

POLITICAL SCIENCE 4260/5260:
THE POLITICS OF HEALTH CARE



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Fall 2015

Because of its nature both as a public institution and as a political icon, the Canadian health care system is an inherently political institution which cannot be understood without a clear comprehension of both its composition and its relationship to the broader political landscape in Canada. This class will provide a survey of the political and theoretical debates within the area of health care in Canada, including discussions of funding, federalism, and governance. The class will also include a comparative survey of health care systems in other countries.

By the end of this class, students should be able to understand how the Canadian health care system works and to identify the key policy debates and political issues surrounding the provision of health care. Students should be able to describe various policy options and to analyze the advantages and disadvantages of each. The final goal is to understand the political context underlying these policy alternatives, and to comprehend how political obstacles can undermine constructive policy objectives.



Texts

1. Primary text: K. Fierlbeck, *Health Care in Canada* (available at the University Bookstore).
2. All secondary readings will be available online. Some journal articles will be available via the 'electronic journals' function on the Killam Library website. Some readings are available as .pdf documents in a folder on your homepage; some have hyperlinks (if hyperlinks fail you may have to google the online source). If you have any problems accessing these sources please let me know.



Assignments

Class presentation:	20% (use sign-up sheet)
Policy brief	30% (due October 26)
Research paper:	30% (due 7 December)
Attendance and participation:	20%

Please see the “Assignments” tab on Bbl for more detailed information regarding assignments. Graduate students should read “additional information for graduate students,” also on Bbl.



ASSIGNMENTS

1. Class presentation (20%)

For your in-class assignment, you are asked to present a book review to the class. You may do this singly, or in pairs. You have approximately 15-20 minutes, and may use electronic systems if you like, although you are not obliged to (but ensure that you give me at least 48 hrs notice if you need any equipment). Your presentation should include:

- a succinct account of what the book is about
- a clear account of the power relationships presented by the author
- an analysis of the author's solution to the problem s/he presents
- a critical evaluation of the book's strengths and weaknesses

The books you may choose from are:

- Harvey Lazar et al, *Paradigm Freeze: Why It Is So Hard to Reform Health-Care Policy in Canada*
- Gerard Boychuk, *National Health Insurance in the US and Canada: Race, Territory, and the Roots of Difference*
- Eric Topol, *The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Health Care*
- Otis Webb Brawley, *How We Do Harm: A Doctor Breaks Rank about Being Sick in America*
- Harriet Brown, *Body of Truth: How Science, History, and Culture Drives Our Obsession with Weight*
- Edward Shorter, *How Everyone Became Depressed*
- Courtney Davis and John Abraham, *Unhealthy Pharmaceutical Regulation: Innovation, Politics, and Promissory Science.*
- Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*
- Joanna Moncrieff, *The Bitterest Pill: The Troubling Story of Antipsychotic Drugs*
- Peter Gøtzsche, *Deadly Medicines and Organized Crime: How Big Pharma Has Corrupted Health Care*
- David Healy, *Pharmageddon*
- Robert Whittaker, *Anatomy of an Epidemic*
- Robert Whittaker and Lisa Cosgrove, *Psychiatry Under the Influence*
- Ben Goldacre, *Bad Pharma*
- Nina Teicholz, *The Big Fat Surprise: Why Butter, Meat, and Cheese Belong in a Healthy Diet*
- Mark Schatzker, *The Dorito Effect: The Surprising New Truth About Food and Flavour*
- John McQuaid, *Tasty: The Art and Science of What We Eat*

Please use the sign-up sheet on your Bbl website. There is a limit of one person/team per book (first come, first serve).

2. Policy Brief (30% - due October 26)

Topics:

1. The Minister of Health in [select province] wants to know whether the province should promote private health insurance. What, legally, would be required to enable this option? What would be the advantages and disadvantages of such a strategy? What kinds of obstacles would the province face in attempting to facilitate private health insurance?
2. The provincial Minister of Health wants to know whether the province should ignore the Canada Health Act and follow its own health care priorities. What do you advise?
3. The federal Minister of Health wants to know whether the government should overhaul the Canada Health Act. What is your recommendation?
4. What kinds of mechanisms could facilitate greater intergovernmental cooperation?
5. [legal brief] In 2009 a writ was filed with the British Columbia Supreme Court by a number of private clinics (most of whom had already been given intervenor status in the 2005 Chaoulli case). Their position is that the 2005 judgment should be applicable in British Columbia, and that the province's Medicare Protection Act violates the Section 7 rights of those who wish to purchase private health insurance where health care is not provided in a timely manner. You represent the plaintiffs. Present a brief outlining your case to the BC Supreme Court.
6. The federal Minister of Health wants to convene a First Ministers' Conference on Precision Medicine. What ought to be discussed at this conference?
7. The Minister of Health for [select jurisdiction] is wondering whether to develop a health strategy for vulnerable populations. Advise the Minister on whether this would be a good policy to develop and, if so, what it might look like.
8. The province wants to tackle the problem of diabetes. You have been asked to address this issue using non-medical determinants of health. Explain how you would design this project. Include obstacles (social, political, economic, technological, etc) that you would encounter, and strategies for dealing with these obstacles.

