Except for parts of the Maritimes and Quebec, in every province there is at least one voluntary insurance plan for medical services in the home, surgery, and hospital, sponsored by the Provincial Medical Association. Medical practitioners are asked to enter into a contract with this plan, agreeing to accept payment from the scheme directly on submission of a bill by the physician to the plan for services rendered by him to an insured patient. The schedules of fees used by the plans are close to the minimum recommended by the Provincial Medical Associations, and, with some variations from province to province, physicians agree to accept these fees as payment in full for their services. In Quebec, Ontario, Manitoba, and the Maritimes, Blue Cross plans also pay physicians for services in hospitals only, on a somewhat similar basis, although the physicians more often make additional charges to the patients. About one-quarter of all payments to physicians in Canada are now made through voluntary or commercial insurance companies. Through the extension of such plans the Canadian Medical Association hopes to anticipate a Government health service.

In conclusion, it is generally accepted that there are immense opportunities for young people, both lay and medical, who wish to emigrate to this young and vigorous Dominion. Nevertheless, in the last resort it must remain a highly individual and personal matter involving difficult decisions of adjustment to a new climate no less than to a new culture. As Dr. Geggie (1955), a Canadian returning home after seven months in Britain, wrote: "Lest the picture look too bright, let me point out that no doctor, except the dead one, knows security in Canada. The foreign doctor must be willing to conform with Canadian ways and to cater night and day to a very demanding public. Nor is a higher degree, including British degrees, of any great assistance. The Canadian doctor has to prove himself to his public—and a very discerning public it is."

Summary

An outline is given of the administration of the health services of Canada. Reference is made to recent hospital insurance developments.

Governmental public health services operate at Federal, provincial, and local levels. These services at the local level are poorly developed by comparison with those of Great Britain.

Hospital services, both voluntary and provincial, have many features in common with the situation as it existed in this country prior to the advent of the National Health Service, except that financing is more of a public responsibility in Canada, and administration of the institutions more often a voluntary function.

Private practice perhaps displays features of combined general and specialist service to a greater extent than was ever the case in this country.

In 53 years there has been little change in the population/doctor ratio in Canada.

Particulars of numbers, age, and province of settlement are given for immigrant doctors between 1951 and 1954.

We are grateful to Dr. Joseph Willard, Director of the Research Division of the Department of National Health and Welfare, Ottawa, for making available to us much of the statistical information and for his suggestions in the writing of this article. Of course, responsibility for the opinions expressed is our own.

ADDENDUM.—To make terms and titles intelligible as regards the Health Service in Great Britain, some licence may be evident in terminology. The Canadian equivalents are: health visitor= public health nurse; local authority= local government; senior registrars=senior interne; general practitioner=physician (usually an all-embracing term in Canada).

REFERENCES

- British Medical Journal*, 1955, 1, 529.
Census 1951, Occupational Tables, 1956. H.M.S.O., London.
Department of National Health and Welfare (1955). *Survey of Physicians in Canada*, Memo. 2, General Series, 6th ed. with supplement. Ottawa.
Geggie, J. H. S. (1955). *British Medical Journal*, 2, 142.
Hatcher, G. H. (1955). *Canada J. publ. Hlth*, 46, 104.
Hood, W. D. (1953). *Hlth Bull. (Edinb.)*, 11, 61.

A PRESCRIPTION FOR HEALTH*

BY

R. W. LUXTON, M.D., B.Sc., F.R.C.P.

Consultant Physician, Crumpsall Hospital and the Christie Hospital and Holt Radium Institute, Manchester

Some years ago an advertisement for a famous retail chemist included the arresting phrase "Prescriptions dispensed with deadly accuracy." I make no such claim for to-day's prescription, because, on this subject of health, the thinking of the medical profession is worse than inaccurate, it is confused. We doctors know a good deal about disease, but not much about health; indeed, we have to be more interested in disease than in health. Symbolic of the confusion is our describing as the "National Health Service" what is actually the "national ill-health service." Typical also is the fact that we regard health as merely the absence of disease. At this meeting of doctors and clergy I would urge that we look on health not as the absence of something wrong, but as the presence of something right. Health is the whole man at his best. A real health service will arise when there is understanding and collaboration between all those whose vocation is to bring man to manhood—doctors, clergy, educationists, social workers, and many others, including politicians.

