The Problem of Intervertebral Disc Extrusion

H. L. Scammell, M.D.
Halifax, N. S.

IN the glory of achievement mankind is often unconscious of any movement in a backward direction. Physical ease and comfort are considered desirable ends of human endeavour. They are thought to be part and parcel of the pursuit of happiness. This is the manner of the thinking of those who crave them but do not enjoy them. The fond parent is constantly saying, "I hope my boy John never has to work as hard as I did." This is another way of saying that he desires a better life for John. To give point to his thinking he works harder and harder in order that John may some day do less and less. This is the altruistic point of view. The Western World subscribes to the general idea of less labor and more comfort with the greatest enthusiasm, and its efforts in this direction have met with marked success. The next question is: what price leisure?

A century ago Darwin said, "life is a struggle." The outcome of the struggle is the fact that some win and some fail. Those who win pass along to their offspring more desirable equipment to continue the struggle than those who fail. In respect to Man, he is the product of half a million years of struggle. There was a time when his physical needs precluded much contemplation. The physical body predominated. Considering the people of this continent today the pendulum has swung far in the opposite direction. The advancements of medicine have contributed immensely in protecting man from the ill effects of his diminished physical activity, but now and then the grim shadow of things to come cannot be ignored when it is apparent.

It is common experience that disuse of any part of the body leads to atrophy and degeneration. As a well-known example consider a knee injury which requires immobilization of the leg. The wasting of the quadriceps muscle group is dramatically rapid, and is regained only from months of effort after mobility is restored. Or consider the weakening effect on the body as a whole of a week of rest in bed due to some condition unaccompanied by general systemic effects. We lose so rapidly what we have gained so slowly. Nationally the results of pre-enlistment examination of our male population during World War 2, should have given us a permanent awakening. Certainly it did disturb our complacency to a point where some enthusiasm was exhibited for a physical fitness program among young people during and after the war, but this seems to have waned to a point where if it exists it is unheard of in the ordinary experience of our mundane existence. Physical fitness in the minds of some is achieved only by exercises of various sorts and playing games. They agree that hand in hand with this go proper hygienic habits, good nutrition, and in this regard all the vitamins known and yet to be discovered. It is supposed that if you start the "young man in the way he should go" physically, he will carry all the habits of youth to old age. How many do? In too many instances our way of life does not permit it. If we consider ourselves closely we shall find that we have developed habits unconsciously which are defeating any national desire we may have for physical fitness. Things

we do as commonplace from day to day, part of our search for ease and comfort, are undermining our physical stamina at a national level.

As an example, and bearing on the subject of this paper, we are no longer a nation on foot, but a nation on wheels. Fifty years ago motor cars of any sort were rare, and only a few rode in them. Who does not ride today? Your neighbour takes his car to go to a store a hundred yards away. You always ride to the office. Your children used to walk to school even if a mile from home: now you drive them or they go by bus. We have lost the habit of walking and we are passing our loss on to our children. The initial triumph of human evolution, which turned from a quadruped into a biped, is being undermined. I do not think it is unfair to say that if we do nothing to offset it we shall be such a nation of sitters in a few generations that physical exertion will be actually painful rather than pleasant. The female of the species will not be affected so rapidly. In this respect while man is in a state of devolution, woman is still in the phase of evolution. Social progress has made her more mobile. Even with the ordinary use of vehicular travel she is getting more exercise on foot than she did a half century ago. While the seeds of sloth are being sown she may, for all that, become in time the physically dominant member of the species.

A vertebral column in order to be healthy must be used. Heavy though the head may be, just to carry it about is not enough. From early childhood the back must be used, not only in bending in all directions, but in supporting adequately the weight of the trunk while walking in the upright position. If this does not happen the growing vertebrae get an insufficient blood supply and achieve neither adequate growth not structural strength for their intended purpose, while ligaments are ill developed and the supporting muscles weaker and consequently less efficient. With respect to its function it is well to observe the anatomy and physiology of the spine in relation to the rest of the body in the standing position. No pressure is directed upwards from the sacrum. The weight of the body is distributed laterally to the femoral heads which in turn receive it at an obtuse angle. The shocks of running jumping or even the minor ones of walking on a hard surface have very little effect on the spine by this elimination of vertical thrust. But put this body in a sitting position in a motor car and see what happens: The disposition of the seat of the car plus the weight of the body flexes the thighs on the trunk often beyond a right angle. The weight of the head and trunk bears down directly on the lumbar spine and sacrum which is thus subjected to continuous shocks from an uneven roadbed. Adequate supplementry upholstering to that provided by nature will help in reducing this but there still remains a definite irreducible minimum which is not physiological. On the theory that trucks are not meant to be luxurious but are designed to do rugged work those driving them are supposed to be equally rugged or supplied with foam rubber buttocks. In any case the spine is there more exposed to constant trauma and the older the vehicle the greater does this become.

From these two factors therefore the nationally cultivated habit of riding rather than walking even from childhood and the incessent traumata re-

ceived by the spine in riding, are having their effect and most noticeably in the physically working population.

Thirty years ago the general practitioner of medicine came in contact with about three cases of sciatica a year. One of these usually cleared up promptly. The second lasted a much longer time. The third was often an old offender. Everybody in the town knew that old John Doe had been having bouts of sciatica for years. For some reason sciatica and gout seemed to arouse a faint trace of mirth from everybody but the poor victims. Gout was supposed to be associated with too long an acquaintance with "the wine when it is red", and in the popular mind without knowing why, sciatica was not supposed to be a very "respectable" disease. The profession, of course, knew it as a neuritis of the sciatic nerve. The Old Brigade applied mustard plasters, cantharides plasters, and gave everything in the way of internal medication that experience or imagination suggested. The younger men, while considering the chances that sitting on a cold stone wall on a warm evening might have been a contributing factor, laid it in the main to "focal infection." This meant at the beginning a search of all obvious foci, like teeth, tonsils, antra and sinuses. If this drew a blank the prostate was suspect, and remained so in spite of all its efforts to prove its innocence under the microscope. So teeth were extracted, tonsils removed, antra washed out, and prostates massaged merrily for months if necessary. Meanwhile the victim was kept as happy as possible with analgesics and sometimes with a stock vaccine. A few with surgical inclinations injected the sciatic nerve. The surgical treatment of last resort was to stretch the nerve by exposing it below the gluteal fold and applying weights. Nobody thought that the source of the pain was at the posterior roots in the lumbar spine, although "pain of a sciatic type" was sometimes noted in low cord tumors.

