

Life in Yorkton before medicare came along

C. Stuart Houston, MD, FRCPC

There is a general misconception among medical students and the public at large that before medicare came along a tragic financial barrier separated the patient from his doctor. The actual facts, however, were quite different. Depending a little on the region, personalities and circumstances, the lack of money wasn't much of an impediment at all — especially to patients who had doctors like my father.

Dad, who began his practice in Yorkton in 1928, was reticent about accepting money offered while on a house call or in the hospital. After the economy had improved, I once watched him refuse a dozen \$10 bills peeled off by a farmer after his wife had a cholecystectomy, and then go without any payment. For his first 20 years in practice, accounts were sent out only once a year, after the harvest. Dr. Mackenzie at Esterhazy was reputed to have never mailed a bill; fortunately for his family, some patients insisted on paying.

During the Depression, all doctors felt themselves fortunate if they collected for half the work they did, and much of this "payment" came in the form of chickens and cordwood, not cash. A Metis patient once offered my father a bear cub in payment for his wife's maternity care. Another

family brought a quart of cream to the house twice weekly for 1 year — their cows were tuberculin negative — in payment for a cholecystectomy.

When a new patient consulted Dad about a complicated problem that had been undiagnosed by nearby doctors, his fee for a full hour's consultation, including urinalysis and hemoglobin, was \$2. The fee for a 5-minute consultation for scabies, ringworm or a septic throat was also \$2. A quick second visit to check blood pressure was \$1.

The patient at hand always

but on busy days 7:30 or 8:00 p.m.

When I arrived to assist him in 1951, I believed \$2 was a ridiculously low fee for an initial consultation that included a complete history and physical examination, so after a few months I began to charge \$3. I often wondered what the husband, who "might as well have a checkup by the young doctor, if he isn't busy", thought of paying me \$3 for half an hour when his wife, who spent an hour with the more knowledgeable and experienced doctor, paid only \$2.

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received his undivided attention and all the time necessary to hear the complaints or solve the problem. Dad did not know what time the appointment was for; he just worked away, and not infrequently was called away to the hospital to a maternity case or a surgical emergency. He would cheerfully see the 2:30 appointment at 5:00 p.m. without feeling any pressure. He always stayed in the office until everyone was seen, usually 6:30 or 7:00 p.m.,

In 1951, a surgical patient in Yorkton received only one bill from his own physician following an operation — there was no charge for the assistant or the anesthetic in order to avoid burdensome bookkeeping. If a patient had two major operations in a year, the second was done for half price. These two practices made Yorkton surgical fees somewhat lower than the provincial fee schedule; I would learn later that doctors from Great Britain

C. Stuart Houston is professor of medical imaging, University of Saskatchewan, and president of the Canadian Society for the History of Medicine.

who had arrived in neighbouring towns after the war regarded this as unethical undercutting.

For most of my 8 years in general practice, Yorkton consultations were also free. A very ill

\$35, but we were always one fee schedule behind. We could hardly raise the fee in the middle of a pregnancy. Only the next fee increase would prod us to announce the previous one.

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patient, or one with a diagnostic problem in hospital, was commonly visited and examined by most or all of the senior doctors without any additional charge.

If one doctor was out of town and a second one did emergency surgery on his patient, it was Yorkton practice for the first physician to send the bill. Soon after I started practice Dad was away to the mountains to escape the Manitoba Maple pollen when a sick old gentleman with obstructive jaundice came in from Esterhazy. He had not seen a Yorkton doctor before. I admitted him to hospital and assisted Dr. Peter Potoski, who removed the stone from his common duct. When he returned for his postoperative checkup he offered to pay me \$150, the going rate.

I said he owed me nothing and sent him over to pay Dr. Potoski. He sent him back, telling him he was my patient. My appeal for him to take the money was unsuccessful; he said the man was my patient and that if I didn't take his money, no one would. To the best of my memory, I finally accepted \$20 for the initial visit and 2 weeks of hospital care — pretty inexpensive for a successful cholecystectomy and common duct exploration.

The Depression and wartime fee for maternity care, including eight prenatal visits and a postnatal checkup for mother and baby, with a hemoglobin and urinalysis on each visit, totalled \$25. By 1951 the fee had risen to

By the time I left general practice in 1960 the maternity fee was supposed to be \$75. Only once did I charge this much. I drove a \$2700 Chevrolet, but had seen an unfamiliar big, black Chrysler Imperial in front of the hospital each evening for a week. When the chiropractor from the neighbouring town came to pay his wife's maternity bill I asked if the impressive vehicle was his and how he liked it. "Oh, it will do until I can afford something better", he replied. Then I looked him right in the eye and said, "Your wife's bill is \$75." He paid it cheerfully.

The maternity list measured the success of a practice. When-

If Dad said a patient must be in hospital, the patient was admitted. If the beds were full, the matron set up a bed in the corridor, contrary to fire regulations. If the corridors were full, the patient was placed on the couch in the doctor's lounge.

There were many little perks for the small-town doctor. Dad was welcome to hunt ducks on anyone's land within 50 miles of Yorkton. His patients would plant barley beside the best watering hole, and have the pits dug before they phoned to invite him out in the fall to protect their crops. No doctor stood in queue at a bank, but was ushered in for quick attention by the assistant manager. And Dad didn't pay anything when the service station filled his car's gas tank. He just drove away. Even if he hadn't been a customer at the station before, he was recognized and sent a bill at the end of the month. This method was less popular when he went to Regina, however. There the attendant would run after his car, yelling and screaming.

Today, with "free" medicare, patients may face a long wait for an appointment with their doctor. Often the receptionist, who cannot be expected to recognize an urgent case, decides when the patient will be seen. The waiting

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ever you met a classmate, one of the first questions was: "How many babies did you deliver last year?" If the answer was 35 or less, the practice wasn't viable; 100 deliveries meant a busy practice, while 200 meant you needed an assistant.

Even if doctors were not wealthy in the old days, they did enjoy both power and privilege.

list to see a specialist may be even longer. The patient with painful degenerative arthritis in a hip may have sleep interrupted by pain for an entire year before finally getting into hospital for a hip replacement.

I have a feeling such barriers are often more formidable than that \$2 fee was in years gone by. ■