rural district. This was located in the lower Fraser Valley and so was begun the Sumas-Matsqui-Abbotsford Health Unit. This follows the lines of the Peace River Unit and essentially the same services are provided and are available to the inhabitants of the community.

The dental services are made available by the employment of dentists either full-time for one or two months, or part-time throughout the school year. In view of the fact that the Health Unit staffs carry out no curative treatment, there has been nothing but co-operation between them and the practising physicians of the districts.

The International Health Division of the Rockefeller Foundation have lent financial assistance and the British Columbia Provincial Board of Health owes them a debt of gratitude for thus being enabled to develop the Public Health work of the Province and to provide health services of which these various communities may be justly proud. The Rockefeller grant is usually for a period of three years, and at the end of that time the community, together with grants from the Department of Education and the Provincial Board of Health carry on the expense of the service.

No article of this nature would be complete without a brief mention of another experiment which is proving successful and which is unique on the North American Continent. In 1936, the Vancouver Metropolitan Health Board was formed and under this scheme Vancouver City and all surrounding municipalities are joined into one administrative area so that their forces and resources are combined for the most effective carrying on of Public Health work. Communicable diseases pay no heed to municipal boundaries and for this one point alone it is essential that all control should be uniform and under one administration. The area concerned is divided up into a number of districts and each one is essentially a Health Unit. Each has its full-time Director, with a staff of six or more Public Health Nurses, an office clerk, and the services of a Sanitary Inspector, and each Unit is directly responsible to the Senior Medical Health Officer who has complete charge over the whole Metropolitan area. In such a plan the specialized services of a City Health Department are available to the suburban districts, and the staff may be concentrated or distributed as the Senior Officer sees fit for the solution of any particular problem.

We in British Columbia feel that the Health Unit plan of administration for Public Health work has proven itself efficient and effective and look forward to the time when it will be more generally adopted not only in British Columbia but in Canada as a whole.

Problems Of A Country Doctor

By C. G. Campbell

THE problems of a country doctor are the problems of agriculture, or more specifically, the difficulties of the rural population of his district. In a section where the farmers exist precariously on marginal land, where periodic drought and flood or the slow impoverishment of the soil results in a steady decline of the population curve the problem of securing adequate medical services is a very difficult one. The scattered residents of such areas, most of them in the older age groups, are held captive by a constant struggle with their material necessities. One sees what were formerly well populated districts now marked by abandoned school houses; the roads are neglected in favor of more travelled highways, and they are impassible for motor

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EDITOR'S NOTE: C. G. Campbell, M. D., a frequent contributor to the Nova Scotia Medical Bulletin, is practicing medicine in Pictou, N. S.

vehicles for many months of the year. Electricity is unknown and many of the more widely separated farm houses are without telephone communication. Distance from a stable market largely precludes the raising of money crops and the major cash return for the farmer is secured by working in the woods in the winter months when timber is moving to railheads. In such districts as these the problems of the rural physician are very difficult. His work is arduous and time consuming. His costs for transportation and supplies are high and his material compensation is quite inadequate.

In parts of the country that are better favored with natural resources the doctor does not escape embarrassment. Here also one may observe a drift to town and city of the younger people. Proximity to town and good motor roads makes competition keener, for people will drive past the rural doctor's door to seek what they consider better medical services where there is a hospital, and specialists to consult. Again, the country districts, with the development of modern highways are accessible to town practitioners. All these factors operate to lower the standard of living of rural physicians.

Figures are available from Vermont, an agricultural State, to illustrate these points. In 1890 there were 638 medical men in the State most of them country boys who had worked their way through college and settled in their own home districts. Judged by present day standards they had, possibly, a poor technical equipment; but they knew their people and were giving good service. In 1935 the number had been reduced to 415. The number of doctors in towns with hospitals increased from 243 to 249 and these towns gained 29000 in population. Towns in peripheral areas without hospitals lost 13000 in population and the number of doctors declined from 395 to 165. One can see the trend toward urbanisation of the population and the decline of medical services in the outlying districts. The problem is acute in a settled area as old and static in its habits as Vermont. The elimination of 120 small medical colleges in New England, a necessary move if educational standards were to be kept high, has made medical education largely unattainable for the sons of small farmers and artisans, because in the large universities the premedical requirements are high, costs are very steep and the time required for training is increasing. Consequently many men who would on graduation settle as a matter of course in the smaller towns or in the country are not entering the field at all.

Medicine on the economic side moves to the tempo of industry. Specialism is the watch-word of the times for good or ill. And the field of the specialist must be in the larger centres where he may secure an adequate return on his very valuable investment in time and money. The schools are not turning out men who can see any future in country work and they will not settle there. They regard the work as too arduous and time consuming, the rewards at best uncertain and the chances of raising their standard of living as negligible.

The country doctor finds it very difficult to maintain a high standard of quality in his work. He may be too far from hospital to take personal charge of those of his patients who are more seriously ill and his work becomes more and more a matter of routine dispensing for minor illnesses many of which are self limited and reversible in the nature of things. As medicine is taught and practised today the hospital has become almost indispensable as the doctor's workshop and more important still as an arena for contacts which are necessary for his continued education and self development. The rural doctor lacks the attrition of contact with others who may be doing things a little differently and a little better. He becomes suspicious of innovation and indifferent to change. He finds it difficult or impossible to be away for extended periods in post graduate work for economic reasons. Long hours of routine work result in a deadening of initiative and in the loss of those habits of study which were the greatest acquisition of his early years.

