

**MINUTES**  
**OF**  
**MEETING OF ORGANIZING COMMITTEE**  
**COLLEGE OF GENERAL PRACTICE OF CANADA**  
held at 244 St. George Street, Toronto.  
October 16-17, 1953

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Those present were—

Chairman: Dr. M. R. Stalker, Ormstown, P. Q.  
Dr. Armand Rioux, Quebec, P. Q.  
Dr. W. V. Johnston, Lucknow, Ont.  
Dr. C. L. Gass, Tatamagouche, N. S.  
Dr. J. H. Black, Vancouver, B. C.

Secretary: Dr. G. I. Sawyer, Toronto, Ont.  
Dr. A. D. Kelly—Deputy General  
Secretary, C.M.A.

The terms of reference as passed in a resolution at the General Council of the Canadian Medical Association in Winnipeg, 1953, were noted as follows: "To proceed with the establishment of a College of General Practitioners and to establish standards of membership, by-laws, etc., and to do all other things necessary to achieve this end."

These terms of reference were interpreted as giving the Committee complete authority to draft a constitution, appoint officers and a governing body, solicit funds, launch the College and accept applications for membership.

Dr. Murray Stalker and Dr. Glenn Sawyer were confirmed as Chairman and Secretary respectively, of this committee.

Reports from across the country indicated increasing enthusiasm from all parts of Canada for the early establishment of a College of General Practice. The committee realized that considerable education will be required to fully inform a large section of practitioners as to the aims and objects of the movement.

It was announced that a *budget* for the activities of the Committee had been prepared at the request of the C.M.A. An amount of \$3,600.00 was sought and approved at the Executive meeting of the C.M.A. held in Halifax in October 1953. This amount of money is for the completion of the work of the Committee.

A decision was reached that *minutes* of this meeting would be sent to the members of the Executive of the C.M.A. Section on General Practice, to the C.M.A. divisional secretaries and L'Association des Medecins de Langue Francaise du Canada, (these latter to be English and French) and also to the secretaries of divisional sections of General Practice.

The name of the proposed College was discussed at some length. There was unanimous agreement that the name should be "The College of General Practice of Canada."

The classification of members and the requirements for membership were

considered by the Committee to be the most important items on the agenda and many aspects were thoroughly discussed.

Out of the lengthy discussion came the decision that there would be four classes of members as follows:

1. Honorary members
2. Members
3. Associate members
4. Senior members.

#### *General Qualifications for membership.*

All classes of membership except honorary, shall be duly qualified and registered to practise in the province in which they reside. They shall be members of the Canadian Medical Association or L'Association des Medecine de Langue Francaise du Canada and also members of the provincial medical association.

#### 1. *Honorary members*

Honorary membership may be conferred by the Board of Representatives on individuals who have made an outstanding contribution to the cause of the general practitioner in Canada.

#### 2. *Members*

(a) Shall have been five years in general practice or its equivalent\*.

\*One year's internship equals one year in practice; two years' internship equals three years in practice; one year's assistantship to a general practitioner equals one year's internship or one year in practice.

(b) Shall have completed in the two-year period prior to application for membership, an amount of post-graduate study equivalent to the amount required in each two-year period for continuing membership as outlined in this constitution.

(c) Shall have conducted practice on a high moral and ethical plane.

(d) Shall indicate willingness to undertake 100 hours of post-graduate study each 2 years, as outlined in the continuing program.

Members will be elected for a period of two years. They will be eligible for re-elections if so recommended by the Credentials Committee after a review of the post-graduate study accomplished in the two-year period.

#### 3. *Associate Members*

Those engaged in general practice, who cannot qualify for membership because of items 1. or 2. in the qualifications for membership, may apply for associate membership.

Applicants must signify willingness to undertake 100 hours of post-graduate study each 2 years as outlined in the continuing program.

Associate members may apply for membership when they have fulfilled the membership qualifications.

Associate members who have not qualified for membership within five years shall cease to be associate members.

4. *Senior members*

- (a) Shall have been thirty years in general practice.
- (b) Shall have conducted practice on high moral and ethical plane.
- (c) Will not have to undertake formal program of post-graduate study to maintain membership.

*Continuing Program of Post-graduate Study*

Members in order to maintain their membership, and Associate members desiring to qualify for membership, will be required to carry out a continuing program of post-graduate study as follows:—

One hundred hours of post-graduate study in each two-year period. A minimum of fifty hours of this must be in formal clinical instruction. Credits toward the other fifty hours will be given hospital rounds, local medical society meetings, medical conventions, medical papers submitted or published, planned reading courses, book reviews, case history reports, community services, etc.

