

Some Things I Don't Believe

H. B. ATLEE

EVER since the days of Abraham's wife, Sarah, infertile marriages have been blamed on the woman. To that end, major surgery is not infrequently performed to cure sterility before the husband has been ruled out as the cause. Even the textbooks tend to promote this belief in female responsibility, stating that in only 30% of cases is the male at fault. I don't believe in this proportion. In my experience the greatest single discoverable cause of infertile marriages is some fault in the spermatazoa, a low count, or poor viability, or too many abnormal forms. In the last three weeks I have had to investigate five infertile matings, in four of which there was definite evidence of spermatazoic insufficiency and in none of which could I find any evidence of trouble in the female—although I have not yet had time to get the ovulation temperature charts taken. One of these women has had a D and C done for her sterility—her husband has a count of under two million sperms; another has had a suspension—her husband has no sperms at all in his spermatid fluid. In another of these cases there were likewise no sperms at all in the spermatid fluid. So I no longer believe that (1) women are more frequently than men the cause of sterile matings or (2) that women should be operated on for infertility before their husband's sperms have been properly investigated.

One of the commonest conditions for which I am consulted is chronic right-sided pain. In too large a number of such cases one or more of the following operations has been performed (1) appendectomy (2) removal of "cysts" from the ovaries, (3) suspension of the uterus. When I speak of chronic right-sided pain, I mean a more or less constant pain in the right iliac region, associated with tenderness over the cecum. I do not believe that such a pain is ever due either to chronic appendicitis, or "cysts" on the ovaries, or retroverted uterus. True chronic appendicitis gives a very much different and rather typical history. So-called "cysts" on the ovaries are usually nothing more than fully-ripened normal Graafian follicles. I have never known such a "cyst" to cause pain, except for the occasional mittelschmerz, and they should not be tinkered with at laparotomy unless you want to puncture one with a needle just for the hell of it. In any case don't make a complete ass of yourself by later telling the woman her pain was due to this innocent physiological phenomenon. The uncomplicated retroverted uterus is practically never the cause of the several symptoms for which it is blamed. If it is complicated by salpingitis or endometriosis it is these other entities that cause the symptoms. I have never known it to cause primary sterility, and in none of the cases of primary sterility for which in my sinful and ignorant past I have either anteverted it with a pessary or suspended it has the sterility been cured. It never causes chronic right-sided pain centred on the cecum. The uncomplicated retroverted uterus is present as a *normal* position in approximately 20% of women. As sure as you start thinking of it as the cause of symptoms it will trick the pants off you. Here are two cases to illustrate this proclivity: (1) This woman had a suspension 10 years ago with complete relief of her symptoms, which were backache and pressure against the rectum. Six months ago these same two symptoms recurred identically as the patient had them before the operation. She feels certain

her uterus has broken away from its moorings and become "tipped" again. She wants the job redone. But on examination the uterus is still held snugly in the anteverted position. Or: (2) This woman had a suspension for back-ache, menorrhagia, and right-sided pain, which symptoms it apparently cured. She is back now because she has some vaginal discharge. Examination shows the uterus to be completely retroverted and retroflexed. Since this recurrence of the retroversion practically always takes place within ten days of operation—when the catgut rots or the silk cuts through the round ligament—it was present when the patient got out of bed. One certainly cannot claim that suspending this uterus cured the patient. Nor can it be claimed that the symptoms for which she was operated upon were due to the retroversion. I am very, very sceptical about the retroverted uterus. I do not believe it is responsible for the symptoms commonly referred to it in any but a tiny group of those in whom it is suspended.

I don't believe that a positive or negative Kahn, a positive or negative smear for G.C., or a positive or negative Asheim-Zondek test always means what it says. All, all are fallible, and the unwary wight who trusts them implicitly will bring only suffering to patients and embarrassment to himself. Where a Kahn test is positive in the absence of any history of acquired or any signs of congenital syphilis, it should most certainly be repeated, and I have known cases where the repeat told another story. Besides being untrustworthy in its own right, the Gram method of staining will frequently give a positive for G.C. when the patient only has trichomonads and does not have G.C. I have seen this happen on so many occasions and it has caused me so much embarrassment, that I now will not do a cervical smear in a case in which I have found trichomonads, until I have treated the latter for some days. I have found the Asheim-Zondek a most untrustworthy test, giving both false negatives and positives. If an anxious widow or a troubled spinster who has missed a period shows a negative A-Z I conjure you not to reassure her on this all too flimsy evidence. I have seen and known of so many cases in which this test was fallacious—even when done in Toronto or Montreal—that I no longer put any real faith in it. The claim in the text-books that it is 98% efficient finds no substantiation in my practice. In the laboratories in which I have had it done it is certainly not above 75% certain, and what I am concerned with is the laboratories available to me. And since I believe that the men doing the tests in these laboratories are as capable of noting gonadotrophic changes in the ovaries of a rabbit as anyone, I beg leave to doubt also that the test is anywhere 98% certain.

I don't believe that the sex hormones have anything like as satisfactory therapeutic results as the advertisements and mailed-in literature of their manufacturers—and some of the more enthusiastic articles in our medical journals—would lead us to believe. Preparations of these hormones have been advocated for everything from dyspareunia to hyperemesis, and amazing results have been claimed by the less critical of our brethren. Let us approach this matter with a tolerable degree of scepticism. There are three groups of sex-hormones commonly used therapeutically in the female. (1) the gonadotrophic, (2) the estrogenic, and (3) the corpus luteal. Of these the results in the use of the first and last have been extremely disappointing in every condition for which they have been prescribed. Even the estrogens appear to have value only in the menopausal syndrome, dysmenorrhea, and pain-

ful lactating breasts. Apart from these three conditions the results are contradictory and controversial, and there are those who question the value of estrogens even in dysmenorrhea. They are still being experimented with by well-trained clinicians in various conditions, but as yet there is nothing definitive except in the use of estrogens in the conditions I have just mentioned. What detracts greatly from their scientific use by the ordinary practitioner, is the multiplicity of names given them by their manufacturers. Some of these more or less describe the nature of the product, but others certainly do not. Consider the estrogens for example. Folliculin makes us think of a Graffian follicle and so of its secretion, but do such names as Theelin, Progynon, Menformin, Amniotin or Emmenin serve any other purpose than gobbledygook? It would be so simple to label all the estrogens as Estrogen, all the corpus luteum products as Lutein, all the gonadotrophic hormones as Gonadotrope. We should then know exactly by the name what we had in hand, except in the first instance. We call for Pituitrin when we want posterior pituitary extract, for adrenalin when we want medullary extract of the adrenal, and thyroid extract when we want the therapeutic principle of that gland. But for some capitalistic reason or other we have allowed the female sex hormone preparations to get smogged up in this terminological baloney.

I don't believe in the policy of curetting postmenopausal bleeders for the purpose of making a diagnosis. The incidence of carcinoma of the body of the uterus is so high in such that, so far as I am concerned, every postmenopausal bleeder has this disease until I have taken out her uterus and had it microscoped thoroughly. I came to this conclusion as a result of having seen some of the best gynecologists in the world miss carcinoma of the corpus with a curette. When we remember that (1) no matter how thoroughly a curettage is done, it will miss a fair area of the endometrium and that (2) you can curette all around a cancerous polypus without bringing away any cancerous tissue (and a lot of them are of that type) this failure to obtain malignant tissue on the scraper is not exactly surprising. Furthermore, since a vaginal hysterectomy is probably just as safe as a curettage in women of this age, why fiddle while Rome is burning? With this operation you rid the woman of her pathology and make a certain diagnosis at one blow. Here is the sort of surgical fumbling that goes on (and you'd be surprised where). Two women in the early sixties are being curetted for irregular postmenopausal bleeding. If cancer is found, they will both have radium next week and three weeks later an abdominal hysterectomy. If cancer is not found, they will just have the radium. In one case three operations and three anesthetics: in the other two anesthetics and a still uncertain diagnosis. So courage, brother, do not fumble. In these latter days the Papanicolaou test should obviate some of this surgical diddling. If it is positive there can be no justification in doing a curettage. But even if the Pap is negative I believe in removing the uterus, since it is a trusted old slogan of mine that every woman bleeding after the menopause has got cancer until you have proved *up to the hilt* that she has not.

These then, brethren, are some of the things in which I no longer believe. I pass them along to you in the hopes that I may save you from learning their truth the hard way—the way I did. And here's a final, more solemn thought: if it was hard for me, it was very much harder on those patients through whose discomforts, disabilities and deaths I was taught.

Minutes of the Executive of The Medical Society of Nova Scotia, 1949

THE annual meeting of the Executive of The Medical Society of Nova Scotia was held at White Point Beach Lodge, White Point Beach, N. S., on Tuesday, September 6, 1949, at 2.40 p.m.

Present: Doctor H. A. Fraser, President; Doctors E. F. Ross, J. J. Carroll, H. G. Grant, R. O. Jones, G. R. Forbes, S. Marcus, W. A. Hewat, H. J. Davidson, H. B. Havey, W. J. MacDonald, V. O. Mader, A. R. Morton, H. B. Ross, J. F. L. Woodbury, W. K. House, J. R. MacLean, F. M. Fraser, J. S. Robertson, R. A. MacLellan, M. E. B. Gosse, N. H. Gosse, R. A. Moreash, Eric W. Macdonald, P. E. Belliveau, H. W. Schwartz, J. P. McGrath, A. L. Murphy, W. A. Curry, C. J. W. Beckwith, H. J. Pothier, D. F. Macdonald, G. B. Shaw, H. MacKinnon, E. I. Glenister, S. R. Johnston, J. F. C. Anderson President and T. C. Routley, General Secretary of the Canadian Medical Association, and G. E. Chalmers, Immediate Past President of the New Brunswick Medical Society.

The President called the meeting to order, and welcomed Doctor J. F. C. Anderson, President of the Canadian Medical Association and Doctor T. C. Routley, the General Secretary, to the meeting.

It was moved and seconded that the minutes of last year's meeting as published in the Nova Scotia Medical Bulletin in October and November, 1948, be taken as read. Carried.

Doctor H. G. Grant read the following letter:

Department of Public Welfare, Nova Scotia

August 19, 1949

Dr. H. G. Grant
Secretary, Nova Scotia Medical Society
Halifax, N. S.

Dear Dr. Grant:

Pursuant to the request of Dr. H. A. Fraser conveyed to us by Dr. P. S. Campbell, Deputy Minister of Health, to-day, we wish to make clear what we thought was understood at the meeting with the officials of the Nova Scotia Medical Society on May 16th, 1949, respecting the proposed plan for free medical care to old age and blind pensioners and mothers' allowances beneficiaries.

First, the proposed plan would provide for the ordinary visitation of a doctor to a home and the ordinary visitation of a patient to a doctor's office. It would not include hospitalization or drugs.

Second, the Province through the Department of Public Welfare, would pay to the Nova Scotia Medical Society seventy-five cents per month per person listed as in receipt of old age pension, blind pension and mothers' allowances during the month.