The patient, on his part, often had his own ideas about treatment which he as frequently carried on concurrently with that prescribed by his doctor. Every former sufferer in town had his own cure which he passed on as specific, and these ranged from local applications, filthy and malodorous, to decoctions of barks, berries, roots and leaves, which only a lively imagination and a strong stomach could tolerate.

In the midst of all this turmoil of therapy, the patient awoke one morning to find himself much better. He then credited his last therapeutic effort or that of his doctor with the result. If his wife had added her ten cents worth in the picture she took the credit and wrote down in the back of her cook book, "Baking Soda Is Good For Sciatic Rheumatism". These "cures" were treasured and passed on to the next friend to suffer. The doctor did the same thing in a different way. He wrote to the journals or told the Medical Societies. To sum up, both cause and treatment of sciatica were pure speculation.

Finally it must be realized that this painful condition was de novo, uncommon. The general practitioner met a new one rarely, and his contacts were mostly with old cases. In the course of time these drifted out of his ken, either because they ceased to have attacks or else they employed their own methods of treatment with some success and less expense. I knew one citizen

who on the first sign of a recurrence went to his back yard attired in the minimum of clothing to satisfy the dictates of decency, and laid on a mat in the sun. He said it was a great thing that his pain only came on in summer. Evidently he was employing the natural forerunner of the hard mattress. Another gentleman told me, as a great secret, that he thought that electrical treatment helped him. As he lived far from the civilizing influence of rural electrification I was moved to inquire his method, whereupon he replied as follows:

"Well, I wouldn't like you to tell this, as it might rouse hard feelin's, but my neighbour has one of them there electric battery fences fer keepin' back the cattle. Come evenin' I go out to the line fence and grab that there wire with both hands, and let the stuff go through me. I'm gettin real good now. I spit on my hands and let her sizzle."

It is not the purpose of this article to discuss the present day aspects of the treatment of sciatica except in one feature of it which I think is important and which is often badly done or else disregarded. The genuine case of disc extrusion is followed by severe pain, and no fooling about it. The patient may have had it following a heavy lift with his back bowed. He may think he has had some bony injury and steps should be taken to reassure him on this point. But then, "what is causing the pain, Doctor?" Being scientific, the inexperienced one proceeds with an anatomical explanation of the intervertebral disc, and the impingement of a part of it on a sensory nerve root. At the end of it all, in too many instances, the sufferer is left with only one clear impression: that something desperately bad has happened to him. Treatment reduces his symptoms but leaves him a quivering and apprehensive person, afraid to move when the time comes to move, afraid to take exercises when exercises are badly needed, and afraid to return to work when he is assured that he may safely do so. On the other hand, the doctor who has come through this a few times, replies to the question by saying, "You have an attack of sciatica." What comfort lies in that ancient word! At once the patient knows from all he has heard and people he has seen, that he is safe. One does not die of sciatica. One is not permanently crippled by sciatica. He knows old Joe Doaks who used to have it years ago, and at eighty is as spry as a sparrow. He is willing to "stay put" for awhile and is reassured by the very fact that it gives him relief. But when the time comes he is ready to get in shape again for active employment. He is then taught how to live so he will not get that "kink" in his back so easily again. He may get it again, and sad to say yet again, but though he may suffer he is not afraid. In the course of time, if surgical intervention is not necessary, bridging osteophytes and the calcification of ligaments give him mechanical protection. As he grows older, too, his work tends to be less arduous, and as he slows down he exercises more caution.

In all the above I have always spoken of the victim as one of the male sex, for in the days gone by as well as now, disc extrusion in the lumbar spine in women was and is rare. But any physician in general practice in Canada today will tell you that compared with twenty-five years ago the incidence in the male is on the increase.

If this increase is due to (a) a regressive state of development and consequent impaired strength of the vertebral column arising from the change from a walking to a riding population, or (b) to the unnatural traumata directed to the spine by riding in motor vehicles, or (c) the chance that a nutritional factor is present, since some classes of heavy labour seem to suffer less than others, then it is something to be considered and dealt with promptly on a national scale. The chance that a combination of the above factors is in operation, or something else altogether, makes it of greater moment still. At present it constitutes an acute problem in Canadian Industry, both for worker and management. Today extruded discs are being reported in children. The situation requires research to answer many questions, but most of all in the field of prevention.

Meanwhile one thing is apparent: we are **not** dealing with a condition primarily caused by accident. Accident may precipitate symptoms but even the chore of lacing one's shoes may initiate the first onset of sciatic pain. We have a stage already set for the first act of the drama. We have a spine with one and frequently more than one intervertebral disc which has undergone degenerative changes. It is often potentially an old spine in a young man and Nature given time attempts to strengthen and immobilize it in the young man as She does in the natural course of events in the older citizen.

From all this can we at least suggest a start. I think we can and in the right direction. Let us begin with the children. When they are able to walk let them walk and keep them walking. Let them use their lower limbs. in youth and not forget them in later years. When Young Hopeful reaches adolescence don't turn him into a Gasoline Centaur with the family car or one of his own. Let him do his prowling on foot the way his grandad used to do it. If it is "the thing" to do it will become popular. If he cultivates the habit of walking to school he will later do the same with respect to his work that is if he knows what is good for him. Meanwhile what can we do for our own generation to save us from our own unwitting error? It is not too late to do a lot of walking yet. If we must ride and most of us do then there is need of some changes in the seats of motor cars to prevent direct jarring to the spine. Such can at least take our weight on our ischial tuberosities and parts lateral thereto.