*Membership Fees and Privileges*

1. Honorary members—no fee, no vote, may not hold office.
2. Members —Initial fee \$25 for first year then \$15 per year. May vote and hold office.
3. Associate members—Fee of \$10 per year except for those in first and second years of practice, when fee shall be \$5 per year. Cannot vote or hold office.
4. Senior members —Initial fee \$25 for first year then \$15 per year. May vote and hold office.

*Fellowship*

It was the opinion of the meeting that fellowship qualifications should be laid down on a basis to make it comparable with certifications in the other fields of practice. Details of these qualifications will be dealt with at a subsequent meeting of the Committee.

*Officers.*

1. Past President
2. President
3. President-Elect
4. Honorary Treasurer
5. Chairman of the Board of Representatives.

These officers will in the first instance be appointed by the Organizing Committee and thereafter shall be nominated by the Nominating Committee and elected by the Board of Representatives.

The five officers of the College shall be the Executive Committee of the College.

*Executive Officer*

There shall be an Executive Director who shall be engaged in the first instance by the Organizing Committee and shall be responsible to the Board of Representatives. He shall be a full-time employee of the College and shall

carry out duties as assigned by the Board of Representatives. He shall attend all meetings of the Executive and Board of Representatives.

#### *Board of Representatives*

The Board of Representatives shall be composed of the Executive Committee plus one representative from each province except Quebec and Ontario, which shall have two each.

The Board of Representatives shall be responsible for the general conduct of the affairs of the College.

The Board shall meet immediately preceding and following the Annual Meeting of the College and at such other times as determined by the Executive Committee.

The provincial representatives to the Board shall be nominated by the provincial chapter, if such exists, otherwise by a mail ballot to the members of the province concerned.

#### *Provincial Chapters*

Any province having twenty-five members of the College may make application to the Board of Representatives for permission to form a provincial chapter.

The officers of the Chapter shall be—

1. Chairman
2. Secretary
3. Treasurer.

These officers will form the Executive of the Chapter.

#### *Function:—*

1. Recommend members for election to the College.
2. Recommend members for re-election after assessment of post-graduate study done each two years.
3. Nominate representative(s) to the Board of Representatives.
4. Carry out functions delegated to it by the Board, such as post-graduate facilities and hospital internships suitable for training for general practice.

Members of a chapter must be members of the College.

#### *Finance*

It was moved by Victor Johnson and seconded by Howard Black, that the Canadian Medical Association be requested to make up to \$10,000.00 (ten thousand dollars) available to the College on a loan basis if required to assist in the financing of the College. Carried.

It was the decision of the Committee to open a Foundation Fund in January 1954. Members of the profession and any individual or organizations interested in the views and objects would be invited to make contributions to this Fund.

#### *The Inception of the College*

It was the opinion of the Committee that membership applications could be received by March 1954, and the official launching of the College

should coincide with the meeting of the Canadian Medical Association at Vancouver in June 1954.

The officers and Board of Representatives will be named at the next meeting of the Committee.

The Executive Director will be appointed at the next meeting with the hope that his duties will commence on March 1st, 1954.

#### *Publicity*

A news article is to be written by the Secretary of the Committee for publication in the December issue of the C.M.A. Journal and L'Union Médicale.

News articles for the provincial journals of Manitoba, Saskatchewan, Alberta and British Columbia are to be prepared by Howard Black.

A news article for the Nova Scotia journal is to be prepared by Charles Gass.

The secretary will prepare an article for the C.M.A. Review.

An article will be submitted to the Canadian Doctor.

Next Meeting—November 28th and 29th, 9:30 a.m.,  
244 St. George Street, Toronto.

The meeting adjourned at 10:30 p.m., October 17th.

### **INFORMATION RE FARE TO ANNUAL MEETING CANADIAN MEDICAL ASSOCIATION VANCOUVER, JUNE 14-18.**

The round trip Convention fare, 30-day limit for adults, Halifax to Vancouver, is as follows:

First Class.....	\$206.30
Intermediate Class.....	174.10
Mixed Class.....	181.85

First class fare is good in standard sleepers. The intermediate class fare is good in tourist sleepers only, and does not provide for using a sleeper between Halifax and Montreal. The mixed class fare is good in standard sleeper east of Montreal, and tourist sleeper west of Montreal.

The above fares would apply going out Canadian National or Canadian Pacific, and returning via other line to Montreal. The term "Diverse Routes" usually refers to other than standard routes, which may involve additional travel and somewhat higher rates.

