

# Address of the President

## CANADIAN MEDICAL ASSOCIATION

NORMAN H. GOSSE, M.D.

To the Annual Meeting of The Nova Scotia Division, September 7th, 1950:

It is difficult to know how to address you to-day among the multitude of things that might be said. But since it was you primarily who got me into this situation, it is perhaps to be expected that I should say a word about that. Well after giving full credit to the very high compliment that is involved, and to my appreciation of that fact, you may be surprised to know that in the ledger of happiness I am still in the red. To represent such an organization throughout this Dominion is no easy task, and when one feels that the advancing of the banner of one's own province is also involved and to be remembered as we go along, the task is not made any easier. For no matter what any of us may say or do, these days, public relations are affected, and the knowledge and skill to do and say the right things in the right way, at the right time, and at all times, is something for which few of us have been endowed or trained—certainly not this speaker. With all the desire in the world therefore to serve well this office, for both provincial and dominion reasons, the consciousness of our educational shortcomings admits of no jubilation. However, it can only be required of us to use to the best advantage such talents as we possess, whether they be few or many, and in my effort to use the few that are mine, I trust that I have your sympathetic understanding as I endeavour to represent you.

Yet Mr. President, I would not present only the liability side of the ledger. There is much to build up the other side of the account. I share with you the satisfaction of having seen another annual meeting of the Canadian Medical Association go into history, in a blaze of glory for Nova Scotia. That we were able to take care of about 1,400 persons and send them away from a week in Halifax, happy, appreciative and thankful as they are to you, is something to make us all happy. It is unfortunate that some of our own medical family of Nova Scotia felt that in holding back from the "best seats in the synagogue" there would not be anything suitable for them anywhere. It has been the custom, everywhere I've gone, for the local people to hold back on preference, where accommodation is crowded, until the visitors are first housed. That principle is not new to us in this province, for in almost any Nova Scotia home, even up to this day, the giving of the best to the stranger is traditional hospitality; and here, as elsewhere, our corporate action reflected our individual practice.

We were sorry that in many instances the housing provided for a goodly number of the visitors was not too good. I've been relatively more comfortable in a fishing-camp bunk than some of them were, yet complaints were few indeed, for they found on our part a desire to give the best we had, and the warmth of the welcome of this Division's members more than made up for any of the physical defects, and their appreciation is again cause for happiness.

But there is more than that. This completes the Eastern Tour for me—New Brunswick, Prince Edward Island, Newfoundland and Nova Scotia, on



which tour, for the first three provinces, I was accompanied by Doctor Kelly, Doctor Copping of Montreal, and Doctor Grace of London, Ontario. Our reception in those provinces was very warm indeed. The meetings were well attended—in two of the three the largest in their history, in the third probably the largest for that section of the province.

New Brunswick, as you know co-operated with us in the putting on of a reception to General Council preceding the customary dinner to General Council given this year by Nova Scotia. That probably took a bit of doing for New Brunswick, for there must have been persons in that province as there would be in ours under similar circumstances, who felt—"To heck with them—its their show, let them put it on." Yet there were enough decent thinking persons among them to feel and to say—"This is a gesture of good will from Nova Scotia, let's extend our hand in friendship to them." Obviously a majority felt that way for the idea prevailed, and they did a nice job, at considerable cost to the profession of that province. I have no doubt that a suitable resolution registering the evidence of our goodwill and our profound appreciation, will find a place on the minutes of this Division. It has already received high commendation from men of other Divisions for New Brunswick's very fine contribution.

One cannot but regret, as we consider our relations with our neighbouring Divisions, how little of friendly intercourse we have with each other. We have a few contacts with New Brunswick, directly or indirectly—in the exchange of internes and in the examinations of the Medical Council; we meet both provinces in the occasional Executive meeting of the Canadian Medical Association, and once a year a few in the General Council of the Canadian Medical Association, but at other times, we maintain what is virtually an iron curtain between us. It may be only the curtain of indifference, but indifference does not beget unity, nor good relations, and this is a time when both are very necessary, throughout this country.

It has indeed been found desirable to effect unity and understanding on a much wider plane. The World Medical Association e.g. has knit together 42 countries of the world. It has very real potentialities for good in the world of Medicine, and already is a great force for international understanding and goodwill. We are happy in the Canadian Medical Association to have an important share in that body. The Commonwealth Medical Association brings together the various countries of the Commonwealth for the discussion of things of common interest to them and very much to the benefit of all. The Canadian Medical Association took part in this year's meeting of that body in Brisbane, Australia, of which report was made to Executive and General Council. We enjoy on this continent the advantages of close fraternal associations with our opposite number in U. S. A., and wherever we have gone in that country, indeed everywhere we go, we find that men, who are giving a great deal of time and effort to the advance of Medicine, are happy to pass on the value of their findings and experience to those who would learn from them, and the world is so much the better for this great inter-relationship.

This happy state of affairs has developed over the years because of the atmosphere of freedom to practise Medicine as experience has shown us to be best, and also as a result of the urge to advance its science and art. To-day that freedom has been taken away in some places, and is now being or has been threatened in others. We are seeing men, drawn away from the happy pur-



suit of truth and the scientific application of knowledge, and that have their office and position as doctors prostituted to a serfdom of unscientific practice.

Today in England this is true, and so sad has become the state of many, that one of them who had been reduced to the taking of orders from his patients for "so many bandages and so much cotton wool, and send them at once or bring them", when asked this spring in England by one of our Canadian doctors if he would now send his son to study Medicine, answered with a positive but poignant "No". The position of the General practitioner is worst of all in that country, where he must have 4,000 patients on his panel if, at the amount allowed he is to get enough on which to decently maintain himself and his family; and if he doesn't secure that number, he is pinched proportionally as it is reduced. Working at that high figure he sees from 60-100 patients a day, and the most he can do is to hand out some quick prescription for the headache or the backache or the tummy-ache, whatever the presenting symptom happens to be. There is no opportunity to weed out the spurious from the genuinely sick person; no time to work out difficult diagnosis, and in consequence of this the quality of medical care has deteriorated sadly. That is the trend of governmental action on Medicine.

Then the burden of the cost of it! At first the cost was to have been about £160,000,000. That has been adjusted several times up to £450,000,000 for the past year, and the end is not yet. It is estimated that the current year will run to about £600,000,000.

If you ask me where the great British Medical Association was—where its sense of obligation to protect the British people from the effects of their own folly—as was done in New Zealand and Australia—the answer cannot be given in any degree of simplicity. I must however here suggest that there is a strong possibility that the estrangement of many specialist groups from the National body of England, had so reduced the British Medical Association as an effective unit, that in the time of stress, they found the truth of "Divided we fall."

It is to be hoped that in Canada, the tendency of so many of the specialities to set up their own national organizations for scientific purposes, will not let them lose sight of the fact that in times of trial we shall stand only if we are an united profession, and that that can be expressed only through an united national body.

New Zealand doctors who were the first in Commonwealth countries to be up against this sort of thing, were quite unprepared and had to fight their socialist government for 14 years before getting things straightened out to what is now a compromise system which gives fairly good medicine to the people, but which falls short of being what it could be.

Australia had a very bad time for a while, under another Socialist government, until the government itself was thrown out. It has seemed to me that our professional brethren in Australia are very capable but very tough, and in the over-throw of the government, Medicine's contribution was probably not inconsiderable. But out of the holocaust has come a great change, and the new Government there is now working out a system of Medical care for their people which may well become a pattern for all democratic countries. It is one which is designed to work through existing medical care plans. The new policy enunciated in May of this year by Sir Earle Page, their Minister of National Health, bears a very close relationship in many respects to that which



the Canadian Medical Association has for some time advocated, but which until now no other governmental body has considered.

There has, on this continent been threats similar to the English one, and they have been met differently above and below our international boundary. We believe that we have adopted the wiser course in establishing a position, and publishing the statement of policy which appeared in last September's J.C. M.A. and of which a copy was sent you with "On Call." In this we recognize government's place in taking care of the indigent and assisting the medically indigent, but in it we also express the belief that those others who can, should cover themselves, by such forms of Medical care insurance as the profession in the provinces has made available to them. The Canadian Medical Association has expressed itself as subscribing to the principle of Health insurance, so long as the essential principles of practice are respected and preserved; and we have expressed our willingness to sit down at any time with any group to talk over their problems in the matter of spreading the cost of Medical Care.

One of the great points of difference between governments generally and ourselves resides in our concept of the dignity of Man. We believe that everything done to enhance man's independence contributes to his dignity and mental health, while every act of paternalism—everything which encourages him to look for something for which others have to pay—everything which tends to reduce his sense of personal responsibility—tends to the reduction of his dignity and ultimately to his complete degradation. We would like to see all governments that approach the matter of filling needs consider the long range implications of their charity, and let the head have some place in their decision as well as the heart.

Another of the great points of difference between Departments of Health and our profession is the machinery of administrative control. All such government departments up to now have felt that control of any system of Health Insurance must be vested in them. Medicine's position in Canada on the other hand, is that it shall be administered by an independent non-political representative commission, and it is my feeling that the profession in Canada will look for and work for that.

Last year in Halifax there was a meeting of the Canadian Public Health Association—a fine body, for whom I have the highest regard—and there they conducted a "round table" on Health Insurance. There was a great line of Public Health men at the table, and in the midst of them, carrying our banner, was Doctor Kelly. Let me say sir, he carried it very high, as of course we would expect, but he was a veritable Daniel in a den of lions. I remember very well the discussion on control—administrative control of any scheme of Health Insurance—and the importance laid by Doctor Kelly upon the non-political representative commission that is the cornerstone of our faith. Very definitely that was not subscribed to by any of the other speakers. All felt that administration should be fully vested in Departments of Health.

In this regard it is interesting to note what the new Australian Minister of National Health had to say on that. He set down eight cardinal principles upon which his new scheme is to be built. This is number 5:

"The willing co-operation of doctors, chemists, hospital managements, voluntary organizations, etc., should be secured, by leaving in their expert hands as much of the administration and control of the scheme as is possible."

We have a great deal of confidence in many of our Departments of Health.



We see in many of our provinces the closest possible harmony between such departments and our profession as there always ought to be. For are not our real objectives the same, and should not then our efforts compliment each other? On this basis we would expect a sane policy in working out a *modus operandi*. Unfortunately however, we also have in Canada, some of those forces, which for one reason or another would sacrifice Medicine and all its works, and bring it entirely under bureaucratic control as completely as was done in England, and as has been attempted in other parts of the Commonwealth. So long as that obtains, we shall have to remember—and keep remembering—in such bodies as ours, that Medicine has a great obligation laid upon it to preserve for the people of this country its great heritage of scientific and social progress, and the right to keep on adding to that as we are doing, and as is proposed in our statement of policy. After all, the lengthening of the expectancy of life by 20 years in the last 50 years was not accomplished under government control of Medicine. There is no doubt that the right and privilege that has been ours of making our own special contribution to that remarkable result is threatened, and there is equally no doubt that the very foundation of our defence against that threat is Unity among ourselves.

Now I would like to make it clear that the Unity that I would have for Medicine is not the trades-union type of unity so common in our time, and which indeed we sometimes have had recommended to us by our unthinking members. We have recently seen an organization closely allied to us go that way, and our feeling was one of very real regret for what they have lost. No, that is not our type of unity, though it is reasonable and necessary that resident in it shall be some sense of self-preservation. But the sense of an obligation to Society makes us a profession rather than a trade, and I am sure that the esteem in which the Canadian Medical Association is held to-day, is as high as it is, in Canada and beyond our borders, because we reflect the consciousness of that obligation. But just how strong are we in expressing it? I mentioned in my inaugural address in June that the Canadian Medical Association was the medium of expression for the conscience of Canadian Medicine. I believe that that is true. But conscience can be a "still small voice", or it can be a dominating force. We require that it shall be a dominating force; and to that end we need to have its expressions and decisions backed by every man who labours under the badge of the caduceus—every man who is interested in Medicine.

How can we do that? May I ask you to consider one or two ways? The government of the Canadian Medical Association is carried on through its General Council and through its Executive. Where do we come in who constitute its general membership?

Well first let me say that there is no organization that I know in which the principles and practice of democracy are susceptible of being better demonstrated than in the Canadian Medical Association. If we look about us and see what happens in the ordinary elections of our country, we see men elected for government by popular vote; and there are times when we are disposed to question the wisdom of the democratic method, wherein the vote of the independant thinker is cancelled out by that of the mercenary. In the profession of Medicine, on the other hand, we start off with a group of educated men—presumably all thinkers. How much better have we been doing?



I ask that question sir, in ignorance, and only to suggest, that no matter what we have been doing in the past, the time is now here when all across Canada, if we are to think as a nation—and I submit that if we are to progress we must think as a nation—we must give serious consideration to the choice of men we send to our medical parliament—the General Council of our Association—and not only that, but we must ask ourselves "What do we do about them after we send them there?"

Some time ago I found that in one province which takes a leading part in the deliberations of General Council, they had a policy in operation, unwritten and not minutely delineated, which spotted men who were unselfish enough to take on jobs in a Medical Society and to do them well, at some sacrifice to themselves. Such men were then advanced through positions in city or county societies then into work in the provincial Division, and finally into General Council in the C.M.A. Having gotten them there, and since it frequently takes a year or more to bring men out in General Council—they have followed a very slow rotation of their representatives (so long as they remained interested and active). In that way they secured for their men the experience that is necessary, and at the same time provided that their province's work in General Council would be held to a high degree of effectiveness. This a policy that requires vision—the long view—building for the future—which is the policy that makes any institution great.

In the great cause of Unity, all Divisions should give serious thought to the quality of their membership in General Council—and perhaps even more so to their Executive representation. All men have not the same ability in that direction and all have not the same willingness to give the requisite devotion to duty which such service requires. But having elected them to do a job for us, how do we treat them? We should require that any man so honoured by our confidence by election to General Council must not only be prepared to attend its meetings, but he should be required to bring back to a meeting of the Division or to its Executive a faithful account of the Association's activities, completed or proposed, perhaps each Councillor being responsible for a part. They should be expected to fully inform us as to their experience and findings at the meetings, and we in turn should support them fully,—in our own concern—by taking an intelligent and informed interest in what they present. As showing their great interest, and in support of their councillors, some of the divisions, recognizing the greater outlay involved year after year in going to meetings two or three days earlier to attend General Council, and the importance of their being well represented, are giving grants-in-aid, to their members, to encourage full attendance. Some too have meetings of their councillors under the chairmanship of their Executive member, when important matters that are to be discussed by General Council, are considered before they go into the meeting and the stand of the group understood. Because of the increased cost of all these things we are finding an increasing number of the Divisions voluntarily raising their membership rates, of which New Brunswick's raise to \$50.00 last year is an outstanding example. Incidentally that would seem to have been a very wise move on the part of New Brunswick, for in addition to other advances it has given them an exceedingly valuable full-time secretary.