These introductory remarks you may regard as the letter-heading of the prescription form. If you will

*Read at a meeting organized by the Churches' Council of Healing during the Annual Meeting of the British Medical Association, Newcastle upon Tyne, 1957.

pardon a play on words, they indicate the *premises* on which the prescription is written, and are commonly the only section to be legible. The illegible portion includes the list of ingredients with doses, an instruction to the dispenser, an instruction to be passed on to the patient, the name and address of the patient, and, finally, the name of the prescriber. Of the many ingredients which could be introduced into a prescription for health, I have chosen six—wholesome food, sound habits, right environment, creative work, the promotion of active resistances, and daily meditation. Before discussing other sections of the prescription, I will give some consideration to each of the six ingredients. To do so is not only sound therapeutics, it is sound homiletics.

The Ingredients

Wholesome Food

It is clear to science that the human engine requires certain general categories of fuel if it is to function—proteins, fats, and starches, and also vitamins—and that physical and even mental diseases, disorders of nutrition, will arise if these needs are not met. Further, lack of balance in the intake of normal foodstuffs can sometimes promote physical disease. For example, the excess of fatty foods in our civilized dietary

may be a factor in disease of the coronary arteries. Indeed, the food eaten in our towns and cities is probably as unnatural, as unsuited to the physical nature of man, as is the city environment, with its polluted atmosphere, its sunless streets, its hard pavements. Within limits, without being faddy, the healthy man must be selective in what he eats. Of course, all we eat is selected—very few sane adults have been forcibly fed in this country since the days of the suffragettes.

However, if it is important to select the right foods for the body, it is equally important to select the right foods for the mind. Although forced feeding of the body has gone out of fashion since the suffragettes demonstrated which is the dominant sex, forced feeding of the mind has vastly increased. From all sides modern man has his five senses bombarded with information dressed up to stimulate his appetite—press, radio, television, advertisements, novels and journals, cinema. Propaganda has become a fine art, and ideas are forced into one's mind willy-nilly, as by a kind of psychological stomach tube. Some of the ideas are wholesome, many are fatuous and futile, but some are rank poison which demand immediate diagnosis and outright rejection. The first ingredient then is wholesome food.

Sound Habits

A habit is a settled tendency or practice. It achieves its end with an economy of effort to mind or body as the channel of action becomes worn by repetition. It is like a reflex in the field of behaviour, and once initiated may become almost as uncontrollable as a physical reflex. What habits of body and mind should be ingredients in the prescription for health? I will consider three such habits, although you will easily think of others.

1. *Adequate Sleep.*—Rhythm is a feature of nature manifested, for example, as night and day, sleeping and waking, systole and diastole. Most animals need to sleep, and I have even caught a trout napping. Many people suffer from a chronic lack of sleep without knowing it. A consulting physician not infrequently sees patients whose main complaint is persistent lethargy. After a thorough examination has offered no clue to causation, inquiry into the patient's sleep habit may reveal that this item is being squeezed out of his programme. In some cases the net result of a five-guinea examination has been an instruction to go to bed early. Moreover, some have stated subsequently that the consultation was worth the fee.

