BOOKS AND REPORTS


The study of public health administration in Manitoba is a comprehensive one, which is interspersed on almost every page with recommendations in large type. The report is particularly interesting because the Canadian forms of federal and provincial government and health administration are so different from their counterparts in the United States. The national health authority is the Dominion Department of Pensions and National Health, and in the province it is the Manitoba Department of Health and Public Welfare. Of the latter the titular head is the Minister of Health and Public Welfare who must be a member of the Legislative Assembly of the province. He is responsible for all important decisions of policy and in 1941 was the Attorney General of Manitoba. To his Deputy Minister, who must be a professionally trained medical officer of health, he delegates the direction of the department.

The record is one of much administrative confusion, a need for reorganization, and indeed even a desire for guidance in the matter. The province, chiefly rural and agricultural, has a population of about 700,000. Of this figure roughly 250,000 are in Winnipeg, the largest city. The next center in size, Brandon, is a city of 16,000 persons.

It is reported that the Deputy Minister is an extraordinarily capable leader and administrator, who is able to accomplish much with very limited staff and funds. It is obvious that all the salaries for professionally trained people are shamefully low.

The study deals particularly with the problems of rural Manitoba, excluding Winnipeg. An outstanding need is for many more full-time local health units. There are only four, three of which are in Winnipeg and its suburbs. The four serve 39 per cent of the total population of the province. The rest is in the hands of 170 part-time medical health officers all but 16 of whom, the so-called municipal doctors, earn their chief livelihood in the private practice of medicine. One cure would seem to be a much more liberal financial grant from the Department of Pensions and National Health at Ottawa. Another vital lesson for the farmer population to learn is that generous investments in public health appropriations can yield worth while dividends in human happiness.

The rather overwhelming administrative and budgetary matters of medical and mental care, including hospital services and difficult abuses in hospital admissions, the public welfare program, and the voluntary or semi-governmental control of tuberculosis, add complication on complication that would stagger a state with completely organized full-time public health administration on the local level. It is no wonder then, that in describing the four full-time local health services the author's comment on one is as follows: "The health department at Brandon seems at present a less promising picture, principally because such a large proportion of the health officer's time is devoted to the medical care program."

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