You know, of course, that the American Medical Association recently put a levy on its members to raise a large fund for public relations. Some



of it unfortunately is to undo some of the very bad publicity which had already been given them—partly through fault of their own lack of unity. I don't know how long we in the Canadian Medical Association may be able to go along before our own increased and increasing activities in this Dominion will cause us to come to our people for a strengthening of our sinews of war. I have heard nothing of such a move, but I have received personal suggestions from some of our most progressive members in some of the provinces, as to its advisability.

But now more than at any time in our history, what is required is men—men who will inform themselves thoroughly on these matters, especially in these days in the field of Medical Economics—men who will be ready to stand up and give an account of their faith in the importance of a strongly united National profession; and we can have such men as able representatives and good leaders if you will stimulate them to give of their best, by first carefully selecting them for their interest and their industry and then by supporting them fully as they do our work. This is a matter of very real concern to every single one of us. In this way we all may meet the great obligation to our profession which the times impose upon it; in this way may every man make his contribution to that unity in Canadian medicine which is now so essential. But sir, I should not leave this subject here, without pointing with pleasure to the fact that already most of the Divisions would seem to be thinking in these very terms, and that they are already giving practical expression to their thinking. How else can we interpret the fact that never before in the history of Canadian Medicine have we had such an attendance at General Council as we had at this year's meeting in June? And the fact that that meeting was not in the centre of Canada, but at Halifax on its eastern seaboard, gives further weight to the evidence that Canadian Medicine feels the need for national unity as never before. Believe me, it was a most stimulating sight to see every elected member of Council in his place from so many of the provinces—especially from the West.

The question on the lips of many of us now is what will Canada do? That is not an easy one to answer. Perhaps sir, my faith in Governments in Canada is greater than it should be, but I can not see a situation like Australia's arising in Canada. None-the-less I am convinced that the time is with us when every Canadian doctor should realize and appreciate fully, now—out to the last man in all of our provinces—the significance of the policy that we as the Canadian profession have adopted; and as it has been accepted and advanced by General Council, we should get fully behind it, until a majority sees fit to modify it again. This is a time for unity—indeed there has never been a time in our history when unity among us has been more important.

There is a suggestion being circulated, that because of the threat of war, the whole question of the more expensive excursions into the realm of welfare and old age security—and inferentially of Health Insurance—will have to be shelved. The suggestion may have the merit of reason, but no one with a scintilla of knowledge as to how these things are generally worked, can see in this anything to lull us into any false sense of security or away from the fact that we have fences to mend; and Mr. Paul Martin's reported remarks made recently respecting his committee's report on old age security, lend support to my view.



We have an advisory Canadian Medical Association committee representing Canada, ready to discuss with government any plans which may effect the practice of Medicine in Canada. If and when it speaks, it must speak with one voice, clear and unequivocal, supported by every clear-thinking man in our profession. There must therefore be no doubt as to our unity.

Mr. President, I have to-day consistently mentioned Canadian Medicine in contradistinction to provincial Medicine, for there is no doubt whatever, that the real decisions with respect to this matter will be made on the National level. We are part and parcel of the National organization which must deal with these matters. You are the Canadian Medical Association. Yet how many of us still think provincially, and regard the national body as something outside of and beyond us! What is it that keeps us—and some of the other provinces—from claiming our rightful place in this great Canadian family?

Now from the corporate side: Has the time not come when we should drop all provincial handles—or at least relegate them to second place—and call ourselves by the name of the Canadian Medical Association, Nova Scotia Division. Some of the Divisions use only that name now, with its appropriate Division, and though up to now perhaps it hasn't mattered, I submit sir that the time has now come for us to give voice and form to every idea of Canadian medical unity that we can command, and that therefore this is something we can and should do.

It is not very long since my own personal feelings as a Maritimer would not have permitted me to make that suggestion. I thought of our long Provincial history and allowed my provincialism to limit my vision. Now with the vision that I have of the possibilities which the future holds for us and with the impelling need for evidence of the unity and cohesion of our profession all across the country and by no means minimizing the value of provincial history, I do now recommend it without mental reservation. I believe that it would be an act of wisdom, that would serve to strengthen our medical ties and become a powerful weapon of defense when we "speak with our enemies in the gate." Two more of our Divisions realizing its importance have taken this step within the last ten days, and will change their letter-heads accordingly.

I am sure that in dealing with governments as we shall be called upon to do, the prestige and weight of the larger body and the fact that all provinces are in name and in fact the Canadian Medical Association, will more than make up for any sentimental loss incurred—not necessarily in the loss of but in the lessened prominence of the older name. This as you know Mr. President, is not a new idea. It was written into the agreement when the provinces agreed to the medical federation. It remains now at this important time to be made really effective.

Finally Mr. President, I would like to place myself on record as officially commending this division for its attitude and action respecting two things. (1) Its plan of prepaid Medical Care. It is the expressed belief of the Canadian Medical Association that these plans should be advanced and expanded across Canada as fully as possible. There is no doubt that provinces that have such a plan in operation are out in front (a) in know-how of Medical Care, and (b) in the administrative knowledge of such schemes. (2) And the second thing upon which I would commend you is the taking over and



administering the welfare plan of the government of this province. Now I know that when Medical people get into such unfamiliar situations there are always many headaches, and sometimes they take a bit of a trimming. An example was when Ontario received 25c for a greater service than you are now rendering for 75c. Nevertheless it gave them very valuable experience. They were able to satisfy their government, as to their efficiency in the operating of the scheme, as to the care they were giving to the wards of the government, and as to the controls that they were able to exercise upon its operations; and to-day, after several increases, their scheme though yielding an income considerably less than par is accepted as adequate for the class of service and is working satisfactorily to all concerned.

The danger in all these things is to get dissatisfied and disgruntled before the wrinkles have been worked out. It is our privilege to growl, but if we are to justify any claim to respect when the big event takes place, we shall have to show that in these lesser things we are capable of meeting problems as they arise, and that in the case of finding conditions of work unsatisfactory, we may be able to examine, diagnose and make reasonable recommendations for their correction. To say "To hell with it; give it back to the government" without first doing that, would be the utmost in shortsightedness—even if only our own self-interest is considered. For though this is a provincial matter, be assured that as it occurs or may occur all over this Dominion, it is also a proving ground, the results from which have repercussions in the national field as well.

And so sir, we come back and finish on the national note. More and more does it become necessary to think in national terms, and so that we in the divisions may take our proper places and play our respective parts on the national level, we must think in terms of a more effective unity.



# Minutes of The Executive of The Medical Society of Nova Scotia, 1950

THE annual meeting of the Executive of The Medical Society of Nova Scotia was held in the Auditorium of the Victoria General Hospital at Halifax, N. S., September 5th, 1950 at 2.45 p.m.

Present: Dr. E. F. Ross, President; Doctors R. O. Jones, D. F. Macdonald, A. E. Blackett, S. R. Johnston, G. A. Dunn, A. R. Morton, E. I. Glenister, H. A. Creighton, G. R. Mahaney, W. A. Hewat, H. F. Sutherland, J. J. Carroll, A. L. Murphy, M. J. Macaulay, V. O. Mader, A. W. Titus, C. H. Reardon, H. G. Grant, H. J. Devereux, P. R. Little, H. J. Pothier, S. Marcus, M. E. B. Gosse, P. S. Cochrane, P. E. Belliveau, J. S. Robertson, J. R. Macneil, Eric W. Macdonald, N. H. Gosse and A. D. Kelly, President and Assistant Secretary of the Canadian Medical Association, R. W. Brownrigg, President of The New Brunswick Medical Society.

The President called the meeting to order.

It was moved by Doctor R. O. Jones, seconded by Doctor D. F. Macdonald that the minutes of last year's meeting as published in the Nova Scotia Medical Bulletin in October, November and December, 1949, be taken as read. Carried.

The President stated that Doctor R. J. Brown, Regional Medical Officer of the Canadian National Railways, from Moncton, was present, and would like to have the privilege of discussing with the Executive the Canadian National Railways fee scale.

Doctor H. G. Grant: "We had a request from Doctor Brown last year that the members of The Medical Society of Nova Scotia would treat the employees of the Canadian National Railways at the scale of fees set by that Association. The suggestion was thrown out because the members felt that our own scale of fees did not coincide with theirs. Following that Doctor Brown asked if the matter might be reconsidered as he felt there was some misunderstanding on both sides."

Doctor R. J. Brown: "I came to the Maritimes three years ago as the Regional Officer of the Canadian National Railways. One of my duties is to act as medical adviser for the insurance scheme. It is not a railway scheme. What money is obtained by the Association comes from the members themselves. The compensation they get is not for medical care and hospitals. They are satisfied to receive \$2.25 a day while they are at the hospital. In 1908 the schedule of fees was drawn and has never been changed. We would like to have a committee from your Society meet with us to discuss the matter."

After Doctor Brown left it was moved by Doctor Eric W. Macdonald that the matter be left to the Economics Committee which was seconded by Doctor R. O. Jones and carried.

The Secretary advised that a letter had been received from the manager of the Hackmatack Inn at Chester inviting the Society to think about their place when the Society holds its next annual meeting.



Doctor H. G. Grant read the following letters.

**Maritime Medical Care Incorporated, Halifax, Nova Scotia**

August 3, 1950

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

Dear Dr. Grant:

We are attaching a letter which the writer received from F. R. MacKinnon, Director of Mothers' Allowances. This letter was considered at the meeting of the Executive of Maritime Medical Care, held on August 1st, but as the subject matter of this letter was outside the scope of this Corporation it was recommended that it be passed to The Medical Society for action.

We are also enclosing a copy of a letter received from the same department, which was written by Dr. P. E. Belliveau, as the Executive thought this letter should come to your attention.

Yours very truly,

Maritime Medical Care Incorporated  
(Sgd.) D. C. Macneill,  
General Manager

**Department of Public Welfare, Nova Scotia**

Box 696, Halifax, Nova Scotia  
July 13, 1950

Mr. David C. Macneill  
General Manager  
Maritime Medical Care Inc.,  
31 George Street,  
Halifax, N. S.  
Dear Mr MacNeill:

I am in receipt of a letter from Mr. McGrath, Supervisor of our Digby office, under date of July 10th with reference to Medical Care for Mothers' Allowances cases. According to the information I have received from Mr. McGrath, five different Mothers' Allowances beneficiaries reported that doctors were charging them part fee for office and home calls. The story that these beneficiaries told our visitor was that the doctors came to them and claimed that they were only partly paid through Maritime Medical Care and asked them to make up the fee. One doctor specifically named was Dr. Sutherland of Yarmouth.

I am writing to Mr. McGrath for the names of the beneficiaries and a more complete statement regarding the situation. If this is being done on any large scale, and the presence of five cases in Yarmouth would indicate that it is, then I think we are faced with a most despicable practice which will have to be cleared up immediately. It is certainly a rather sorry comment on the situation if we have to resort to sending out a card with the cheques warning our beneficiaries to be on the watch and not to be taken in by a practice of this sort.

In view of my telephone conversation with your Assistant on July 12th, I think it highly advisable for us to arrange a conference at the earliest possible date. I would appreciate it if you could call at the office to see me sometime during the week of July 17th and discuss the matter at greater length.

Yours faithfully,

(Sgd.) F. R. MacKinnon

Director of Mothers' Allowances



Meteghan, Nova Scotia

July 27, 1950

Director of Child Welfare  
 Department of Public Welfare  
 Halifax, N. S.

Dear Sir:

I have received a letter from Maritime Medical Care, Inc., stating that I should send all accounts of the Provincial Department directly to them.

At their request I am forwarding the last account for services rendered to Mr. .... to them.

I would like to point out that this is not satisfactory, as the fee for such service has been \$2.00 in the past, and the last payment made to us by Maritime Medical Care was prorated 50%. This would reduce my services to Mr. .... to \$1.00.

You are well aware that reduction of fees at present is not the general trend, and will understand my attitude in pointing this out to you.

Yours truly,

(Sgd.) P. E. Belliveau, M.D.

The President advised that this matter would be taken up later.

Doctor H. G. Grant read the following letter and resolution.

June 13, 1950

Dear Dr. Grant:

A motion was passed at the Annual Meeting of the Valley Medical Society that the attached resolution be sent to the Nova Scotia Medical Society for consideration at a special meeting of the Executive of the Nova Scotia Medical Society to be called in June at the time of meeting of the Canadian Medical Association in Halifax.

We were pleased to have you with us at our meeting in Wolfville.

Yours Sincerely,

(Sgd.) R. A. Moreash

Secretary-Treasurer, Valley Medical  
 Society.

At the Annual Meeting of the Valley Medical Society, held at Paramount Hotel, Wolfville, N. S., on Friday, June 9, 1950, the following resolution was unanimously endorsed:

"Whereas the members of the Valley Medical Society view with great concern the present trend of government policy which seems to lead to a concentration of control of medical services in a central authority;

"Be it resolved, therefore, that the members of the Valley Medical Society, believing that the interests of the public in Nova Scotia can be better served by local groups, cognizant of local conditions, earnestly recommend that control of local medical services be permitted to remain with local groups, and that these local groups be assisted by the Department of Health in augmenting and integrating their services;

"Be it further resolved, that a copy of this resolution be forwarded to The Hon. R. H. Winters, Minister of Resources and Development in the Federal Cabinet, The Hon. Angus L. Macdonald, Premier of Nova Scotia, The Hon. A. H. MacKinnon, Minister of Public Health and Welfare for Nova Scotia, The Hon. G. E. Romkey, Speaker of the House of Assembly and Member for Lunenburg, and the provincial and federal members of parliament for this district, as well as to the various Branch Societies of the N. S. Medical Society and the N. S. Medical Society."