We trust that this matter will be finalized at the forthcoming annual meeting of the Nova Scotia Medical Society, in order that the agreement between the Province and the Society can be completed in the near future.

Yours Faithfully

(Sgd.) H. S. Farquhar,
Director Old Age Pensions

(Sgd.) F. R. MacKinnon,
Director Child Welfare

Doctor H. A. Fraser stated that the Society had adopted the proposal in principle, but did not think that 75c was sufficient, but since then they had contacted the Government and were told that 75c was the figure agreed upon.

Doctor H. G. Grant advised that there had been a special meeting of the Executive to discuss this matter and a committee had been appointed. The Government felt that 75c per person per month was all they would pay, and the Society's committee thought it should be 80c.

Doctor Eric Macdonald felt that the Society should accept whatever offer the Government made.

After further discussion Doctor N. H. Gosse moved that the committee on this matter that had already been named by the Executive be reappointed and instructed to carry on their negotiations with the Government with a view to settling the matter.

Doctor H. G. Grant read the following resolution.

At a meeting of the Lunenburg-Queens Medical Society held at Lunenburg, June 1, 1949, the following resolution was unanimously endorsed.

Resolved, that the Lunenburg-Queens Medical Society go on record as being in favour of the Provincial Government increasing pensions paid to all pensioners sufficiently to cover medical care, such increase being paid directly to the pensioners, and that the Executive of the Nova Scotia Medical Society, and of all branch societies be informed of our stand.

Further, that a copy of this resolution be sent to the Secretary of the Nova Scotia Medical Society for presentation at the next meeting of the executive, and further, that a copy of this resolution be also sent to the secretaries of all branch societies."

Doctor S. Marcus stated that the impression seemed to be amongst the old age pensioners that all medical care should be provided free by the Government. It had been the opinion of the members of the Lunenburg-Queens Medical Society at their meeting in June in Lunenburg that if the pensioners were made to understand that they were to pay for the medical care they might limit their doctors' calls to necessary ones. They felt it would be far better if the money were paid directly to the pensioners.

Doctor N. H. Gosse's motion was seconded by Doctor D. F. Macdonald and carried.

Report of the Editorial Board

Mr. Chairman and Members of the Executive:

I have the honour to present the report of the Editorial Committee of the Nova Scotia Medical Bulletin for the year 1948-1949. The year has not been at all out of the ordinary. We have succeeded in bringing out the customary twelve numbers, although for some time it looked as if there might be only eleven. Of this more later. We have had the usual difficulty in procuring material and have encountered the usual number of friends who would never break one's heart for want of a promise. On the other hand, some have been most co-operative in producing papers at short notice, to help out in times of real need.

The entry of Newfoundland into Confederation was marked in the March issue by an article written on request by Doctor Cluny Macpherson of St. John's, and a brief editorial expressing the warmth of our welcome. This

gesture on the part of the only provincial medical journal east of Ontario was favourably received. The Editorial Board cannot take credit for the idea, since it was suggested by someone outside the medical profession.

For some time the editors have been far from satisfied with the publishing service. A number of issues have come out extremely late, in spite of material being available and in the hands of the printers in plenty of time. It is true that the publishing firm moved to new quarters in the spring, and that this produced unavoidable delay, but that factor should have ceased to operate by now. And yet the July Bulletin reached its readers only ten days ago. The arrangement of the material in the BULLETIN is often poor and sometimes completely destroys the sense, as in the April issue when pages were transposed. It is true that more careful attention on the part of the editors might overcome some of these drawbacks, but it does not appear to us that it is any part of our legitimate duty to teach the printer how to arrange words on the pages. Yet this is just our most frequent complaint. The first three or four pages of a paper are crammed together and it ends up with three or four lines at the top of a page, with blank space beneath. Some months ago your editor attempted to reach an understanding on this point, and improvement was promised but the fault still goes on. Surely we can have what papers we do secure, decently and tastefully printed.

There seems to be some doubt as to who takes responsibility for contracts with publishers. We recommend that the proper person or persons be requested to look into the matter of other printing firms in the province, with a view to securing more satisfactory printing services. It is, of course, understood that the needs of our advertisers must receive due consideration.

I recommend the adoption of this report.

Respectfully submitted,

Margaret E. B. Gosse,
Chairman, Editorial Board

Doctor D. F. Macdonald seconded the adoption of this report, which was carried.

The following letter was next read by the Secretary.

August 1, 1949

Dr. H. G. Grant
The Secretary
Medical Society of Nova Scotia
Halifax, Nova Scotia

May I remind you that under the By-laws of this Corporation—Section 2, Sub-section (2); it is the privilege of the Executive of The Medical Society of Nova Scotia to nominate sixteen members of your Society to the House of Delegates of Maritime Medical Care, Incorporated. This you did last year, and their term expires in September next. We would appreciate your nominations at the next meeting of your Executive.

The following is the list of your nominees for last year:

Dr. N. H. Gosse, 240 Spring Garden Road, Halifax.

Dr. J. C. Wickwire, Liverpool.

Dr. J. P. McGrath or Dr. G. R. Forbes, Kentville.

Dr. D. Drury, 156 Victoria Street, Amherst, or Dr. E. J. Gordon, 87 Church Street, Amherst.

Dr. D. S. McCurdy, 640 Prince Street, Truro.

Dr. A. E. Blackett, New Glasgow.
 Dr. J. J. Carroll, Antigonish.
 Dr. H. J. Martin, Sydney Mines, N. S.
 Dr. D. F. MacDonal, Yarmouth, or Dr. P. E. Belliveau, Meteghan.
 Dr. D. M. MacRae, 34½ Morris Street, Halifax.
 Dr. J. R. Corston, 46 Coburg Road, Halifax, or Dr. A. G. MacLeod, 53 King Street, Dartmouth
 Dr. H. L. Scammell, 196 Atlantic Halifax, or
 Dr. E. T. Granville, 554 Robie Street, Halifax.
 Dr. J. V. Graham, 51 Coburg Road, Halifax.
 Dr. Eric W. Macdonald, Reserve.
 Dr. H. A. Fraser, Bridgewater.
 Dr. L. P. Churchill, Shelburne.

These were duly received into the House of Delegates of the Corporation. Of these, we regret to say, Dr. Scammell resigned in December last, because of his having to be away so much. Of these, also

Doctors: N. H. Gosse
 J. C. Wickwire
 A. E. Blackett
 D. M. MacRae
 J. R. Corston
 E. W. Macdonald

are directors of the Corporation, of whom those nor specifically marked were elected for two years, and those marked with X for one year. The latter, however, are eligible for re-election, if they are still members of the House of Delegates.

May we then request that in the sixteen names which you submit to us you include the names of those five directors who have another year to run. We would leave to the judgment of your Executive, the matter of including the name of the director who had a shorter term of office (one year) and who is eligible for re-election as a director of the Corporation. We would like to state, however, that Doctor Blackett has been a very valuable member of the Corporation, and since his election for one year was restricted to that term by his own act, and since from this year all terms will be for two years, we would be pleased to find Dr. Blackett's name included also.

May we at this time extend to you personally, Mr. Secretary, our warmest thanks for your kind help at all times, and through you to the profession of this province the thanks of the Corporation for the confidence they have expressed, and the support and co-operation which they have so readily, so sympathetically and so fully given during the past year.

This Corporation, though small now, is likely to fill a very great place in the life of this province if such support and sympathetic co-operation from you members everywhere can be continued.

On behalf of the Directors,

Yours very truly,

(Sgd.) Norman H. Gosse, M.D.,
 President

Doctor R. O. Jones moved that the five members, namely, Doctors N. H. Gosse, J. C. Wickwire, D. M. MacRae, J. R. Corston and E. W. Macdonald and Doctor A. E. Blackett, be re-elected, and this was seconded by Doctor J. J. Carroll and carried.

Doctor W. A. Hewat nominated Doctor H. A. Creighton of Lunenburg.

Doctor R. A. Moreash moved that Doctor H. A. Fraser appoint a committee to choose the House of Delegates and report back to the Executive. This was seconded and carried.

The following letters were read by Doctor H. G. Grant.

July 19, 1949

Dr. H. G. Grant, Secretary
Nova Scotia Medical Society
Dalhousie Health Centre
Halifax, N. S.

Dear Dr. Grant:

At a recent meeting of the New Brunswick Medical Executive, the Secretary was asked to obtain your Society's reaction to the idea of a full-time executive secretary jointly for Nova Scotia, Prince Edward Island, and New Brunswick. It was felt that we have many common problems and that a permanent official of this kind would be useful to all three provinces. Could we ask that this subject be placed on the agenda at your Annual Meeting? We intend to examine the proposition thoroughly at our Annual Meeting and have asked Prince Edward Island to do the same.

I am,

Yours Sincerely

(Sgd.) R. A. H. Mackeen, M.D.

Secretary, The New Brunswick Medical
Society

July 20, 1949

Dr. Hugh A. Fraser, President
Nova Scotia Medical Society
Bridgewater, N. S.

Dear Doctor Fraser:

Annual Meeting C.M.A. 1950

Your letter of 7 July to Dr. Everett Chalmers re the part which our Division might play in association with the Nova Scotia Division was discussed at a meeting of the New Brunswick Medical Executive last week. I think Dr. Chalmers will be writing you direct but as he is on holidays I believe the Executive would like me to let you know at once that the suggestion met with a cordial reception and the matter will be placed before our Annual Meeting in August. There was a general feeling amongst the Executive that we had many common problems and that a greater degree of liaison would be mutually beneficial.

Another matter discussed about which I have written directly to Dr. H. G. Grant, your secretary, is that of consideration of a permanent full-time secretary for the three Maritime Provinces. We have asked that you give consideration to this matter at your annual meeting and probably Dr. Grant will refer the matter to you for opinion. I think this matter should be thoroughly explored. I do not think from my own experience that there is a full time job for one province alone nor would the expense warrant it but for a combined operation there is much to be said.—(personal opinion).

Kind personal regards

Yours Sincerely

(Sgd.) R. A. H. Mackeen, M.D.

Secretary, The New Brunswick
Medical Society

Doctor H. A. Fraser stated that the Society had invited a representative from the New Brunswick Medical Society, and he would like to introduce Doctor G. E. Chalmers, immediate past president, who was present at the meeting.

Doctor G. E. Chalmers stated that he was very pleased to be present. "I think the time has come now when we should get together. We have raised our annual fee from \$20 to \$50, and put in a full-time secretary. It might be that one man could do the work in the three provinces. I think we should be in closer co-operation with each other. We are definitely going ahead."

Doctor T. C. Routley: "Mr. President, I think that President Anderson and myself were very favourably impressed with the determination which was manifested on the part of the New Brunswick meeting, the largest in the history of the Province. New Brunswick apparently came to the conclusion that the only way they could have the service they wanted was by a full-time man. Each Division must settle that need for itself. Prince Edward Island passed a resolution authorizing their committee to explore the whole possibility of joining with New Brunswick and with yourselves. I think it should be brought up at your general meeting to-night."