9. You are the CEO of a district that includes a region that has not been able to attract a doctor for over a year. Your finances are strictly constrained. How can you meet the health needs of your population?

10. The new federal government has just been elected with a health policy platform that was written by political staffers, not policy officials. Now that the new government is in place, advise it how workable its policy platform actually is, and what the costs and consequences of operationalizing it would be.

11. The Canadian Mental Health Association (CMHA) has asked you to advise them on the best way address the "crisis of invisibility" that has arisen due to decades of deinstitutionalization of those with mental illness. Present your report.

12. The federal Minister of Health is interested in reforming pharmaceutical regulation in Canada, and moving to a system of adaptive licensing. What does she need to know?

13. The federal Minister of Health is interested in the idea of a national pharmacare system, but is worried that it may too expensive. Is she right?

14. Design an information session for medical students explaining what they should know about pharmaceutical companies.

15. The provincial health minister wants to know if there is a "high performing health care system" that the province would do well to emulate. What would you suggest, and what caveats would you offer?

16. The First Ministers' Conference will be discussing whether Canada should introduce a system of health insurance based upon the concept of "social insurance." Prepare a briefing document, based on the experiences of France and Germany.

For more information on format, deadlines, and how to write a policy brief, see your "Policy Brief" folder on Bbl.

3. Research Paper (30% - due December 7th)

Topics:

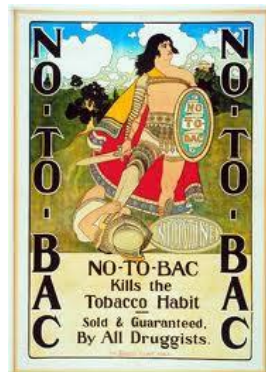
1. Ought there to be more private funding of health care in Canada? If so, what form should it take?
2. Should the provinces be responsible for raising their own health care funding?
3. If constitutional responsibility over health care rests legally with the provinces, what responsibility (if any) should Ottawa have regarding health care in Canada?
3. Would the fragmentation of the Canadian health care system into 13 quite separate provincial and territorial health care systems be a bad thing?
5. Why don't provinces cooperate more on health care policy?
6. What kinds of mechanisms could facilitate greater intergovernmental cooperation?
7. Are the implications of the Chaoulli decision generally positive or generally negative?
8. Ought health care to be governed by Charter rights?
9. If the social determinants of health are so important, why is there so little policy progress in this area?
10. Evaluate the attempt to coordinate public health policy in Canada.
11. Are doctors in Canada more or less politically powerful than they were 20 years ago?
12. What are the obstacles to collaborative health care?
13. Evaluate the role that health care played in the 2015 federal election.
14. What are the greatest *political* (as opposed to social) obstacles and challenges to mental health care reform?
15. How do the politics of mental health care reform differ from the politics of general health care reform?

16. Do pharmaceuticals have too much power?
17. Evaluate the attempts over the past decade to increase transparency and accountability in the pharmaceutical industry.
18. Why is Canada one of the few countries without a national pharmacare system? How likely is it that we will ever have one?
19. Why do drugs cost so much in Canada? What can be done to address this?
20. How successful have Obama's health care reforms been? Why?
21. What are the lessons that Canada can learn from the health care system of England/Sweden/Germany/France/US? [choose one]
22. Evaluate the UK's experiment with health care federalism.

For more information on format, requirements, and deadlines, please see the "Specifications" document in the "Research Paper" folder on your Bbl

4. Attendance and Participation (20%)

Students are expected to attend seminars and to arrive in class having read each week's readings. Those who do not come to class, or who come to class unprepared, will lose grades.