Doctor Eric W. Macdonald: "Whoever drafted that resolution must have been a politician; he might tell us what they had in mind."

Doctor E. F. Ross: "We felt that it was not possible to call a special meeting during the Convention."

Doctor G. R. Mahaney: "I am not familiar with the resolution. I was not present at that meeting. I would not like to make any comment on it."

Doctor W. A. Hewat: "I do not think we can interpret it unless we have the report."

Doctor P. S. Cochrane: "They do not come out flat-footed and say what was in the report. If we knew we would feel very happy over certain recommendations that were in that report. We were not quite certain what we were talking about."

Doctor E. F. Ross; "We cannot discuss it very intelligently unless we know what we are talking about."

Doctor Samuel Marcus advised that at the meeting of the Lunenburg-Queens Medical Society a number of members of the Valley Medical Society had been present as guests, and they had requested a copy of this resolution for consideration at their next meeting. He thought that the resolution had been drafted because there was a disturbing feeling amongst the members that there was a possibility that they might lose some autonomy in their hospital groups. They felt that they should guard against encroachments of local autonomy.

Doctor Eric W. Macdonald advised that he had received a copy of the report and that it was a very comprehensive document. It recommends the setting up of a system of hospitals through the province with regional hospitals in different districts, these districts corresponding roughly to the health divisions. It advocates a large hospital in each one of these divisions with a fully qualified hospital staff and that no hospital be allowed to be erected in a radius of 25 miles of existing hospitals, and also advocates fields of social service workers. It does take a few cracks at the medical profession. One thing that is very definitely outlined is that our hospitals should be a department of hospitals under the Provincial Department of Health.

It was moved by Doctor H. A. Creighton and seconded by Doctor E. I. Glenister that the Committee, that is the Government Advisory Committee, receive a copy of the resolution from the Valley Medical Society. Carried.

Doctor H. G. Grant read the following letter.

Winnipeg Medical Society  
604 Medical Arts Building  
May 26th, 1950.

President Ross,  
Medical Society of Nova Scotia,  
Halifax, Nova Scotia.

Dear Doctor Ross:

The Council of the Winnipeg Medical Society is indeed grateful for the kind interest The Medical Society of Nova Scotia is showing in the flood disaster which has affected Manitoba.



At the present time a Medical Committee of the Manitoba Flood Relief Fund is actively engaged in raising funds from the practising doctors in Manitoba and I have placed your kind offer for suggestions regarding help in the hands of that Committee.

I understand that the President of the Manitoba Medical Association has been in touch with Dr. A. D. Kelly, Assistant Secretary of the Canadian Medical Association, regarding suggestions of help from the profession of Canada at large, and it is probable that your Society will be learning of the problem through your provincial Association.

Many thanks indeed for your kind interest. No doubt you will learn further of the situation at an early date.

Yours very sincerely,

(Sgd.) T. E. Holland, M.D.,  
President.

Doctor E. F. Ross: "With the approval of your Treasurer we donated \$100 from The Medical Society of Nova Scotia to the Winnipeg Relief Fund through the Royal Bank. Perhaps this is a good opportunity to welcome Doctor Kelly with us again."

Doctor A. D. Kelly stated that the suggestion of the Manitoba Division had been that the best the doctors could do would be to make personal contributions to the Winnipeg Relief Fund, and that nothing be done as a corporate body, but as individuals to make personal contributions.

It was moved by Doctor A. R. Morton and seconded by Doctor P. S. Cochrane that the Executive ratify the action of the Secretary and Treasurer in sending the money to the Winnipeg Relief Fund.

The following letter was then read by Doctor H. G. Grant.

North American Life Assurance Company

Halifax, N. S.

June 1st, 1950.

Dr. H. G. Grant, Secretary  
Nova Scotia Medical Board  
12 Waegwoltie Avenue  
Halifax, Nova Scotia

Dear Doctor Grant:

If your Executive of The Medical Society can provide us with 75 to 80% of the members we would consider issuing a \$5,000.00 Group on each member. If this co-operation can be had, all that would be necessary would be to fill out the enclosed card which we are forwarding to you. This card is to be filled out by each member. The premiums will also have to be remitted to the Secretary-Treasurer of your Society and he, in turn, remits the total sum to the North American Life Assurance Company, Halifax.

If this proposition should go through, we will supply your Society with a filing card system so that you will have all those insured always available for your information.

The premiums given here are \$5,000.00 in each case. We start with age 25, the premium being, in this case, \$31.35; age 30 \$32.15; age 35 \$33.80; age 40 \$39.25; age 45 \$50.10; age 50 \$68.90; age 55 \$99.35; age 60 \$146.95; age 65 \$219.15; age 70 \$326.70.

I trust the information given here will be of some value to you and your Society, and I will be pleased to advise you further if there is anything that is not made clear.

Sincerely yours,

(Sgd.) A. J. Sollows,  
City Supervisor.



Doctor H. G. Grant: "I told Mr. Sollows that we could not guarantee him anything but he asked that this be put before the Executive."

Doctor P. S. Cochrane: "Is it a group life insurance?"

Doctor A. D. Kelly advised that the Canadian Medical Association had looked into the matter of life insurance very, very carefully, and had come to the conclusion that there would not be any advantage for them to take it out. The Societies would be in the insurance business collecting premiums from their own members.

It was moved by Doctor P. S. Cochrane and seconded by Doctor G. A. Dunn that the Executive take no action on this matter. Carried.

Doctor H. G. Grant next read the following letter.

The Canadian Medical Association  
135 St. Clair Avenue West  
Toronto 5

June 9, 1950

**To The Secretaries of Divisions**

Dear Doctor Grant:

I have been requested to advise you of the forthcoming sickness survey which will commence shortly in most provinces, and to solicit, through you, the goodwill and co-operation of your doctors.

The purpose and technique of this morbidity study is described in an article at page 599 of the June issue of the Canadian Medical Association Journal. You will note that a representative sample of Canadian families will be visited by a lay enumerator monthly for a year, and that a variety of data on illness will be recorded. It is apparently not proposed that the enumerators shall seek confirmation of their findings by interviewing doctors, but it is desirable that physicians be aware of the conduct of the survey, and, if consulted by patients, that they should encourage them to answer the questions of the enumerators.

It is admittedly a very difficult technical procedure to accumulate accurate information on the incidence of illness in a population. The medical profession is interested in the outcome of such a survey, and I think that most individual physicians would be prepared to advise their patients to participate.

I have examined the Instructions for Enumerators and the documents on which they will record their findings. This is a study conducted by lay enumerators recording the medical facts in the exact words used by those interviewed. Interviewers are sworn to secrecy and the confidential doctor-patient relationship will not be involved.

The study is an important part of the National Health Survey, and the technique has been carefully worked out by officers of the Department of National Health, the Dominion Bureau of Statistics and the Dominion Council of Health. Details of the procedure applicable to your province will be available from your provincial Department of Health.

You are requested to acquaint your members by any means of publicity at your disposal with the information that the Sickness Survey is about to commence.

Yours faithfully,

(Sgd.) A. D. Kelly  
Assistant Secretary



Doctor A. D. Kelly: "This was simply a notification to inform you that under the National Health grants a morbidity survey was to take place in every province. That lay enumerators are going to be appointed to interview Canadian families. They will not ask the doctors to do any interviewing, but if patients inquire of the doctors if it is desirable for them to co-operate that you will tell them yes."

Doctor J. S. Robertson advised that this sickness survey was part of the general health survey. The group in Nova Scotia have nothing to do with the picking of the people that will be interviewed during the next twelve months. Ottawa picked out certain communities and in each community certain houses for the enumerators to visit. During the course of a year there will be about 2,500 interviewed in Nova Scotia. In Nova Scotia the overall picture will be looked after by Miss Marjorie Bell. The whole idea is to get unbiased opinions. It would be a great assistance if the team carrying out this work would know that they had the assistance of The Medical Society behind them.

Doctor P. S. Cochrane moved that the profession give co-operation in every way possible. This was seconded by Doctor E. I. Glenister. Carried.

Doctor E. F. Ross advised that two letters of thanks had been received for flowers, one from Mrs. P. A. Macdonald, and the other from Mrs. J. S. Brean.

Doctor E. F. Ross: "I would to officially welcome Doctor N. H. Gosse, the President of the Canadian Medical Association."

Doctor N. H. Gosse thanked Doctor Ross and stated that his remarks would be reserved until later.

Doctor E. F. Ross said that Doctor A. E. Blackett had two letters, one from Doctor N. H. Gosse and the other from Doctor A. D. Kelly regarding the name of the Society. Article 1 of the Constitution and By-Laws stated that "this Society shall be known as 'The Medical Society of Nova Scotia'. This Society may also be known as 'The Canadian Medical Association-Nova Scotia Division.'"

August 2nd, 1950

**To the Members of the Executive Committee**

Dear Doctor:

At the request of the President, I am attaching for your information a copy of a communication recently received from him.

I am sure that Unity as the theme of the Presidential message to the Divisions will recommend itself to all members of the Executive Committee, and Dr. Gosse can count on your full support. He suggests, moreover, that one practical method of promoting and demonstrating our unity of purpose would be the adoption of a common system of nomenclature.

In the case of the Alberta and Quebec Divisions, this terminology has been in effect for several years, and Dr. Gosse requests that, if the idea commends itself to you, you assist its implementation in the remaining provinces. He is aware that old habits are hard to break and that it may not be possible to effect such a change without alteration of the charters in certain instances. However, the proposal is worthy of serious consideration and if the effective strength of the Canadian Medical Association may be enhanced without sacrifice of provincial autonomy, I am sure that the members will support the idea and accustom themselves to the changes involved.

Yours faithfully

(Sgd.) A. D. Kelly,

Assistant Secretary



July 31, 1950

Dr. A. D. Kelly  
 Assistant Secretary  
 Canadian Medical Association  
 135 St. Clair Avenue  
 Toronto 5, Ontario

Dear Doctor Kelly:

Convinced of the fact that if there were ever a time in our Medical lives that we required to present a united front to the world, it is now, I have decided to make my theme-song for the tour: **Unity**.

In thinking of the things that may at this time be done to increase that quality among us, I have reviewed our history and find that at other times steps have been taken to increase the measure of our Unity, the last being a few years ago when all our provincial societies became divisions of the C.M.A. The fact is, of course, that we are now divisions of the C.M.A., but in some of the provinces we still retain the appearance of an independent provincial existence as shown by the old provincial titles.

It is now my feeling that we have arrived at the place where the decision made by the Divisions on that other occasion should be made really effective, and that we should show our unity to the world by adopting only the name Canadian Medical Association (N. S. Division or B. C. Division as the case may be). I am sure that in our dealings with government which are bound to have more and more in the future, on both political planes, our prestige as a profession will be higher and our weight more effective by such a manifestation of Canadian unity.

I intend to make that proposal to the provinces on this tour, and I have been wondering if it would not be wise for us to inform our Executive members in each province of the fact. If he approves, we would welcome his taking part to help to bring it about, and to that end he might want to plan to have a discussion then and there on the matter after my talk or to arrange for the appointment at the meeting of a select committee to consider the matter and bring in a report at that meeting.

If you consider the matter to be in order as I have suggested it, would you undertake to have letters sent to our Executive members conveying those ideas for their consideration?

With many thanks in advance for your kind advice and assistance, I am

Yours sincerely

(Sgd.) Norman H. Gosse

Doctor N. H. Gosse: "There is not much to be added. Since we have been on this tour one of the Maritime Division has already been brought into line."

Doctor A. E. Blackett stated that on the Society letter heads both names are used at present.

Doctor P. S. Cochrane: "It would be a shame to completely lose our identity. I would like to see it remain as it is; just a little bit of sentiment."

Doctor N. H. Gosse: "There is not any change necessary."

Doctor R. O. Jones states that it would be much simpler to do business if the Society had one name.

Doctor H. G. Grant stated that he did not see any objection to revision. Article one would have to read "Canadian Medical Association-Nova Scotia Division." This would have to come before the general Society to be acceptable to the Society and following that legal advice would have to be obtained.

It was agreed that this matter be brought before the general meeting.



Dr. E. F. Ross advised that at the executive meeting last year the report had been brought up of the special committee, of which he had been appointed chairman, to reduce the size of the executive body. Unfortunately this report did not reach the main meeting last year and the notice of motion had not been given, so it was necessary that it be brought up again. Doctor Grant had had advice on the matter. The report had been passed by the executive last year and was phrased after that by the lawyers. The Executive had grown, partly by custom and partly by constitution to reach about fifty, and the change would reduce it to eighteen or twenty. This was passed by the executive last year and must be brought before the general meeting.

Doctor A. D. Kelly: "May I ask the meaning of the term 'affiliated Societies'?"

Doctor P. S. Cochrane: "Have we always had one or two from the Public Health Association? The Public Health officials would like representation of their Society."

Doctor J. S. Robertson: "At the recent meeting of the Health Officers Association it was more or less accepted that we change our identity from the Health Officers to a Branch of the Canadian Public Health Association which we think will go through next year. I think the first draft was much better."

Doctor Eric W. Macdonald suggested that both words be inserted "affiliated or Branch Societies."

Doctor N. H. Gosse asked whether or not in other Divisions the affiliated societies had representation on the executive.

Doctor A. D. Kelly advised that he did not know of any other Division where provincial specialist societies were represented on the executive, except with one exception, and that was that a representative of the four medical schools in the Ontario Division has been given a place on the Executive.

Doctor V. O. Mader stated that under the present By-Laws each branch society have a representative for every twenty members or fraction thereof on the executive, but that the chairmen of the various committees had been added and members of Council. He did not think that one representative from every twenty in this province would make a very large executive.

Doctor C. H. Reardon stated that the affiliated societies were already represented in the Executive.

Doctor P. R. Little stated that in the next few years there would be more specialties.

Doctor C. H. Reardon moved that this report be returned to the committee for further study and changes.

Doctor S. R. Johnston did not think that it should be left to the committee and brought back again.

Doctor H. G. Grant read the following excerpt from the By-Laws: "The Executive Committee, which shall consist of the Officers hereinbefore mentioned and other members elected with a view to representation of each branch of the Society, on the following basis; each branch to have a representative for every (20) twenty members or fraction of such number. Portions of the Province in which no branch is established shall be equitably represented on the Executive Committee."