The following letter was read by the Secretary.

July 26, 1949

To the Secretaries of Divisions

Dear Doctor:

At the recent meeting of General Council, approval was granted to certain recommendations contained in the Report of the Committee on Public Health. The first is a suggestion outlined in the following terms:

"That General Council suggest to the various Divisions that a suitable subject of a paper at divisional meetings would be a description of the use and abuse of free laboratory tests made available by the provincial and municipal governments in the district in question.

"We feel that it is about time for the medical profession in general to support public health workers in obtaining salaries in line with qualifications and experience. It is true that many people go into public health because of a desire to give a public service; nevertheless, we feel that a properly qualified physician, no matter in what field, should receive a salary which is in line with workers in similar fields and with similar qualifications. Probably this matter has already been taken up; however, to my knowledge, there are no definite standards for salaries set by The Canadian Medical Association and we would, at least, like to see recommendations dealing with this matter as part of The Canadian Medical Association's program."

The resolution of General Council on this matter is as follows: "General Council deploras the inadequacy of the remuneration of the members of The Canadian Medical Association engaged in public health service, and recommends the following be approved by this Council:

**CANADIAN PUBLIC HEALTH ASSOCIATION
REPORT ON QUALIFICATIONS AND SALARIES OF
PUBLIC HEALTH PERSONNEL**

A. Physicians in Public Health Agencies

There were one hundred and five more positions for physicians reported in 1948 than in 1946, giving a total of 596. The distribution of these positions is shown in Appendix A, Tables I and II. A comparison of the salary ranges in 1946 and 1948 is shown in Chart A. It will be noted that there has been some improvement in salary ranges during the

two-year period, but the fact remains that while 83% of the jobs available in 1946 were limited to a maximum salary of \$5,500, 88% are limited to \$6,000 or less as a top salary in 1948. In other words, only 12% of all physicians engaged in public health can expect to make more than \$6,000 per year, and only approximately 3% can expect to make over \$7,000.

The discouraging aspect is not only that 46% of the jobs offer a starting salary below \$4,500, but also that 73% are limited to a maximum salary of \$5,500 or less.

RECOMMENDATION

These recommendations are proposed as a basis or guide to authorities in the preparation of salary classification and schedules. The recommendations do not include cost-of-living bonus, car allowance, etc.

GROUP 1A

Basic *minimum* salary \$4,250 plus an annual increment of at least \$250 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

Duties: This group includes physicians engaged in public health as assistant clinicians in treatment of public health clinics; junior school physicians; junior assistants in a health department at a provincial or city level; and other positions that do not require specialty training.

Qualifications: Graduation in medicine from an approved university or registration by a provincial licensing authority, and a minimum of one's year rotating internship in a general hospital.

GROUP 1B

Basic *minimum* salary \$4,500, plus an annual increment of at least \$250 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

Duties: As outlined for Group 1A.

Qualifications: In addition to the qualifications required for Group 1A, at least one year in general practice.

It is from the above groups that personnel can be selected for post-graduate training in public health or one of the allied specialties.

GROUP 11

Basic *minimum* salary \$5,500 plus an annual increment of at least \$300 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

Duties: This group includes physicians in such positions as medical officer of health of small cities or assistant health officer in health units; assistant to the director of a division at city or provincial level; district health officer in a large city; junior specialists in specialists services such as mental hygiene, maternal and child hygiene, tuberculosis, laboratories, etc.

Qualifications: In addition to the qualifications required for Group 1, post-graduate training in public health of at least one year at an approved university or, in the case of the allied specialties, post-graduate training of at least one year, recognized by the Royal College of Physicians and Surgeons of Canada as leading to certification in the speciality indicated; or equivalent supervised in-service training in a public health agency or in the speciality indicated.

GROUP 111A

Basic *minimum* salary of \$6,500 plus an annual increment of at least \$300 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

GROUP 111B

Physicians with several years of experience in a Group 111 position should be offered at least a minimum of \$7,000, with increments as above, when newly employed by another agency, if their training and experience warrant it.

GROUPS 111A AND 111B

Duties: This group includes such positions as medical officer of a health unit or medium-sized city; director of a division in larger cities or similar divisions in provincial departments; chief specialist of services, such as tuberculosis, mental hygiene, etc., at the larger city level; regional consultant specialist for several health units or assistant chief of such services in a provincial service.

Qualifications: In addition to the qualifications required for Group 11, at least three years' training and experience in a public health department or in the specialty indicated.

GROUP IV

Basic *minimum* salary \$8,000 plus an annual increment of at least \$300 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

Duties: This group includes such positions as a medical officer of health of large cities; assistant medical officer of health of metropolitan cities; regional medical officer of health supervising several health units; assistant deputy minister; director of a senior division or chief specialist in the senior or larger specialty groups at provincial level.

Qualifications: In addition to the qualifications required by Group 11, at least six years' experience in public health and, if in an allied specialty, certification as a specialist by the Royal College of Physicians and Surgeons of Canada. Experience in administration or research, depending upon the requirements of the position, is also necessary.

GROUP V

Basic *minimum* salary \$10,000 plus an annual increment of at least \$400 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in private enterprise in the same region.

Duties: This group includes such positions as provincial deputy minister of health or chief medical officer, and medical officer of metropolitan cities.

Qualifications: In addition to the qualifications required for Group 1V, a total of ten years' service in public health and proven administrative ability."

Your efforts to assist in the implementation of this Salary Schedule within your Division will be greatly appreciated.

Yours faithfully

(Sgd.) A. D. Kelly
Assistant Secretary

Doctor T. C. Routley: "We should be one body of doctors in Canada, and not two. It is high time we be one profession and not two."

Doctor R. O. Jones: "Is this salary scale intended to apply to doctors working in institutions, or is it just public health men?"

Doctor T. C. Routley: "The salary scale came from our Public Health section and Council endorsed it as such. I think it would be imprudent to read in that any suggestion that it applied to a wider scale."

Doctor A. R. Morton: "This scale came before the Executive of the Canadian Public Health Association in February and was endorsed by them and went to the annual meeting in June and was endorsed by them."

Doctor R. O. Jones moved that we approve of this letter of Doctor Kelly's and that consideration be given to drawing up a similar scale of fees for workers in other fields as well. This was seconded by Doctor E. I. Glenister and carried.

The following resolution was read by the Secretary.

**The Nova Scotia Society of Ophthalmology
and Otolaryngology
Halifax N. S.**

May 28, 1949

Dr. H. G. Grant
Secretary
Nova Scotia Medical Society

Dear Dr. Grant,

At a recent meeting of the Nova Scotia Society of Ophthalmology and Otolaryngology the following resolutions were passed and I have been instructed to forward same to the executive of the Nova Scotia Medical Society for consideration.

The fee for Bronchoscopic examination should be thirty-five dollars.

The fee for Tonsillectomy and Adenoidectomy should be thirty-five dollars.

Yours Sincerely

(Sgd.) E. I. Glenister, M.D.
Secretary-Treasurer

Acknowledgments were received during the year for flowers from the families of the late Doctors G. W. T. Farish, J. S. Murray and F. R. Davis.

Report of the Legislative Committee

The President and Members of Nova Scotia Medical Society:

I beg the honour of presenting a report for the Legislative Committee, of which Doctors A. E. Murray and J. W. Reid are both members.

During the last session of the Legislature, there was no legislation proposed which affected Organized Medicine.

We, as a committee, would suggest that the Chairman of the Legislative Committee be a Halifax doctor, also would like to suggest that some legal representative be asked to follow and notify the committee if any proposed changes in the Medical Act or in legislation pertaining to the practice of medicine should come up.

Respectfully submitted

(Sgd.) J. G. B. Lynch, M.D.
A. E. Murray, M.D.
J. W. Reid, M.D.

It was agreed that this report be turned over to the Nominating Committee.

Report of the Cancer Committee

President and Members, Medical Society of Nova Scotia,
Ladies and Gentlemen:

During the year your committee on Cancer reported to the President and Executive the difficulties it was experiencing on account of the fact that

there was also a committee which came into existence whose duties it appears were to advise the Government on matters pertaining to cancer.

The unfortunate confusion which resulted from the existence of two committees both intended to deal with phases of the Cancer problem has made it appear to us that the situation should be clarified.

Since the most important developments in the cancer field in this province have to do with the Federal-Provincial grants, it would be unnecessary repetition to discuss them in this report.

Respectfully submitted,

(Sgd.) S. R. Johnston
C. M. Harlow
V. O. Mader, Chairman, Cancer Committee

Doctor V. O. Mader moved the adoption of this report which was seconded by Doctor S. R. Johnston and carried.

Report of the Public Health Committee

Dr. H. G. Grant

Secretary, Medical Society of Nova Scotia
Dalhousie University
Halifax, Nova Scotia

Dear Sir:

The following is the report of the Public Health Committee for the year 1948. No meeting of this committee was held during the year as there were no particular problems to be dealt with.

The death of the Hon. F. R. Davis soon after last year's meeting at Keltic Lodge was a very great blow to Public Health in Nova Scotia. Under his leadership, great forward strides were made in health problems—many of his plans are only now being implemented—many years will pass before his work will be forgotten.

During the year 1948, the state of the Public Health in Nova Scotia can be judged by an excerpt from the report of the Deputy Minister, Dr. P. S. Campbell—"I have the privilege to report that during the period here reviewed the state of the public health in this province has reached the most satisfactory level in the whole recorded history of the Department. This statement is made following a critical study of the tabulated data for the last statistical year. The general death rate is the lowest of record. The infant and maternal deaths have reached new low figures. An outstanding feature in mortality is the spectacular drop in the tuberculosis death rate which now stands at 49.8 per hundred thousand. There were fewer deaths from the combined communicable diseases and no infection was sufficiently widespread to evoke special methods of control. On the unfavourable side is the apparently increasing mortality from cardio-vascular disease. It may be, however, that much of this increase is due to more frequent recognition of this disease and to the ageing of the population."

In the Department of Public Health, a new Health Division consisting of the counties of Colchester and Cumberland, with headquarters at Truro, was opened. Dr. Lavers is in charge of this Division and will devote his full time to preventative Public Health work.

Two field psychiatric clinics were opened at Yarmouth and Sydney, headed by qualified Psychiatrists—Drs. Prosser and Bentley—this work will be further expanded in the future.

In the field of communicable diseases, there are still too many deaths—especially from diphtheria and whooping cough—both preventable diseases. It is apparent that both the public and the medical profession are failing in their duties—too few doctors follow-up their new babies and give them whooping cough and diphtheria inoculations—we should not wait till school age to give smallpox, whooping cough and diphtheria inoculations.

The reporting of communicable diseases is still being neglected—without this information, it is difficult to properly plan a control program. Venereal diseases are also poorly reported, making it difficult to estimate the problem and to work out a control program.