Civilization has not yet advanced to the point where we can neglect our bodies and attend only to our brains. Juvenal's dictum "mens sanus in corpore sano" still makes good sense.

Symposium On Staphylococcal Pneumonia*

Staphylococcal Pneumonia

Joan M. Crosby, M.D.

Aetiology: Staphylococcus aureus or pyogenes, a gram positive coccus which as will be emphasized later, is becoming increasingly pathogenic.

History: The usual age of onset is one to eight months. The disease is quite often preceded by pustules of the skin or by an upper respiratory infection which may be insidious in its onset. The latter type of infection may continue without improvement for as long as two weeks. Then the infant may develop a cough often spasmodic in character and followed by vomiting. Eventually with or without antibiotic therapy the baby will become dyspenic and rales may be heard throughout both lung fields. Generally there is only a slight or no fever. Clinically the disease appears to affect the exceptionally well-nourished short-necked type of infant.

Methods of Prevention: Prevention requires great emphasis. If the mother has an upper respiratory infection she should wear masks and be meticulous about handwashing. If siblings have a cold, sore throat or pustules they should be kept completely away from the infant and again the mother should wash thoroughly between handling children.

Differential Diagnosis: This disease is difficult to anticipate and once pneumonis has developed it must be distinguished from other types of bronchopneumonia, as early and energetic treatment is of prime importance. As will be seen later in the discussion, the downhill clinical course, a positive bacteriological culture and a high index of suspicion are the only ways of indentification of staphyloccocal pneumonia.

Pathology: This type of pneumonia very commonly occurs as one of the first clinical entities in fibrocystic disease (mucoviscidosis). Basically it is a shifting bronchopneumonia with severe compensatory emphysema. As the disease progresses pyaemic abscesses occur in the lungs followed by a bacteraemia and abscesses in other organs. Eventually large bullae may form in the lungs at the abscess sites. Rupture of one of these into the pleura commonly leads to empyema. Mortality is almost one hundred per cent and death is usually a result of combined toxaemia and loss of functioning pulmonary tissue.

Bacteriology of Staphylococcal Pneumonia

Helen M. Hunter, M.D.

Many health workers will recall their student days in bacteriology when they were taught that staphylococci were morphologically interesting, but of medical importance chiefly as the producers of "boils and ulcers." More recently it is evident that staphylococci are rapidly becoming the most important most common cause of bacterial infections. Our special interest to-night is pneumonia due to this organism—staphylococcus pyogenes.

---

*Presented at Halifax Medical Society meeting, Children's Hospital, February, 1955

There have been a large number of papers on staphylococcus pneumonia and empyema published in the past ten years. These seem to indicate that staphylococcal infections of the lungs and pleura are not only relatively but absolutely more frequent than before the introduction of chemotherapy. This increase was already noticed before penicillin came into general use and is not primarily related to the emergence of resistant strains of staphylococcus.

The staphylococcus is widely distributed and constantly present in man's environment. Potentially pathogenic forms are constantly carried on the skin or in the nose of approximately twenty to fifty per cent, respectively, of all individuals. Strains which are naturally resistant to the antibiotics, particularly to penicillin, are not uncommon. Resistance may be acquired upon exposure to antibiotics either in vitro or in vivo. The incidence of such strains is increasing rapidly. The acquisition of resistance appears to result from progressive elimination of the susceptible cocci and selection of the relatively more resistant forms which are normally found in any given staphylococcal population. The incidence of penicillin resistant staphylococcus in cultures from hospital patients and carriers among hospital personnel has rapidly increased from 1947 amounting at present to fifty to sixty per cent of all strains of coagulase positive staphylococci isolated from these sources. In the general population the incidence of penicillin resistant strains is much less.

There has not been found an increase in the percentage of staphylococcal strains which are resistant to aureomycin and terramycin. In one series in 1953 this was noted to be sixty-one per cent. The incidence of resistance of staphylococci to chloramphenicol has decreased probably due to the restricted use of this antibiotic. Very few strains were found resistant to erythromycin. However in one hospital in Chicago where erythromycin was substituted for penicillin in the usual treatment of infections the percentage of resistant strains rose from zero at the beginning of the series to seventy per cent at the end of only five months. The percentage of resistant strains appears to be closely associated with the quantity of the particular antibiotic being used in the community.

The pathogenicity of staphylococci involves their capacity to produce toxins and their ability to become established in body tissues. Usually the pathogenic capacity of a given strain represents the total effect of both factors working together; at times one or other is predominant. In certain generalized infections exotoxin undoubtedly is responsible for the clinical manifestations of severe toxaemia and possibly contributes to the death of the individual. However in the majority of infections the predominating feature is invasion of the tissues and the production of a localized lesion. The local establishment of the cocci is aided by the necrotizing action of the exotoxin or the destruction of leucocytes by leukocidin but outside of the area of local involvement the effect of the toxin is negligible.

However the ability of the staphylococcus to cause infection is conditioned by the relative susceptibility of the host and the efficiency of his defense mechanisms. This has particular significance in the infant age group where their susceptibility is so great but the defense mechanisms are less effective

than even the older child. It explains the high mortality rate in infants when they come in contact with such resistant organisms.

Staphylococci which are resistant to antibiotics may be acquired under three different sets of circumstances.

1. The resistant strain may appear while the patient is under treatment with the antibiotic in question or a closely related antibiotic.

2. The resistant strain may be acquired while the patient is in hospital even though antibiotics are not being administered. Presumably the resistant strain is transferred from other patients who have been given antibiotics either directly or more often by means of hospital personnel acting as carriers.

