way the so-called thrust funds should be spent and be ready to make detailed and well-researched proposals to the various governments in this regard. The Canadian Medical Association and perhaps the Royal College of Physicians and Surgeons of Canada should act in a coordinating role, for obviously there are many matters which are of common interest to both the College of General Practice and the various specialty societies.

Dr. R. M. Lane

There are two comments which I would like to make. First, I do not accept that you can buy good health, as so much depends on the motivation and action of the patients. Sometimes it has been possible to use a mass approach and improve health greatly, and I would point to pasteurization of milk, water purification, and widespread immunizing programs for polio, as examples. Unfortunately, there don't seem to be many new programs like these where economies of scale are obvious. However, I would hope that when good new vaccines are available, either separately or in combination, as for rubella, or rubeola or mumps, that some of these Thrust Funds could be provided promptly to encourage their widespread use. Somehow in the past when good new agents have become available not enough funds have been set aside quickly.

In a somewhat similar vein, my second comment would be that for relatively small sums of money you can improve health, as I believe that the monies spent on health education in the area of maternal and child health have been very worthwhile. For new programs, how about spending a great deal on educational programs to counteract drug dependency from cigarettes and alcohol? Let us hope that the federal government will stimulate provincial governments to use some of their Thrust Funds in these areas. And just for an encore, how about a nation-wide campaign from governments to provide suitable levels of fluorine in our community drinking water? And some of the Thrust Funds to make sure that local governments can implement this?

ECONOMICS

Earnings of Canadian physicians 1959-69

"Doctors earn $46,328.00."
"The average Canadian physician earned $10,000.00 more than his engineer counterpart, $7,000.00 more than lawyers and almost six times as much as the average Canadian wage earner in the 1969 tax year."

Every fall there is a short epidemic of newspaper articles and broadcasting comment about physicians' earnings. Like many infectious disease epidemics it appears to come in two separate waves.

Causative organism—the publication of two separate but related federal government reports—the so-called Green Book, that contains the income tax statistical reports of the Department of National Revenue, and the Yellow Book that relates exclusively to the earnings of physicians. The latter is produced by the Department of National Health and Welfare Research and Statistics Directorate.

In accordance with Parliament Hill protocol, the Yellow Book must not appear before the Green Book—regardless of which is ready first. In fact, the Yellow Book is normally hauled out of the Ottawa catacombs some three to six weeks after the mass media have flailed the taxation reports—including the high earnings and high tax payments of the medical profession. When the Yellow Book comes out—well, the high earnings of physicians get another application of the mass media lash. The immunity of the average reporter to such documents, if it exists at all, is of short duration.

Judging by our correspondence from the profession at C.M.A. House, and several years of professional P.R. observations, the immediate short-term response of the host appears to be a marked increase in blood pressure, increased irritability and an unusual tendency to take pen in hand to write. The latter response normally manifests itself in the form of letters to the editor of newspapers in an attempt to explain why the earnings are, and should be, as high as they are—or to correct honest journalistic errors, misinterpretations or the few deliberate distortions that appear—or to offer excuses. As a wise man once said, "the interpretation of observations depends to some considerable degree on your point of view and/or whose bull is getting gored." Then we receive a number of missiles asking why we don't put a stop to such reporting or provide an explanation to put the profession in a more favourable light.

The major long-term effects of these epidemics appear to be a general, undue emphasis being placed on the relationship of physicians to money to medicine in general. Of course, they also result in drawing the attention of politicians and bureaucrats of both government and organized medicine. The resultant physical and/or mental proximity is usually motivated by a desire to help cure or prevent the disease—or at least to put a little salve on the sores. A few of the individuals are simply interested in irritating the chancres. Too many seem to become infected by an organism mutation and develop acute diarrhoea of the mouth.

Having exhibited at least a subclinical infectious state, may we submit a few of the more interesting tables from the 1969 version of the Yellow Book—without comment, for your consideration. On several occasions the principal authors of the Report (John E. Osborne, Gene A. Hersak, Lothar W. Rehmer and William A. Mennie) warn us ". . . the figures presented may be somewhat distorted due to statistical difficulties arising from increases in the number and size of group practice clinics in Canada, and associated changes in patterns of reporting expenses. . . . net income figures provide the most accurate indication of trends in physician earnings."