2. *Regular Exercise.*—Muscles are meant for action, but civilized man is becoming car-bound and exercise has become effort. When muscular inactivity is combined with an unbalanced diet, two common killing disorders may result—obesity and coronary disease. Dr. J. N. Morris and his colleagues, working for the Medical Research Council, made an interesting statistical study of many thousands of the drivers and conductors of double-decker buses of London Transport. In general, their social background was the same, but the drivers suffered more from coronary disease in two respects: the incidence of the disease was higher and the type of disease they developed was more dangerous. Morris suggests that the essential difference is one of physical activity: the conductor spends much of his time struggling around inside his bus, whereas the driver has a sedentary occupation away in front and is grateful for an opportunity to stretch his legs. Morris found a similar situation in Post Office workers; as regards disease of the coronary arteries, the peripatetic postman fared better than the sedentary telephonist. Thus our motor-cars may be shortening our lives insidiously and without threat to the no-claim bonus. Physical exercise should be a regular daily habit. Walking is excellent. I find that skipping 150 times every morning after shaving is useful—you can make all the motions without a rope. Golf, gardening, and walking are valuable if made habitual. Energetic trout fishing seems to have a special appeal for the medical mind, and since Isaac Walton described it as "the contemplative man's recreation" it must likewise be divinely designed for bishops. The

mind, too, needs regular exercise. Mental sclerosis and psychic obesity are as real as their physical counterparts.

3. *Self-discipline.*—As a habit, self-discipline is really important for health. I will mention only one minor aspect—the quantity of food we eat. Many people take about a third more food than they need. Obesity has definite perils, well recognized and financially estimated by insurance companies. Obesity is not always due to lack of self-discipline, but of all the muscular exercises designed for its cure the most effective is performed half-way through each meal, and consists in the placing of both hands firmly against the edge of the table immediately anterior to the waistcoat and imparting a sustained pushing movement. Lack of self-discipline leads a man insidiously into slavery—slavery to food, to alcohol, to tobacco, to sex, even slavery to his job. To be a slave to anything is unhealthy—unwholesome. The healthy man is streamlined both physically and mentally. When he has something really big to live for, self-discipline merges into self-realization.

Right Environment

The medical profession is becoming steadily more aware of the significance of environment for physical and mental health. Diseases associated with certain occupations form a medical specialty. A topical and important example of disease due to environment is the chronic bronchitis of our industrial cities, caused largely by pollution of the atmosphere by smoke from the domestic chimney, from industry, and from transport. Long-continued bronchitis may result in emphysema, heart failure, and death. In 1951 the mortality from chronic bronchitis was 40 times greater in England and Wales than in Denmark, and 20 times higher than in Norway or Sweden. 4,000 people died as a result of the London fog of 1952, and the country was deeply disturbed at the time. But only the concentration of that tragedy made a dent in our armour-plated public conscience. All over the country the tragedy continues. Annually thousands die precisely the same death. Fortunately, some of the more thoughtful and energetic local authorities have now realized that in Britain "we must fight for the air we breathe to be made as pure as the water we drink." Those authorities need our encouragement and support.

Creative Work

Every person has creative power, and if his daily work is useless a man becomes subtly frustrated and demands more wages, more leisure, more amusement. Similarly, many women remain discontented because they accept a safe but dull job in an office when they should be using their whole creative personality as a home-maker, or as a nurse, teacher, or social worker. To the prescription for health, a creative job adds both punch and palatability.

Promotion of Active Resistances

The body becomes impervious to some forms of disease because it has developed a resistance thereto by its own effort. Many infectious fevers give this immunity and prevent a second attack. Active resistance can be engendered artificially and safely by inoculation of both child and adult, and thus, in Britain, diphtheria and smallpox have been almost eliminated and we have good hopes for poliomyelitis. Can we do something of the same sort for the minds of children? In the clinic, by instilling the appropriate vaccine under their skin, we can protect them against diphtheria, whooping-cough, and smallpox. In the home, by instilling absolute moral values under their skin, we can protect them against slipshod standards of work, against lying and petty theft, against sexuality and homosexuality. The mind can acquire active resistances. Wilfred Trotter, one of our great surgeon-philosophers, pointed out that the mind can react to an alien idea as vigorously as the body can react to a foreign protein. For proof you need only to raise the subject of osteopathy with your doctor.