3. The resistant strain may be acquired in the community from symptomless carriers. Acute staphylococcal pneumonia is assumed to originate by direct infection by cocci from the upper respiratory tract. Staphylococcus predominate in the sputum and frequently may be isolated in pure culture. Lowered resistance as a result of some other respiratory infection often predisposes to staphylococcus pneumonia.

Treatment of Staphylococal Pneumonia

Bruce Morton, M.D.

In discussing the treatment of this disease in the first year of life one must realize that staphylococcal infection is a dangerous and deadly disease and if treatment is going to be effective, it should be instituted early and should be very vigorous from the outset.

In any case of bronchopneumonia in this age group staphylococcal infection should be kept in the back of one's mind especially when there is a history of boils, contact with a known case of staphylococcal infection, and when there has been poor response to ordinarily effective treatment.

If an infant is treated at home adequately for an upper respiratory infection and fails to respond and the condition deteriorates into a severe bronchitis and/or bronchopneumonia, one is justified in sending the case to hospital. If a baby is seen initially with bronchial infection a trial with effective antibiotics such as penicillin and sulfa diazine should be given and if the child worsens under therapy, then referral to hospital is necessary.

When the baby gets to hospital, the first thing is to obtain a culture of the sputum. As we know, sputum is not coughed up by children, but swallowed. A good throat culture is thus necessary. This is done by making the infant gag and getting a good swab of the material coughed up in the nasopharynx. A laryngeal or tracheal swab, though the use of an intratracheal catheter would be ideal and there would be more chance for obtaining a pure culture. The swab should then be sent to the Bacteriology Laboratory. Even though the report will not return for several days, it will be important to have, as we shall see later on.

The usual measures of oxygen and cool moisture are given. A "croupette" satisfies this requirement. Hydration should be maintained, if not orally then intravenously.

We then come to the most important phase of treatment—the choice of an antibiotic. The manner in which this part of the treatment is handled will largely determine the eventual outcome in the patient.

If the patient has not received penicillin in full doses, then it should be given in combination with streptomycin. The dosages for penicillin 100,000 to 200,000 units every three hours in crystalline form for a least twenty-four to forty-eight hours and then followed with procaine penicillin twice a day, if the response has been satisfactory. Streptomycin is given in doses of 40 mgm per Kg. of body weight per day. Treatment with the latter should not be carried past five to seven days because of the toxic effects of the drug.

If there has been no response after forty-eight hours, then it should be assumed that the baby has a staphylococcal bronchopneumonia until proven otherwise and an antibiotic should be used that is known to be still effective in this disease. Erythromycin—50 mgm/Kg of body weight and chloromyce-50 mgm/Kg of body weight are the drugs of choice. If staphylococcal infection has been suspected initially, then one of these drugs should be used from the first.

By this time it may be possible that culture reports are back, and if the infection is staphylococcal then one of these antibiotics should be immediately put into use. There will probably be sensitivity reports given also and it is important to pay attention to them as in vitro studies are about eighty-five per cent comparable to in vivo studies.

Again I emphasize the importance of instituting therapy as soon as the condition is suspected, because if the infection goes on unchecked the child will develop a severe toxaemia and will die from the effects of the latter rather than the actual infection itself. If therapy is given late, it will not matter which antibiotic is given because the deleterious effects of the infection will have already occurred.

As eruthrymycin and chloromycetin are the best antibiotics we have at present, they should not be used for ordinary infections such as upper respiratory infections, bronchitis or chronic infections of any type, but should be reserved for these acute virulent infections such as staphylococcal infection.

There is one other drug that may be of use in this infection and that is staphylococcal antitoxin. It is effective against the toxin itself and therefore combats the effects of the infection. It was given to a case recently and the results were not forthcoming, as the baby died. As it was administered in the late stage of the disease one wonders as to its effect when given early.

As the mortality in this disease is almost one hundred per cent and as the incidence of the disease is increasing, perhaps an ideal form of treatment in the future will be the early use of the effective antibiotic which combats the infection itself and the use of antitoxin which combats the effects of the toxin. Perhaps the outlook will be brighter. We hope so.

X-Ray Findings in Staphylococcal Pneumonia

R. L. Smith, M.D.

X-rays of the chest in babies and young children present a different picture to that seen in adults. In the first place the chest is not fully developed, and therefore until the age of two years, particularly in pneumonia, compensatory emphysema is always present in the thorax. Therefore even a minimal degree of pneumonia will show compensatory emphysema in the X-ray. It is therefore essential to take both P.A. and lateral views of the chest in a baby or young child because it is in the lateral projection that you best visualize the degree of emphysema, and also may pick up the pneumonic process more readily.

In bronchopneumonia cases the X-ray shows usually bilateral patchy areas of infiltration or even just "plugged bronchi" with considerable emphysematous change. Following appropriate treatment there is usually after four or five days a marked improvement in the X-ray appearance of the lung fields with marked decrease in degree of emphysema. If after a week of treatment, the emphysema increases, even though the infiltration has not apparently increased, one must consider seriously the possibility of this case being one of "staphylococcal pneumonia."

In a true case of staphylococcal pneumonia the emphysema remains very extensive and in addition there often develops emphysematous blebs and abscess cavities, which usually signifies a fatal termination to the case.

LOCUMS WANTED

A Dalhousie medical graduate of 1954 at present a resident in surgery at the Victoria General Hospital Halifax and who has done locums tenens would like a locums from June 1st to 25th. Apply to T. E. Heffler, M.D., 19 Jennings Street, Halifax N. S.

On Being "Clinicked"

Origin Unknown

MRS. O'Brien, fat and fair, leans over the alley fence and talks to a neighbour: Good marnin', Mis' Smelts its a sad face you're liftin' to Heaven the day! Jaunders, is it? No? Well, yer looks desave ye. The endurin' bad health of ye is a curse for sure. But you don't have to stand it, me dear, there's a blessed way out. Suicide, you say? God forgive ye, no! I'm aimin' to keep ye above ground, not below it. What ye need is wan thing only, you need to be clinicked.