With tongue in cheek, where it has been located throughout the writing of this piece, we suggest you provide your own viewpoint, interpretation, explanation, distortions or excuses.

If you would like to share them with us, the author and cribber from the Health Care Series No. 28—Earnings of Physicians in Canada Report was: D. A. Geekie, C.M.A. Director of Communications, C.M.A. House, 1867 Alta Vista Drive, Ottawa, Ontario.

Oh yes—the 1970 version of the Yellow Book should appear about October or November of 1972. It takes a bit of time to collect, collate and especially to translate such material. The 1970 Report should reflect marked increases in both gross and net incomes for Canadian physicians—particularly those who during that year practised in Newfoundland, Ontario, Manitoba, Alberta, Nova Scotia, Saskatchewan and British Columbia. Any relationship between the order of listing and percentage of net income increases will be purely co-incidental.

What's my guess? What do I think the 1970 average professional net earnings for active fee practising physicians were? No way Charlie—two waves of the epidemic are enough.

Average net income of taxable self-employed professionals from all sources, Canada, 1959, 1967, 1968 and 1969

Profession	1959	1967	1968	1969
	$	$	$	$
Physicians and Surgeons (*a*)	15,737	27,347	29,181	32,338
Engineers and Architects	14,982	22,111	22,707	22,612
Lawyers and Notaries	14,123	22,014	23,597	25,884
Dentists	11,605	18,273	20,164	21,773
Accountants	11,033	14,517	17,002	18,038

(*a*) Figures differ from those in Table 1 since they include non-professional earnings, and because of differences in the methods employed to take into account the earnings of physicians in the sampled ranges.

Average income of all taxable employees from all sources, Canada, 1959, 1967, 1968 and 1969

Year	Average Income From All Sources	Per Cent Increase Over Previous Year
	$	%
1959	3,887	—
1967	5,300	5.5
1968	5,665	6.9
1969	6,047	6.7

Average professional earnings and expenses of active fee practice physicians, Canada by Province, 1959, 1967, 1968 and 1969

Province	(Thousands of Dollars) 1959	1967	1968	1969
	NET EARNINGS			
Newfoundland* (1)	16.8	25.6	30.5	37.8
Prince Edward Island (10)	11.4	20.7	22.7	22.8
Nova Scotia (5)	14.8	21.5	24.6	29.9
New Brunswick (6)	12.4	24.7	27.5	29.7
Quebec (9)	11.8	23.1	25.1	27.2
Ontario* (2)	15.6	29.4	32.1	33.9
Manitoba* (4)	15.4	23.2	26.1	31.7
Saskatchewan	15.1	24.7	25.2	27.7
Alberta* (3)	15.9	27.6	33.2	33.2
British Columbia (8)	17.0	25.2	26.2	28.8
Yukon and N.W.T. (11)	16.3	13.2	18.0	15.8
Canada	14.6	26.1	28.6	30.9

*Above national average.

Average professional earnings of active fee practice physicians with net earnings of $15,000 and over, for metropolitan areas in Canada with a population of 100,000 and over(a), 1969

Metropolitan Area (b)	Number of Physicians	Average Gross Earnings	Average Net Earnings
St. John's, Nfld.	112	60,818	45,000
Sudbury	125	57,721	41,879
Edmonton	464	61,227	41,162
Windsor	232	59,327	41,131
Toronto	2,010	61,594	39,864
London	254	55,046	39,648
Ottawa	441	59,995	39,585
Hamilton	441	57,562	39,439
Halifax	176	51,060	39,141
Regina	142	65,400	37,977
Winnipeg	482	54,271	37,395
Calgary	389	57,074	36,023
Quebec City	384	45,226	35,275
Saskatoon	140	53,729	35,142
Kitchener	162	49,313	34,658
Saint John, N.B.	79	45,291	34,626
Vancouver	918	50,405	33,917
Montreal	1,945	46,858	33,402
Victoria	264	48,590	31,527
Charlottetown	37	43,788	24,185

(a) According to 1966 Census of Canada. Also includes Charlottetown.
(b) Listed according to rank order of average net professional income in 1969.