The most important advance in Public Health in 1948 had to do with the Federal Health grants—a sum of about 1½ million dollars was made available in each year for the next five years in Nova Scotia—about half of this amount was earmarked for hospital construction—other grants dealt with cancer, tuberculosis, general Public Health, mental diseases, research, training and a health survey. The survey is now going on under Dr. C. B. Stewart and an advisory committee—certain of the grants will not be fully utilized until the survey is completed and recommendations made.

Several hundred new hospital beds are being made available with assistance from the health grants—plans are underway for a new active treatment centre at the Nova Scotia Hospital, a new infirmary at the Nova Scotia Sanatorium and a building to replace the old Victoria General in Halifax.

There is a feeling of optimism in Public Health circles and more interest in this important phase of medicine is being taken by the medical profession in general—this is as it should be—many Public Health procedures are to-day being operated by Government only because medical practitioners would not accept their responsibilities—possibly the next phase will be the return of these responsibilities to the general profession—this means a considerable change in thought on the part of the profession in general.

Respectfully submitted

(Sgd.) J. S. Robertson, M.D., D.P.H.

Chairman, Public Health Committee

Doctor J. S. Robertson moved the adoption of this report which was seconded by Doctor D. F. Macdonald and carried.

Report of the Historical Committee

President and Members

Medical Society of Nova Scotia

c/o H. G. Grant, Secretary

Halifax, N. S.

Gentlemen:

I beg to report on behalf of your Historical Committee:

As no opportunity occurred, no meetings were held. I contributed one historical paper to the **Bulletin** during the current year, which was the best I could do as an individual.

Respectfully submitted

(Sgd.) H. L. Scammell

Report of the Workmen's Compensation Board Committee

To the President and Executive
of The Medical Society of Nova Scotia

As Chairman of the Workmen's Compensation Board Committee of your Society for the past year, I beg to report as follows:

Owing to the geographical distribution of your Committee, I found considerable difficulty in assembling a quorum and suggest that, having regard to the large number of physicians in the city of Halifax, which is also the location of the Workmen's Compensation Board, it would facilitate the working of this Committee to have the Chairman appointed from among the Halifax physicians.

On January 5, 1949, a quorum consisting of Drs. A. E. Blackett, T. B. Acker, J. W. Reid and the Chairmen of your Committee assembled at the Dalhousie Public Health Clinic and, after reviewing the work of the Committee for the preceding year, which you will recall had resulted in a considerable upward revision of Compensation Board fees which were incorporated in a new scale of fees submitted to, and approved by, your Executive and the Nova Scotia Medical Society at Ingonish in September, 1948, with the exception of the fees for mileage and radiological work, decided to direct their efforts toward a more satisfactory adjustment of these latter items.

A meeting was arranged with the Compensation Board on January the 6, 1948, at which Drs. A. E. Blackett, T. B. Acker and myself met with the members of the Compensation Board.

At this meeting, Dr. Blackett presented the views of your Committee in regard to desirable changes in the scale of fees for radiological work, and the desirability of increase in the mileage fee was pressed by all members present.

It was agreed at this meeting that Dr. Blackett should submit the views of the Committee on desirable changes in the scale of fees for radiological work to the Compensation Board in writing.

On February 5, 1949, a communication was received from the Chairman of the Compensation Board from which I quote:

Dear Dr. MacLellan: We have been giving some consideration to the request presented by your Committee for an increase in fees paid for mileage to doctors. We thought of several ways to deal with this, but finally concluded that we would grant a flat 15 cents per mile. In other words, the rate would be raised from the present 50 cents to 65 cents per mile, with the usual first two miles deducted.

On February 17, 1948, Dr. Blackett's recommendations for changes in the scale of fees for radiological work, having first been submitted to and received the approval of Dr. C. M. Jones, the second radiologist on our Committee, were forwarded to Dr. A. B. Campbell for consideration and submission to the Compensation Board. These changes will be found incorporated in the new scale of fees issued by the Workmen's Compensation Board in booklet form under date July, 1949, copies of which I understand have been distributed to the Medical Practitioners of the Province.

I would point out that in the scale of X-ray fees the application was made for clarification of terms rather than for an increase in fees, and all changes suggested by your Committee were accepted by the Board.

As regards the fee for mileage, while the increase granted falls short of our request for 75 cents per mile, it does represent an increase of 30% over the old rate and, while your Committee regards this rate as still being too low, we recommend the acceptance of these changes for the time being.

All of which is respectfully submitted by

Yours very truly,

(Sgd.) R. A. MacLellan, M.D.

Doctor R. A. MacLellan moved the adoption of this report, which was seconded and carried.

Report of the Medical Museum Committee

Dr. H. G. Grant
Secretary, Medical Society of Nova Scotia
Halifax, Nova Scotia

Dear Doctor Grant:

I beg to submit the report of the Medical Museum Committee of The Medical Society of Nova Scotia.

This committee was inactive during the past year, as no accessions were received for display.

Yours sincerely

(Sgd.) D. J. Mackenzie

Chairman, Medical Museum Committee

Report of the Cogswell Library Committee

The Cogswell Library Committee begs to report of the Dalhousie Medical Library:

The Reading Room attendance from July, 1948 to June, 1949 was 13,000. During this period 3,200 books and journals were circulated; of these 150 were sent to out-of-town borrowers.

116 books were bought during the year at a cost of \$619; 105 books and pamphlets were received as gifts.

29 volumes were purchased for the Library by the Provincial Medical Board—cost \$291.60.

Six new journals were added to the subscription list.

50 volumes of back numbers were bought to fill gaps in the journal files. Most of these were journals which were discontinued during the war.

82 volumes of journals were bound at a cost of \$276.43.

The Committee wishes again to remind the profession of the mail service offered on books and journals for those who cannot visit the library.

Respectfully submitted

(Sgd.) Arthur L. Murphy

Chairman, The Cogswell Library Committee

Doctor H. G. Grant moved the adoption of this report which was seconded by Doctor R. O. Jones and carried.

Doctor R. O. Jones stated that as he had advised the Society previously the bonds which they held had matured, and he had purchased new ones, at a lower rate of interest.

Report of the Pharmaceutical Committee

The President and Members of the Nova Scotia Medical Society:
Gentlemen:

I hereby submit the Annual Report of the Pharmaceutical Committee.

During the year we had referred to us by Dr. H. G. Grant a letter which originated from the Shute Foundation. This letter advocated some control over the dispensing of Vitamin E. We felt some control over Vitamin E in this respect would be of benefit in as much as it is being prescribed by some patients for other patients. However this is true of other drugs and control measures would be difficult to enforce. We did not take any action.

Dr. J. K. W. Ferguson, chairman of the Committee on Pharmacy, Canadian Medical Association, sent us the following letter from Dr. A. D. Kelly, Assistant Secretary of the Canadian Medical Association, for our opinion:

Dear Doctor Ferguson:

The World Medical Association has been requested by the World Health Organization to collaborate on the investigation of habit forming drugs. In order to do so, the World Medical Association would like to receive from each member national medical association:

- (a) Information on the use or dispensability of diacetyl-morphine and an estimate of the amount used in each country.
- (b) An expression of opinion on the proposal that there be established a mechanism for giving a single name to every habit-forming drug subject to international control.

I am directed to refer these matters to the Committee on Pharmacy, and I shall be obliged if you will give consideration to them and let me have your considered opinion at your convenience.

Yours faithfully

(Sgd.) A. D. Kelly

Assistant Secretary

Dr. Ferguson commented in part: "It seems to me that if there is a wide spread conviction among competent physicians in Canada that heroin has certain advantages over morphine in certain uses, we should not agree to have our patients deprived of these advantages for the sake of making it a little easier to secure convictions in cases of breach of the narcotic laws."

We agreed that we should retain the use of heroin, and we also agreed with the idea of giving a single name to every habit forming drug subject to international control. Dr. Ferguson was informed of our opinion.

Respectfully submitted.

(Sgd.) R. A. Moreash

Chairman

Doctor R. A. Moreash moved the adoption of this report which was seconded by Doctor J. P. McGrath and carried.

Doctor H. A. Fraser named the committee to choose the House of Delegates—Doctors R. O. Jones, J. J. Carroll and W. A. Hewat.

Report of the Committee on Industrial Medicine

Dear Dr. Grant:

Shortly after I received your reminder that the report from the Committee on Industrial Medicine was due for the executive meeting at White

Point Beach, I wrote to Drs. Murray and Cochrane, asking them for their report or comments.

Apparently we were chosen because we resided in Industrial Communities. As I told the other members of the committee, we, in this area having nothing whatsoever to do with industrial medicine, we are not consulted regarding working conditions or examination of workers. Dr. Lynch kindly offered to assist me with a report, as his main duties now are industrial medicine, but it would be his report, and not ours.

I have had no reply from Drs. Murray and Cochrane. Maybe they agreed with me when I stated in my letter that this committee should be chosen from members who are associated in some way with Industrial Medicine.

Yours truly

(Sgd.) H. J. Martin

P.S. As I will be spending four weeks in Halifax from September 12th, taking the post-graduate course at the V.G. I will be unable to get away to the meeting at White Point Beach.

P.P.S. Wishing you a successful and happy convention, which I am sure it will be.

It was agreed that this report should be brought to the attention of the Nominating Committee.

Report of the Special Committee to consider the request of the Department of Public Welfare concerning medical care for pensioners

This committee consisted of the President, Doctor H. A. Fraser, Doctor N. H. Gosse and Doctor H. G. Grant. Doctor H. A. Fraser reported that this committee had conferred with Maritime Medical Care Incorporated, and that they agreed to provide administration of medical care for The Medical Society of Nova Scotia at a rate of seven per cent. Following this the matter had been talked over with Doctor P. S. Campbell, the Deputy Minister of Health, and the Chairman was told that the Government had fixed the figure at 75c per month per individual, and were not prepared to discuss any other figure. The Committee are bringing this further information to the Executive at this time. Following this report the matter was discussed briefly and it was decided that this be referred to the general meeting before final action be taken.

Report of the Victorian Order of Nurses

To the President and Board of Directors of the Nova Scotia Branch of the Canadian Medical Association:

I submit a brief report of the Victorian Order Service, Province of Nova Scotia, 1948.

Of the 105 Victorian Order branches in Communities across Canada, 16 of these are in Nova Scotia.

There is a staff of 41 nurses in the Province and during the year there were seven resignations and four leaves of absence; three appointments and eleven re-appointments. Victorian Order nurses made 91,360 visits to care for 14,531 patients.

In addition to home visiting and health counselling, which is the primary function of the Victorian Order, 16 branches conducted Child Health Centres, 11 branches provided a School Nursing Service, 13 assisted at Immunization Clinics and one conducted classes for expectant mothers.

Observation experience in visiting nursing was given to 90 undergraduate students and a period of field experience was provided for two post-graduate students in Public Health Nursing.

National Office Supervisors visited the branches periodically during the year to give consultative and supervisory advice.