Comparative isolation means the solitary facing of difficulties and the necessity of self reliance in making important decisions, and this may result in a disproportionate growth of self esteem indeed of complacence that will tend to minimize defeat and enhance the fruits of triumph. The county society meets perhaps in a distant town. Time and effort are required to attend the meetings and compare experiences with others. As time goes on he comes to care less about these things and what is more important he feels that he has less need of them. As he gets older his mental life becomes more static his habit patterns more firmly fixed, his many successes stand out in unbroken relief and the medical fashions of the day seem to him to be so impermanent as not to be worth the effort of marching in step. These are some of the psychological hazards of rural practice and they are not inconsiderable.

But much has been done and much can and should be done to overcome these handicaps. Workman's Compensation for injuries received in group activities has been a great boon to the rural doctor. He is assured of adequate remuneration for at least part of his activities by this agency. Again in these days people everywhere are alive to the necessity of preventitive methods in medical work. The press, the radio, farm magazines and other agencies constantly emphasize the importance of prevention rather than belated palliation in disease and the rural physician can accomplish much in this growing field by co-operating with public health authorities.

In the sphere of public health the state has shared the responsibility to a large extent with local medical services. Organised health work in rural districts is expanding, but much remains to be done. In the United States out of 2,500 rural counties only about 500 or one fifth have as yet any form of organised health services on a modern scale. Only about 50 have budgets and personnel of reasonable adequacy. In Ontario in 1936 there was only one rural health centre in which 4 of the 44 counties were represented. Under these units rural health problems are systematically dealt with, and their solution depends to a large extent on the co-operation of family doctors in the area. Where there are no such services available the responsibility rests entirely on the shoulders of the family doctor and because he has in many cases little aptitude and very little training for the work the responsibility is certain to be heavy indeed. The central Provincial Laboratory and in some areas branch diagnostic centers providing insulin, antitoxins, vaccines, arsenicals, diagnostic outfits for mailing specimens is another instance of the state assisting the rural doctor in his work and what is perhaps more important keeping him reminded of modern methods.

The universities by establishing refresher courses which are given yearly and are planned to meet the needs of busy general practitioners have done much toward keeping these men in touch with the newer advances in diagnosis and treatment. The country doctor no matter how isolated he may be geographically is interested in whatever will help his patients and as these courses are largely clinical he has the opportunity of seeing for himself what modern therapy can accomplish and he will go back to his work with a new zest and optimism in addition to whatever technical acquisitions he may have gained. Here too he comes into contact with his fellows and the crippling isolation of his position is minimised. It has been the experience in the Maritime Provinces that these annual refresher courses are exceptionally well attended.

The country doctor is usually particularly happy in his relations with his patients. He is essentially a family doctor with all the rich associations that this good old term implies. In rural areas the floating population which has become such a problem in cities is much smaller. There are exceptions to this. But in general the farmer is more sessile than his city cousin. He is less vulnerable to political uncertainty and the wide fluctuations in industrial production which are plagueing us today.

As a consequence the family remains firmly established as the unit of communal rural life; and as a corollary to this the country doctor remains the medical adviser, counsellor and friend of families that he knows well rather than the somewhat casual mentor of individuals who may be here today and gone tomorrow. That the sympathetic advice of a friend in whom one has had confidence since childhood is good medicine is well known to anyone who has ever tried it. The doctor is repaid by a trust in his skill and a gratitude for his good offices which is only too uncommon among city people.

So it may be said that there are compensations which should make country practice tolerable, indeed attractive to certain types of men. The establishment of scholarships which would make the study of medicine possible for country boys is needed on a larger scale. For these are the men who will make the very best country doctors as they have in the past.

The efforts of the rural and small town doctor are of particular and far reaching importance because it is so often he who sees the patient first and it is his responsibility to be able to recognise the presence of serious disease in its very earliest stages when prompt treatment is so often effective. Again, he is the keystone in the arch of preventive medicine for without his co-operation public health workers can accomplish little. They will find him at times critical but rarely unkind, somewhat attached to the old ways but willing to share the burden of all good works even to the point of being careless of his own rights. His life is no idyll. It has nothing of the romantic or sentimental about it and many of its values achieve permanence by a kind of indirection. In the unaccented reality of each days effort and gain or loss he learns the simple courage of things that seem drab and ordinary, the courage of the poor who conquer pain in silence asking no pity yet knowing compassion. And from such as these he learns respect for suffering and can come to endure not only hardship but his own hopeless imperfection.

Public Library Systems

By Sirhindi

I MAKE no apology for classing Public Library Systems as Public Affairs. They are admittedly desirable. If books are truly medicine for the soul they are as necessary to public well-being as departments of public health. Unfortunately in public affairs it is too often customary to leave matters of the soul for Sundays only. When it comes to libraries I deplore it.

Considering their literary traditions, the Maritimes should don sackcloth and ashes when contemplating their library systems. Prince Edward Island may claim to be excused. The particularly small province tempted the Carnegie Trust to venture on an experimental hand-out and the Island accepted; nevertheless we seem to have heard little of that system of late. New Brunswick has a system as inactive as the Sleeping Beauty, and Nova Scotia has not even that.

Let us look first at things in general, however. It cannot be much more than a decade ago that the library-conscious first heard of county libraries. It was natural that when the limitations of city and town libraries were recognized the county should be the first regional unit tried. Soon a larger administrative unit than the average county was found desirable. Regions were formed and these usually were and still are groups of counties.

Every library region requires a central circulating and reference library, and as many branch libraries as population