Doctor H. J. Devereux moved that the Society follow the custom in the Constitution which was seconded by Doctor C. H. Reardon.



Doctor P. S. Cochrane: "I think we should be very careful about having too much representation from the various Societies."

Doctor D. F. Macdonald: "In the run of a year the president and the secretary have to carry the load. Would it not be wise that the president and secretary be the representatives of the Society for that year?"

Doctor H. G. Grant: "Last year the report was accepted so the discussion to-day can only deal with the wording of it."

Doctor E. F. Ross: "Are you agreeable that it be generally discussed by the general meeting to-morrow?"

Doctor R. O. Jones stated that there was nothing this group could do about it as it had already accepted the report.

Doctor E. F. Ross thought that the only thing to do was to bring the original report before the general meeting the next day.

The Executive was advised that Mr. Harold Connolly was to-day being sworn in as the new Minister of Health.

Following a ten minute intermission Doctor E. F. Ross stated that the agenda would be altered slightly and that Mr. H. S. Farquhar and Mr. F. R. MacKinnon of the Department of Welfare had very kindly consented to attend the executive meeting and he would ask Doctor H. G. Grant to begin the discussion.

Doctor H. G. Grant: "You will remember that there has been some discussion with the Department of Welfare as to whether The Medical Society of Nova Scotia would provide medical care for pensioners at a certain rate. We were asked to provide medical care at the rate of seventy-five cents per pensioner per month and we agreed that we would provide modified medical care, and an agreement was entered into and we have the agreement here and it has been in effect since March of this year. Since that time there have been certain dissatisfactions. I do not know whether they have been on both sides. We have asked Mr. MacKinnon and Mr. Farquhar to come here and answer any questions that should come up. There has been misunderstanding throughout the Province. I understand that a resolution was to be brought up at the general meeting asking that we should break this agreement. I thought we should have a pretty free discussion this afternoon."

Doctor H. A. Creighton: "My name is down as chairman of the Committee on Economics. I have attended meetings of the Maritime Medical Care Incorporated, and the matter certainly comes up under the question of economics. Doctor H. D. O'Brien, Doctor F. J. Hogg and myself were on this committee, and Doctor O'Brien, on account of some difficulty that I do not know about, resigned as chairman of this committee. I did not know why he had resigned. I sat back and relaxed thinking that another chairman would be appointed, until I got a prompter from Doctor Grant saying that a report was expected from me. I got in touch with Doctor Hogg and he was very busy and was going away and we did not get together. I wrote a letter in saying I thought there should be a representative committee appointed. We just did not know the subject. It is unfortunate that this committee did not get together, but realizing that this meeting was going to be to-day there was a meeting in Mahone Bay last week of the Lunenburg-Queens Medical Society, and to which the members of the Valley Medical Society were invited, and they were invited to vote. There was quite a heated discussion on the subject of old age pensioners. We did not have all the figures available to see what the figure should be for the coming year, but there was a



resolution passed by the members of the Lunenburg-Queens Medical Society and the Valley Medical Society to the effect that 75c was an inadequate figure, and that a recommendation be made to this Executive that this contract should not be renewed or even considered for less than \$1.00 a month. Some of the Western Societies agreed for 75c, then it varied from year to year, but apparently it was felt that the medical profession were expected to do a decent job and they must be remunerated. One member went so far as to say that if they were only paid 25c on one visit they might put down two. You could count on the fingers of your two hands the members who were not apparently playing the game. I think that the money that is being paid out is probably being paid for the fellows who are doing the work. That is the resolution from this area that no contract be considered for renewal for less than \$1.00 capitation fee. The Economics Committee has not had the information to give a lengthy report. The report from the Maritime Medical Care must be studied."

Doctor E. F. Ross: "Doctor Gosse, would you care to say a few words?"

Doctor N. H. Gosse: "Mr. President, I am going to take a liberty with the report of our Board of Directors which is ready for the meeting tonight. This has not yet been adopted by the Board of Directors and I have no right to present it as a report." He read parts of the report and stated that they were asked to do a very big service and that the amount allocated was not adequate.

Doctor A. D. Kelly advised that in one province the capitation had increased until at present it averaged 83c. Certain of the Western provinces have gone into the care of the welfare group more effectively. The amount paid out in the West varies from \$12.50 to very close to \$15.00, which was inadequate to pay for the services rendered. In a few instances the doctors were able to collect a fee from old age pensioners. The question of a few members of the profession abusing the situation is bound to occur.

Doctor E. F. Ross: "I regret that I have not introduced Doctor R. W. Brownrigg, recently elected President of the New Brunswick Medical Society. I would welcome you to-day, and I would ask you to give us some comments on this matter as to how it affects your own Province."

Doctor Brownrigg stated that the problem would be before them this year.

Doctor H. G. Grant stated that the agreement had been published and that unless some notice of motion is given by the Society or by the Government the agreement must by law go on for another year. "To summarize what has happened so far. We are working on the minimum scale of fees of The Medical Society of Nova Scotia. In March 50% of the accounts were paid, the next month 70%, next month 50%, next month 50% and the next month 60%. As things are going the doctors of Nova Scotia will receive about 65% of the minimum fees of The Medical Society of Nova Scotia. We have agreed to work for the rate of 75c per individual per month, and have agreed to give a modified service. I do not think that the pensioner feels that the service is in any way modified. I think the pensioner should be told."

Doctor P. S. Cochrane: "At the joint meeting of the Lunenburg-Queens and Valley Medical Societies the question was discussed at considerable length. Some were in favour that the thing be wiped out altogether. Finally a motion was passed to the effect that if negotiations were opened that it not be considered under \$1.00 as minimum. Apparently a great many of them



are under the impression that it is a complete medical coverage. Another suggestion was, why now have the Government pay the amount to the pensioners themselves and see how that would work out. It has in some measure changed the attitude of the pensioner toward the doctor."

Doctor E. F. Ross: "It has been apparent that the pensioner is not aware of the coverage."

Mr. H. S. Farquhar: "In the early spring we circularized all our beneficiaries and we endeavoured to explain to them just what this service would include. One must make due allowance to the mentality of many of our beneficiaries; they cannot read or write. No matter what information you attempt to send out from Government offices there are always people in the community to tell these people not to believe it."

Doctor H. F. Sutherland: "Last week this matter was discussed at a meeting of the Cape Breton Medical Society. They felt that first and foremost the original letter sent to the welfare group was to say the least poorly written; recently there has been a follow up letter clarifying the situation. It has just been sent out to recent members coming into the group. The Cape Breton fellows feel that there is a lot of trouble being caused by the fee allowed by Maritime Medical Care based on the minimum fee of The Medical Society of Nova Scotia, particularly fellows doing work in the country. There are several doctors in Cape Breton who have never rendered an account to the Welfare Group."

Doctor Samuel Marcus: "At the joint meeting of the Lunenburg-Queens and Valley Medical Societies some of the men felt that we should ask for \$1.00 mileage per call. They felt why should the medical profession be asked to work for a smaller fee when the tendency is for all organized groups to grab as much as they can. Another member suggested that the first call be paid for by the pensioner. Perhaps this would do away with a good many calls."

Mr. H. S. Farquhar: "The 75c rate that we offered last year was based on the Ontario rate, which is 83c, but the Ontario agreement includes a selected list of drugs and mixtures. It was on the basis of 83c including those that we made the offer of 75c excluding those. Another thing I felt from the beginning, and I am still inclined to that feeling, is that the first few months will be the heaviest, and that it would level off."

Doctor P. R. Little: "One thing that would be helpful to us, if we had a small card from the Department showing what we are giving them."

Doctor H. A. Creighton: "The period from March to September is when most of our old age pensioners come in; the winter period is the time that we have coughs and colds."

Doctor N. H. Gosse: "Levelling off might be hoped for, but those things do not decrease, they increase. We have given the matter some thought on the question of the difference in costs as it now is in Nova Scotia and as it is in Ontario. There are a great number of localities in Ontario where the question of mileage does not enter."

Doctor J. S. Robertson asked if Ontario had excluded mileage.

Doctor A. D. Kelly advised that in Ontario they had a mileage of 25c in the summer and 50c in the winter.

The following summary was read by Doctor E. F. Ross.



## Provincial Welfare Account

(Comparative) Statistical Summary—1950	March	April	May	June	July
Number of Patients.....	3,291	3,239	4,299	4,209	3,747
Number of Calls.....	7,801	6,604	8,680	8,993	8,434
Total Allowed Fees.....	\$35,259	\$29,524	\$41,982	\$42,674	\$36,129
Total Rendered Fees.....	\$35,732	\$30,002	\$43,358	\$44,075	\$36,405
Number of Office Calls.....	1,560	1,857	2,845	3,146	2,476
Number of Home Calls.....	6,241	4,747	5,835	5,847	5,458
Mileage.....	\$13,416	\$11,499	\$14,595	\$16,316	\$14,803
Available Funds.....	\$19,943	\$20,028	\$20,190	\$20,215	\$20,365
Pro-rate Amount.....	50%	70%	50%	50%	60%
Number of Beneficiaries.....	28,592	28,714	28,947	28,982	29,198

Doctor A. D. Kelly advised that the mileage in Ontario was figured from the closest doctor to the pensioner.

At this point Mr. H. S. Farquhar and Mr. F. R. MacKinnon left the meeting.

Doctor Eric W. Macdonald: "I was one of the advocates of this scheme and I think it should work out and I do not think any idea of throwing it over should be entertained. The reason we are being paid on such a small basis is due to our own greed. A few years ago we set up a system of fees. The Government allows approximately \$20,000 a month; one month the mileage was \$16,000."

Doctor G. R. Mahaney: "This is purely a political issue. The Government in Nova Scotia entered into an agreement to supply the people of Nova Scotia free medical service. Our experience in the Valley is that the old age pensioners for years paid their bills pretty well."

Doctor N. H. Gosse: "When this thing came up for discussion last year I was one of those who thought this agreement is not good enough. This is too little money for us to accept in an agreement with the Government, but when the majority voted that we should accept the offer of the Government I was on the committee to interview the Government. Mileage has come up. The whole Medical Society accepted 60c from the Workmen's Compensation Board. My feeling is that we cannot afford to do anything but accept it. We, as a group, have to think about the future, what the repercussions will be. I do believe that if we had a committee to sit down with the Government and say we were not able to work on such a basis, I think we would get an increase."

After some further discussion it was moved by Doctor H. F. Sutherland that this Executive go on record as approving the principle of the welfare group, and insist that an effort be made to have the pro-rate tax raised to an adequate standard on the basis of our past year's experience. This was seconded by Doctor H. J. Devereux. Carried.

Doctor E. F. Ross advised that the House of Delegates of Maritime Medical Care would be meeting in the evening, and that it was necessary for the Executive to nominate sixteen delegates.

Doctor N. H. Gosse advised that the number should be fifteen. The directors are elected for two years and one doctor's term has not expired.



Doctor N. H. Grant read the names of the delegates elected in 1949, as follows:

Dr. J. P. McGrath, Kentville	Dr. H. A. Creighton, Lunenburg.
Dr. G. R. Forbes, Wolfville, alternate.	Dr. D. F. Macdoanld, Yarmouth.
Dr. D. Drury, Amherst.	Dr. N. H. Gosse, Halifax.
Dr. T. B. Murphy, Antigonish,	Dr. P. R. Little, Truro.
Dr. J. J. Carroll, Antigonish, alternate.	Dr. J. C. Wickwire, Liverpool.
Dr. M. G. Tompkins, Dominion,	Dr. A. E. Blackett, New Glasgow.
Dr. J. S. Munro, North Sydney, alternate	Dr. D. M. MacRae, Halifax.
Dr. W. T. Granville, Halifax.	Dr. J. R. Corston, Halifax.
Dr. E. F. Ross, Halifax.	Dr. Eric W. MacDonald, Reserve.
Dr. H. A. Fraser, Bridgewater.	

Doctor P. S. Cochrane nominated Doctor G. R. Forbes; it was agreed that Doctor David Drury and Doctor P. R. Little be re-nominated; Doctor J. R. Macneil nominated Doctor Eric W. Macdonald; Doctor M. J. Macaulay nominated Doctor H. F. Sutherland; Doctor H. G. Grant nominated Doctor D. M. MacRae; Doctor P. S. Cochrane nominated Doctor N. H. Gosse; Doctor R. O. Jones nominated Doctor A. R. Morton; Doctor V. O. Mader nominated Doctor A. L. Murphy; Doctor H. A. Creighton nominated Doctor E. F. Ross; Doctor A. R. Morton nominated Doctor J. J. Carroll; Doctor P. E. Belliveau nominated Doctor D. F. Macdonald; it was agreed that Doctors W. A. Hewat, H. A. Fraser, A. E. Blackett and J. C. Wickwire be re-nominated. Doctor R. O. Jones moved that nominations cease.

It was moved that the meeting adjourn at 6.15 p.m. to reconvene at 7.00 p.m.

The adjourned meeting of the Executive was called to order by the President, Doctor E. F. Ross, at 7.20 p.m.

The following paragraph in the agreement with the Department of Welfare was read by Doctor H. G. Grant: "This Agreement shall take effect on the First day of March, A.D., 1950, and shall continue for one year thereafter. If neither party has given to the other notice in writing sixty days before the expiration of the said term of one year of his or its desire to terminate this Agreement it shall continue in force until the expiration of three months from written notice by one party to the other of his or its desire to terminate the Agreement. Upon the expiration of three months from the giving of such written notice this Agreement shall come to an end and be of no further force or effect."

The following letter was read by Doctor E. F. Ross.

Halifax, N. S. September 5th, 1950.

Dr. E. F. Ross  
President, The Medical Society of Nova Scotia  
130 Oxford Street,  
Halifax, N. S.

Dear Doctor Ross:

Enclosed please find cheque for \$295.61 representing the balance of monies received and expended for the meeting in June of the Canadian Medical Association.

I am taking this opportunity on behalf of the Finance Committee to acknowledge with appreciation the response of the members of the C. M. A. Division to the request for funds.

Yours very truly,

(Sgd.) W. G. Colwell

Chairman, Finance Committee.