# Minutes Of The Executive Of The Medical Society Of Nova Scotia, 1953

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THE Annual Meeting of the Executive of The Medical Society of Nova Scotia was held in the Board Room of the Dalhousie Public Health Clinic, Halifax, N. S., October 7, 1953, at 9.30 a.m.

There were present Doctor J. W. Reid, President; Doctors M. G. Tompkins, H. F. McKay, H. G. Grant, R. O. Jones, P. O. Hebb, J. A. MacCormick, H. J. Devereux, J. A. McDonald, G. D. Donaldson, A. M. MacPherson substituting for Doctor H. E. Kelley, B. J. D'Eon, D. M. Cochrane, C. G. Harries and P. R. Little.

The President called the meeting to order.

It was moved by Doctor R. O. Jones that the Minutes as printed in the Nova Scotia Medical Bulletin, November, 1952, be taken as read. Doctor Jones also moved that the minutes be printed separately in the future when they are published in the Bulletin, and that reprints be published for the use of members of the Executive. This was seconded by Doctor D. M. Cochrane. Carried.

Doctor Reid brought up the matter of the formation of a Council of The Medical Society of Nova Scotia, such as is done by the Ontario Medical Association and the Canadian Medical Association. This was not considered in detail, except that the members would be chosen from the Executive. Doctor R. O. Jones thought that such a group should consist of not more than four. Doctor Reid stated the Council should consist of the President, the immediate past President, and the past President once removed and possibly another member. Doctor P. O. Hebb asked if these matters could not be attended to by a full-time secretary. Doctor Reid stated that the Council would have no power to do anything more than review matters coming up before the Executive, and remind them of significant facts, and would meet sometime prior to each Executive meeting. It was agreed that this matter be set aside as Doctor A. D. Kelly might be attending the Executive meeting and could give valuable advice regarding this matter.

The second item was the consideration of a Medical Society crest. Doctor Grant stated Mr. Forbes Thrasher of the Lord Nelson had called him regarding a crest for the Society, and that he had a lot of information and was quite an authority on heraldry. It was moved by Doctor M. G. Tompkins that this question be left in the hands of the Secretary and Treasurer to consult with Mr. Thrasher, and bring in a recommendation regarding a crest to the new executive. This was seconded by Doctor P. O. Hebb and carried.

It was agreed that before any more car emblems were purchased from Henry Birks and Sons, that Doctor Grant find out if they could be improved.

The following letter from Doctor Joseph A. McMillan, Executive Medical Director of Maritime Hospital Service Association of Moncton, N. B., dated July 31st, 1953, was read by Doctor H. G. Grant:

"We would have you bring before your Executive the following matter which has to be acted upon by your Society yearly.

"You are entitled to two elected members on the Board of Maritime Hospital Service Association.

"Dr. D. M. MacRae occupies one seat—1953-1954, and his appointment was so confirmed by M. H. S. A.

"Dr. H. J. Devereux occupies one seat—1953-1954, and his appointment was so confirmed by M. H. S. A.

"Maritime Hospital Service Association should receive the name of your nominee for election to one seat 1954-1956 at its Annual Meeting which will be held early in 1954."

It was agreed that the appointment of a nominee should be referred to the Nominating Committee.

A second letter from Doctor McMillan was read by Doctor Grant, dated July 29, 1953:—

"At a meeting of the Board of the Maritime Hospital Service Association held July 11th, 1953, it was decided that, subject to the approval of the several Medical Societies who have representation on the Board, and the Maritime Hospital Association, which also has representation on the Board, the Maritime Hospital Service Association would release through the publications, Medical Briefs and Hospital Briefs (both of which are organs edited by the Association), a periodic listing of member hospitals by name or code number, the preferred method to be decided by the Medical Societies and the Hospital Association, together with a listing of Blue Cross admissions per 1,000 members, then length of stay, and utilization statistics which will be compared with the national average, the average in the Atlantic Provinces area, and with each other—also the lowest and the highest listing.

"Each hospital will, in addition, receive its own rating in such a listing as it appears periodically, quarterly or semi-annually, so that it may know its standing when compared with the over-all statistics released.

"The relative position of any one hospital could be raised up or brought down on the list as its record would indicate.

"This would enable trends to be observed which might prove of great value.

"If you would arrange to have this placed on the agenda of your forthcoming meetings so that your representatives to this Association could let us have your opinion and suggestions, or recommendations, it would enable the Association to adopt any procedure which would appear to have the majority approval of endorsement of the groups involved."