CLASS OUTLINE

Please note required readings for each week include:

- a. Textbook chapter
- b. At least ONE additional reading, as noted for the week

WEEK ONE (14 September): Introduction; brief overview of Canadian health care system; conceptual and methodological discussions

Readings:

1. Text, chapter 12
2. Additional readings:
 - a. Canadian Foundation for Healthcare Improvement, *Healthcare Priorities in Canada: A Backgrounder* (April 2014) <http://www.cfhi-fcass.ca/sf-docs/default-source/documents/harkness-healthcare-priorities-canada-backgrounder-e.pdf?sfvrsn=2>
 - b. National Health Leadership Conference, *The Great Canadian Healthcare Debate* (June 2015) <http://www.healthcarecan.ca/wp-content/uploads/2015/07/Special-iPolitics-magazine-NHLC-highlights.pdf>
3. Additional reading selection for graduates:
 - a. Walt et al., "Doing health policy analysis: methodological and conceptual reflections and challenges," in *Health Policy and Planning*. Sept 2008, 23/5.
 - b. Erasmus and Gilson, "How to start thinking about investigating power in the organizational settings of policy implementation," in *Health Policy and Planning*. Sept 2008, 23/5.
 - c. Huber et al, "How should we define health?" *British Medical Journal* (BMJ) 2011;343:d4163

Questions for discussion:

What are various ways of analyzing health policy?

What ideas have influenced the development of health policy?

Where does power lie in health care systems? How it is manifested?

What do we want from a health care system?

WEEK TWO (21 September): The debate over funding

Readings:

1. Text, chapter 1
2. Additional reading selection:
 - a. R.G. Evans, "The TRX gives a short course in health economics", in *Healthcare Policy* 6/2 2010.
 - b. Thomson et al, "Can user charges make health care more efficient?" in the *British Medical Journal* (BMJ) 18 August 2010 [BMJ 2010;341:c3759]

- c. Mythbusters: "A parallel private system would reduce waiting times in the public system" (.pdf)
- d. Elisabeth Rosenthal, "Paying till it hurts," *New York Times*, 3 Aug2013 (.pdf)
- e. Flood, Colleen, Mark Stabile, and Carolyn Hughes Tuohy. 2004. 'How does private finance affect public health care systems?' *Journal of Health Politics, Policy and Law* 29/3: 359–96.
- f. Skinner, Brett J., and Mark Rovere. 2008. *Paying More, Getting Less*. Fraser Institute. Oct. Available at <http://www.fraserinstitute.org/research-news/display.aspx?id=13276>.
- g. I. Dhalla, "Private health insurance: an international overview and considerations for Canada" (.pdf)

Questions for discussion:

What is meant by "private" and "public"?

What are some examples of privately-funded and publicly-funded health care in Canada?

What are the advantages and disadvantages of public and private funding models?

Is the source of funding the only way in which health care can be shaped?

Explain the relationship between funding models and political interests (who benefits from what kind of system? why?)

WEEK THREE (28 September): Health Care Federalism

Readings:

1. *Text, chapter 2*
2. *Additional reading selection:*
 - a. Fierlbeck and Lahey, eds. *Health Care Federalism in Canada*: Preface (Lewis), Chapters 1 and 3 (Fierlbeck), 8 (Boessenkoel), and 9 (Marchildon) (.pdf)
 - b. Gardner, Fierlbeck, and Levy, "Breaking the Deadlock: Toward a New Intergovernmental Relationship in Canada." *HealthcarePapers* 14(3), 2015. See also commentaries and response.

Questions for discussion:

To what extent does federalism impact health care?

Is it naive to think that governments can develop a voluntary coordinating strategy to overcome fragmentation? Will they only engage in strategies that further their interests?

WEEK FOUR (5 October): Health Care Policy in the 2015 Federal Election

Readings:

Go online and find the election platforms for each of the four national parties (Conservative, Green, Liberal, and NDP). Find what each has to say about health care, and be prepared to evaluate each party's position.

Questions for discussion:

Why has each party taken the position that they have?

How realistic is each proposal they offer?

What are some of the unstated consequences that might arise from some of their proposals?

[no class October 12]

WEEK FIVE (19 October): Health Care and the Courts

Readings:

1. *Text, chapter 4*

2. *Additional reading selection*

- a. Martha Jackman, "The Last Line of Defence for [Which] Citizens: Accountability, Equality, and the Right to Health in *Chaoulli*." 44 *Osgoode Hall L.J.* 349 (2006)
- b. Antonia Maioni and Christopher Manfredi, "When the Charter Trumps Health Care — A Collision of Canadian Icons." *Policy Options*, September 2005
- c. G. Boychuk, "Provincial approaches to funding health services in the post-*Chaoulli* era" (.pdf)

Questions for discussion

To what extent are "human rights" a useful framework within which to discuss health care?