General Service

	Cases	Visits
Medical and Surgical.. .. .	3,785 (26%)	38,993 (43%)
Including:		
Pneumonia.		956
Tuberculosis.		1,108
Other Communicable.		220
Cancer.		2,006
Chronic.		15,251
All other Medical and Surgical.		19,032
Operation.		109
Hourly Appointment		311
Health Supervision	4,190 (29%),	18,759 (20%)
Not Classified.		1,483 (2%)

Maternity Service

Maternity and Newborn.	6,556 (45%),	32,125 (35%)
Including:		
Prenatal		3,533
Obsterical.		12,243
Newborn.		13,186
Delivery.		3,163
Confinements attended in homes.		529

Pay Status of Visits

Paid in full.	14,520 (16%)
Paid in part	14,516 (16%)
Paid by Insurance.	6,532 (7%)
Free	55,792 (61%)

Yours respectfully

(Sgd.) C. S. Morton

This report was not read at the meeting, as it was informative, and no action would be taken on it, and it was agreed that it be published in the Minutes.

Report of the Provincial Medical Board

Doctor H. A. Fraser
 President, Nova Scotia Medical Society
 Bridgewater, N. S.

Dear Doctor Fraser:

I beg to submit the following report of the activities of the Provincial Medical Board during this past year. I have tried to select the points which

I think it is important that the practitioners of medicine of this Province know about. The following seem to be the most significant items:

1. Two regular meetings were held and two executive meetings.
2. One complaint against a registered physician was investigated and dealt with.
3. It was decided to give licenses to physicians employed by the Red Cross Blood Donor Service, who were qualified to receive them, at a fee of One Dollar, on the express condition that they devote their full time to the work of the Clinic, and that if they should enlarge the scope of their activities, or leave the Clinic and wish to become active practitioners in the Province, they will have to pay the remainder of the Registration Fee. If they leave the Province they automatically lose their registration, on their present temporary arrangement.
4. The procedure for licensing displaced physicians: Verify their credentials. If found that they have completed a course of medical study comparable to that regarded as sufficient under the Medical Act, they must spend one year of internship in an American or Canadian Hospital approved by the Board. If they are reported on as satisfactory in this regard they will be permitted to take the final qualifying examinations of the Board, consisting of written, oral, and clinical examinations conducted in the English language.
5. The Board has under consideration the severance of reciprocity with the General Medical Council of Great Britain. This will require the passage of a Bill through the Legislature.
6. A resolution forwarded to the Board by the Halifax Medical Society complaining of the restrictive action on the part of the Board of Commissioners of the Victoria General Hospital against general practitioners working in the Hospital was dealt with. The Board felt that the said Hospital being conducted under its own internal management had the right to restrict the practice of physicians within its walls if desired; that the aggrieved parties should negotiate for more desirable terms with the Minister of Health and the said Commissioners.
7. Investigation into the activities of two irregular practitioners was carried out. In one case the Board's solicitor employed a private investigator who was assisted by a member of the Board. It was considered by the solicitor that insufficient evidence had been secured to make a prosecution likely to succeed. In the other case, a similar report was made to the Board by a member who had looked into the matter.
8. J. G. MacDougall and H. K. MacDonald were appointed to represent the Board on the Medical Council of Canada.
9. The Board approved the allotment of a sum not to exceed \$500.00 to assist in defraying the expenses of obtaining an outstanding physician or surgeon to take part in the Dalhousie Refresher Course this autumn, on condition that he deliver a lecture to be known as the Doctor John Stewart Memorial lecture in memory of that beloved and respected physician for many years President of the Board. This will be done for one year only as an experiment.
10. The Board has continued its financial support of the MacDougall Library which is incorporated with the Cogswell Library, as part of the Dalhousie Medical Library, open to all registered practitioners in Nova Scotia.

11. The Board decided that internes in teaching hospitals in the Province who came here from other Provinces of Canada for the purpose of education only, and medical officers in the Armed Forces of Canada, who restricted their work to the terms of their engagement, would be given special licenses on request on the same terms as those engaged by the Red Cross Blood Donor Clinics.

All of these respectfully submitted

(Sgd.) Robert O. Jones

This report was not read, as it would be published in the Bulletin; Doctor R. O. Jones moved the adoption of this report, which was seconded by Doctor J. P. McGrath, and carried.

Report regarding alteration of the Constitution and By-Laws

The President and Members of
The Medical Society of Nova Scotia:

Your committee appointed to consider any changes in the Constitution with particular reference to the formation of a smaller executive of The Medical Society of Nova Scotia begs to report as follows:

The present executive has, by the Constitution and by custom, come to be composed of the following:

The Valley Medical Society	2	members
The Lunenburg-Queens Medical Society	2	"
The Cape Breton Medical Society	4	"
The Cumberland Medical Society	2	"
The Colchester-East Hants Medical Society	2	"
The Pictou County Medical Society	2	"
The Antigonish-Guysborough Medical Society	2	"
The Western Nova Scotia Medical Society	2	"
The Halifax Medical Society	9	"
The Nova Scotia Society of Otolaryngology and Ophthalmology	2	"
The Nova Scotia Association of Radiologists	1	member
Standing Committees of The Medical Society of Nova Scotia—		
Legislative Committee	}	11 members
Cancer Committee		
Public Health Committee		
Historical Committee		
Workmen's Compensation Board Committee		
Editorial Committee		
Medical Museum Committee;		
Cogswell Library Committee		
Medical Economics Committee		
Pharmaceutical Committee	}	7 "
Industrial Medicine committee		
The Council of Canadian Medical Association	7	"
Officers of The Medical Society of Nova Scotia	5	"
Total Members, Executive,	53	"

It is our opinion that this Executive has now become an unwieldy organization too large to efficiently do its work and therefore feels that its members should be reduced. We therefore recommend—

(1) That the nominee to the Executive of the Canadian Medical Association by the Executive of The Medical Society of Nova Scotia be a member of the said Executive, and the other members of the Canadian Medical Association Council cease to be members thereof.

(2) That there be two representatives from Halifax Medical Society and from the Cape Breton Medical Society, and that there be one representative from each other Branch Society.

(3) That special interests societies be considered as affiliate organizations e.g. Eye, Ear, Nose and Throat, and Radiology, and that they each be entitled to one representative.

(4) That chairmen of standing committees be no longer considered as executive members. They should be asked to read their reports to the Executive.

(5) That necessary amendments be made to the Constitution and By-Laws to effect these recommendations.

Respectfully submitted

(Sgd.) E. F. Ross

Chairman

Doctor E. F. Ross moved the adoption of the report, which was seconded by Doctor A. L. Murphy.

Doctor N. H. Gosse suggested that copies of this report be available to those who would like to peruse it.

Doctor T. C. Routley stated that most of the Divisions operate on the basis of an executive committee or council, and some have the general meeting. The Canadian Medical Association itself has had to do away with the general meeting and leave the business of the Association with the Council. He thought an executive of fifty-three was top-heavy. Then there was the question of cost to be considered. He thought it was too large a body to bring together two or three times a year. British Columbia has 22 or 23, Alberta much smaller, Saskatoon 9, Manitoba at present 18 or 20, and 20 might be found sufficient to meet the needs of this Society.

Doctor G. E. Chalmers stated that the executive of the New Brunswick Medical Society consisted of twelve; one representative from each local Society, and the past president is a member for one year;

Doctor Eric W. MacDonald: "I would like to congratulate Doctor Ross for one thing, that for once Cape Breton is on a par with Halifax."

Original motion carried.

Report of the Advisory Committee re Federal Health Grants

As previously reported to the Executive, the Advisory Committee set up by you last year to function under the Health Grants has not functioned as was intended. Instead, the Minister of Health set up an Advisory Committee composed of representatives from different groups within our economy—one representative from each group, except in the case of labor which was rep-

resented by two persons. A member of that Advisory Committee is our one medical representative, the chairman of this Committee.

Each representative of that Central Advisory Committee was advised to set up as many sub-committees as his principals might require. It was suggested that such sub-committees be made as widely representative of the province as possible, and it was decided that they would report, through their representative, to the Central Advisory Committee, or directly to the Minister.

Your representative thereupon utilized the Committee set up by you to advise him, which committee was enlarged, as will appear at the end of this report, the better to represent your views. It in turn, named sub-committees under all the various grants. There were published in the Bulletin earlier in the year.

It soon became apparant that before many of the subjects of these grants could be fully considered a great deal of factual knowledge would have to be gathered. This meant, that in most cases, the Survey directed by Dr. Stewart would have to be made before situations could be intelligently assessed. On the other hand some of the sub-committees have found it desirable to make partial or interim findings, as in the case of cancer and of tuberculosis. In other cases, action has been taken and projects approved where *we* have made no recommendation as, e.g., in the matter of the grant for Hospital Construction, where such action appeared necessary, even though the survey of the hospital needs of this province has not yet been completed. In psychiatry also a considerable sum has been made available to cover various phases of that subject; and from information recently to hand a portion of the Cancer Grant has been availed of to meet some of the Province's outlay for cancer in several departments of the work. It is our understanding that although we may have to await the findings of the Survey before the full development of the Cancer Service and of the Tuberculosis Service of this province is accomplished, various measures have been and are being considered by the Department of Health, and will from time to time be adopted. Amounts approved under other grants will be found listed below.

Your Committee has sometimes felt that our province has been slow in using some of the monies made available under these grants, but it regards as commendable the caution which seeks to avoid violence to sound principle which would almost certainly ensue from precipitate or promiscuous action.

With respect to the Survey itself, which generally, affects us more intimately than any of the other things: Your Committee can only report that it is proceeding under Dr. C. B. Stewart's direction and that it will not be completed this year.

Your Committee would again register its impression that this *Survey* is a matter of great importance to us, and it has already recommended our full co-operation in the making of it. In this connection we would now recommend that when the data is properly compiled and made available to us, a strong committee be ready to study it and to formulate for the consideration of this Society any recommendations which may arise out of it. To this end a small Advisory Committee might again be appointed with power (2) to co-opt any number of additional members from any part of the province as circumstances may require, (b) to act for the Society in situations in which action would appear proper, and (c) to recommend to the President the advisability of convening a

meeting of the Executive or of the Society in matters of greater moment, and as occasion may seem to demand.

Your Committee begs leave to submit herewith for the record, the following 4 Appendices:

- (1) Interim Report of the Sub-committee on Cancer.
- (2) Letter from the Minister of Health acknowledging its receipt.
- (3) Interim Report of the Sub-committee on Tuberculosis.
- (4) List of all projects approved under the Health Grants.

As the list of details of all approved projects is quite a long one, we would submit for present review and publication the subjacent synopsis. Full details have been submitted to the chairman of the respective sub-committees. Others interested may secure any or all of them on application to such chairman, or to the office of the secretary.