Ye niver heard of it? No more had I this time last year, but 'tis the grandest notion the good Lord iver put into the heads of thim medicine men. As for me, 'twas this was the way of it. Along about Easter of last year I fell to ailin'. I was green lookin' the same as you, an' I had collapsin' spells in the middle an' at both ends at the same time, an' that nervous like I imagined me good Dinnis was already peepin' over the rim of his eye for some young chit to take me place.

Now none can iver cast upon me that I ain't been a dacent, industrious wife to Dinnis O'Brien, bearin' him six healthy children, an' helpin' him lay by a tidy sum agin' the future. I'd little taste fer lettin' another woman spend it for him. So I puts me foot in me hand, an' I crawls up to the big hospital, an' I says to 'em, "Inspect me over an' see what ails me."

I niver intended to spend the night with 'em, but afore I could bat me eye they had me in bed, with a hind-part-before night-gown on me, an' a young fellow dressed in white settin' beside me with a pencil an' paper, astin' me questions it was niver meant for a lady to answer. Niver was a man born with more curiosity, an' if I so much as stopped to draw breath he egged me on with another question.

The next marnin' after they'd washed me an' stuck a thermometer in me teeth an' helt me pulse a couple of times the High-up Doctor come smilin' into the ward like a May marnin'. I was taken with him from the start, if I do say it, the mother of six. 'Tis a man he is as well as a doctor, an' the best of both or I'm no judge.

He stepped alongside me bed (a neat stepper he is, too) an' "God save you, what's ailin' ye?" he says, or words to that effect.

"That's fer you to find out, sir," I answered back with more sass in me voice than I thought was left in it.

He looked me over a minute, then he pulled out a flash-light an' turned it on me eye, a peerin' an' peerin' fer all the world like he was lookin' fer a cinder.

"It ain't me eye," I explained, "its me thigh that's troublin' me."

He paid me no mind whatsomever, but kept squintin' an' squintin' till it was plumb nervous I was.

"Is it blind I'm goin'?" I asked all in a swither.

"Your eyes are all right," he says, "its your blood vessels I'm watchin'."

Now I lave it to ye, Mis Smelts, did ye iver hear of blood vessels bein' anywhere save in yer arms an' legs?

Well, the High-up One, havin' begun with me eyes, niver left off till he got to the soles of me two feet. He hammered on me knees an' elbows with a little mallet, God knows why, an' he made diagrams on me chist, an' listened at me breathe, an' tested me arms an' legs to see if I was string-halt. An' when he had done with me, I says to him, "Well, if ye know anything more now thin ye did before, all I kin say fer your blessed mother is that she's got a smart son!"

He cracked a joke back that I didn't catch, but it set the ward laughin', so I made bold to answer, "I don't know yer ancistry, sir, but I'll venture wan of thim wore a shamrock in his button-hole on St. Patrick's Day!" An' the blessed man retreated under fire as I mint he should.

Well it was that I had me bit of fun, fer no sooner had he left, God rest his soul, than in come a nurse carryin' a covered tray that I took to be me breakfast. But when she took the towel off lo an' beholden, there was bristlin' needles an' tubes an' rubber hoses. Thin the young doctor I was tellin' ye about, up he come, an' without so much as by-yer-leave, he tied the hose around me arm, jabbed a darnin' needle into the crotchet of me elbow, an' dreened off 'bout half a teacup of me life blood! A sickenin' sight it was fer sure, but I had to get used to it. Endurin' the intire time I was in that hospital, that man hovered around like a mosquito bent on drawin' blood from me arm or wan of me fingers.

The nixt day was worse than the first one. Before I'd collected me senses a nurse brought me two slices of cold light bread an' two glasses of cold water.

"An' ye call that a breakfast?' I asked with scorn in me voice.

"It's a test meal," she says. "Test nothin', I says, "It's an insult. I wouldn't be caught offerin' it to me dog."

Then in come a fat doctor with a face like a marshmallow, an' in his hand he helt what I took to be a perfumery atomizer, and some more rubber hose. Ye'd niver think, Mis Smelts, what an important part rubber hose takes in curin' folks, till you go through a clinic. But to your dyin' day ye'd niver know what they ast me to do with this particular piece. They wanted me to swallow it! Honest to God, if I niver draw another breath, its the truth.

But flabbergasted as I was, I give no sign, I just give wan witherin' look at the doctor an' I says, "The consequinces be on your head," an' I began to swallow, an' I swallowed, an' I swallowed, eight finger lengths of it if it was a inch! An' whin I was plumb full of rubber hose, that fat doctor—may I niver see his face again—says, "Now, I want you to eat this bread an' water." But I did what I was told, an' all the time I was tryin' to get the bread down, I was thinkin' how the slices were turnin' to loaves right before me eyes fer all the world like the Bible parable! An' the whilst I lay there, half chokin' to death, with me heart in me mouth to say nothin' of all the other appyratus, an' a nurse a holdin' me hand, an' the doctor holdin' fast to the other end of the hose to keep me from swallowin' it, didn't that flappery girl roll her eyes at the doctor, an' with the blarny drippin' off her tongue say, "I bet you are some dancer!"

That marnin' was bad fer sure, but 'twas the beginnin' of worse. Third day they started on me without even givin' me bread an' water. A nigger boy

came an' wheeled me out, bed an' all, to a room, where a red-headed girl was foolin' with somethin' I took to be a clothes washer.

I didn't like the looks of her person from the start, an' whin she told me to lie stock still an' not to speak fer half an' hour, I liked her less. At the end of the time, she handed me another wan of thim everlastin' rubber tubes, with somethin' at the end that looked like a big set of rubber teeth.

"I'll niver swallow that," I says firmly, "not if His Riverence stands in yer shoes an' bids me do it."