It was moved by Doctor R. O. Jones that the question of publication of hospital statistics of the Maritime Hospital Service Association be referred to our representatives on that organization to be approved unless they discern specific reasons for acting otherwise. This was seconded by Doctor P. O. Hebb. Motion carried.

Doctor H. G. Grant next read the following letter from Mrs. W. S. Dunlop, Chairman of the Division Outpost Hospital Committee of the Canadian Red Cross Society, Nova Scotia Division, dated July 24, 1953, addressed to Doctor J. W. Reid:—

"Re emergency closing of the Eastern Shore Memorial Red Cross Hospital. After several meetings with delegations from Sheet Harbour, and co-

operative officers from the community with regard to Nursing Personnel and financing, the Division Outpost Hospital Committee in meeting July 21st, reviewed the situation and revoked the decision for an emergency closing of the hospital. The present agreement is that the Divisional Outpost Hospital Committee will give every possible help and support to the Sheet Harbour Hospital Committee in endeavouring to operate the hospital during the ensuing three months until termination of contract between the Board of Trustees of the Eastern Shore Memorial Hospital and the Nova Scotia Division of the Canadian Red Cross Society, in the hope that a solution may be reached whereby operation of the hospital can be taken over by the local community. This offer is contingent on the possibility of provision of adequate nursing personnel, and a signed agreement from the Board of Trustees that any deficit exceeding the amount of \$3,500 allocated by Red Cross shall be met by the local community.

"A copy of this letter is being sent to the Secretary."

The following letter from Doctor A. D. Kelly, Deputy General Secretary of The Canadian Medical Association, dated August 21, 1953, was next read by Doctor H. G. Grant:—

"As I mentioned in a recent letter, the Press arrangements at the recent Annual Meeting in Winnipeg worked so well that I have induced Mr. Wyn Geldart, our Press Liaison Officer on that occasion, to record his experience.

"Here is Mr. Geldart's blueprint for better press relations at Medical meetings. The essentials are:

- (a) A centrally-located press room with adequate facilities;
- (b) An intelligent, hard-working press liaison officer, medical or lay;
- (c) Measures to ensure the co-operation of speakers, committee chairmen, etc., to fill in the details of what has happened;
- (d) Copies of committee reports, summaries of papers prepared in advance and available to the press for previous study and release, with or without charge;
- (e) Regular press conferences with key convention figures in the press room;
- (f) A sincere desire on the part of the sponsoring organization to cultivate better public relations by co-operating with the press.

"I hope that you may find this material useful."

It was agreed that this be referred to the Public Relations Committee.

The following letter from Doctor E. T. Granville of Halifax, dated July 23, 1953, addressed to Doctor J. W. Reid, was read by the Secretary:—

"Regarding the surplus Welfare Fund, your committee met with Mr. D. C. Macneill last night and the following recommendations were made; that the medical services be expended to include the following:

1. Tonsillectomies at fee of \$25.00 with \$10.00 for anaesthetic.
2. Obstetrics at \$50.00.
3. Refractions up to age 15 years.
4. Minor accident surgery.
5. Fractures treated at home or in Out-Patient Department.

"The question of making the new fees for obstetrics retroactive was discussed, but was not considered practicable."



It was moved by Doctor H. J. Devereux that the report on surplus welfare fund be accepted with the proviso that Maritime Medical Care submit a report to the Executive at mid-term for review. This was seconded by Doctor J. A. McDonald. Motion carried.

Then followed a short intermission for coffee, after which Doctor Reid changed the order of proceedings. The following report was read by Doctor Margaret E. B. Gosse, Editor-in-chief, at the request of the Executive:—

“I have the honour to present the report of the Editorial Board for the year 1952-53. The usual number of issues of the Bulletin have been published and we are happy indeed to report that the supply of scientific material has been better than for many years past. It is hard to say why this has been, but it can only be hoped that a revival of interest in the Bulletin is among the chief reasons. Most of the papers have been written by Nova Scotians, with a few notable exceptions. Special mention must be made of the very important contribution from Doctor Rubin of New York City, who was one of the speakers at last year's refresher course. He was approached in the usual way for a paper, but no such response was looked or hoped for. Dr. Rubin has favoured us with what is really a monograph on an important aspect of internal medicine, which any medical journal on the continent would be happy to print. Its publication has been spread over several months and there are still several sections yet to be printed.

