

Stephens Performed Miracle In Cracking 6-Mile Record

MELBOURNE (AP) — Australian Steve Stephens, who copied the training methods of Czechoslovakia's Emil Zatopek, performed a miracle of pacing Wednesday to wipe out the six-mile world record for the aging runner.

Illinois Athletic Commission Holds Decision To Ban Guild

CHICAGO (AP) — The Illinois state athletic commission has decided to "hold in abeyance" action on a resolution backing New York's ban against the Boxing Managers Guild.

Gil Shea Makes Second Round

BRISBANE (AP) — Gil Shea of Los Angeles had a tough fight Tuesday getting through his second round match in the Australian national tennis championships against the on-coming Rod Emerson of Australia.

Italy-Germany Play 2-2 Draw In Rough Game

CORTINA d'AMPEZZO, Italy (CP) — Italy and Germany battled to a 2-2 tie Friday in the roughest game thus far of the Olympic hockey tournament.

Dutchmen To Play Teams In Germany

CORTINA D'AMPEZZO, Italy (CP) — Kitchener Waterloo Dutchmen, Canada's standard-bearers in the Olympic hockey tournament, have scheduled three games against Canadian service teams in West Germany next month.

New Spinning Process For Army Clothing Developed

By DON PEACOCK Canadian Press Staff Writer OTTAWA (CP) — The "miracle yarn" spun by the defence department's new process for cloth has reached into 33 countries since it was first announced last year.

LONG-WEARING CLOTH

"It takes a long time to get something like this going," Mr. Johnson said. Three Canadian companies meanwhile have been licensed to make cloth by the new spinning process, which produces a yarn expected to be 10 times stronger than that produced by present methods, and capable of that much wear.

Secret of the process is that it produces a yarn with a core for strength and an outer covering for eye and "feel". That is, a thread can be woven with tough nylon core for strength and for a

Regina Rural Health Area Rejects Compulsory Plan

By DON HANRIGHT Canadian Press Staff Writer REGINA (CP) — A socialistic medical-care plan that developed from the CCF government's 1955 election platform has been rejected overwhelmingly by voters in two large rural areas of Saskatchewan.

The proposal was to bring approximately 110,000 persons under a compulsory scheme offering medical and health services in a separate CCF health region, with taxes payable at the start of each year.

CREATE FIXED POOL

To finance the program, personal and land taxes are collected, these being supplemented by government grants. From the total revenue, a fixed pool is established for payments to doctors.

Americans Have Tough Sledding

CORTINA d'AMPEZZO, Italy (AP) — American athletes got off to a bad start today in the seventh winter Olympic games.

Caribou Herds On The Decline

PRINCE ALBERT, Sask. (CP) — Poor calf crops could be the reason for the diminishing of caribou herds in the north, says Dr. Ward Stevens, game supervisor of the Northwest Territories.

To Submit Time As World Record

CORTINA D'AMPEZZO (AP) — The amazing 40.2 seconds clocking made by Russia's Eugly Grishin last Sunday in a 500-metre speed skating race will be submitted for recognition as a world record, an Italian official said Tuesday.

Germany, France, Switzerland and Austria Plan to Begin Turning Out the Yarn

Germany, France, Switzerland and Austria that plan to begin turning out the yarn. Before summer, he said, he expects to visit southeast Asia and Japan, where the process is also being introduced.

SHARE IN PROCEEDS

He and Col. H. A. Delceller, who as director of the development branch helped produce the process, will share 15 per cent of the first \$10,000 the government takes in for licences, usually issued on a percentage basis of production.

VISITS FOREIGN MILLS

The growing interest in the yarn is taking Dr. Weinberger on two trips this year. At the end of January he leaves for three weeks to visit mills in Belgium, Holland,

the dead run—in a Melbourne suburb and who has occasionally raced bare-footed because he couldn't afford new track shoes, looks upon Zatopek as his teacher. He patterns his training routines after those of the Czech and of Russian Vladimir Kuc. When he was told he had broken Zatopek's record, Stephens gasped: "He's my friend and teacher. I think he'll be as pleased as I am."

Major services excluded are drugs issued outside hospitals, physical examinations for employment, optometrical services, and medical appliances such as artificial limbs. Treatment for tuberculosis, cancer and mental illness is provided under other federal and provincial programs.

Hospital care is covered by a separate CCF scheme, the Saskatchewan Hospital Services Plan. This, too, is compulsory. A province-wide plan, it costs \$15 a year for the individual—triple the original rate of 1947-48—and \$30 for a married couple, with a family maximum of \$40.

However, this is not enough to finance SHSP. To meet operating costs of roughly \$17,000,000 annually, it also requires one-third the revenue from a three-per-cent general sales tax, and—last year, at least—about \$8,000,000 from the provincial treasury.

The beneficiaries of the Swift Current plan are not exempted. They must pay the SHSP tax in addition to the taxes for their own Swift Current plan started nine years ago. Only one per cent remains outstanding. Municipalities are held financially responsible for

their delinquents. NON-PAYMENT PENALTY Late payment to SHSP results in certain benefit losses. Non-payment brings a fine.