GRANTS		Amount Available	Approved Projects
3401—Crippled Children Grant	1948-49	\$ 26,945.00
3402—Professional Training Grant	1948-49	26,945.00	\$ 18,010.00
Professional Training Grant	1949-50	26,913.00	1,060.00
3403—Hospital Construction Grant	1948-49	642,857.00	268,595.28
Hospital Construction Grant	1949-50	641,963.00	544,247.80
3404—V. D. Control Grant	1948-49	13,599.00	1,085.00
V. D. Control Grant	1949-50	26,913.00
3405—Mental Health Grant	1948-49	221,676.00	87,053.45
Mental Health Grant	1949-50	211,416.00	13,212.15
3406—T. B. Control Grant	1948-49	182,585.00	177,941.48
T. B. Control Grant	1949-50	180,659.00
3407—Public Health Research Grant	1948-49	9,750.00
3408—Health Survey Grant	1948-49	33,399.00	5,009.85
3409—General Public Health Grant	1948-49	89,761.32
General Public Health Grant	1949-50	254,000.00
3410—Cancer Control Grant	1948-49	173,077.00	76,316.94
Cancer Control Grant	1949-50	172,836.00

Respectfully submitted on behalf of the committee

(Sgd.) Norman H. Gosse, M.D.

Committee: Doctors D. F. Macdonald, Yarmouth
 A. E. Blackett, New Glasgow
 H. G. Grant, Halifax
 M. J. Macaulay, Sydney
 J. P. McGrath, Kentville
 H. D. O'Brien, Halifax
 J. W. Reid, Halifax
 H. A. Fraser, ex officio, Bridgewater
 N. H. Gosse, Chairman

Doctor Gosse thought that this report should be made available to every member of the profession in this Province. He moved the adoption of the report, which was seconded by Doctor D. F. Macdonald and carried.

It was moved by Doctor C. J. W. Beckwith that the report of the Advisory Committee and the reports of the sub-committees should be presented at the general meeting. This was seconded by Doctor E. I. Glenister and carried.

Report of the Treasurer.

FINANCIAL STATEMENT

The Medical Society of Nova Scotia
Year Ending December 31, 1948

RECEIPTS

Cash on hand January 1, 1948	\$ 8,209.40
Subscriptions	6,270.30
Medical Bulletin	5,671.50
Annual Convention	1,275.00
Interest on Savings Bank	7.01
	<hr/>
	\$21,433.21

EXPENDITURES

Medical Bulletin	\$ 4,150.73
Canadian Medical Association	3,308.00
Committee on Economics	774.87
Annual Convention	710.50
Salaries	3,100.00
Sundry Expense	1,414.90
Loan Maritime Medical Care	2,000.00
Current Account	\$4,570.07
Savings Bank	1,404.14
	<hr/>
	5,974.21
	<hr/>
	\$21,433.21

PROFIT AND LOSS STATEMENT

Subscriptions	\$ 2,962.30
Medical Bulletin	1,520.77
Annual Convention	564.50
Interest on Savings Bank	7.01
	<hr/>
	\$ 5,054.58
Less:	
Salaries	\$3,100.00
Sundry Expenses	1,414.90
Committee on Economics	774.87
	<hr/>
	\$ 5,289.77
New Loss on year's operations	\$ 235.19

COGSWELL LIBRARY FUND

The Medical Society of Nova Scotia
Year Ending December 31, 1948

Cash on hand January 1, 1948	\$ 34.51
Bank Interest	.19
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Balance December 31, 1948	\$ 34.70

Doctor R. O. Jones moved the adoption of this report, which was seconded by Doctor Ray MacLean, and carried.

Doctor R. O. Jones, chairman of the committee appointed by the President earlier in the meeting to choose the House of Delegates of the Maritime Medical Care Incorporated reported as follows:

Doctor J. P. McGrath, Kentville, alternate Doctor G. R. Forbes, Kentville,

Dr. David Drury, Amherst,

Dr. P. R. Little, Truro

Doctor T. B. Murphy, Antigonish, alternate Dr. J. J. Carroll, Antigonish

Dr. M. G. Tompkins, Dominion, alternate Doctor J. S. Munro, North Sydney,

Dr. T. E. Granville, Halifax,

Dr. E. F. Ross, Halifax,

Dr. H. A. Fraser, Bridgewater.

Dr. H. A. Creighton, Lunenburg,

Dr. D. F. Macdonald, Yarmouth.

Doctor R. O. Jones moved the adoption of this report and moved that in the future the Branch Societies be asked to suggest one or more names to be sent to the executive before the annual meeting. This was seconded by Doctor W. A. Hewat and carried.

Doctor N. H. Gosse: "May I ask you to add that these ten men be elected for the year 1950 to the House of Delegates of Maritime Medical Care Incorporated."

Doctor V. O. Mader nominated Doctor H. K. MacDonald of Halifax as an honorary member of The Medical Society of Nova Scotia; Doctor E. I. Glenister nominated Doctor R. E. Mathers of Halifax; Doctor J. P. McGrath nominated Doctor A. E. Doull, Sr. of Halifax; Doctor H. W. Schwartz nominated Doctor G. H. Murphy of Halifax; Doctor A. L. Murphy nominated Sir James R. Learmonth of Edinburgh University and Doctor H. G. Grant nominated Sir Lionel Whitby of Cambridge, England. Doctor A. R. Morton moved that nominations cease which was seconded and carried.

Doctor Eric Macdonald nominated Doctor P. E. Belliveau of Meteghan a member of the Council of the Canadian Medical Association; Doctor S. Marcus nominated Doctor H. A. Fraser of Bridgewater; Doctor W. A. Hewat nominated Doctor Eric W. Macdonald of Reserve; Doctor R. A. Moreash nominated Doctor D. F. Macdonald of Yarmouth; Doctor E. I. Glenister nominated Doctor J. J. Carroll of Antigonish; Doctor J. F. L. Woodbury nominated Doctor A. R. Morton of Halifax; Doctor N. H. Gosse nominated Doctor A. E. Blackett of New Glasgow; Doctor J. P. McGrath moved that nominations cease which was seconded by Doctor H. J. Davidon and carried.

Doctor R. A. Moreash moved that Doctor J. B. G. Lynch be on the Council of the Canadian Medical Association, which was seconded by Doctor N. H. Gosse and carried.

It was moved by Doctor R. A. Moreash and seconded by Doctor N. H. Gosse that Doctor A. E. Blackett be the representative on the Nominating Committee of the Canadian Medical Association. Carried.

It was moved by Doctor A. R. Morton and seconded by Doctor R. O. Jones that the Society continue the system of pooling of expenses of the Secretary to the Canadian Medical Association annual meeting.

Report of the Secretary—January, 1948 to September, 1949.

To the President and Members of The Medical Society of Nova Scotia:

The semi-annual meeting of The Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, on January 22nd, 1948. Doctor E. W. Macdonald of Reserve presided. This was probably one of the most important meetings ever held by our executive. The first part of the meeting was occupied in discussing arrangements for the annual meeting at Keltic Lodge. It was decided to adopt an emblem for use on members' motor cars. A resolution was passed expressing the appreciation of the executive of the generous support given the Red Cross by the Provincial Government in connection with their Blood Transfusion Service.

The latter part of the meeting dealt with medical economics. An interim report of the Committee on Economics was given by Doctor N. H. Gosse. A resolution was passed stating the executive were not willing to recommend the Blue Cross Plan of Prepaid Medical Care to The Medical Society of Nova Scotia; the reasons given being that this plan is inadequate and is under lay control. The Committee on Economics was given authority to prepare a plan of prepaid medical care for the Maritime Provinces. It was decided that the action of the executive dealing with prepaid medical care be referred to the Branch Societies for their consideration and approval. It was also decided that letters patent be taken out by a Provisional Board appointed by the Committee on Economics. An additional amount of \$500 was voted the Committee on Economics for operating expenses. The executive requested the Committee on Economics to send speakers to all the Branch Societies to explain the prepaid medical service non-profit plan.

It was decided to appoint a committee to bring in a revised schedule of fees.

Doctor E. I. Glenister of Halifax notified the meeting that a Society had been formed of the specialists in Nova Scotia in Diseases of the Eye, Ear, Nose and Throat. The President, Doctor Eric Macdonald, advised Doctor Glenister that they should apply for recognition as a Branch of The Medical Society of Nova Scotia. Before the next meeting of the executive the Maritime Medical Care Incorporated Act was passed authorizing that body to sell prepaid medical care.

A special meeting of the executive was held on August 14th at the Dalhousie Public Health Clinic to consider the report of the Committee on Economics. The report was adopted. It was also agreed that the report, the resolution of the Committee on Economics, and a ballot form be sent to every doctor in the province. A vote of thanks was extended to Doctor N. H. Gosse and his committee for their excellent report.

The annual meeting of the executive was held at "Keltic Lodge", Ingonish, September 13th, 1948, at 2.30 p.m. As the dates of the annual meeting conflicted with those of the opening of the Medical College the Secretary was not present at this meeting. Doctor R. O. Jones of Halifax was appointed secretary and the usual reports were received. The matter of the Health Grants to the provinces was brought up and it was decided to appoint an advisory committee to the Government. The Workmen's Compensation Committee brought in a good report showing their continued efforts to increase the amounts for certain services. The treasurer, Doctor R. O. Jones, presented the financial statement

which showed the Society was in a healthy financial state. The Nova Scotia Society of Ophthalmology and Otolaryngology was taken in as a Branch of The Medical Society of Nova Scotia. A directive was read from the Deputy Minister of Taxation regarding the deduction of expenses of attending medical meetings. The annual conjoint fee of The Medical Society of Nova Scotia and the Canadian Medical Association was increased to \$20.00 \$10.00 for each Society, this to go into effect the year 1950.

The matter of arrangements for the 1950 Canadian Medical Association meeting was discussed. It was decided that The Medical Society of Nova Scotia were the official hosts and that the meeting be held at Halifax during the week of June 19th. A most comprehensive report was presented by Doctor N. H. Gosse, Chairman of the Committee on Economics. He began with the terms of reference, referred to the nucleus committee, mentioned the plans studied, the meetings and approval of the Branch Societies, the incorporation of Maritime Medical Care Incorporated. The By-Laws and Regulations were attached together with the terms of agreement for participating physicians and plans offered. Mention was made of the chairman's visit to Ontario and also two meetings with representatives of New Brunswick and Prince Edward Island. The report which had already been published and sent to every doctor in the province was referred to the general meeting for discussion.

A letter was received from the Halifax Medical Society protesting the restrictions placed on the general practitioner by the Victoria General Hospital.

An invitation was received from the Lunenburg-Queens Medical Society to hold the annual meeting at White Point Beach Lodge, Queens County. The members of Council to the Canadian Medical Association were appointed. A committee was appointed to suggest a nomination for the President of the Canadian Medical Association for 1950. Doctor M. J. Wardrope of Springhill was nominated for senior membership in the Canadian Medical Association. Forty new members were admitted.