“In spite of the improvement in the amount of material, it is discouraging to have to relate that the difficulties in the way of the actual getting out of the Bulletin each month seem to be greater than ever. Everything to be printed for any particular month can be ready in time or well ahead of time, but the delays and frustrations that follow necessitate innumerable trips to the printers. The galley proofs and page proof are read and the lay-out done and the Bulletin still fails to appear. It is anything but easy to obtain a satisfactory explanation from anybody. Blame falls sometimes on one thing, sometimes on another. The September Bulletin, for instance, which was “put to bed” by the end of August reached the doctors only on September 25th. The excuse in that case was that proof had been sent to one of the advertisers and not returned. It is quite certain that the whole system of handling the advertising needs a thorough overhaul, at both ends, but the suspicion persists that at times alibis are made out of any pretext that presents itself by the printers, to cover up their own failures and responsibility for delays. It has been suggested before this that a yearly letting of the printing contract by tender might prevent the feeling on the part of the printers, that a regular monthly publication can safely be pushed to one side while some rush programmes are put through.

“It is hereby recommended, therefore, that steps be taken along several lines to improve the efficiency and speed of publication. The advertisers should be informed or reminded of the existing deadline for advertising cuts and orders, and should be clearly told that if the sending of proofs leads to delays, no proof will be sent. The system of filing cuts in hand should be rescued from confusion. An annual contract for printing should be let by tender, and firms other than those in Halifax should be asked to bid. There is no good reason why provincial firms could not do a good and satisfactory job. In-

vestment in a set of addressograph plates would eliminate the task of a monthly revision of the mailing list. In all these ways and more besides, our Journal can be brought up to date and some of the burdensome tasks made lighter.

"Another and final recommendation is one which at first glance may seem to concern the editors but little, and yet the need has been forcibly drawn to our attention. It will have been noted that a special Souvenir Number was prepared for this special meeting. The cover is undoubtedly chaste, dignified and in good taste. But on that cover there should have been a crest! The crest should have been that of The Medical Society of Nova Scotia, the oldest such society in Canada. And it has no crest! Other younger, much younger, provincial societies have crests, presidential badges of office and all the other accoutrements of dignity of office and rank. And what have we? One gavel! Enough said! It is hereby strongly recommended that the investigations into the matter of a crest for The Medical Society of Nova Scotia be reopened."

It was moved that this report be adopted, which was seconded by Doctor H. J. Devereux and carried.

The Treasurer then presented his report including that of the Cogswell Library

**FINANCIAL STATEMENT**  
**THE MEDICAL SOCIETY OF NOVA SCOTIA**  
Year ended December 31, 1952

**Receipt**

Cash on hand January 1, 1953 .....	\$ 7,414.28
Members Annual Subscription to Medical Society .....	8,573.00
Receipts from Advertising to Medical Bulletin .....	8,028.99
Receipts from Annual Convention .....	2,815.50
Premium on Group Insurance .....	7,890.90
Sale of Car Emblems .....	76.25
Interest on Savings, Bank Account .....	5.37
	\$ 34,804.29

**Expenditures**

Cost of Publishing Medical Bulletin .....	\$ 4,709.30
Members' Fees to Canadian Medical Association .....	4,320.00
Salaries .....	4,112.00
Travelling Expenses .....	506.38
Sundry Expenses .....	842.25
Cost Annual Convention .....	2,060.05
Bank Charges, Collection Costs and Exchange on Cheques .....	95.72
Group Insurance .....	7,947.10
Cash on Hand	
Current Account .....	\$ 8,773.69
Savings Account .....	1,437.80
	10,211.49
	\$ 34,804.29

**Statement of Loss and Gain**

Annual Subscriptions after deducting amount paid to Canadian Medical Association .....	\$ 4,253.00
Proceeds from Medical Bulletin after paying for publication .....	3,319.69
Sale of Car Emblems .....	76.25
Proceeds after paying Cost of Annual Convention .....	755.45
Interest on Savings Bank Balance .....	5.37
	\$ 8,409.76

<b>Less:</b>			
Salaries .....	\$	4,112.00	
Travelling Expenses .....		506.38	
Sundry Expenses .....		842.25	
Bank Charges .....		95.72	
			5,556.35
Net Gain on Year's Operation .....			\$2,853.41

## MEMO OF ASSETS

Cash on Hand .....	\$	10,211.49	
Amount Advanced as Loan to Maritime Medical Care Inc.....		2,000.00	
			\$ 12,211.49

**COGSWELL LIBRARY FUND**  
**NOVA SCOTIA BRANCH, CANADIAN MEDICAL ASSOCIATION**  
**Year Ending December 31, 1952**

Balance on Hand, January 1, 1952 .....	\$	18.50	
Income from Year .....		156.34	
			\$ 174.84
<b>Less:</b>			
Dalhousie University .....	\$	150.00	
Rent of Safety Deposit Box .....		5.00	
			\$ 155.00
Balance on Hand, December 31, 1952 .....	\$	19.84	

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

It was moved by Doctor D. M. Cochrane that our executive officers confer with the executive officers of Maritime Medical Care regarding the question of repayment of their loan on terms convenient to both parties. This was seconded by Doctor A. M. MacPherson. Motion carried.