WEEK SIX (26 October): Public Health and Health Promotion

Readings:

1. *Text, chapter 5*

2. *Additional reading selection*

- a. Robert Evans, "Thomas McKeown, meet Fidel Castro: Physicians, population health and the Cuban paradox," *Healthcare Policy* 3(4) 2008.
- b. Moises Velasquez-Manoff, "Status and stress," in the *New York Times* 27 July 2013 (.pdf)
- c. McMillan & Nagpal, "The public health system in Canada: not meeting the needs of Canadians," *Healthcare Papers* 7(3), 2007

- d. Christopher McDougall, "Still waiting for a comprehensive national epidemic surveillance system: a case study of how collaborative federalism has become a risk to public health," available at http://www.queensu.ca/iigr/working/PublicHealthSeries/McDougall_Still.pdf
- e. Robert Evans, "Fat zombies, Pleistocene tastes, autophilia and the "obesity epidemic", in *Healthcare Policy* 2/2, 2006

Questions for discussion:

What are some examples of potential health promotion strategies that are underutilized by governments? What are examples of successful health promotion strategies from other provinces/countries?

What are the political dynamics that make health promotion so difficult to operationalize?

Discuss the relationship between the agri-food industry and provincial/federal governments in Canada (or other countries). How do the interests of this industry undermine health promotion goals?

To what extent does the wider political environment (eg, economic polarization) affect a nation's health?

WEEK SEVEN (2 November): Health Human Resources

Readings:

1. *Text, chapter 6*
2. *Additional reading selection*
 - a. Evans & McGrail, "Richard III, Barer-Stoddart, and the daughter of time," in *Healthcare Policy* 3(3) 2008.
 - b. Grant and Hurley, "Unhealthy pressure: how physician pay demands put the squeeze on provincial health-care budgets." University of Calgary School of Public Policy Research Papers. Available at <http://policyschool.ucalgary.ca/?q=content/unhealthy-pressure-how-physician-pay-demands-put-squeeze-provincial-health-care-budgets>
 - c. Nathan Klassen, Tom McIntosh, Renée Torgerson, "The Ethical Recruitment of Internationally Educated Health Professionals: Lessons from Abroad" (.pdf)
 - d. Open Payments Explorer: How much industry money goes to US doctors and teaching hospitals (interactive tool)
<http://projects.propublica.org/open-payments/>

Questions for discussion:

Evaluate the political power of Canadian physicians.

*Should some of the traditional duties of doctors be transferred to other health care professions (nurse practitioners, pharmacists, midwives, paramedics, etc)?
What determines whether "collaborative care" works or not?*

WEEK EIGHT (9 November): Mental Health Care

Readings:

1. *Text, chapter 8*
2. *Additional reading selection*
 - a. Marcia Angell, "The epidemic of mental health: why?" and "The illusions of psychiatry", *The New York Review of Books*, 23 June and 14 July 2011; also read Peter Kramer's response "in defense of antidepressants" in *The New York Times* (all .pdf)
 - b. Allan Horwitz, "How an age of anxiety became an age of depression," *The Milbank Quarterly* 88/1 (2010)
 - c. Fingard and Rutherford, "Deinstitutionalization and vocational rehabilitation for mental health consumers in Nova Scotia since the 1950s." *Social History* 2011 44/88 (.pdf)
 - d. Mulvale, Abelson and Goering, "Mental health service delivery in Ontario, Canada: how do policy legacies shape prospects for reform?" *Health Economics, Policy, and Law*, v2 (2007), 363-389.
 - e. M. Wiktorowicz, "Restructuring mental health policy in Ontario: the evolving welfare state," *Canadian Public Administration* 48:3 (2005)

Questions for discussion:

*Why is mental health sometimes called the "orphan cousin" of health policy?
What are some examples of mental health strategies that seem to work well (especially at a local or provincial level)? What are the barriers to expanding these programs more widely?
What are the power dynamics underlying the ability to diagnose mental illness (and prescribe drugs)?
To what extent does the diagnosis of mental illness depend on a highly subjective framework? Are there relations of power inherent in the process of determining what constitutes a mental illness?
What are some reasons that mental health services seem to be consistently underfunded in most jurisdictions?*