It was agreed that an acknowledgement be sent for this cheque.

### Report of the Cancer Committee

President,  
Nova Scotia Medical Society,  
Halifax, N. S.

Dear Sir:

Your Committee has not been asked for advice or assistance during the past year. We are of the opinion that one of the functions of the Cancer Committee should be to present to our member from time to time information concerning the Cancer situation in this Province.

With this object in view we have conducted a survey of 844 consecutive cases of malignancy in which the records are reasonably complete and accurate. These cases represent mainly visible cancers as it has been found that very accurate information can be obtained in this group in distinction to the deep seated lesions in which clinical picture is so often vague and unreliable.

The following points have been investigated:

1. Site of Lesion.
2. Stage of Lesion.
3. Confirmation of Diagnosis by Biopsy.
4. Age of Patient.
5. Interval between onset and consultation.

#### Site of Lesion

The number of lip and skin cases is somewhat greater than reported elsewhere on a per capita basis. This is very likely on account of the large proportion of the population engaged in fishing and farming in which occupations these lesions are so commonly found.

In a series of 211 patients with Cancer of the Lip 66% had lesions varying in size from .5 to 2 cms. 8% had glandular metastases at the time of treatment. It would seem that more dissections of the gland bearing areas should be performed.

Breast and Cervix cases have shown only a very slight increase. In 90% of our Breast cases the growth was accidentally discovered by the patient. If women could be encouraged to make a practice of palpating their breasts at regular intervals earlier lesions would be found.

One remarkable feature in Cancer of the Breast is the number of patients who develop metastases five, ten and occasionally twenty years after the original operation.

It is difficult to avoid a feeling of pessimism in regard to this group and we can only hope that a new therapeutic agent will be developed. Radio-active elements seem to offer great possibilities.

All patients with Cancer of the Mouth have had some local focus of irritation or leucoplakia. Increased dental prophylaxis seems to be indicated.

#### Stage of the Lesion

The number of early cases in superficial cancer would indicate an increasing interest in this type of lesions by both physicians and patients.



### **Confirmation of Diagnosis by Biopsy**

The very large number of cases with microscopic diagnosis is a tribute to the medical profession. It is realized that it is often difficult to obtain a biopsy in country practice but it is questionable whether any similar surveys in other places will show a greater percentage of pathological diagnosis. In cancer of the lip and skin it has been found that the clinical diagnosis is very accurate.

### **Age of Patients**

As the older age group is very large in this Province it is natural that the majority of the patients will be over fifty years of age. The ages range from 16 to 96 years.

It is our impression that Cancer in general has become somewhat more common in the young.

### **Interval Between Onset of Symptoms and Consultation**

This interval is approximately one year and four months. A striking improvement is noted in this respect. A similar survey made some six years ago showed this interval to be two and one-half years.

This improvement is probably attributable to the increasing interest of the public in preventative medicine.

### **Residence of Patients**

All parts of the Province are represented but a more detailed study is suggested.

Interrogation of a large number of patients was conducted to determine the value of different methods of Cancer education and to ascertain the reasons which prevented patients from seeking earlier advice. The results of this interrogation appear to prove that radio and public addresses are of little value in Cancer Propaganda. On the other hand, patients are willing to read articles pertaining to Cancer in papers and magazines.

This form of education would appear to account for the increasing number of early cases and the shortening of the interval between onset and consultation. Credit however must be given to the medical profession in general which has shown in recent years a greater interest in the Cancer problem.

The reasons which have prevented a patient from earlier treatment are particularly economic and family matters and the still prevalent idea that superficial Cancer must always be painful.

It is commonly found that a parent feels unable to leave the family without additional help in the household and much valuable time is lost while this difficulty is being overcome. This applies particularly to the mothers.

In regard to the second reason, it is often felt that this point is not sufficiently stressed in Cancer education. In our experience it is the outstanding factor in preventing earlier treatment in superficial lesions.

In conclusion we feel that the Cancer situation in this Province shows great improvement particularly in regard to the type of lesion under review. In deep-seated and non-visible lesions accurate statistics are difficult to obtain and it is in this group that caution should be exercised in expressing an opinion as to the stage of any given lesion.



So frequently patients with internal cancer consult the physician at the first symptom and an advanced growth is found. The lesion is clinically early but pathologically late. We have as yet no means of accurately estimating the extent of malignant growths. Such statements as "come early and we can cure you" frequently used by lay organizations are likely to be incorrect and harmful.

We wish to thank Dr. Nichol and Dr. Loder of the X-ray Department of the Victoria General Hospital for their assistance in tabulating the statistical matter in this report.

Respectfully submitted,

Chairman,  
(Sgd.) S. R. Johnston;

Members,  
(Sgd.) V. O. Mader  
C. M. Harlow

## APPENDIX

### Site of Lesion

Face.....	214	Tongue.....	9
Thyroid.....	13	Hand.....	4
Cervix.....	139	Brain.....	24
Breast.....	119	Skin.....	17
Lip.....	106	Lung.....	6
Lympho-blastoma.....	9	Mouth.....	25
Ovary.....	20	Antrum.....	23
Larynx.....	8	Rectum, Secondary.....	5
Bone.....	16	Eye.....	4
Vagina.....		Pituitary.....	2
Uterus.....	28	Mediastinum.....	9
Testicle.....	8	Glands, Secondary.....	11
Prostate.....	2	Bladder.....	17
Pharynx.....	6		

DIAGNOSIS CONFIRMED BY BIOPSY.....	AGE: OVER 50 UNDER 50	
	492	372
CONDITION OF LESION.....	EARLY	ADVANCED
	593	372

### Residence

Halifax.....	194	Other areas.....	525
Cape Breton.....	125		

Doctor E. F. Ross stated that this was not only a cancer report but a very excellent clinical review.

It was moved by Doctor S. R. Johnston and seconded by Doctor D. F. Macdonald that this report be adopted. Carried.

Doctor H. G. Grant read the following letter.



Halifax, N. S. June 27, 1950

Dr. H. G. Grant  
Secretart, Nova Scotia Medical Society  
Dalhousie Public Health Clinic  
Morris Street, Halifax

Dear Dr. Grant;

As you are aware the present minimum sheedule of fees of The Medical Society of Mova Scotia contains a number of neurosurgical items scattered through the sections of General Surgery, Special Procedures, etc. Until recently we have not been aware of any set schedule upon wnich to base fees for the great majority of neurosurgical diagnostic and operative procedures. It has recently been drawn to our attention that the Ontario Medical Association has adopted the schedule which is on pages 102 and 103 of the enclosed booklet. We have erased one or two of the non-applicable items referring to psychiatric treatment. The remainder of the schedule would appear to be fair to me and in keeping with standard practices elsewhere. I would respectfully request that this schedule be placed before The Medical Society of Nova Scotia for adoption as part of its minimum schedule of fees.

Tours faithfully,

(Sgd.) W. D. Stevenson

Doctor H. G. Grant advised this had been referred to Doctor V. O. Mader for study and comment.

Doctor V. O. Mader: "This schedule of fees that Doctor Stevenson has presented is "Reports to Council and Business Programme for the 70th Annual Meeting of the Ontario Medical Association, May 15-16, 1950." Presumably the scale of fees laid down in this report were the ones which we used when we prepared a minimum scale of fees and which were eventually passed by this Society. On these pages there are a number of procedures which are carried on frequently by the neurosurgeon. I also notice that the maximum paid for any of these procedures is \$300. They also pay \$300 for total gastrectomy; we pay \$250. I suggest that these should be cut down on a percentage basis. I think we should establish a level consistent with the amount of work done."

It was moved by Doctor D. F. Macdonald that the same committee be re-appointed to consider these things. "While we are at it why not have a \$5.00 fee for Sunday calls." This was seconded by Doctor W. A. Hewat.

Doctor V. O. Mader: "I can see quite a number of things we should do. A whole paragraph should be written in on the subject of plastic surgery. I feel that the suggestion made is an excellent one with regard to Sunday calls, but I am sure that there are quite a number of other things that should be reviewed, and I am not so sure that we should not have a standing committee."

Doctor D. F. Macdonald: "The fee for confinement is \$50.00 including pre and post-natal care. The amount of work one performs on these cases should be taken into consideration."

Motion carried.



**Report of the Public Health Committee**

Halifax, Nova Scotia,  
September 5th, 1950.

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

Dear Sir:

The following is the report of your Public Health Committee—no matters were brought to the attention of this committee, accordingly no meetings were held.

On the odd chance that all members have not received the report of the Department of Public Health, I will summarize briefly some of the findings in public health in Nova Scotia as reported in that publication.

The population of the Province has continued to increase, the estimated population now being 645,000; there has been an increase in the birth rate and a decrease in the general death rate. The infant mortality rate is the lowest yet achieved but is still too high, the maternal mortality rate remained about the same and is at a low rate.

The tuberculosis death rate showed a further drop and is now below 30 per 100,000 compared to well over 100 a few years ago—but efforts to lower this rate even still more are continuing.

Morbidity and mortality from communicable diseases are continuing to drop—only a few diphtheria cases were reported with no deaths—to continue with this record we must have the full co-operation of the profession in the toxoid campaign—too few pre-school children are being immunized—all babies should be immunized against diphtheria and whooping cough at four months of age—this is a responsibility of the family physician. It has been suggested that public health nurses could assist in this by being allowed to immunize pre-school children as is done in other Provinces.

Poliomyelitis was unduly prominent in the Province last year—to date less than 100 cases have been reported—the Polio Clinic is still kept in operation at the Victoria General Hospital. There were about twelve deaths from this disease throughout the year. So far this year less than six cases of polio were reported.

Food poisoning outbreaks have occurred throughout the Province due to improper handling of food at picnics, church suppers and in restaurants. In nearly all cases a carrier has been found in combination with lack of refrigeration.

Undulant fever has also occurred in a few areas and a fairly large number of cattle infected with Bang's Disease have been found; a campaign to eradicate this disease is now underway.

A few cases of trichinosis have been reported, emphasizing the need of proper cooking of pork and pork products. A survey has shown that a fairly high proportion of rats around dumps are infected with this disease.

Infectious Hepatitis has been reported in fairly large numbers—apparently as the larger germ diseases are being conquered there are increasingly large numbers of cases of viral diseases being reported—possibly new defenses against these diseases will be found.



Venereal diseases are being reported in fewer numbers, this may be an indication that the campaign against V. D. is showing results. Penicillin for the treatment of syphilis is now being provided free of charge by the Department and should further help to lower the incidence of syphilis.

It is realized by the Department of Health that the most important single factor in the control of disease is still the general practitioner. On his willingness to report cases and to assist in the control programme depends the success of any programme. In this Province the general practitioner has always assisted and to him goes much of the credit for results being achieved. The policy of the Department in co-operating with part-time health officers is also, we feel, being justified.

As a concrete example, we may cite the example of immunization against diphtheria and smallpox. Records show that 80-100% of school children are protected against these diseases—all these immunizations were carried out by general practitioners and health officers, Department of Health officials giving only technical assistance and supplying the materials and nursing help. It is felt that this policy should be continued.

As stated above no contentious matters were brought to the attention of your committee, thus this report is information only.

Yours very truly,

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

Doctor J. S. Robertson moved the adoption of this report which was seconded by Doctor H. J. Devereux. Carried.

### Reports of the Historical Committee

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

Dear Dr. Grant:

Herewith the report of the Historical Committee.

Your committee regrets that it has accomplished nothing of note through the past year. It is our feeling that as long as committee members are appointed from separated areas throughout the province it will be impossible to bring them together for regular meetings. If a committee of three were appointed from a different county society each year they could meet without difficulty and perhaps report some portion of the history of their particular district. With such a system it is our belief that each committee might well develop a sense of obligation and competition with those of other sections in other years.

A committee of the French speaking doctors of the western counties would, in our opinion, be a happy choice for the inauguration of such a system.

Respectfully submitted,

(Sgd.) Arthur L. Murphy,  
Chairman.



Doctor A. L. Murphy moved the adoption of this report which was seconded by Doctor J. J. Carroll. Carried.

### Report of the Cogswell Library Committee

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

Dear Mr. Grant,

Herewith the Cogswell Library Committee report drawn up by the librarian. The library again served its students and profession with complete satisfaction through the year and the committee has nothing further to add.

Reading room attendance July 1949 to June 1950—7,500. Number of books and journals circulated—5,688. Number of books and journals mailed to out of town borrowers—131. Seventy-five books and annuals were bought at a cost of \$394.29. Ninety-seven books and journals were received as gifts. Twenty-four volumes were added to the Provincial Medical Board collection at a cost of \$183.06. There are now one hundred and eighty-eight volumes in this collection.

Six new journals were added to the subscription list. Forty-five volumes were purchased to fill gaps in files at a cost of \$260.00. One hundred and forty-two volumes of journals were bound at a cost of \$515.97. Three films were rented for teaching purposes.

The Library received numerous loans from the University of Toronto Library, McGill Medical Library, the University of Western Ontario Medical Library and the Army Medical Library, Washington. The Library was able to supply requests for journals from Acadia University, Mount Allison University, University of Western Ontario and the Nova Scotia Research Foundation.

Respectfully submitted,

(Sgd.) Arthur L. Murphy,  
Chairman.

Doctor A. L. Murphy moved the adoption of this report which was seconded by Doctor R. O. Jones. Carried.

### Report of the Medical Museum Committee

Halifax, N. S., September 4th, 1950.

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

Dear Dr. Grant:—

As chairman of the Museum Committee I beg to submit a nil report. No contributions were received during the past year.

Yours truly,  
(Sgd.) Paul Nonamaker.



**Report of the Pharmaceutical Committee**

August 3, 1950

President and Members of the Nova Scotia Medical Association:

Ladies and Gentlemen:

Your Pharmaceutical Committee for the year was composed of Dr. H. R. Ross, Sydney, Dr. A. L. Cunningham, New Germany, and myself.

There were no matters referred to us for consideration during the year and no meetings were held.

Respectfully submitted,

(Sgd.) R. A. Moreash

Chairman

It was moved and seconded that this report be accepted.

Doctor H. A. Creighton gave a review of the report of the Medical Economics Committee during the afternoon session.

**Report of the Provincial Medical Board**

Halifax, N. S. August 2, 1950

Doctor E. F. Ross,  
President, Nova Scotia Medical Society,  
Halifax, Nova Scotia.