The general meeting of 1948 began on Tuesday, September 14th. We were fortunate in having outstanding contributions to the scientific programme. Doctor Adrian Anglin, University of Toronto, Doctor David Blain, Director of the American Institute of Psychiatry, Doctor W. J. McNally of McGill University, and Doctor William Wagner all gave excellent addresses. The local contribution were also of a high order; Doctor A. R. Morton, Doctor C. E. Kinley, Doctor C. W. Holland and Doctor J. C. Wickwire gave papers for the Society. Doctor William Wagner, the President of the Canadian Medical Association, and Doctor A. D. Kelly, the assistant secretary, were both present and were very helpful in a discussion of medical economics. The report of the Committee on Economics with its recommendation for adoption was fully discussed by members from all parts of the province and finally adopted by an overwhelming majority—only three votes being cast against the resolution. A resolution was passed expressing our sorrow at the illness of the Hon. F. R. Davis and expressing the hopes of the Society for a speedy recovery.

On Tuesday evening at 9.20 p.m. a special meeting of the executive was called to appoint The Medical Society's representatives to the House of Delegates of Maritime Medical Care Incorporated. Sixteen names were chosen, and one or two alternates where it was not known the first named would act.

The second business session was held at "Keltic Lodge", Ingonish, at 12.05 p.m. on Wednesday. The Society decided to lend the sum of \$2,000, interest

free, to Maritime Medical Care Incorporated to help them start their business. The report of the Nominating Committee was received and adopted. It was agreed to hold the next annual meeting at White Point Beach Lodge, Queens County. The meeting was then turned over to the the new president, Doctor H. A. Fraser of Bridgewater. A resolution was passed approving the action of the Halifax Medical Society regarding the restrictions placed on general practitioners by the Victoria General Hospital. The Advisory Committee to the Provincial Government was appointed with Doctor N. H. Gosse as chairman.

On Wednesday evening the annual banquet was held and it was successful in every way. Doctor Eric Macdonald, the President, gave an address on medical economics in which he stressed the danger of Government control, pointing out that the profession had failed in molding public opinion and stating that good medical care was only possible under a system of free competitive enterprise. Doctor Magner, the President of the Canadian Medical Association, also spoke on medical economics. The guest speaker was Premier A. L. Macdonald who gave an excellent address on "Nova Scotia."

The semi-annual meeting of The Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, December 8th, 1948. Doctor H. A. Fraser presided, and an excellent representation of the Society was present. Doctor A. D. Kelly, the Assistant Secretary of the Canadian Medical Association, was present and told the meeting of the arrangements in other provinces regarding Health Grants and the planning survey. There was dissatisfaction that the Minister of Health had only invited the Society to nominate one representative on the advisory committee, and none on the central committee. A motion was passed accepting the Minister's invitation but asking the privilege of nominating at least two.

At the request of the meeting, Doctor A. D. Kelly gave us his advice regarding the preparation for the annual meeting of the Canadian Medical Association for 1950. Doctor S. B. Bird told the meeting he had been informed by the Manager of White Point Beach Lodge that it would be practically impossible to hold the meeting of The Medical Society of Nova Scotia there in July. Consequently a motion was passed to hold the meeting at White Point immediately following Labor Day. It was decided to appoint a committee to review the Constitution and By-Laws and offer necessary changes.

At the end of the meeting Doctor F. J. Barton spoke on the medical situation at New Waterford, stating the United Mines' Workers planned to bring doctors in from outside and put them on salary. The Society passed a motion approving the action of the doctors of New Waterford in not participating in the co-operative scheme. The Society offered to give all the help it could in the future.

Your secretary attended the annual meeting of the Cape Breton Medical Society December 18th, 1948. Doctor N. H. Gosse, the chairman of the Committee on Economics, was also present and Doctor A. D. Kelly, the assistant secretary of the Canadian Medical Association was present by invitation. Doctor Kelley reviewed the Medical Economics question throughout Canada and Doctor Gosse spoke on the same subject.

The next day Doctor Gosse and myself together with representatives of the Cape Breton Medical Society met with representatives of the United Mines' Workers to see if some agreement could not be arrived at between the two bodies. The doctors of New Waterford had already been notified by the United

Mines' Workers that the present check-off system was to be replaced by a system whereby the doctors would be placed on salary and they had refused to work under this system. The meeting was called at 2.30 p.m. and was in session until 6.15 p.m., at which time both parties agreed to disagree. The only good that came out of the meeting was that the doctors of New Waterford reasserted their statement that they would not work on salary, and that they had the full backing of The Medical Society of Nova Scotia in this stand.

A special meeting of the executive of The Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, May 16th, 1949, at 2.30 p.m., to consider a request from the Provincial Government that The Medical Society of Nova Scotia provide medical care for the pensioners in Nova Scotia. Previous to this a meeting was held by President H. A. Fraser, Doctor N. H. Gosse, Doctor H. G. Grant with Mr. F. R. MacKinnon and Mr. H. S. Farquhar of the Department of Welfare and Doctor J. S. Robertson, Assistant Deputy Minister of Health. There was no definite offer made on the part of the Government, but it was intimated that they felt 75c per individual per month was a fair figure. At present there are about 27,000 pensioners. The schemes in operation in other provinces were reviewed, namely, Alberta, Saskatchewan, Ontario and British Columbia. It was felt that the Ontario plan suited us best, although the opinion was against the members handling drugs. A motion was passed approving the principle of The Medical Society of Nova Scotia providing medical care to the pensioners of Nova Scotia. A committee was appointed to meet with representatives of Maritime Medical Care Incorporated to make an agreement regarding the administration of the plan for The Medical Society of Nova Scotia. This meeting was held and Maritime Medical Care Incorporated agreed to take care of the plan for The Medical Society of Nova Scotia for 7%. Following this the Committee of The Medical Society of Nova Scotia met and agreed to recommend to The Medical Society of Nova Scotia that they offer to provide limited medical care (no surgery—no drugs) at the rate of 80c per person per month. This matter has been discussed informally with the Deputy Minister of Health and it is understood that the Provincial Government have appropriated 75c per individual for this purpose and do not propose to pay more. This is where the matter stands at present.

The membership for the year 1948 was 438 which is the largest membership the Society has ever had. Of the 438 there were 422 conjoint members, 12 honorary members and five (5) members of The Medical Society of Nova Scotia alone.

The following members have passed away since January, 1948:

William Joseph Barton, M.D., Baltimore 1896, died at Halifax on January 5, at the age of seventy-five.

Carl Freeman Messenger, M.D., Dal. 1932, died at Halifax on April 21, 1948, at the age of forty-two.

Martha Wyman Shaw, M.D., Dal 1897, died at Ashland, Oregon, on April 6, 1948, at the age of seventy-four.

Jordan Wesley Smith, M.D., Baltimore, 1891, died at Liverpool on May 6, 1948, at the age of eighty-four.

Terence Cochrane Lockwood, M.D., Bell Hospital Medical College 1885, died at Lockeport on June 28, 1948, at the age of ninety.

Athol Fraser MacGregor, M.D., McGill 1917, died at New Glasgow on July 3, 1948, at the age of fifty-six.

Robert Lowery Murray, M.D., New York University 1891, died at Moncton, N. B., on July 15, 1948, at the age of eighty-nine.

James Archibald McLellan, M.B., Queens., 1891, died at Sydney on July 29, 1948, at the age of eighty-one.

Matthew George Burris, M.D., Dal. 1910, died at Dartmouth on August 18, 1948, at the age of sixty-one.

Frank Roy Davis, M.D., Dal. 1911, died at Keltic Lodge on September 17, 1948, at the age of sixty.

Gerald Courtenaye Wentworth Bliss, M.D., Jefferson Medical College 1880, died at Amherst on September 17, 1948, at the age of ninety-one.

John Stewart Murray, McGill 1921, died at Montreal on September 26, 1948, at the age of fifty-six.

George William Tooker Farish, M.D., Jefferson Medical College 1886, died at Yarmouth on November 19, 1948, at the age of eighty-six.

James Adam Proudfoot, M.D., Dal, 1905, died at Inverness on March 3, 1949, at the age of seventy-two.

William Donald Rankin, M.D., McGill 1929, died at South Porcupine, Ontario, on March 15, 1949.

Frederick Graham MacAskill, M.D., Dal. 1911, died at Glace Bay, on March 15, 1949, at the age of sixty-three.

Alburt Arthur Schaffner, M.D., Baltimore 1894, died at Halifax, on April 1, 1949, at the age of eighty-two.

Charles Burton Popplestone, M.D., Dal. 1924, was killed at Waterville, Maine, on March 30, 1949, at the age of forty-eight.

Moses Elijah McGarry, M.D., Dal. 1908, died at Cheticamp on June 11, 1949, at the age of sixty-eight.

Alexander MacLeod Fraser, M.D., McGill 1938, died at Halifax on July 8, 1949, at the age of forty-two.

Respectfully submitted,

(Sgd.) H. G. Grant, Secretary.

This report was not read, as it would be published in the Bulletin. The list of obituaries was read at the business session, when a moment's silence was observed in commemoration of departed members.

Any nominees for senior membership in the Canadian Medical Association must be sent in to their executive by the first of February, to be dealt with at their executive meeting in February. As the annual meeting of the Canadian Medical Association will be held in Halifax in 1950, Nova Scotia will have the privilege of electing two senior members.

It was moved by Doctor Eric W. Macdonald and seconded by Doctor A. R. Morton that the usual honoraria to the Editorial Board, the Treasurer, and the salaries of the Secretary and the clerical secretary be paid. Carried.

It was moved by Doctor E. F. Ross and seconded by Doctor E. I. Glenister that the following doctors be taken in as members of The Medical Society of Nova Scotia. Carried.

Dr. R. L. Aikens, Halifax	Dr. M. S. MacDonald, Glace Bay
Dr. R. W. M. Ballem, Halifax	Dr. L. L. McKeough, Sydney Mines
Dr. G. W. Bethune, Halifax	Dr. I. M. MacLeod, Halifax
Dr. G. A. Black, Halifax	Dr. C. P. Miller, New Waterford
Dr. P. A. Cole, Hubbards	Dr. R. B. Miller, Great Village
Dr. F. A. Dunsworth, Halifax	Dr. G. M. Moffatt, Halifax
Dr. T. H. Earle, Upper Stewiacke	Dr. U. E. Oberwarth, Glace Bay
Dr. P. D. Ferguson, Whyococomagh	Dr. J. W. O'Rafferty, Oxford
Dr. M. F. Fitzgerald, New Glasgow	Dr. H. C. Read, Halifax
Dr. A. M. Fraser, Halifax	Dr. R. G. Ritchie, Pugwash
Dr. K. A. Fraser, Sydney Mines	Dr. H. B. Ross, Halifax
Dr. W. H. Frost, Halifax	Dr. A. L. Saunders, Louisbourg
Dr. David Gaum, Sydney	Dr. S. J. Shane, Sydney
Dr. F. J. Hogg, Antigonish	Dr. G. B. Shaw, Shelburne
Dr. C. M. Kincaide, Halifax	Dr. R. L. Smith, Halifax
Dr. Alice Duff Kitz, Halifax	Dr. H. C. Still, Halifax
Dr. T. E. Kirk, Halifax	Dr. W. R. C. Tupper, Halifax
Dr. A. D. Lapp, Halifax	Dr. J. A. Vaughan, Halifax
Dr. P. G. Loder, Kentville	Dr. E. F. Weir, Freeport

Doctor Ray MacLean stated he would compliment Doctor H. A. Fraser on the dispatch with which he had put through such a big agenda. He wondered if the matter of a general practitioner's division could be brought up at the general meeting. He stated that in Saskatoon there is a branch which is becoming very active.