WEEK NINE (16 November): Drug Policy and the Politics of the Pharmaceutical Industry

Readings:

1. *Text, chapter 7*
2. *Additional reading selection*
 - a. Joel Lexchin, "Why are there deadly drugs?" *BMC Medicine* 13:27 (2015) <http://www.biomedcentral.com/1741-7015/13/27>
 - b. Donald Light, "Serious risks and few new benefits from FDA-approved drugs" (July 2015) (.pdf)
 - c. Marc-Andre Gagnon and Joel Lexchin, "The cost of pushing pills: a new estimate of pharmaceutical promotion expenditures in the United States," *PloS Medicine* (3 January 2008)
 - d. Carl Elliott, "The deadly corruption of clinical trials". *Mother Jones*, October 2010 <http://www.motherjones.com/environment/2010/09/dan-markingson-drug-trial-astrazeneca>; and Katie Thomas, "A drug trial's frayed promise," *NYT* (17 April 2015)
 - e. Turner et al., "Selective publication of antidepressant trials." *NEJM* (.pdf)
 - f. Lisa Rosenbaum, "Reconnecting the dots" (7 May 2015), "Understanding bias" (14 May 2015), and "Beyond moral outrage" (21 May 2015). *New England Journal of Medicine*.
 - g. Kalant & Shner, "Research output of the Canadian pharmaceutical industry: where has all the R&D gone?" *Healthcare Policy* 1:4 (2006) (see also commentaries in 2:3 (2007)).
 - h. R. Epstein, "Influences of pharmaceutical funding on the conclusions of meta-analyses" *BMJ* 8 Dec 2007
 - i. Toop & Mangin, "Direct to consumer advertising", *BMJ* 6 Oct 2007
 - j. *CMAJ*, "Can Health Canada protect Canadians from unsafe drugs?" 12 July 2011 (pdf)
 - k. Edward Nik-Khah, "Neoliberal pharmaceutical science and the Chicago School of Economics." *Social Studies of Science* 2014, 1-29

Questions for discussion:

Can we afford to have a National Pharmacare Program? Can we afford not to?

Why does Health Canada permit unsafe drugs to be sold?

What are the ways in which pharmaceutical industries get approval for, and continue to market, drugs that are either ineffective, or cause serious adverse events?

How would you evaluate Rosenblum's argument that the current criticism of the pharmaceutical industry is unfair and ungrounded?

Is there a better way to regulate drugs?

WEEK TEN (23 November): Health Care in the US

Readings:

1. *Text, chapter 11*

2. *Additional reading selection*

- a. Jones et al, "The Hippocratic oath, the US health care system, and the ACA in 2015". *The American Journal of Medicine*
- b. Idea Hellander, "The US health care crisis five years after passage of the ACA". *International Journal of Health Services* (August 2015)
- c. Thomas Miller, "Health reform: only a cease-fire in a political hundred years' war." *Health Affairs* 29/6, June 2010
- d. Go to the Health Affairs Blog at <http://healthaffairs.org/blog> and select "Topics", then "Following the ACA" to get the latest blogs
- e. Shapiro and Jacobs, "Simulating representation: elite mobilization and political power in health care reform" (2010), pdf
- f. Paul Krugman, "Insurance and freedom," *New York Times* 7 April 2013
- g. Fred Abelson, "Health insurers making record profits as many postpone care," *New York Times* 13 May 2011 (pdf) and International Federation of Health Plans, 2009 Comparative Price Report (pdf)
- h. Atul Gawande, "The cost conundrum," *The New Yorker* 1 June 2009
- i. Jonathan Oberlander, "Systemwide cost control - the missing link in health care reform," *New England Journal of Medicine* (2 September 2009)

Questions for discussion:

What has the ACA accomplished, and what has it not accomplished?

Map out the power interests in US health care.

Why is the US so different from all the other OECD countries on health care?