It was agreed that the Society consider the advisability of buying bonds with surplus cash on hand.

Doctor A. W. Titus then gave his report of the Committee on Fees:—

"In January of this year I was asked to be Chairman of a Nucleus Committee consisting of Doctors E. P. Nonamaker, D. J. Tinning and myself, to revise the present scale of minimum fees in effect under the Nova Scotia Medical Society. We were asked to compare our schedule with those in effect elsewhere in Canada and to attempt to bring ours more in line with the average across the country, and to add what we felt necessary to make as complete a scale of minimum fees as possible. Maritime Medical Care, for instance, has found our present scale very inadequate since there were many omissions, and have had to use schedules of other provinces in order to arrive at a basis of payment for its participating physicians. The Executive of the Nova Scotia Medical Society also felt that now a more complete schedule was necessary because of the ever present threat of a health insurance plan.

"Accordingly, the Nucleus Committee met in late January to plan this difficult task. We felt that our Committee was too small; therefore we appointed Doctor D. M. MacRae to the Committee because we felt his past experience in this type of work would, and has been a very great help. Also, we felt we should have representatives from each branch society in the prov-

ince. We wrote asking for such appointments and the following were duly appointed to assist us:

Antigonish-Guysborough Medical Society—Dr. J. A. MacCormick.

Cape Breton Medical Society—Dr. A. L. Sutherland.

Colchester-East Hants Medical Society—Dr. H. A. Creighton.

Cumberland Medical Society—Dr. J. R. Ryan.

Lunenburg-Queens Medical Society—Dr. J. C. Wickwire.

Pictou County Medical Society—Dr. H. F. McKay.

Valley Medical Society—Dr. H. E. Kelley.

Western Nova Scotia Medical Society—Dr. G. V. Burton.

“This accomplished, we wrote every Province of Canada asking for copies of the Medical Society scale of fees, which we obtained after some weeks. We also obtained schedules from Eastern United States for comparison. The Nucleus Committee held several meetings in the early spring to decide how best we could accomplish and complete a fair minimum scale of fees. Since specialization is now so prevalent, it made it difficult to set one scale of fees to cover both general practitioners and specialists. Accordingly, we put our problem before the Executive of the Nova Scotia Medical Society at its June meeting, and it was decided that we attempt to draw up a double scale—one for general practitioners and one for specialists. This system is in two other provinces at present, and we understand others are under revision at the moment. One province also has a special scale for contract practice, but we decided not to attempt it since that province, we understand, is planning dropping it because of difficulties.

“We then went ahead with our work asking each specialist group, e.g. radiologists, internists, surgeons, dermatologists, etc., to submit to us as complete a scale of fees as possible, covering all the procedures carried out by their group. The general practitioner society was also asked to do the same. We hoped this would save us time by having an already approved set of fees in each specialty. The problem arises in setting general practitioners' fees, that is one that is minimum and fair. It took some time gathering this information and our first entire committee meeting was held in July at Halifax to compare and attempt to set a scale. We were in session from 2.00 p.m. till well after midnight, with several large parts incomplete and much revision to do. Nevertheless, much was accomplished and the representatives from the branch societies were a great help. Because of the expense involved in bringing the whole group together, much of the revision work was left to the Nucleus Committee after the schedule was printed in mimeograph form.

“Since this Committee's job concerns doctors' fees directly, we feel we should, along with submission of the new schedule, make certain recommendations as well. These concern certain contract schedules under which we are forced to work. Apparently, too, some of them, or all are put into force or sold to the public without any regard as to what our standard scale is, nor are we consulted by these people prior to their sale to the public. In many instances, these scales are far from adequate, and the method of payment to the doctor 'red taped' to the point where it often causes serious conflict between patient and doctor. We understand that the Canadian Medical Association is attempting to do something in regard to standardizing insurance

forms, but we feel there should be some effort made by our provincial society to control the fee schedule under which we are to be paid and are more or less accepting at the moment 'with a chip on our shoulder' all the time. Most complaints seemed to arise from the Workmen's Compensation Board, Indian Affairs, C. N. R. and certain insurance benefit companies. We feel our provincial society might do something towards getting these schedules up to at least our minimum scale of fees.