Daily Meditation

Everyone recognizes that there are diseases of the body and diseases of the mind. Many thoughtful people believe that there are also diseases of the spirit, important in themselves and capable of producing pronounced secondary disorders of body and mind. Spiritual disorders include pride, jealousy, greed, self-pity, resentment, self-indulgence, and chronic fearfulness. As an example of the latter I may tell you of an eminent surgeon who had a patient with a dangerous and painful illness requiring an operation involving serious risk. She showed great courage and endurance, in contrast to her husband, who was a worrying little man, fussy over trifles and consumed by fearfulness. Many times during those difficult weeks he telephoned or visited the surgeon about trivialities. Eventually the patient reached a stage of convalescence. One day, again by special appointment, the husband came to the surgeon and asked, "Mr. Jones, do you think I ought to get a bath-chair?" The harassed surgeon answered crisply, "You can if you like, but I don't think she's strong enough yet to push you around."

The prescription for health, therefore, must include ingredients which deal effectively with these disorders of the spirit, such as wholesome spiritual food, plenty of spiritual exercise, the right spiritual environment, spiritual discipline, a creative job in the spiritual field. There is, however, one ingredient which I believe is fundamental—daily meditation.

Educating the Hypothalamus

I cannot overstate the importance of the habit of quiet meditation for health of body, mind, and spirit. Modern man's life is grossly abnormal. Our days are spent in continuous activity and our senses stimulated incessantly, so that we have neither time nor opportunity for quiet. We search for the Kingdom of Heaven in every quarter except where we are told on excellent authority that it happens to be—*within us*. We need to meditate daily on great truths. We need to explore our own lives, our motives, our plans, in the clear light God provides as we sit quietly and unhurriedly in His presence.

The daily life of human beings has been described as existing on two planes, horizontal and vertical. On the horizontal plane is the succession of events, mostly trivial, which form our daily routine. The vertical plane is the plane of *values*. We understand why we are dropped on to the horizontal plane of trivial daily affairs only when we relate the horizontal plane to the vertical, and see our lives against the background of values such as honesty, great-heartedness, love, courage, purity, hope, and faith. In meditation the horizontal plane of routine meets the vertical plane of eternal values. The spiritually healthy man lives close to the line where his horizontal and vertical planes intersect.

Meditation is best undertaken in the morning, immediately after waking, with body and mind refreshed and the day unspoiled. It means going to bed earlier, to exchange that last languid half-hour at night for the first refreshing half-hour next morning. It is the critical act which makes every day significant. It is a time which saves time, for it clarifies what is important. As a daily habit it transforms the way you live, your ambitions, your interests, your methods. It has been practised by seers for centuries, and is powerful to-day in the lives of those who explore its secrets and accept its discipline. It is essential now as never before, for it is potent in the upward struggle of mankind. Apart from extremely busy periods, the average doctor or clergyman should have at least half an hour of such meditation daily; when exceptionally busy he needs longer.

It is imperative that modern man should cultivate this God-directed quietness. It is the only firm foundation for serenity, for the quiet mind. And by a quiet mind I do not mean an inactive mind. Daily meditation is the best means I know for educating the hypothalamus—the primitive part of the brain concerned with emotional reactions. Man's

cerebral cortex—his intellect—is overdeveloped but his "feeling" reactions are atavistic. He is an intellectual giant, delighted with his science, but a spiritual pygmy. I am reminded of a picture in a journal showing two cannibals sitting on the beach of a tropical island. They were watching with anticipation a large iron pot which was steaming appetizingly over the fire, when one cannibal remarked to the other, "Isn't science wonderful: a missionary can have his breakfast in London and be here in time for dinner."

Infectious Health

The modern and enlightened view of health is as wholeness—a sound body, a sane mind, and a victorious spirit. Many doctors, scientifically highly competent, are in this respect uneducated, largely because their own spiritual development has been neglected. In my view the main single factor which leads to "wholeness" is a vital and valid religious experience based on moral standards and refreshed by disciplined daily meditation. By "meditation" I do not mean "dreaming on religious themes." Meditation presupposes a clarification of thought and feeling. In the ultimate, it is the expectant waiting upon God's will of a man whose self-will is broken. It may start with moral standards, pass into contemplation, and end in spiritual adventure and exciting discovery. It is vital and infectious religion, the source of infectious health. If, like infectious disease, infectious health is due to a germ, then meditation is the incubator.