Well, I got it in, prayin' the blessed saints that I'd be able to git it out agin.

An' the whiles I had me eyes shut, didn't the red head clap a steel clothes pin on me nose, an' start pumpin' all the breath out of me body intirely? An' all the time she was sayin' "Breathe natural," as if a body could breathe natural with her mouth full of rubber, an' her nose pinched to, an' not enough air to feed a goldfish!

Human flesh was niver mint to stand the like o' that, Mis' Smelts, an' you know it! In the nick of time, by God's blessing, just as I was passin' into another an' a better world, she took off the harness an' says: "Sorry, but I made a mistake, we'll have to try it over again." I will not say what followed. Heaven forgive the two of us, me fer losin' me temper, her fer provokin' it.

Once more back in the ward, breathin' unnatural through me nose an' me throat an' givin' thanks that I'd finished the ordeal alive. I made sure they were through with me. But not at all, at all. They put me in a wheelin' chair an' rode me up an' down elevators an' through cellars till I was that mixed me head wint 'round.

At last they landed me in a room, plumb full of the lame, an' the halt an' the blind, rich an' poor, black an' white, all lyin' round in chairs or on stretchers, waitin' their turn, like Judgment Day.

I noticed iverybody was drinkin' what appeared to be buttermilk, so I says to a passin' nurse, "Don't I git some of that?"

"You do fer sure!" she says, an' mistrusted the way she laughed whin she said it.

Thin she hands me a schooner, an' after wan sip I hands it back.

"I've changed me mind," I says, "I don't believe I care for anny."

"Its bay rum," she says, "You're to drink two glasses of it."

"Bay rum's to put on yer head, not in it," I argued. "Besides, its not thick an' whitewashey like this stuff."

"You drink it," the nurse whispered coaxin' like. "The rich dame nixt you is payin' twinty dollars fer hers, an' you're gittin' yours fer nothin'."

'Twas a reconcilin' thought it was, but even the economy of it didn't kape me from nigh onto burstin' before I had done.

An' no sooner I had than they said I was to have me picture taken. An' Mis Smelts, I said flat-foot I would not. I'd no notion of havin' me children remember me with all that bay rum on me insides, an' a look on me face that wasn't fit to print.

But the nurse explained it was just an X-ray picture of me 'lamentary canal, so I let 'em strap me down on a zinc ironin' board as cold as ice. Then

all of a suddint the light wint out, an' awful lightenin' was buzzin' 'round me, an' heard a turrible deep voice from God know where sayin' over an' over: "Take a deep breath—hold it—let it out. Take a deep breath—hold it—let it out."

A hospital ain't no place fer a nervous person, Mis' Smelts, an' as fer quiet I'd liefer be in a engine house.

By the screek of day I'd come to a conclusion. But niver a word said I. It was the High-up One's day to come, an' I laid off to bide me time till I'd seen him onct again."

The good man—may Heaven be his final home—come straightway to me bed whin he entered the ward. "How's Erin?" he says. "Its by God's mercy I ain't walkin' on all fours, sir," I says, "I'm thinkin' 'twould be no sin to send me home."

"Home?" he laughed, "why you've just come. "We're giving you a good rest, an' that's what you need."

"Well, lave me have it over me washtub," I begged him, "I'd rather work than be worked on, anny day."

"We are near through," he says in that consolin' way of his. "So far there's nothin' serious." Then he turned to the marshmallow wan an' he says, "Have all the tests been made?" An' I heard the fat wan say behind his hand like, "All but the Final Puncture." (Spinal) There was that in the words that sint the hair bristlin' on me head! I'd heard talk of thim punctures in the ward, an' I knew they were not fer the likes of me. So when the High-up One says, "I'll see you agin in a few days," I says mysterious-like, "Yis, if ye'r sufficiently far-sighted." An' the good man—may he niver grow gray—wint on his way, little dreamin' of the bold intintion I had in me mind.

The nixt marnin', whin I wint to wash meself, I took all me personal belongin's with me wrapped in a towel, an' whin I walked out the bathroom I had on me dress an' hat an' the shoes on me two feet. An' down the stairs an' out I wint, with no wan payin' me anny mind whatsomever.

At first me legs shook like the palsy, an' me heart felt like it was goin' to boil over. Fer wan black minnit I saw meself reachin' home in a hearse! Thin all of a suddint the fresh wind struck me in the face, the strength rushed into me legs, an' I stepped forth into the spring time as well a woman as iver trod shoe leather.

"Oh, God be thankit fer that blessed day!" An' whin I reached home, there was my good man Dinnis, tendin' the children an' lookin' after the house as faithful as a woman. An' "Nora!" he cried, flingin' his arms around me neck, "What brings ye home whin ye are sick in bed?"

"Its cured I am!", laughin' and cryin' all at once. "Cured intirely!" "An' what did they do to ye?" he says, amazed like.

"They clinicked me!" I says. "An I'm cured of ivery ailment under the sun save a final puncture, an' I ain't got that!"

So it is small wonder, Mis' Smelts, that I says to ivery friend that's ailin' in the flesh, I says: "Go up to the hospital, an' git yerself clinicked, an' if ye don't die, ye'll be cured before they git done with ye!"

Report of the Committee on By-Laws

This committee was set up at the last Annual Meeting of the Division to revise the By-Laws of the Division and to give more equitable representation on the Executive Committee.

Lacking clearly defined terms of reference your committee through its chairman approached the Executive Committee at which meeting it was agreed

(a) that the By-Laws required to be entirely rewritten and modernized.

(b) that insofar as possible the revision should embrace the democratic principles of the by-laws of The Canadian Medical Association giving responsibility to Branches of the Division in similar manner to that enjoyed by divisions by the C. M. A. and

(c) that in particular the principles referred to in (b) be applied to an enlarged Executive Committee.

Your committee in conformity to this has produced the following and will report the same for consideration at the next Annual Meeting of the Division.

