the popularion served), vacations with pay, and other standard requirements.

The province has been mapped out and divided into 14 proposed health regions by the Health Services Planning Commission. Two of these, (each with a population of about 50,000) have now been duly constituted after a vote of the people concerned, a vote which was overwhelmingly in favour. Boards consisting of representatives of the municipalities included in these regions have been established. Full-time public health services will be instituted in these regions shortly. The regional boards have also undertaken to carry out detailed studies of the hospital and diagnostic facilities in their respective areas, and to prepare plans for their improvement. One of the regions is also investigating the possibility of providing complete medical and hospital care for its residents, as well as dentistry for the school children. It appears likely that some of these services may be instituted within a number of months.

Interest in these plans is very keen. Plans for local health centres, for hospitals, and for municipal schemes are being prepared almost throughout the province. Voluntary pre-payment organizations in urban centres, although they realize that they are only temporary organizations filling a gap until a complete province-wide plan is brought in, are growing rapidly and expanding their fields of activity. Interest in the organization of health regions is province-wide, and it is expected that a large number of health regions will be established before the end of 1946. For its part, the government is planning to expand its own services as rapidly as possible.

The people of Saskatchewan have always been health-conscious, and have been willing to pioneer in methods of providing medical care. The program on which they have now embarked, is the program of the people and will be carried out with the full participation of the people. While mistakes will undoubtedly be made, this participation and enthusiasm carry with them a guarantee that in the end, the goal will be reached—the goal of making available to every man, woman, and child in the province the full benefits of the scientific discoveries in the field of health.

In striving toward this goal the two main aspects of the problem are being kept in mind—the necessity for removing the economic burden of illness from the individual while at the same time raising the standards of care available by an improved organization of the health services and facilities. The government does not wish to subsidize an inefficient program of a low standard on the one hand, nor to see model services built up which will be out of reach of the people.

To Build or Not to Build: A Rejoinder

By C. H. CHATTERS

EDITOR'S NOTE: Last year's summer issue of PUBLIC AFFAIRS published an article "To Build or Not to Build" written by Grant Crawford, the Director of the Institute of Local Government of Queen's University. The article has evoked a good deal of criticism and now Carl Chatters, Executive Director of the Municipal Finance Officers' Association in Chicago, takes issue with Mr. Crawford.

THERE must be some merit in looking ahead to see what a municipality needs. One would receive the opposite impression from an article in *Public Affairs* published in the summer of 1945 issue. The article was entitled "To Build or Not to Build."

The author of the article stated his position somewhat as follows: If prosperity follows the war then private wants should be satisfied before public construction is started. If there is a depression after the war, then municipal public works cannot provide the remedy for unemployment because there is not sufficient volume of municipal public works and because the municipalities are financially weak. If the plans for post-war public works were to be all ready when the war ended, then municipal councils would be inclined to act hastily and therefore erroneously. The author has so many "ifs" and doubts that he would solve the problem by doing nothing.

There is some merit to some of the points in the article. However, there seems to be evidence to indicate that municipalities which do some thinking and some planning will fare better than the municipalities which do nothing. In other words, there seems to be a greater probability of reasonable action by municipalities which plan in advance than by the municipalities which do not plan in advance. Certainly the experience in the United States during the depression years demonstrated that the municipalities with some plans and some money of their own obtained something worth while of a permanent nature from all plans for public spending, while those cities which had no plans, no foresight, and no money of their own spent all of the grants from superior governments without obtaining anything of worth while or permanent value.

The previous article contended that if a period of prosperity followed the war, then private wants should be satisfied before public works were constructed. This conclusion overlooks the very important fact that the greatest private needs may have to be met with the cooperation of the government and through the financial powers of the national, provincial, and local governments. If industrial construction is undertaken, then huge local public works must be constructed to supply water works, sewers, and roads. If homes are built by private financing in large numbers, then public expenditures will be required for streets, sewers, water works, and all other public facilities. History seems to indicate that the period of greatest private expansion also demands large expansion of public expenditures for public facilities.

The principal objection to public works during a depression period seems to center around the statement that they