WEEK ELEVEN (30 November): European Healthcare Models I: Britain, Sweden, and the "internal market"

Readings:

1. *Text, chapter 9*

2. *Additional reading selection*

- a. The King's Fund. The New NHS
<http://www.kingsfund.org.uk/projects/new-nhs>
- b. The King's Fund. The NHS under the coalition government (Feb 2015)
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/the-nhs-under-the-coalition-government-part-one-nhs-reform.pdf (part one)
and
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/the-nhs-under-the-coalition-government-nhs-performance-kings-fund-mar15.pdf (part two)

- c. An alternative guide to NHS reforms (animation) at <http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>
- d. timeline prezi at <http://www.kingsfund.org.uk/topics/nhs-reform/health-and-social-care-act-2012-timeline>
- e. Nicholas Timmins, "The four UK health systems: learning from each other." King's Fund, 2013.
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_summary/four-uk-health-systems-jun13.pdf
- f. Anders Anell, "The public-private pendulum: patient choice and equity in Sweden," *New England Journal of Medicine* (1 January 2015)
- g. Richard Saltman, "Structural patterns in Swedish health policy." *Journal of Health Policy, Politics, and Law* (April 2015).
- h. Bengt Ahgren, "Competition and integration in Swedish health care." *Health Policy* (July 2010) 96/2

Questions for discussion:

What are the most pressing issues facing health care in the UK? To what extent are these issues specific to the UK, and to what extent are all countries grappling with them?

What can be learned from the UK's experiment with health care federalism?

Is the "internal market" something that Canada should consider?

What lessons can be learned from Sweden's health care system?

To what extent is Swedish health care a consequence of (and dependent upon) Swedish political culture?

WEEK TWELVE (7 December): European Healthcare Models II; France, Germany, and "insurance funds"

Readings:

1. **Text, chapter 10**
2. **Additional reading selection**
 - a. Or et al, "Are health problems systemic? Politics of access and choice under Beveridge and Bismarck systems." *Journal of Health Economics, Policy, and Law*. July 2010 5(Special Issue 3). See also comment by Weale.
 - b. "State Autonomy, Policy Paralysis: Paradoxes of Institutions and Culture in the French Health Care System". By: Rochaix, Lise; Wilsford, David. *Journal of Health Politics, Policy & Law*, Feb-Apr2005, Vol. 30 Issue 1/2, p97-119, 23 p 11
 - c. M. Steffen, "The French Health Care System: Liberal Universalism," *Journal of Health Politics, Policy, and Law* 35/3, 2010

- d. Health Care Reform in Germany: Patchwork Change within Established Governance Structures". By: Altenstetter, Christa; Busse, Reinhard. *Journal of Health Politics, Policy & Law*, Feb-Apr2005, Vol. 30 Issue 1/2, p121-142
- e. Lisac et al., "Access and choice - competition under the roof of solidarity in German health care: an analysis of health policy reforms since 2004." *Journal of Health Economics, Policy & Law* 5/1 2010
- f. Kaiser Foundation 2009, "Cost sharing for health care: France, Germany and Switzerland"

Questions for discussion:

What are the advantages and disadvantages of a social insurance system? France and Germany both have a social insurance system, which places them in a similar category. What are the key differences between France and Germany?



POLICY ON ACCOMMODATION

Students may request accommodation as a result of barriers related to disability, religious obligation, or any characteristic under the Nova Scotia Human Rights Act. Students who require academic accommodation for either classroom participation or the writing of tests, quizzes and exams should make their request to the Office of Student Accessibility & Accommodation (OSAA) prior to or at the outset of each academic term (with the exception of X/Y courses). Please see www.studentaccessibility.dal.ca for more information and to obtain Form A: Request for Accommodation.

A note taker may be required to assist a classmate. There is an honorarium of \$75/course/term. If you are interested, please contact OSAA at 494-2836 for more information.

Please note that your classroom may contain specialized accessible furniture and equipment. It is important that these items remain in the classroom so that students who require their usage will be able to participate in the class.

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STATEMENT ON ACADEMIC INTEGRITY

All students in this class are to read and understand the policies on academic integrity and plagiarism referenced in the Policies and Student Resources sections of the academicintegrity.dal.ca website. Ignorance of such policies is no excuse for violations.

Any paper submitted by a student at Dalhousie University may be checked for originality to confirm that the student has not plagiarized from other sources. Plagiarism is considered a serious academic offence which may lead to loss of credit, suspension or expulsion from the University, or even to the revocation of a degree. It is essential that there be correct attribution of authorities from which facts and opinions have been derived. At Dalhousie there are University Regulations which deal with plagiarism and, prior to submitting any paper in a course, students should read the Policy on Intellectual Honesty contained in the Calendar or on the Online Dalhousie website. The Senate has affirmed the right of any instructor to require that student papers be submitted in both written and computer-readable format, and to submit any paper to be checked electronically for originality. As a student in this class, you are to keep an electronic copy of any paper you submit, and the course instructor may require you to submit that electronic copy on demand.