"Your Committee realizes any scale of fees is going to be a very controversial subject, and we cannot hope to have done a perfect job. We realize there may still be omissions or errors, or even still some inconsistencies. We have made no attempt to define who is a general practitioner and who is a specialist. We felt this should be a matter for the Society or its Executive. We have set orthopaedic fees on the specialist side, meaning the general surgeon since we felt surgeons or general practitioners did most of this work anyway, and if we are to set up pure orthopaedic specialty fees, it would mean a third scale in this and other groups, e.g. obstetrics and gynaecology. We have tried to remember, too, that any fee changes will affect our own Maritime Medical Care Incorporated.

"A matter of medical ethics arose in regard to the obstetrical fee. In the case of a delivery where the obstetrician (G.P. or specialist) does not care for the baby, but turns it over to another doctor (e.g. paediatrician or G.P.) some felt the man taking over the baby post-natally should be paid a fee and this to be deducted from the obstetrician's (G.P. or specialist) fee. Some felt this was fair but might be labelled fee-splitting, and this is referred to you for discussion. We felt something should be done about this since it is a common occurrence, and if paid would actually increase obstetrics fees by \$10.00.

"We would also recommend that the Nova Scotia Medical Society appoint a standing committee on fees to revise our scale of fees every two or three years, not necessarily to bring in a whole new schedule, but to modernize it according to circumstances prevailing at the time.

"In submitting this report on a long tedious job, I, as chairman, would like to thank all the members of the committee who have done everything asked of them and attended meetings which were often long and tiresome. I should also like to thank the officers and staff of Maritime Medical Care Incorporated, who so kindly typed and stencilled and mimeographed this schedule of fees for us. The use of their facilities has relieved us of a great deal of work which would have been necessary, working with personnel unfamiliar with medical terminology.

"I hereby respectfully submit the report of your committee on revision of fees, and enclose a copy of the revised version of the minimum scale of fees."

Note:—The revised scale is not printed in the minutes, as copies of same were mailed to all members of The Medical Society of Nova Scotia.

It was moved by Doctor J. A. MacCormick, that the report on the revised schedule of fees be received and presented to the General Meeting for further consideration. This was seconded by Doctor H. F. McKay. Motion carried.

It was moved by Doctor H. F. McKay, that some consideration be given

to printing the fee schedule in loose leaf form so that a leaf might be slipped out and a new one inserted. This was seconded by Doctor R. O. Jones.

The following letter from Doctor Norman H. Gosse, dated August 25th, 1953, was read by the Secretary:—

“You will no doubt have received or will soon receive the usual communication from Maritime Medical Care respecting the new House of Delegates to be nominated by the Executive of the Society. I have not undertaken to find out just when my term as a director expires, for, for present purposes it does not matter; for this is a request to the Executive that in considering names for the new House of Delegates, my name be excluded.

“Two years ago I voluntarily stepped down from the office of President of that Corporation and nominated Doctor Wickwire. He, however, would only accept the title if I agreed to remain on the directorate and Executive. Now, for the most part, the troubles of the plan are behind it, other men have been drawn into service, and still other good men who have come under my notice are qualified and willing to serve. In consequence of all this, and of the fact that the plan is financially in excellent shape, it is a good time for me to step out of the picture. When this has become effective I shall retire from my place on the Commission of Trans-Canada Medical Plans as well.

“My association with the organization of Maritime Medical Care at the request of the Society, and its subsequent course, have not always been a source of joy. Yet I believe that because its foundation is sound it will go on not only to fill a need among the people of this province, but to be a source of satisfaction to our profession as well.

“Let me take this opportunity to thank you for the forbearance, the confidence, and the support which, when the chips were down, were always forthcoming from the thinking members of our Society whose will fortunately has always found a way to prevail. On this, the hundredth anniversary of the Society, I believe that we may thank God that in maturity of thought our Society has, to such a degree, kept pace with our years and that with that thought it may look forward to the future with confidence that we shall continue to shape our destiny.”

The Secretary next read the following letter from Doctor D. F. Smith, Secretary-Treasurer of the Halifax Medical Society, dated September 10th, 1953.

“The following notice of motion was passed at the regular monthly meeting of the Halifax Branch of the Nova Scotia Medical Society on the 8th April, 1953, which was held at the Dalhousie Public Health Clinic.