Dear Doctor Ross,

I hereby submit the following report of the activities of the Provincial Medical Board during this past year. The regular spring and fall meetings were held in this period. The most significant matters of business coming before the Board at these meetings were as follows:

First, an attempt was made to secure passage of legislation that would henceforth deny any official status to midwives. This same legislation would, on proclamation by the Lieutenant Governor in Council eliminate the existing reciprocity between Nova Scotia and the General Medical Council of Great Britain. This bill was opposed by the press and individual and collective members of the public. The underlying ideas seem to be that the medical profession was seeking to forward its special and selfish interests at the expense of the public weal. The Registrar and Doctor A. B. Campbell appeared before the Committee on Amendments of the House and were given a courteous reception and an almost silent hearing. Only one question was asked, "Are there any places in Nova Scotia not well supplied by doctors?" The answer was given that there were a few but in most instances too small to support a doctor without assistance. This committee threw out the bill which accordingly was not given a second reading.

Secondly, the Board passed a resolution to support the John Stewart Memorial Lecture from year to year as its funds permitted. Unfortunately the necessary legislation to allow the Board to use its funds in this way was introduced with the above mentioned ill-fated bill and this non-controversial bit of legislation was lost when the larger issue described above was thrown out. This has introduced a temporary barrier to the carrying out of the Board's resolution which cannot be done until an act is passed which allows the Board to expend its money in this way.



Thirdly, the establishment of coincidental examinations with the Medical Council of Canada on the part of the Board and Dalhousie University.

Fourthly, the Discipline Committee investigated a complaint of neglect and unbecoming language made against a physician. It reported to the Board which found that:

- (a) there was no evidence of neglect
- (b) that unbecoming language had been used but under circumstances of a great deal of provocation.

No adverse disciplinary action was taken as the situation did not appear to justify it.

Fifthly, it considered the letter from Doctor Chester Stewart, the Chairman of the Committee of the Nova Scotia Medical Society, asking for the Board's opinion regarding a full time secretary to devote his time partially to the Provincial Medical Board and partially to the Nova Scotia Medical Society. It is felt that it is very possible that such a person employed by two masters might commonly find himself in conflict and it was unlikely that the situation would work out well. The Board therefore gave as its opinion that such an arrangement would probably not work satisfactorily.

There remains but to record the deep sorrow which all members of the Board feel individually and collectively in the loss by death of three of their members during the last few months. The Board was saddened by the loss of Doctor John George MacDougall who served for many years as the President. As a relatively new member of the Board I cannot but express the tremendous help which was given and the speedy execution of the Board's business to the advantage of the general medical profession by Doctor MacDougall who had a very intimate knowledge of medical problems and medical legislation in Canada for the last thirty years. He gave unstintedly of his energies to the work of the Provincial Medical Board and the betterment of conditions for the practice of medicine in Nova Scotia. Scarcely had we adjusted ourselves to the fact that Doctor MacDougall would not preside over a board meeting again when we read of the very tragic death of Doctor J. S. Brean of Mulgrave who during the year had been appointed a Commissioner for the next three years by order and council. Doctor Brean too had served the Provincial Medical Board loyally and faithfully and his colleagues cannot but feel a great sense of personal and professional loss. Within a few days of Doctor Brean's death we were again saddened by the death of Doctor M. J. Carney, a member of the executive of the Board, who added greatly to its strength.

All of which is respectfully submitted.

(Sgd.) Robert O. Jones.

Doctor R. O. Jones moved the adoption of this report which was seconded by Doctor J. J. Carroll.

Doctor A. L. Murphy thought that this matter had not been handled correctly in its presentation to the Government, and that it should be presented also diametrically, as the reception by the Government had been very cold.

Doctor R. O. Jones stated that the matter had been handled by Doctor A. B. Campbell and Doctor H. L. Scammell. He had not seen the press report. Following a reading of the press report by Doctor E. F. Ross, Doctor



A. L. Murphy stated that those were not the true reasons why the medical profession desired to have the Act passed, and thought that it should be reintroduced. Doctor R. O. Jones replied that the Provincial Medical Board intended to reintroduce it. Doctor H. J. Devereux thought that the best thing to do was to leave the matter alone, and moved that the matter be dropped. Doctor C. H. Reardon moved that the matter be brought before the Society at tomorrow's meeting, which was seconded by Doctor D. F. Macdonald.

Doctor R. O. Jones: "I had the feeling that the Board was acting on the implied desire of this Society to have reciprocity dropped, that it was a threat to have English doctors brought in, and that reciprocity be dropped."

Doctor H. G. Grant: "I know that for the past three or four years I have received letters from doctors in England, Scotland and Ireland asking about possibilities in Nova Scotia. Doctor Scammell has received similar letters. There have been established in our Province somewhere in the vicinity of about twelve from the Old Country. There are about ten places where a man can make a living in the isolated places. There is also the fact that if we left this thing wide open there would not be any places for our graduates to go to. I think the Government should have been told that it was protective."

It was agreed that this report be brought before the general meeting tomorrow.

Report of the Editorial Board Committee was read by Doctor M. E. B. Gosse.

Doctor E. I. Glenister moved the adoption of this report which was seconded by Doctor W. A. Hewat. Carried.

### Report of the Treasurer

Financial Statement The Medical Society of Nova Scotia, Year Ending December 31, 1949.

#### RECEIPTS

Cash on hand January 1st, 1949.....	\$ 5,974.21
Subscriptions.....	6,455.39
Medical Bulletin.....	5,953.32
Annual Convention.....	1,273.95
Car Emblems.....	212.00
Interest on Savings Bank.....	7.06
	<hr/>
	\$19,875.93

#### EXPENDITURES

Medical Bulletin.....	\$ 4,318.50
Canadian Medical Association.....	3,402.00
Annual Convention.....	567.31
Salaries.....	3,100.00
Travelling Expenses.....	1,322.44
Sundry Expenses.....	974.39
Car Emblems.....	400.00
Cash on hand December 31, 1949	
Current Account.....	\$4,373.08
Savings Bank.....	1,418.21
	<hr/>
	\$ 5,791.29
	<hr/>
	\$19,875.93



## PROFIT AND LOSS STATEMENT

Subscriptions .....		\$ 3,053.39
Medical Bulletin .....		1,634.82
Annual Convention .....		706.64
Interest on Savings Bank .....		7.06
		<hr/>
		\$ 5,401.91
Less:		
Salaries .....	\$3,100.00	
Sundry Expenses .....	974.39	
Travelling Expenses .....	1,322.44	
Car Emblems .....	188.00	\$ 5,584.83
		<hr/>
Net Loss on Year's Operations .....		\$ 182.92

## MEMO OF ASSETS

Cash of hand, December 31st, 1949		
Current Account .....	\$4,373.08	
Savings Bank .....	1,418.21	\$ 5,791.29
Amount advanced as Loan from Current Account to Maritime Medical Care .....		2,000.00
Unsold Car Emblems .....		188.00
		<hr/>
		\$ 7,979.29

COGSWELL LIBRARY FUND THE MEDICAL SOCIETY OF NOVA SCOTIA  
YEAR ENDING DECEMBER 31, 1949

Balance on hand January 1, 1949 .....		\$ 34.70
Income for year .....		173.84
		<hr/>
		\$ 208.54
Dalhousie University .....	\$ 180.00	
Rent Safety Deposit Box .....	5.00	185.00
		<hr/>
		\$ 23.54

Doctor R. O. Jones moved the adoption of this report which was seconded by Doctor A. R. Morton. Carried.

**Report of the Secretary—September, 1949 to July, 1950.**

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

The ninety-sixth annual meeting was held at White Point Beach, September 6th, 7th and 8th, 1949. The meeting was in every way a huge success, with the exception of Thursday, when it rained. The scientific programme was of a very high order and the entertainment was most delightful.

We had several celebrated contributors to the scientific programme namely, Sir Lionel Whitby, the Regius Professor of Medicine, University of Cambridge, Doctor Louis Wolff, Associate in Medicine, the Harvard Medical School and Doctor L. C. Bingham, the Professor of Surgery, Queen's University. Doctor J. F. C. Anderson of Saskatoon, the President, and Doctor T. C. Routley, the General Secretary of the Canadian Medical Association, were also with us.

The service at White Point was excellent, although many had to go to nearby points for accommodation.



The business session, both executive and general session, were well attended and are fully reported in the October, November and December editions of the 1949 Medical Bulletin. The topics discussed were medical care for pensioners—a full time secretary—the salaries of public health officials—constitution and by-laws—a scale of fees for The Medical Society of Nova Scotia—arrangements for the Canadian Medical Association meeting at Halifax—and the report of the sub-committees on cancer control, tuberculosis control, mental health and venereal disease control.

The semi-annual meeting of the Executive was held at the Dalhousie Public Health Clinic, December 13, 1949, with President E. F. Ross in the chair. The main purpose for this meeting was to discuss an arrangement with the Department of Welfare of the Province of Nova Scotia to provide medical care for indigents. Mr. F. R. MacKinnon and Mr. H. S. Farquhar of the Department of Welfare were present. They presented for our consideration a provisional agreement. There was considerable discussion chiefly regarding costs and what the agreement should include. Finally a committee was appointed with Doctor G. R. Forbes as chairman having authority to finalize an agreement with the Department of Health.

The question of a full time secretary was fully discussed and it was decided that this matter be given further study and brought up at some later date. It was agreed that at all future annual meetings a registration fee of \$5.00 be collected for entertainment purposes. Doctor Dan Murray and Doctor S. W. Williamson were nominated for senior membership in the Canadian Medical Association. The importance of good public relations was brought to our attention by the Assistant Secretary, Doctor A. D. Kelly. Doctor W. A. Hewat of Lunenburg brought up the question of post-graduate study by general practitioners and proposed that certain credits be accepted by the Royal College of Physicians and Surgeons in lieu of the present two year residence in hospital. Doctor Kelly also spoke on the arrangements for the meeting of the Canadian Medical Association at Halifax.

The agreement between The Medical Society of Nova Scotia and the Department of Welfare of the Province of Nova Scotia went into effect March of this year and to date there have been three payments made to the doctors. In the beginning there was considerable misunderstanding and the matter has been placed on the agenda of this meeting for a full discussion. The payments of the doctors' accounts for the first three months has been respectively 50%, 70% and 50%.

The Nova Scotia Division was host to the Canadian Medical Association at Halifax during the week of June 19th, 1950. From what we could gather the meeting was generally considered a successful one. The Committee on Arrangements under the chairmanship of Doctor N. H. Gosse and with Doctor C. M. Jones as Honorary Secretary, deserves all credit. There was hardly a murmur even about housing conditions and the entertainment was of the highest order. The two outstanding functions of the week were the reception in the Public Gardens given by Premier and Mrs. A. L. Macdonald, and the President's reception on Wednesday evening. The management of the Nova Scotian Hotel are to be congratulated for the excellent service rendered.

Membership for the year stands at four hundred and sixty-four (464) the highest in the history of the Society. It is very difficult to get an accurate list of the number of physicians in active practice in the province. It would



be a conservative estimate to say that 90% of all the doctors in active practice in Nova Scotia now belong to the Nova Scotia Division, and all of these but one belong to the Canadian Medical Association.

Membership	1932-33;	226 members,	20 honorary,	total	246.
"	1933-34;	234	" 18	" "	252.
"	1934-35;	238	" 17	" "	255.
"	1935-36;	243	" 14	" "	254.

1936-37; (first year of conjoint membership)

277 conjoint

11 honorary

28

Total 317 — 3 deceased, leaving a total of 314  
(57 new members during the year)

Membership	1938;	318 conjoint
		9 honorary
		1 The Medical Society of Nova Scotia only

Total 328 (28 new members during the year)

"	1939	305 conjoint
		8 honorary
		4 The Medical Society of Nova Scotia only

Total 317—5 deceased, leaving a total of 312  
(8 new members during the year)

"	1940;	284 conjoint
		9 honorary
		1 The Medical Society of Nova Scotia only

Total 294—2 deceased, leaving a total of 292  
(10 new members during the year)  
(Also 17 members in the Armed Forces)

"	1941;	257 conjoint
		8 honorary
		2 The Medical Society of Nova Scotia only

Total 267—1 deceased, leaving a total of 266  
(12 new members during the year)  
(also 40 members in the Armed Forces)

"	1942;	262 conjoint
		7 honorary
		4 The Medical Society of Nova Scotia only

Total 273—6 deceased, leaving a total of 267  
(28 new members during the year)  
(also 52 members in the Armed Forces)



Membership 1943;	258 conjoint	
	5 honorary	
	2	The Medical Society of Nova Scotia only
	<hr/>	
Total 265	(14 new members during the year) (also 61 members in the Armed Forces)	
“ 1944;	263 conjoint	
	5 honorary	
	2	The Medical Society of Nova Scotia only
	<hr/>	
Total 270	—2 deceased, leaving a total of 268 (17 new members during the year) (also 64 members in the Armed Forces)	
“ 1945;	280 conjoint	
	5 honorary	
	2	The Medical Society of Nova Scotia only
	<hr/>	
Total 287	(7 new members during the year) (also 63 members in the Armed Forces)	
“ 1946;	260 conjoint	
	7 honorary	
	1	The Medical Society of Nova Scotia only
	<hr/>	
Total 268	(63 new members during the year) (also 105 members in the Armed Forces)	
“ 1947;	315 conjoint	
	10 honorary	
	5	The Medical Society of Nova Scotia only
	<hr/>	
Total 330	(31 new members during the year) (also 56 members in the Armed Forces)	
“ 1948;	422 conjoint	
	12 honorary	
	4	The Medical Society of Nova Scotia only
	<hr/>	
Total 438	—7 deceased, leaving a total of 431. (46 new members during the year)	
“ 1949;	436 conjoint	
	11 honorary	(included in the conjoint members)
	3	The Medical Society of Nova Scotia only
	<hr/>	
Total 439	—2 deceased, leaving a total of 437. (38 new members during the year)	
“ 1950;	448 conjoint	
	17 honorary	
	1	The Medical Society of Nova Scotia only
	<hr/>	
Total 466	—2 deceased, leaving a total of 464. (47 new members during the year)	



The following members have passed away since August 31, 1949, to date:  
*Frank Foster Chute, M.D.*, Dal. 1922, died at Ottawa on August 29, 1949, at the age of fifty-five.