The initial cost to the Swift Current region resident is the personal tax plus a land tax averaging 2.2 mills. The personal tax is \$18 a year for the individual, \$29 for a married couple, \$37 for a family of three, and \$44 for a family of four or more.

Taxes for the regional program do not meet the total outlay. The provincial government makes a flat annual grant of 25 cents per capita, as it does with all other health regions. For the Swift Current region only, it pays half the cost of hospital out-patient services and three-quarters the cost of radiologists and statistical work.

Revenue doesn't end there. The region, despite government objections, has added "deterrent charges" to home and office calls by doctors, to overcome annual deficits which, in the first two years alone, totalled \$150,000.

They have been in effect three years. Now, instead of receiving home and office calls free as at first, the patient makes direct payments to the doctor of \$1 for an office call, and \$2 for a home call up until 8 p.m. and \$3 after 8 and on Sundays and holidays.

OUT-PATIENT CHARGES In hospital out-patient departments, the patient must pay the first \$1 for x-rays, laboratory tests, electrocardiograms, physiotherapy and so on. The expectant mother pays the first \$1 for all pre-natal and post-natal care.

A government spokesman said of deterrent charges: "They tend to hinder people from going to the doctor at the outset of illness, or when they suspect it, and so the preventive aspect of the plan is somewhat lost."

Stewart Robertson, secretary-treasurer of the region's board of directors, says that since the deterrent charges have been added the doctor's services have been spread more evenly over urban and rural areas; and instead of running into debt each year, the region now could "scrap the plan any day and return more than \$150,000 to its municipalities."

The board has other financial troubles. The worst is faced each year in setting the fund, or pool, for payment of doctors. For 1955, the pool was \$475,000 for 35 physicians practising in the region.

In effect, each doctor receives a guaranteed minimum of 80 per cent of the fees as laid down by the College of Physicians and Surgeons of Saskatchewan. Thus, he gets \$96 for a \$120 appendectomy. Any surplus in the pool is pro-rated to the doctors.

DOCTORS PROTEST The doctors have called this aspect of the program an "iniquitous arrangement." It meant that for a determined amount the doctors were being asked to carry out an undetermined number of services.

A medical profession brief said that to earn a "reasonable income" doctors in such a plan were forced to "sacrifice quality for quantity services." And, they added, in the end "it is the public that suffers."

Except for this pool arrangement the CCF scheme is really an expansion of the municipal-doctor plans which have been operating in Saskatchewan since 1914.

They were designed to attract physicians to rural areas. The village or rural municipality would enter into a contract guaranteeing doctors an assured income in return for specific services.

Benefits vary widely. In Saskatchewan, only about one-third of these contracts provide surgery, the others being for only practitioner care—home and office calls, plus obstetrics. In some cases parities are compulsory, and in others, voluntary. Some municipalities restrict benefits to ratepayers.

There were \$24 for the individual, \$48 for two persons, and \$68 for the family of three or more. They now are \$30, \$56 and \$76 respectively.

These are not compulsory rates. When proposing to enter a community, MSI makes a door-to-door canvass seeking the 75-per-cent enrolment it requires. It may refuse benefits to certain "bad risks."

DRUGS EXCLUDED Compared with the Swift Current program, the chief difference in MSI's services is that they do not include drugs issued in or out of hospitals. Added to the 1955 contracts were waiting periods—one year for chronic or congenital conditions, nine months for maternity.

IN COMPARISON, Swift Current has a six-months residence restriction. MSI has no deterrent charges. Its community plan benefits are good anywhere in the province and, if necessary to refer a patient outside the province, the costs borne by MSI and the patient are determined by a special cost-review board.

The Swift Current region pays half the cost of referrals or emergency treatment outside the region. Of two doctors with comparable practices, the one operating under MSI probably would have an income slightly higher than that earned by his counterpart in Swift Current. Although conclusive figures were not immediately available, it is believed MSI pays its participating doctors about 80 per cent of the fee schedule compared with Swift Current's 80 per cent.

A public health department spokesman here estimated average doctors' incomes under the Swift Current plan at a gross 14,500 a year, minus approximately 30-35 per cent for operating costs. Under MSI, he said, a doctor could earn a gross of between \$15,000 and \$16,000.

NOT A BLAWKET REJECTION This vote is not regarded as public rejection of a national health insurance plan. It was rejection of dragging medical practitioners into the civil service. Or, as the doctors themselves express it, rejection of a scheme which would place a ceiling upon their incomes while removing the ceiling from their hours of work.

Health is a field of responsibility of provincial governments. Each province will there fore decide for itself the shape of the plan within its own borders. The federal government's concern is only that the supply of money provided only that Ottawa feels convinced that a form of health plan is desired by a majority of Canadians and will be so administered by the province that it will benefit all equally.

This federal financial aid might, in the case of hospitalization, amount to about 50 per cent of cost. Each province would provide its own balance, by taxes or more likely through premium collections. Estimates of this cost vary widely, but a good guess is that Ontario's largest province, could provide this service at a further cost of \$39 per family per year. This figure would be the target aimed at by other provinces, and it provides a satisfactory basis upon which we can compare the estimated cost of an over-all health plan in contrast to existing medical plans provided by profit-making insurance companies or mutual non-profit medical groups.

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