“All members were circularized of this motion prior to the Semi-annual Meeting which was held at the Ashburn Golf and Country Club the 9th September, 1953, at 7.30 p.m. This motion passed at the Semi-annual Meeting, 9th September, 1953. The motion as passed reads—

‘Changing the by-laws relative to membership in the Halifax Branch of the Nova Scotia Medical Society so that membership in the Halifax Branch of the Nova Scotia Medical Society *will* be contingent upon membership in the Nova Scotia Medical Society and the Canadian Medical Association.’

“The Halifax Branch of the Nova Scotia Medical Society requests the

concurrence of the Nova Scotia Division of the Canadian Medical Association to thus change its by-laws.

"Enclosed is a copy of the notice of motion which was circularized to all members."

Copy of Notice of Motion dated August 31, 1953:

"The Semi-Annual Meeting of the Halifax Branch of the Nova Scotia Medical Society will take place at the Ashburn Golf and Country Club in the form of a buffet supper at 7.30 p.m. on Wednesday, the 9th of September, 1953. There will be a pre-buffet gathering at 7.00 p.m.

"All members are cordially invited to attend.

"A motion will be presented at this meeting to change the by-laws relative to membership at the Halifax Branch of the Nova Scotia Medical Society so that membership and enjoyment of the privileges of membership in the Halifax Branch of the Nova Scotia Medical Society would be contingent upon membership in the Nova Scotia Medical Society and the Canadian Medical Association."

It was moved by Doctor P. O. Hebb that the resolution of the Halifax Medical Society be approved and referred to the General Meeting. This was seconded by Doctor R. O. Jones.

Doctor Hebb, however, withdrew his resolution until the afternoon meeting when he would have a copy of the By-laws of the Halifax Medical Society.

Doctor F. J. Barton next presented the Report of the Public Relations Committee.

"I beg to present the annual report of the Public Relations Committee.

"Following upon instructions of the Executive we have arranged a series of four articles of public relations interest to be published in the local press during the month of November or December. In this connection we will use up our \$300 allotment—the cost of editorial services of Mr. Cyril Robinson—Montreal Standard—being \$75.00 an article. The topics chosen were—

1. Medical Licensing (Doctor H. L. Scammell)
2. Medical Education (Doctor H. G. Grant)
3. Medical Ethics (Doctor A. L. Murphy)
4. The Doctor's Attitude towards Health Insurance and Prepaid Medical Plans in General (Doctor A. W. Titus)

"The Committee has reviewed the Code of Ethics pamphlet and in particular has reviewed the quite extensive material received from the Canadian Medical Association office embodying proposed changes in our Radio-Press relationships. In this connection we would point out that the Canadian Medical Association Central Public Relations Committee has given detailed study to proposed changes in our Ethics as related to press-radio, and during the coming year hope to write into our old code changes bringing our attitude up to present day requirements. We are deferring therefore, making any specific recommendations at this time, pending further interchange of ideas with the Central Committee.

"We have been in constant touch with the activities of the Canadian Medical Association Central Committee on Public Relations through the regular bulletins we receive from the Canadian Medical Association office. We think it should be noted that there is a marked change of attitude in our

relations with the press and radio. In British Columbia for example, along with regular newspaper articles of public relations interest, radio round table panels have been held discussing medical topics. Similar plans are in the making for the Toronto area. In particular, it should be noted the great attention being given the matter of press relations during national and provincial conventions. The present trend is an established press room with a liaison officer on the convention grounds to give complete accurate coverage to all the events.

"Another matter dealing with press relations that the Central Committee has studied is the need for someone in authority in every area where there is a newspaper, to meet the press on controversial matters that arise and be authorized to give a statement of the professor's position.

"Apropos of all this Mr. President we respectfully recommend that the Executive give consideration to the following appointments:

1. A Publicity Committee whose chief duties it would be to cover the publicity of the annual convention; establish a modified press room set up, if at all possible, and carry out in a general way the recommendations the Central Committee has outlined. This Committee should, we feel, be located where the convention site is (e.g. Sydney next year):

2. Press Relations Officer—one in all larger areas to meet the press on controversial matters that arise of local or national interest.

3. During the year we had two letters from members with press clippings, enclosed of articles that were considered very uncomplimentary to the profession. No action was taken on these press releases, as we did not feel it wise under the circumstances."

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

It was moved that the Executive adjourn at 12.45 to reconvene at 2.30 p.m.



# NOVA SCOTIA MEDICAL BULLETIN

## GENERAL INDEX

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Abbreviations used:—Ab. for abstract; anon. for anonymous; biog. for biographical note; C. for correspondence; C.R. for case reports; diagr. for diagrams; Ed. for editorial; illus. for illustration; Pers. for personal item; port. for portrait; rev. for review.

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