*James Lyall Cock, M.D.*, Dal. 1902, died at Halifax, October 2, 1949.

*Hector Alexander Grant, M.D.*, Dal. 1909, died at North Sydney September 27, 1949, at the age of seventy.

*Purdy Alvin Macdonald, M.D.*, McGill 1906, died at Halifax, October 27, 1949, at the age of seventy.

*Henry Ernest Kendall, M.D.*, Bellevue 1888, died at Windsor, September 2, 1949, at the age of eighty-five.

*Robert Hugh MacLeod, M.D.*, Dal. 1925, died at Halifax, December 3, 1949, at the age of sixty-five.

*Lorne Wilborn Harris, M.D.*, Jefferson 1908, died in Florida, November 8, 1949, at the age of seventy-one.

*William Alexander Chisholm, M.D.*, Bellevue 1896, died in Florida, November 10, 1949, at the age of eighty-three.

*Harry Munn Godfrey, M.D.*, Dal. 1915, died in England, November 5, 1949, at the age of fifty-eight.

*Charles Alpin Donkin, M.D.*, Dal. 1920, died at Kentville, December 21, 1949, at the age of fifty-nine.

*Daniel Robert MacDonald, M.D.*, Dal. 1905, died at Shediac, N. B., January 2, 1950, at the age of seventy-eight.

*Hugh Dan Chisholm, M.D.*, Dal. 1907, died at Springville, March 12, 1950 at the age of sixty-eight.

*George Herbert Fulton, M.D.*, Dal. 1883, died at Malden, Massachusetts, on February 11, 1950, at the age of ninety-six.

*Bernard Francis, M.D.*, McGill 1899, died at Sydney Mines in April, 1950.

*James Richard Gilroy, M.D.*, McGill 1903, died at Oxford, April 6, 1950 at the age of seventy-four.

*William John Cameron, M.D.*, Dal. 1924, died at Lansing, Michigan, on May 26, 1950, at the age of fifty-six.

*John George MacDougall, M.D.*, McGill 1897, died at Halifax on June 21, 1950, at the age of eighty-one.

*Gordon Manning Peters, M.D.*, Dal. 1937, killed in an automobile accident June 25, 1950, at the age of thirty-nine.

*Joseph Seward Brean, M.D.*, Dal. 1915, killed in an automobile accident July 11, 1950, at the age of sixty-one.

*Michael James Carney, M.D.*, McGill 1909, died at Halifax on August 22, 1950, at the age of sixty-seven.

Respectfully submitted,

(Sgd.) H. G. Grant.

Secretary.

The list of obituaries was read at the business session, when one minute's silence was observed in commemoration of departed members.

Doctor H. G. Grant moved the adoption of this report which was seconded by Doctor H. J. Devereux. Carried.



**Report of the Special Committee re a Full Time Secretary**

Halifax, N. S.

September 5, 1950.

President  
Medical Society of Nova Scotia  
Halifax, N. S.

Dear Sir:

This is the second report of a Committee appointed to investigate the proposal that the services of a full-time Medical Executive Secretary be obtained on a co-operative basis by the Medical Societies of the Maritime Provinces. On receipt of the first report, your Executive authorized the Committee to continue its study of this subject.

Executive officers of the Provincial Medical Board and of Maritime Medical Care Incorporated were asked to determine whether either organization would be interested in joining with this Society to engage a full time medical executive secretary. A letter from the Provincial Medical Board indicated that this body was not interested in the proposal. No letter has been received from Maritime Medical Care, but Dr. N. H. Gosse informed the Chairman that this organization would find it difficult to enter such a co-operative arrangement.

Failure to obtain assistance in financing such an appointment by joining with other medical organizations leaves three possible courses of action open:

- (1) To continue with a part-time executive secretary as at present;
- (2) To engage a full time medical executive secretary for this Society alone;
- (3) To determine whether a joint arrangement could be made with the New Brunswick Medical Society to engage one executive secretary for the two provincial organizations.

It is estimated that a full time executive secretary for this Society alone would require a budget of \$10,000 to \$11,000 including a salary of \$7,000 to \$8,000, stenographer, office, supplies and travel allowance. This would require an increase of approximately \$8,000 in the present budget or \$20 additional from each 400 members. The total membership fee would then be at least forty dollars per year. If there were any decrease in membership, it might have to be as high as fifty dollars, as it now is in New Brunswick.

Fees of this order, or higher, have been levied on a compulsory basis in other provinces. This is possible because of a joint arrangement with the Provincial Medical Board which collects its compulsory annual licensing fee and the Medical Society dues together. Since no such annual licensing fee is levied in Nova Scotia this method is not possible here.

If the Executive feels that such a fee can be levied without an appreciable loss in membership, your Committee believes that a full time executive secretary acting for this Society alone would be the best arrangement. However, your Committee is doubtful whether such an increase in fees would be justified at the present time. It is, therefore, recommended that this Society approve in principle the appointment of a medical executive secretary to act jointly for the Provincial Medical Societies of Nova Scotia and New Brunswick and that the Executive be authorized to enter into negotiations with The Medical Society of New Brunswick to implement this recommendation and to increase the annual membership fee sufficient to finance it. It is estimated that this increase would be between ten and fifteen dollars.

Respectfully submitted,

(Sgd.) C. B. Stewart, M.D.

Chairman

Doctor H. J. Devereux: "What benefits would accrue to this Society?"

Doctor E. I. Glenister: "Was the suggestion not made at White Point?"

Doctor E. F. Ross: "We had a letter from the New Brunswick Medical Society asking us to join with them. This committee originated from that,



and this is the second report. Since then Doctor Whitehead has been appointed to the New Brunswick Medical Society."

Doctor M. E. B. Gosse advised that Prince Edward Island has entered into an arrangement whereby Doctor Whitehead would do the work for the two Societies.

Doctor D. F. Macdonald: "I still do not see how New Brunswick and Nova Scotia could see eye to eye. I think a secretary would have a pretty tough time serving the two organizations."

Doctor E. F. Ross: "Doctor Whitehead did not exist at the time it was first thought of."

Doctor C. H. Reardon thought that the Society needed a man to keep his eye on things and keep the members informed.

Doctor H. G. Grant: "Why did the Provincial Medical Board turn the request down?"

Doctor R. O. Jones: "The Provincial Medical Board is primarily an organization in which the members are appointed by the Government. I know that very often the opinion of the Provincial Medical Board is not the opinion of The Medical Society of Nova Scotia, and our members are in the minority, and the secretary might be directed along lines by this Society and others by the Provincial Medical Board."

Doctor E. F. Ross: "In New Brunswick the Provincial Medical Board and The Medical Society are merged. This will be brought before the meeting tomorrow."

Doctor H. G. Grant asked for approval of the usual honoraria to the Treasurer and Editorial Board, and also asked that for a future policy the travelling expenses of the President throughout the Province be taken care of by the Society, which was given. The increase of \$13.50 monthly to the clerical secretary which had started in April on approval of the President, the Treasurer, and Secretary, and several members of the Executive, was approved by the Executive.

It was moved by Doctor H. J. Devereux and seconded by Doctor E. I. Glenister that the representatives on the Executive of the Canadian Medical Association namely, Doctor A. E. Blackett and Doctor H. A. Fraser, be accepted. Carried.

It was moved by Doctor E. I. Glenister and seconded by Doctor R. O. Jones that the representatives on the Nominating Committee of the Canadian Medical Association, namely, Doctor G. R. Forbes and Doctor D. F. Macdonald, be accepted. Carried.

Members of Council of the Canadian Medical Association were nominated as follows: Doctor M. G. Tompkins by Doctor H. J. Devereux; Doctor G. R. Forbes by Doctor A. R. Morton; Doctor M. J. Macaulay by Doctor H. F. Sutherland; Doctor A. E. Blackett by Doctor P. E. Belliveau; Doctor H. A. Fraser by Doctor E. I. Glenister; Doctor D. F. Macdonald by Doctor R. O. Jones; Doctor A. R. Morton by Doctor E. I. Glenister. As these seven with the incoming President and the Secretary, ex officio, made the complete total, it was moved by Doctor R. O. Jones and seconded by Doctor H. J. Devereux that nominations cease. Carried.

Doctor H. G. Grant: "With regard to the pooling of expenses of secretaries to the annual meeting of the Canadian Medical Association. Each year we are written to by the Canadian Medical Association asking if we wish to join in the pooling arrangement. The Canadian Medical Association pay



one-half of the total expenses, and they allow first class railway fare, plus three dollars a day until the secretary arrives at the meeting. The pooling is divided by one-half, the Canadian Medical Association take care of their half, and the rest is pro-rated."

It was moved by Doctor J. J. Carroll and seconded by Doctor J. R. Macneil that this arrangement be carried on as usual. Carried.

Regarding the nomination of a senior member to the Canadian Medical Association it was agreed that this be settled at the mid-term executive meeting.

The next item was the appointment of honorary members to the Society, which is rather comparable to senior membership in the Canadian Medical Association.

Doctor H. G. Grant nominated Doctor W. H. Eagar, of Wolfville, which was seconded by Doctor S. R. Johnston.

Doctor J. R. Macneil nominated Doctor Freeman O'Neil of Sydney.

Doctor H. F. Sutherland nominated Doctor C. J. Sparrow of Reserve.

Doctor H. J. Devereux nominated Doctor E. M. MacDonald of Sydney.

Doctor H. F. Sutherland withdrew Doctor C. J. Sparrow's name, as he was not a member of the Society.

Doctor R. O. Jones moved that nominations cease, which was seconded by Dr. H. J. Devereux. Carried.

Doctor A. L. Murphy suggested that future nominations in this Society be done by a brief citation.

Doctor A. L. Murphy moved that before the next annual meeting we consider a brief formal procedure, which was seconded by Doctor J. R. Macneil. Carried.

It was moved by Doctor R. O. Jones and seconded by Doctor J. J. Carroll that the Secretary be given authority to attend the next annual meeting of the Canadian Medical Association, which is to be held in Montreal, June, 1951. Carried.

Doctor E. F. Ross announced that Doctor T. R. Ford was ill in the hospital at Shelburne, and he thought it would be a nice gesture if flowers or a letter of sympathy, were sent to him. It was moved by Doctor E. I. Glenister and seconded by Doctor J. J. Carroll that flowers or a letter be sent. Carried.

It was moved and seconded that the following doctors be taken in as members of The Medical Society of Nova Scotia. Carried.

Dr. J. T. Balmanno, Weymouth  
 Dr. Gabriel Boudreau, Cheticamp  
 Dr. D. S. Brennan, Bear River  
 Dr. G. R. Clayden, River Hebert  
 Dr. A. B. Crosby, Halifax  
 Dr. M. M. Davis, Halifax  
 Dr. C. A. D'Intino, Sydney  
 Dr. J. D. Dinsmore, Shelburne  
 Dr. L. P. Doucette, Cheticamp  
 Dr. E. M. Fogo, Halifax

Dr. W. A. Murray, Halifax  
 Dr. F. B. Macdonald, Sydney  
 Dr. J. I. McGillivray, Arichat  
 Dr. D. R. MacInnis, Kennetcook  
 Dr. W. T. M. MacKinnon, Amherst  
 Dr. John F. MacLellan, Ivnerness  
 Dr. J. O. McNeil, Halifax  
 Dr. A. M. Macpherson, Elmsdale  
 Dr. I. A. Perlin, Halifax  
 Dr. R. F. Plumer, Halifax



Dr. S. C. Fuller, Bedford,  
Dr. S. J. Glick, Halifax  
Dr. H. I. Goldberg, Halifax  
Dr. W. A. Gray, New Germany  
Dr. H. K. Hall, Halifax  
Dr. G. S. Harris, Bedford  
Dr. L. R. Hirtle, Halifax  
Dr. E. P. Hopgood, Dartmouth  
Dr. D. R. S. Howell, Halifax  
Dr. C. F. Keays, Halifax  
Dr. Louis Kristal, New Waterford  
Dr. J. H. Lesser, Halifax  
Dr. M. H. Little, Prince's Lodge  
Dr. F. Gordon Mack, Halifax

Dr. O. J. Pudymaitis, Malagash  
Dr. Helen M. H. Quinlan, Kentville.  
Dr. W. C. Rice, Windsor  
Dr. Clifford Riley, Sydney  
Dr. J. A. Roach, New Waterford  
Dr. W. M. D. Robertson, Dartmouth  
Dr. A. G. Shane, Halifax  
Dr. D. F. Smith, Halifax  
Dr. W. E. Thompson, Montreal  
Dr. F. Ralph Townsend, Halifax  
Dr. F. B. Webber, Springfield, Mass.  
Dr. G. H. Wheelock, Wolfville  
Dr. J. C. Young, Sydney

It was moved that the meeting adjourn at 9.15 p.m.



## Personal Interest Notes

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The following were successful candidates in the Medical Council of Canada examinations held at Halifax last spring: Charles John Alexander, Saint John; Daphne Winifred Arklie, Botwood, Nfld.; Patrick Farrell Michael Ashley, St. John's, Nfld.; George William Battcock, St. Mary's, Nfld.; Norman Seymour Black, Amherst; James Robert Brown, New Glasgow; Malcolm Perry Burley, Andover, N. B.; Phyllis Dorcas Bursey, Moncton, N. B.; Reginald Hearder Butler, Carbonear, Nfld.; Duncan Alexander Campbell, Bridgewater; Robert Angus Clowater, Moncton, N. B.; Garnet James Henry Colwell, Agnes Winnifred DeMone-Threlkeld, Halifax; George Hubert Flight, Hamilton, Ont.; Thomas Ainslie Foster, George MacDonald Fraser, New Glasgow; George Urquhart Hill, Pictou; Aubrey Edmund Johnson, Great Village; Donald Hartley Kirkpartick, Halifax; Robert David Lawton, Bell Island, Nfld.; Frederick Robert MacDonald, Halifax; Almon Ray McEwen, St. Peter's Bay, P. E. I.; James Adrian MacInnes, Souris, Prince Edward Island; Alan John MacLeod, Dundas Centre, Prince Edward Island; Ronald Dickie MacKay, Vancouver, B. C.; Archibald Moland MacPherson, Wolfville; Herbert Dawson MacWilliam, St. Andrew, N. B.; Edward Anthony McGivern, Brookfield, Nfld.; Gerald Arthur May, McAdam, N. B.; Myer Mendelson, Moncton, N. B.; James Edgar Milligan, Truro; Bruce St. Clair Morton, Yarmouth; James Allan Myrden, Halifax; Robert Francis O'Driscoll, St. John's, Nfld.; Thomas John O'Neil, Kelowna, B. C.; Morris Perchanok, Saint John, N. B.; Herbert Ralph Phillips, Richmond, P. E. I.; James Henry Lloyd Robbins, Kinross, P. E. I.; John Martin Ryan, North Sydney; Arthur Howard Shears, Glace Bay; David James Sieniewicz, Halifax; Richard Gordon Simpson, Bay View, P. E. I.; Ora Robert Smith, Moncton, N. B.; George Owen Warr, Halifax; Andrew Stewart Wenning, Sydney; John Gordon Williams, St. John's, Nfld.