We doctors, with our science and art, are highly privileged in our power over body and mind. But the most health-giving thing one man can do for another is to infect him with a vital Christian experience. Thus the clergy must never underestimate what they can do for individuals and for the nation if they are adventurously true to their vocation. The primary purpose of Jesus Christ was spiritual—to transform human nature. His healing miracles were not fundamental, they were incidental. Some clergymen to-day become absorbed in, almost obsessed by, "faith healing" of the body. They must not forget that at the core of their vocation they already hold the pearl of great price.

The Vehicle

People will say: "Your prescription for health is most unpalatable. It would make me ill. You prescribe going to bed early, although I never got over my boyish liking for staying up. You prescribe at least half an hour of meditation on great truths at a time of day when I always sleep the best. I just *cannot* swallow it." Now a prescription is usually made up with some substance which unites all the ingredients into a takable whole. It is known as the *vehicle*. It carries everything along elegantly and harmoniously, and, in a word, "makes it go." There is a vehicle which unites these unpalatable ingredients. It has been variously described as an ideology, the single eye, the pure intention. It is the one big idea which integrates every other idea. To define that big idea, I cannot better the New Testament: To love God with all your heart and soul and mind and strength, and your neighbour as yourself. The pure intention is to obey the Holy Spirit. When you meditate you seek instruction from the Holy Spirit. If you cannot see what I mean, read J. B. Phillips's book *New Testament Christianity* and the new book by Campbell and Howard, *America Needs an Ideology*.

Plain Speaking

To return to the prescription. When the ingredients and the vehicle have been prescribed, there follows an instruction to the dispenser written in Latin—the language of his craft—telling him to make up a mixture or a pill. Next comes the "signature," abbreviated to "sig." The signature is not the name or initial of the doctor, but the instruction to be given to the patient, such as "one tablespoonful to be taken three times a day after meals." It is a recognized part of the dispenser's duty to transmit these instructions to the patient clearly and in plain English.

As members of two great healing professions, the clergy and doctors are dispensers of health to other people. We receive our own instruction in the language of our craft, be it theology or medicine. Do we always transmit our message to people in plain English? The plainest speech comes from *example*—what we *are* and what we *do*. Why should people take a doctor's advice on health when he is obviously living in an unhealthy way himself? The *Lancet*, in a leading article on an address by Mr. Harold Dodd, comments: "In their endeavour to make more and more patients fit to be operated on, surgeons have sometimes forgotten their equally important task of keeping themselves fit to operate." Too many doctors are pale, tense, and harassed, and driven by a sense of duty. This driving sense of duty is useful only until it is replaced by a better incentive, for it is a source of strain to the doctor and to all who work with him. A ward sister noticed that whenever she exhibited a very strong sense of duty, her nurses exhibited an equally strong sense of "off-duty."

Further to exemplify our failure to speak plainly: most of us are satisfied that cigarette-smoking predisposes to chronic bronchitis and lung cancer; how can the man in the street take notice of our warnings when he observes that his doctor and his vicar are no less addicts than he is himself?

That is where the more primitive levels of our brain need education—we theorize with our cerebral cortex, but in relation to these ingrained habits we think with our hypothalamus. One man read in a magazine that smoking caused lung cancer, and he was so upset he decided there and then to give up reading. Even our speech is not plain. When we ought to be surgical we are diplomatic. As a doctor I find myself using soothing phrases when I should be probing the wound, smoothing over when I should urge clear decision. And many a man has faced a major physical operation because his doctor has avoided a minor spiritual operation such as an honest examination of the patient's emotional attachments. A distinguished surgeon has written a much appreciated lecture entitled, "Is your gastrectomy really necessary?"