It is recommended that members

(a) study these suggested by-laws

(b) make notes against any section or subsection about which they may require information of which they would like to see amended.

(c) bring their copies to the Annual Meeting at Amherst and

(d) be prepared to facilitate the business of adopting a new set of by-laws for this Division.

Your committee is informed that it is proposed to set aside one two-hour evening session to consideration of this report. It would call attention to the enhanced significance which is here provided for our branches and to the strengthening of medical organization in this province which must ensue from its adoption. It hopes that all branches recognizing this will be fully represented.

N. H. GOSSE, M.D.
Chairman,
Committee on By-Laws.

NOVA SCOTIA DIVISION CANADIAN MEDICAL ASSOCIATION
THE MEDICAL SOCIETY OF NOVA SCOTIA

AN ACT TO INCORPORATE THE MEDICAL SOCIETY OF NOVA SCOTIA

(Passed the 28th day of March A.D. 1861)

Be it enacted by the Governor, Council and Assembly, as follows:

1. Rufus S. Black, M.D. James C. Hume, M.D. Edward Jennings M.D., Daniel McNeil Parker, M.D., William B. Webster, M.D., and such other persons as now are or hereafter may become members of the Society hereby established, their successors and assigns, are created a body corporate, by the name of "The Medical Society of Nova Scotia."

2. All By-Laws and Rules of the Society already made or hereafter to be made shall be valid and binding upon the members of the society, provided the same are not repugnant to this Act or to the Laws of this Province and provided the same shall have been confirmed by an order of the Governor in Council and filed in the Provincial Secretary's office.

3. The Company may purchase, take, and hold Real Estate to the value of ten thousand dollars.

Certified to be a true copy of Chapter 69 of the Acts of Nova Scotia for the year 1861.

C. L. BEAZLEY
Deputy Provincial Secretary.

WHEREAS by an Act of the Legislature of Nova Scotia dated March 28th A.D. 1861 Chapter 69 The Medical Society of Nova Scotia was empowered to make "By-Laws and Rules" and from time to time to revise the same and "WHEREAS it has been deemed desirable and expedient that the By-Laws of the said Society be revised the same are hereby repealed and the following substituted therefor:

BY-LAWS

CHAPTER I

Title

This Society shall be known as the Canadian Medical Association—Nova Scotia Division and may alternatively be called "The Medical Society of Nova Scotia." For the purposes of these By-Laws the word Division wherever occurring in these By-Laws shall be construed as meaning either of those names.

CHAPTER II

Objects

1. The promotion of health and the prevention of disease.
2. The improvement of medical services however rendered.

3. The maintenance of the integrity and honour of the medical profession.

4. The performance of such other lawful things as are incidental or conducive to the welfare of the public and of the medical and allied professions.

CHAPTER III

Ethics

The Code of Ethics of this Division shall be the most recently revised Code of Ethics of the Canadian Medical Association.

CHAPTER IV

Branches

Section 1. **Designation and Privileges.**

(a) The designation "Branch" shall mean and include an organized Medical Society representing the legally qualified practitioners of medicine in a definite geographical area of the Province of Nova Scotia which has applied for and received recognition as an integral part of this Division or which do at the date of the adoption of these Bye-Laws enjoy this relationship. Each Branch so recognized shall have control within its jurisdiction and shall have such other privileges as are herein set forth.

(b) All members of a Branch in good standing in such Branch are eligible for membership in the Nova Scotia Division of the Canadian Medical Association provided that they are vouched for by the Branch concerned.

(c) Each Branch shall be entitled to nominate for the Executive Committee of this Nova Scotia Division the number of members to which it may be entitled under Chapter VIII Section 3 of these By-Laws and shall enjoy such other privileges as are herein provided or which may hereafter be provided.

Section 2. **Duties and Responsibilities.**

(a) Each Branch must agree to assume the duties and responsibilities of this affiliation which are or which may from time to time be provided by these By-Laws.

(b) Effective after the Annual Meeting of 1956. Each Branch shall provide and submit to the Secretary of the Division on or before December 1st in each year, a list of its members in good standing at that date and, before May 31st following, the name or names of its nominee or nominees to the Executive Committee together with the names of the alternate or alternates as may be required for the following year, and as soon as possible thereafter shall forward any changes or corrections which may have become necessary by change of circumstances.

(c) The Division shall have no control over nor any claims against the assets of any Branch nor shall the Division be in any manner or degree liable or responsible for the liabilities of any Branch.

Section 3. **New Branches.**

(a) Any organized Medical Society may, with the authority of the Executive Committee, become recognized as a Branch on an interim basis until the next Annual Meeting of the Division at which time the affiliation shall be confirmed or the interim recognition be voided, provided always that no such Society shall be admitted to provincial affiliation if it is within the territorial limit of an existing Branch, unless and until written permission of such Branch shall have been received by the Executive Committee of the Division, or unless the group applying for such affiliation has not for geographical reasons been actively associated with the existing Branch.

(b) Branches whose affiliation with the Division shall have been formally approved by the Division shall receive a Certificate showing the Branch to be duly affiliated with the Division.

Section 4. **Existing Branches.**

(a) Branches recognized as affiliated as of the date of the adoption of these By-Laws are:

(a) Western Counties Medical Society
(said to include the counties of Shelburne, Yarmouth and Digby)

(b) Lunenburg-Queens Medical Society
(said to include the counties of Lunenburg and Queens)

(c) Halifax Medical Society
(said to include the City of Halifax and the County of Halifax)

(d) Valley Medical Society
(said to include West Hants and Kings and Annapolis Counties)

(e) Cumberland Medical Society
(said to include the County of Cumberland)

(f) Colchester-East Hants Medical Society
(said to include East Hants and the county of Colchester)

(g) Pictou County Medical Society
(said to include the county of Pictou)

(h) Antigonish-Guysborough Medical Society
(said to include the counties of Antigonish and Guysborough)

(i) Cape Breton Medical Society
(said to include the Island of Cape Breton or those counties from which the Branch draws its membership)

(b) Nothing contained in this Section shall be construed as denying to any qualified physician the right to apply for membership in any organized Branch of this Division, nor the right of any such Branch to elect him to membership or to reject him if unqualified for membership; nor does anything herein contained prevent a physician from applying to the Executive Committee for membership in the Division if geographical considerations make membership in a Branch impracticable.