Doctor C. M. Jones, head of the X-ray department of the Halifax Infirmary, in July, attended the International Cancer Congress at Sorbonne, France and the 6th International Congress of Radiology, in London, England, as a delegate from the Maritime provinces. This latter congress meets every four years, but the last gathering was in 1937 in Chicago, the 1941 meeting being cancelled on account of the war.

Doctor Gordon R. Hennigar, Dal. '45, has been appointed Associate Professor of Pathology at the Medical College of Virginia, Richmond, Virginia. Doctor Hennigar was previously on the staff of the Union Memorial Hospital, Baltimore, Maryland, and later was Pathologist at the South Baltimore General Hospital.

Doctor H. R. Roby, Dal '45, Assistant Radiologist at the Victoria General Hospital, Halifax, has been appointed radiologist at the hospitals at Kentville and Windsor.

Doctor R. P. Smith, formerly of Halifax, has accepted a position at Newcastle, Scotland.



The Bulletin extends congratulations to Doctor and Mrs. R. W. M. Ballen (Ruth Graham) of Halifax on the birth of a son, Hugh Graham, on July 14th; to Doctor and Mrs. D. S. Lindsay (Jean Phinney) of Dartmouth, on the birth of a daughter, Shelagh Stewart, on July 21st; to Doctor and Mrs. A. W. Titus of Halifax, on the birth of a daughter, Susan Law, on August 3rd; to Doctor and Mrs. W. O. Coates of Amherst, on the birth of a son, William James Johns, on September 13th; to Doctor and Mrs. J. B. Reid, Jr. of Truro, on the birth of a son, Christopher Lee, on September 25th; and to Doctor and Mrs. D. R. S. Howell of Halifax, on the birth of a daughter, on October 4th.

Doctor W. R. C. Tupper, Dal. '43, has opened an office at 168 Quinpool Road, for the practice of the speciality of Obstetrics and Gynaecology; Doctor C. F. Keays, Dal '45, has opened an office at 306 Barrington Street, for the practice of the speciality of Eye, Ear, Nose and Throat; Doctor D. F. Smith, Dal '45, has opened an office at 52 Quinpool Road, for the practice of Medicine and Surgery, specializing in Obstetrics and Gynaecology, and Doctor W. I. Morse, Dal '45, has opened an office at 175 Quinpool Road, for the practice of Internal Medicine and Haematology.

Doctor E. B. Howell of Truro, has left to take an appointment in Cleveland, Ohio, where he has been named head of the Department of Anaesthesia of the Doctors' Clinic Foundation, and director of the Department of Anaesthesiology, Doctors' Hospital. Doctor Howell, a native of Carbonear, Newfoundland, graduated from Dalhousie in 1940, and after practising in Pictou for several years, enlisted in the Canadian Army. At the end of the war he took post-graduate training in anaesthesia at McGill University, becoming certified in the speciality of anaesthesia by the Royal College of Physicians and Surgeons of Canada in 1948, and a Fellow of the American College of Anaesthesiologists in 1950.

The marriage took place on July 11th of Doctor Jean MacDonald, (Dal. 1944), younger daughter of Mrs. and Mr. MacDonald of Moncton, and the Rev. Frank Lawson of Halifax, son of the late Mr. and Mrs. Francis Lawson of Londonderry, Northern Ireland. They will reside in Halifax where Rev. Mr. Lawson is the minister of St. David's Presbyterian Church.

Doctor E. H. Anderson, D.S.O., of Digby, has left for Camp Borden to join the Korean Special Force as a medical officer. Doctor Anderson rejoins the medical services with his rank of Major, which he won during the last war. During his service in Italy he was awarded the Distinguished Service Order, and was mentioned twice in dispatches. Doctor Anderson graduated from McGill in 1938 and has been practising in Digby since his return from overseas.

The marriage took place at Chester on September 9th of Miss Dorothy Claire Bulmer, daughter of Mrs. Bulmer of Chester and Charlottetown, and the late Lester Charles Bulmer, and Doctor Arthur Howard Shears, son of Mr. and Mrs. George Shears of Glace Bay. Doctor Shears graduated from Dalhousie in May of this year, and is now practising at Glace Bay.



The marriage took place in Halifax on July 17th of Doctor Adelaide Louise Fleming, daughter of Robert Fleming, Halifax, and the late Mrs. Fleming, and Mr. Willis Stewart McLeese of Toronto, son of the late Mr. and Mrs. A. S. McLeese of Oshawa, Ontario. Doctor Fleming graduated from Dalhousie in 1944, and following post-graduate studies in Toronto, practised in Halifax.

Doctor Florence Murray, a medical missionary in Seoul, Korea, is now on furlough at the home of her parents, Rev. and Mrs. Robert Murray, Lower Sackville.

Doctor Norman H. Gosse, of Halifax, President of the Canadian Medical Association, recently addressed members of the British Columbia Medical Association at a meeting in Vancouver, and urged the doctors to banish pessimism in their fight against cancer. He stated that if symptoms were found soon enough and removed the patient could have a long life, and that doctors must also abandon the idea that cancer victims over seventy should not be operated on. The family doctor is still the first line of defence against cancer.

Doctor H. B. Atlee of Halifax, head of the Department of Obstetrics and Gynaecology of Dalhousie University, also addressed the British Columbia Medical Association, when he spoke on the subject of pregnancy and childbirth.

Doctor C. L. Gosse of Halifax and Doctor E. L. Eagles of Yarmouth have returned from taking short courses in the treatment of venereal diseases at several clinics in the United States.

Doctor J. E. LeBlanc of West Pubnico left on October 14th on a trip to Europe.

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### PHYSICIAN WANTED

There is an opening at the Algoma Steel Corporation, Sault Ste. Marie, Ontario, for a medical man interested in taking up industrial work. Applications should be made to the Secretary.



# Obituary

**MICHAEL JAMES CARNEY, B.A., M.D., C.M., F.R.C.P.C.**

**I**N the passing of Dr. Carney, Halifax has lost an outstanding member of the medical profession and a good citizen.

He was born in Halifax, April 18th, 1883, son of Hon. Michael Carney, M.P. He attended the Old LaSalle Academy and later Dalhousie in arts and medicine at McGill. In 1931, he was appointed a charter member of the Royal College of Physicians and Surgeons of Canada. He spent two years in post-graduate studies in Europe, mainly in London, after which he settled in Halifax where he practised his profession for almost forty years.

In early life, he was one of the most outstanding athletes in the province. For seven years, 1904-1911, he held the Maritime record for the quarter mile, and several times won the 220 and 100 yards events. He excelled in boxing and was an expert gymnast. For some time he was gymnastic instructor in the Halifax Y. M. C. A. At McGill, he continued his interest in boxing, running and in the broad jump and on many occasions, upheld the honor of the Maritimes on the campus of McGill. He had an interesting number of trophies.

Dr. Carney early decided to limit his practice to internal medicine and rapidly took a prominent place in the professional life of the City. My association with him was long, pleasant and inspiring. For twenty-five years, he was my colleague in medicine on the staff of the Victoria General Hospital and for a longer period at Camp Hill Hospital. I came to know him intimately and formed a high opinion of his qualities as an internist and as a man. He was a discriminating reader of medical journals and was noted for his ability to pick out points of unusual interest.

When the Children's Hospital was opened he accepted the appointment of physician at a time when there were yet no specialists in pediatrics in the City. With the same energy as he had displayed on the athletic field and in general medicine, he took up the problems of the sick child and it was not long until he was recognized as a safe and efficient adviser on diseases of children. His services were sought by the public and by his colleagues in both the city and province. In later years, the major part of his practice was in pediatrics but he continued to maintain his interest in general medicine.

As a teacher, he made a valuable contribution to the teaching of medicine and pediatrics and won the esteem of his students in a high degree. Dalhousie owes him much for the many hours which he unselfishly gave to the medical school.

During the first war, he was on military duty, mainly in the Halifax area. In 1920 he was appointed to the staff of Camp Hill hospital where his principal duties were concerned with diseases of the chest and he continued in this capacity until a few months before his death.

A few years ago, he developed serious gastric symptoms which necessitated a major operation. For many months, he was a great sufferer and his stoicism in the face of the inevitable was a cause for admiration by his intimate friends.

He has left to mourn, his wife, formerly Miss Evelyn Levis and four children, Michael, who is a B.A. and Licentiate of Music of Toronto and Jean, Nancy and Janet at home. To his family the medical profession through its Bulletin extends sincere sympathy.

Dr. Carney was a member of St. Thomas Aquinas Church and a large number of friends including many members of the medical profession crowded the Church to pay a final tribute to a worthy friend.

K. A. MacKenzie.



The death occurred suddenly of a heart attack at his home in Kentville, on August 3rd, of Doctor Bradford Shirley Bishop, at the age of eighty-two. Doctor Bishop graduated from Trinity College of Toronto University in 1898 and at first practised at Freeport in Digby County, where his area was Long Island and Briar Island with a population of 1,500. In 1928 he returned to his native Kings County, and established practice in Kentville, and was active right up until his last brief illness. Although he had a heart condition for many years, his activities were not curtailed. He was medical health officer for Kentville for twenty years, a position now held by his son, Doctor S. E. Bishop, and was physician at the Kings County Jail for the last twenty-five years. In 1941 he received severe injuries in a car accident but made a splen-recovery after weeks in hospital.

Doctor Bishop was a son of the late Delbert and Sophia Bishop of Highbury, a few miles from Kentville. After graduating from Kings County Academy, he attended Acadia University and received his Bachelor of Arts degree in 1894. He was a member of the Kentville Masonic Lodge, and the Kentville United Baptist Church. His wife, who survives, is the former Lena Woodroffe of Waterville, and others surviving are two sons, Gerald of Danvers, Mass. and Doctor S. E. Bishop of Kentville, and one daughter, Helena, Mrs. Ewan Clark of Sydney.

Funeral services were held on August sixth, and were largely attended by many from all parts of the Annapolis Valley. There was special music by the Berwick Male Quartette. Twelve members of the medical profession from Kentville and Wolfville were honorary pallbearers, and the pallbearers were members of the Masonic Order.

The death of Doctor Annie Hennigar-Sanford, wife of Mr. Frank Sanford of Noel, Hants County occurred at the Victoria General Hospital, Halifax on August 10th, following failing health for some time due to a heart condition.

She was born in Noel, July, 1873 and received her early education at the village school, later engaging in the teaching profession, and graduated from Dalhousie in 1906. She practised in Burlington for a few years and then in Cheverie, where she remained until 1919. She had many experiences in the "horse and buggy days" and countless numbers owe their life to "Doctor Annie" as she was known. In 1920 she returned to her native village and for the past thirty years she practised in Maitland and Noel, and was active until a few hours before entering hospital. Her varied interests included scenic painting and recently she was given an Award of Merit by the American Physicians' Art Association.

She is survived by her husband, one brother, Stephen, of Noel and several nieces and nephews. The funeral was held from her residence on August 12th, with interment in the Burncoat Cemetery.

The death occurred at St. Petersburg, Florida on July 19th of Doctor Richard Star Pattillo, son of the late Thomas R. and Mary Jane Starr Pattillo of Liverpool and Bridgewater. Doctor Pattillo was born in 1870 and graduated from the University of Manitoba in 1895, and practised in Evan-



ston, Illinois. He is survived by three brothers, Doctor Joseph B. Pattillo, Chicago; H. M. Pattillo, Bridgewater and A. Sidney Pattillo, Bedford, also one sister, Mrs. Ethel VanAlstine. The late T. S. Pattillo of Truro was a brother.

Interment took place in Chicago.

Doctor Philip Weatherbe of Halifax died at his home on Coburg Road on September 14th, following an illness of six months.

Doctor Weatherbe was born in 1875, a son of the late Sir Robert Weatherbe, one-time Chief Justice of Nova Scotia, and the late Lady Weatherbe.

After receiving his high school education at Horton Academy he attended Edinburgh University, graduating with a medical degree in 1901. He spent one year in post-graduate studies at London and Berlin, and then conducted a general practice in England and Scotland for one year.

In 1907 he returned to Halifax to begin practice, and in 1910 was appointed a staff surgeon at the Halifax Children's Hospital, which position he retained until his death.

He served in the South African War and during the first World War was a Major in the Canadian Army Medical Corps serving on the staffs of the old Cogswell Military and Rockhead Military Hospitals. He wrote numerous articles for medical journals and other publications.

He is survived by his widow, the former Winnifred Maud Heron, two daughters, Francis (Mrs. A. J. Campbell) Montreal, and Sheila (Mrs. K. E. Moxon Browne) Ireland, two brothers, Lieut-Colonel D'Arcy Weatherbe, Hong Kong and Major Arch Weatherbe in Kenya, East Africa, and four grandchildren.

The funeral was held from his late residence, on September 16th; interment was in Camp Hill cemetery.

The Bulletin extends sympathy to Doctor H. K. MacDonald of Halifax on the death of his brother, William Stewart MacDonald of Halifax, which occurred suddenly at his Seabright summer home on July 30th, at the age of seventy-one. Also to Doctor E. L. Thorne of Halifax on the death of his father Edward Thorne, Sr., at his home, 36 Larch Street, Halifax, after an illness of almost a year, at the age of sixty-four.