Payments for active practice physicians' services, Canada, 1959, 1967, 1968 and 1969

Year	Payments for Active Practice Physicians' Services	
	Aggregate ($000,000)	Per Capita ($)
1959	325.7	18.59
1967	686.2	33.57
1968	788.1	37.94
1969	901.4	42.74

Average earnings and expenses of taxable physicians(a), by age group, Canada, 1969

Age Group	Number of Physicians	Average Gross Professional Earnings	Average Expenses of Practice	Expenses as a Per Cent of Gross	Average Net Professional Earnings	Average Net Income from Other Sources	Average Net Income from All Sources
		$	$	$	$	$	$
Under 35	2,522	35,501	12,664	35.7	22,837	— 74	22,763
35 to 44	6,355	51,630	16,792	32.5	34,838	— 27	34,811
45 to 54	5,099	53,202	17,431	32.8	35,771	805	36,576
55 to 64	2,458	45,904	16,036	34.9	29,868	2,816	32,684
65 and over	1,232	27,718	11,195	40.4	16,523	4,853	21,376

(a) Includes only physicians of known age.

Average professional earnings and expenses of active fee practice physicians, Canada, 1959, 1967, 1968 and 1969

Year	Number of Physicians	Average Gross Earnings	Average Expenses	Average Expenses as a Percentage of Average Gross	Average Net Earnings	% Increase Over Previous Year	
						Average Gross Earnings	Average Net Earnings
	No.	$	$	$	$	%	%
1959	14,082	22,910	8,320	36.3	14,590	—	—
1967	17,585	38,675	12,582	32.5	26,093	9.8	12.2
1968	18,244	42,783	14,168	33.1	28,615	10.6	9.7
1969	19,260	46,328	15,467	33.4	30,861	8.3	7.8

ASSOCIATION NEWS

Annual meeting scientific program: Refresher courses at five centres

The new format for the scientific program at this year's C.M.A. annual meeting will feature a series of presentations which will run the first part of the week and will cover areas usually referred to as the business of medicine. The second half of the scientific program will run concurrently with General Council on Wednesday and Thursday mornings when physicians will be invited to attend refresher courses in five of Montreal's well known research and treatment centres.

Participants may register for any two of these courses, and will attend on successive mornings at the centre of their choice. Since an unknown number of physicians will be interested in this part of the program, and since each centre can accommodate a limited number of participants, interested physicians are urged to preregister with: Dr. Guy Joron, Quebec Medical Association, 1350 Sherbrooke St. W., Ste 1410, Montreal, P.Q., as soon as possible.

The proposed programs will be outlined in subsequent issues of the C.M.A. Journal and will correspond to the area of activity of the particular centre involved. These centres are as follows:

Institut de Cardiologie de Montréal: The Montreal Heart Institute is internationally known for its research into diseases of the heart and blood vessels. Under the direction of Dr. Paul David, it has focussed its interest on medical and surgical management of both congenital and acquired cardiac malfunctions. In addition to its out-patient facilities, the hospital provides 110 beds for both adults and children. Through its affiliation with the University of Montreal it provides excellent teaching facilities. It will accommodate a group up to 85 physicians.

Institut de recherches cliniques: The Clinical Research Institute of Montreal will present a program on recent advances in hypertension, and management of hypertensive disorders. The Institute is concerned with the advancement of knowledge of normal and abnormal physiopathology and diseases, the training of teacher-scientists and research workers and the promotion of high level of quality in the scientific community. It works in close cooperation with English and French medical centres in Montreal.

Montreal Rehabilitation Institute: The Montreal Rehabilitation Institute is a specialized hospital in which the physically handicapped are offered a comprehensive program of medical and psycho-social assessment and treatment in relation to their disability, consecutive to congenital malformations, diseases or accidents; the program includes rehabilitation medicine, and nursing, speech, occupational and physical therapy,