Again, how much of what is customary to the man in the pulpit is gibberish to the man in the pew? I was told of a patient in the chapel of a mental hospital who, after listening for a time to the chaplain, was heard to remark, "There, but for the grace of God, go I." Of course, as in that instance, the fault may be at the receiving end. But, as custodians of spiritual truth, do the clergy transmit their message in plain English? Religious problems, regarded as intellectual, are often rooted in moral compromise. Similarly, intractable health problems, physical and mental, may be due to sustained moral conflict. That is precisely where the parson fails with his intellectual arguments and the doctor with his pills and potions. That is precisely why spiritual diagnosis is almost as important to the doctor as to the priest.

The Prescription as a Charter for Freedom

I have now considered the prescription for health. But what of its purpose? Health is to be judged more by quality of life than by length of days. You may become a "teenager" in your second century and still have missed the whole point of being alive. The prescription is not merely a recipe for longevity, it is a charter for freedom. In its human aspect the vocation of doctor, clergyman, and educationist is to set man free and to offer him the key to life-long liberty. If you will allow me, I wish to quote from a B.M.A. Lecture given before the University of Oxford Medical Society in March, 1956, for what was said there relates with special force to this joint gathering of doctors and clergy.

"The doctor's primary function is to set people free—it is our greatest achievement and a wonderful privilege. What is disease but bondage?—bondage to arthritic joints, to paralysed limbs, to the limitations set by coronary disease or a malignant growth. Similarly psychological disease is bondage—for example, the bondage to severe depression or to a fixed delusion. Now we are able to set people free from certain physical and mental diseases

mainly when we uncover the scientific truth about these disorders. The truth makes men free. But there is another kind of truth which is just as necessary if man is to be free—spiritual truth—the truth which liberates a man from the diseases of the spirit which I have mentioned—pride, fearfulness, self-pity, self-indulgence, resentment. The truth of the intellect (scientific truth) and the truth of the spirit are *both* aspects of the truth which makes men free. . . . There are laws of the spirit just as absolute as the laws of science."

One final point. I have said that to be healthy the individual must have his life united around a great positive idea. I believe that if a nation is to be healthy it must be integrated around a great, positive ideology. Our own nation needs a great theme of life which every home acknowledges and which the world understands. Man is primarily a spiritual being: for wholeness he must have a spiritual ideology with a moral backbone. In a day when almost half the world's population is organized under a ruthless, materialist ideology, for very survival the other half must be united by an ideology which is spiritual, positive, and universally acceptable to all men who are willing to obey God. With that in mind, I offer this prescription for health. It is tentative and needs addition. It is certainly not prescribed with deadly accuracy, indeed it may already have reminded you of the notice in the window of another retail chemist which read, "We dispense with accuracy." But, taken regularly and in adequate dosage, I believe the mixture can cure man's fundamental disease—materialism—first in the individual and then in professions, governments, and nations.

THE DISAPPOINTED UNDERGRADUATE*

BY

B. W. DAVY, M.D., D.P.H., D.P.M.

Health Service Officer, Cambridge University Health Service; Honorary Physician, Psychiatric Department, United Cambridge Hospitals

"This man's work during the past term has been no more than fair but he appears to have found himself, which, after all, is what he came here to do." These words, quoted from a Cambridge tutor's report on one of his pupils, record a stage in one undergraduate's development which clinical experience amongst undergraduates suggests is too commonly not reached.

Some undergraduates prove unable to profit fully from the opportunities a university offers and so fail significantly to develop their academic, cultural, and social potentialities—in other words, to find themselves.

The man (or woman) who has found himself is recognizable as someone who is beginning to see more clearly the nature and extent of his gifts and skills and of his weaknesses and inexperience, and recognizes the opportunities, the responsibilities, and the handicaps which arise from them. He is developing a growing confidence in his judgment and with it the skill and the courage to express an opinion and to defend it. In short he can face the demands and the opportunities of his life unhandicapped by fear. He is laying a sure foundation on which to build and is gaining the insight necessary for realistic planning.

By contrast, to the undergraduate who has not found himself the world is a difficult place. He is for ever misinterpreting the causes of his difficulties, blaming himself, his fellow men, his material circumstances, for his frustrations. His discontent is not the healthy dissatis-

*Based on a paper prepared for the First International Conference on Student Mental Health, Princeton, New Jersey, September, 1956.