Doctor N. H. Gosse advised that the meeting in Saskatoon when the division of general practitioners met there decided to have a representative from each division wherever a representative had been appointed and such representative would head up the division. Doctor P. E. Belliveau of Meteghan who had been named by the Canadian Medical Association automatically becomes chairman of that section.

Doctor N. H. Gosse advised that the Canadian Medical Association will meet in Halifax in June, 1950, and the committee of arrangements has been started. He stated that the representatives on the committee should be made as widely representative of the province as possible. The working group will have to be in Halifax. Doctor Colwell was to have been here to speak on finances, as there must be a fund to take care of the meeting in June.

It was moved by Doctor Eric W. MacDonald that each Branch Society be asked to name one representative on the central committee for working arrangements for the annual meeting for 1950. This was seconded by Doctor R. O. Jones and carried.

Doctor C. J. W. Beckwith suggested that the President of each Branch Society be the representative, which was seconded and carried.

It was moved that the meeting adjourn at 6.10 p.m.

Society Meetings

THE Annual Meeting of the Nova Scotia Society of Ophthalmology and Otolaryngology was held at White Point Beach, Wednesday, September 7, 1949. The President, Doctor B. E. Goodwin of Amherst, presided. A short business session was held and a nominating committee was appointed by the President to bring in a slate of officers for the coming year.

Applications for membership were received from Surgeon Lt. Commander R. F. Hand of Halifax, and Doctor C. H. Smith of Liverpool. The Executive recommended their membership and the recommendation was passed by the meeting.

Doctor E. F. J. Dunlop of Bridgewater presented a paper entitled "Neurologic Signs and Ocular Diseases." This paper was very complete and well arranged, and was greatly appreciated by the members. An invitation was extended by Doctor H. W. Schwartz and Doctor J. P. McGrath to all who are interested in attending the meetings of the Eye, Ear, Nose and Throat Societies to be held at Digby, Nova Scotia, in June, 1950. Reservations should be made early through Doctor J. P. McGrath, Kentville, N. S. Doctor R. H. Stoddard and Doctor J. P. McGrath also announced that round table discussions and papers were being arranged in the sections of Ophthalmology and Otolaryngology at the Canadian Medical Association meeting at Halifax, in June of 1950.

At the afternoon session the report of the nominating committee was read. There being no further nominations, it was regularly moved by Doctor Schwartz, seconded by Doctor McGrath and passed by the meeting that the following slate of officers be elected for the coming year:

President—Doctor D. M. MacRae, Halifax.

Vice-President—Doctor H. F. Sutherland, Sydney.

Secretary-Treasurer—Doctor E. I. Glenister, Halifax.

Members of the Executive: Doctor J. G. Cormier, Sydney; Doctor L. F. Doiron, Digby; Doctor C. K. Fuller, Yarmouth; Doctor H. R. McKean, Truro.

Members of the Executive of The Medical Society of Nova Scotia: Secretary-Treasurer, Doctor E. I. Glenister, Halifax, and Doctor R. S. Shlossberg, New Glasgow.

It was moved by Doctor Keshen and seconded by Doctor Davidson that the question of a meeting before June of 1950 be left in the hands of the incoming executive.

There being no further business before the meeting, the scientific portion of the programme opened with a paper by Doctor R. S. Shlossberg, "Ear, Nose and Throat Notes on the Roanoke 1949 Post-Graduate Course." There was considerable discussion by the members concerning procedure and treatments suggested.

Doctor H. F. Davidson of Glace Bay then presented "Fundamentals in Biomicroscopy of the Eye." This was an excellent paper, very complete and well given.

A vote of thanks to the various men giving papers was moved by Doctor J. P. McGrath and it was also moved by Doctor McGrath and seconded by Doctor Schwartz that papers given by the various members, including the present meeting and the previous meetings, would either be published in the Bulletin during the year or reprints made for distribution to the members of the Society.

This terminating the business and scientific session, the meeting adjourned.

E. I. Glenister, M.D.

Secretary-Treasurer

Valley Medical Society

The 42nd Annual Meeting of the Valley Medical Society was held at the Cornwallis Inn on August 24, 1949.

Doctor D. B. Morris presided. Present also were Doctors F. E. Rice, V. D. Schaffner, R. C. Young, J. P. McGrath, C. E. A. deWitt, A. F. Miller, L. E. Cogswell, H. B. Atlee, G. K. Smith, T. A. Kirkpatrick, R. V. Thorpe, H. A. Foley, F. J. Misener, F. L. Akin, G. W. Turner, G. Wheelock, R. A. Young, Purchase, L. E. Bashow, Nearcook, F. W. Morse, M. R. Elliott, W. C. Rice and D. M. Archibald.

A letter from Maritime Medical Care Incorporated, noting the extent to which this organization was being established in the Valley, was read.

A resolution from the Lunenburg-Queens Medical Society was read. This resolution had to do with payment of medical fees for those receiving pensions from the Provincial Government. No action was taken regarding same.

It was pointed out at the meeting that we still do not have a Satellite blood bank. Lack of equipment at the Blanchard-Fraser Memorial Hospital at Kentville has caused the delay.

New members received into the Society were Doctor D. M. Archibald, Kingston, and Squadron Leader Purchase, Greenwood.

A copy of a letter from Doctor A. D. Kelly, Assistant Secretary of the Canadian Medical Association to Doctor H. G. Grant, Secretary of The Medical Society of Nova Scotia, was read. This letter dealt with public relations and suggested a method whereby all emergency calls could be handled. The system should be well publicized.

A nominating committee composed of Doctor J. E. Hiltz, Doctor G. K. Smith and Doctor L. E. Bashow was appointed from the chair.

Doctor H. B. Atlee of Halifax was the guest speaker. His subject was "Handling of Miscarriages." There was plenty discussion. He admitted in his own way that there was more discussion than the first time he presented a paper in the Annapolis Valley.

The following slate of officers was brought in by the nominating committee:

President—Doctor M. R. Elliott, Wolfville.

Vice-Presidents—

Hants County, Doctor G. W. Turner, Windsor.

Kings County, Doctor G. Wheelock, Wolfville.

Annapolis County, Doctor O. R. Stone, Bridgetown.

Digby County, Doctor J. R. McCleave, Digby.

Secretary-Treasurer—Doctor R. A. Moreash, Berwick.

Representatives to The Medical Society of Nova Scotia Executive—

Doctor G. R. Forbes, Kentville, Doctor P. S. Cochrane, Wolfville.

Dinner was served at the Cornwallis Inn.

R. A. Moreash, M.D.

Secretary-Treasurer

The annual meeting of the Antigonish-Guysborough Branch of The Medical Society of Nova Scotia was held on October 12, 1949, at St. Martha's Hospital, Antigonish. The meeting was a routine business meeting and the new slate of officers elected at the meeting were:

Honorary President—Dr. W. F. MacKinnon, Antigonish.

President—Dr. J. S. Brean, Mulgrave.

Vice-President—Dr. F. C. Hazen, Guysborough.

Secretary-Treasurer—Dr. J. J. Carroll, Antigonish.

Executive—Dr. J. A. MacDougall, Antigonish, Dr. D. S. Clark, Canso,
Dr. T. B. Murphy, Antigonish.Representatives to the Executive of The Medical Society of Nova Scotia
—Dr. J. S. Brean, Mulgrave, Dr. J. J. Carroll, Antigonish.

J. J. Carroll, M.D.

Secretary-Treasurer

NOTICE

The car emblems for doctors' cars are now available. Price \$2.00 each. They may be obtained by writing Doctor H. G. Grant, Secretary of The Medical Society of Nova Scotia, Dalhousie Public Health Clinic, Halifax and enclosing cheque.

Obituary

THE death of Doctor Frank Foster Chute occurred at his home in Ottawa on August 29th, following an illness of more than six months. Although he left the Valley in 1940 to take up special duties "Frank" was essentially of his native county and his greatest contribution was made there.

He was born at South Berwick in 1894 and received his early education in the Berwick schools; graduating from Acadia University in 1913. The following year he taught in Horton Academy. With the outbreak of the First World War he was one of the first to enlist and went overseas with Doctor John Stewart and the Dalhousie Unit. On his return to Canada he entered Dalhousie Medical School and in 1922 graduated with honours. He was attracted to Canning and following his marriage to Miss Minnie Miller, daughter of Doctor J. W. and Mrs. Miller of that place, he engaged in practice and for eighteen years served a large clientele with the greatest diligence and skill. He had a high degree of sense of personal responsibility and became a potent factor in his community. Possessed of a keen mind he was a critical student of men and affairs. While in scientific matters he was most discriminating, to his fellow men he was most tolerant. He had the ability of recognizing the gold in the dross and he was noted for his capacity to pick the bubble of the pompous and the supercilious. With men of his calibre in our rural districts this country has less to fear from the inroads of socialized medicine.

When he joined the Pension Board as Judge Advocate it was believed that he would take to his tasks the same fairness and understanding which had marked his earlier work. His confreres on the Board have assured us that he was an excellent consultant.

Mrs. Chute and the family of two daughters and one son will reside in Ottawa.

The death occurred at his home in Halifax after nearly a year's illness of Doctor James Lyall Cock, O.B.E., retired Chief Medical Officer for the Port of Halifax. Doctor Cock was born in Truro, son of the late Mr. and Mrs. Herbert Cock, was educated in Truro, and graduated from Dalhousie Medical School in 1902. He served during World War I as a Lieutenant Colonel in the First Medical Services Unit, and was with that unit overseas from 1914 to 1918. In 1928 he was appointed Chief Medical Officer of the Port of Halifax and retired last year. Doctor Cock is survived by his wife, the former Lena Boyd of Winnipeg, and four sisters, and one brother.

Doctor Hector Alexander Grant of Big Bras d'Or died at North Sydney Hospital on September 27th after a lengthy illness. Doctor Grant was born at Boularderie East in Victoria County on August 12, 1879, son of the late Mr. and Mrs. Duncan Grant, who both were born in Scotland. He graduated from Dalhousie Medical School in 1909, and practised at Cape North, Neil's Harbour, Whycocomagh, Little Bras d'Or and North Sydney and finally at Big Bras d'Or. He is survived by his wife the former Annie I. McIntosh of Bridgeville, and two daughters and two sons.