CHAPTER V

Membership and Discipline

The Division shall be composed of ordinary members, senior members, honorary members and special members.

1. **Ordinary members.**

A. Every member in good standing in a Branch shall be automatically an ordinary member of the Division on payment of the annual fee as levied by the Division.

B. Members at large.

(a) Regularly qualified practitioners of medicine who reside in a district in which no Branch exists.

(b) Regularly qualified practitioners of medicine who are or become resident within the territory of a Branch without being members of such Branch and who by permission of the Branch have applied for membership and have been admitted to membership, on recommendation of the Executive Committee, without becoming members of such Branch.

(c) All applications for membership at large shall be endorsed by two members in good standing of the Division.

C. All applications for membership shall be accompanied by the annual fee of the Division. In the event of rejection by the Executive Committee or the Committee on Credentials and Ethics this fee shall be returned to the applicant.

2. **Senior members.**

Any member of the Division in good standing for the immediately preceding ten year period and who has attained the age of seventy years is eligible to be nominated for Senior Membership by an ordinary member or by any Branch of the Division. He may be elected only by unanimous approval of the members of the Executive Committee in session present and voting. Not more than two may be elected in any one year. Senior Members shall enjoy all the rights and privileges of the Division but shall not be required to pay any fee. Senior Membership so approved shall be conferred by the President of the Division at the time of the Annual Meeting or at any Special Meeting, subject always to the rules affecting Special Meetings.

3. **Honorary members.**

Honorary members shall be members of the profession, or others, who have distinguished themselves by their attainments in medical or allied sciences or who have rendered signal service to this Society. Recommendations for election to Honorary Membership shall come solely from the Executive Committee.

4. Special members.

Temporary members.

Membership in this Division upon the approval of the Executive Committee is conferred temporarily upon licentiates of the Provincial Medical Board of Nova Scotia, without payment of fee to the end of the year of their licensure, and at one half the usual membership fee during the succeeding year. In the case of any such who have accepted an appointment in any hospital he shall be accorded the privilege of membership without fee to the end of the period during which he serves as an interne or resident-in-training in such hospital.

It shall be the prerogative and the privilege of the Executive Committee, or its Chairman, or of the President of the Division acting on its behalf, to receive on invitation as members, medical doctors or distinguished scientists non-resident in Nova Scotia, and non-medical teachers of ancilliary sciences in our medical schools, who may or may not be residents of Nova Scotia, and to accord to them full privileges of membership in the Division. They shall hold their connection until the close of the meeting at which they are introduced and may participate in all the affairs of the meeting except voting.

5. Discipline of members.

Any member who fails to conform to these By-Laws and/or the Code of Ethics of this Division shall be liable to censure, suspension or expulsion.

(a) Any member whose annual fee is not paid on or before the 30th day of June of the current year, may, without prejudice to his liability to the Division, be suspended from all privileges of membership.

(b) Any member of the Division who after due enquiry by the Executive Committee shall be judged to have been guilty of unprofessional conduct shall be liable to censure, suspension or expulsion from membership in the Division by resolution of the Executive Committee confirmed by a three-fourths vote at the next Annual Meeting of the Division.

(c) Should any member of the Division be convicted of any criminal offence, or have his name removed from the register of the Medical Council of Canada, or of the licensing body of any Province of Canada, because of any felonious or criminal act, or disgraceful conduct in any professional respect, the Executive Committee may, by resolution, confirmed at the next ensuing Annual Meeting of the Division, by a three-fourths vote of those present, censure or suspend or expel such persons from membership in the Division.

(d) Any member suspended or expelled by resolution as aforesaid, shall thereby forfeit all his rights and privileges as a member of the Division.

(e) Any member suspended or expelled by resolution as aforesaid, shall, subject to conditions imposed by the Executive Committe, be restored to membership upon resolution of the Executive Committee confirmed at the next ensuing Annual Meeting of the Division.

(f) By accepting membership in this Division, under the By-Laws and Code of Ethics of the Division every member attorns to these By-Laws and agrees to such rights of discipline as aforesaid, and thereby specifically waives any right or claims to damages in the event of his being so disciplined.

(g) **Resignation from membership.**

Membership in the Division shall automatically cease only on suspension, expulsion or death. Resignation may be effected by giving notice to the Secretary of the Division not less than one month before the beginning of the calendar year, and by paying any arrears of dues.

(h) No member shall take part in the proceedings of the Division or attend any part of the meeting until he has properly registered. Only members and specially invited guests are eligible to register and to attend an Annual Meeting.

CHAPTER VI

Guests and Visitors.

1. **Visitors from outside the Division.**

Medical practitioners and men of science residing beyond the boundaries of this Division may attend the Annual Meeting as guests of the President or of the Executive or as visitors when vouched for by the Secretary of the Division. They shall register with the Secretary without payment of fee and after proper introduction shall be allowed to participate in discussion.

2. **Medical students attending meetings.**

Any hospital interne or medical student when properly vouched for may be admitted as a guest to the scientific meetings but shall not take part in any of the proceedings unless invited by the Committee on Programme to present a communication.

CHAPTER VII

Meetings.

1. Time and place of meetings.

The time and place of meeting shall be decided by the Executive Committee and shall be announced as early as possible.

2. When the Canadian Medical Association meets in either of the Maritime Provinces the Divisional meeting for that year shall be for business purposes only.

3. In years in which the Canadian Medical Association does not hold its annual meeting in the Maritime Provinces the Annual Meeting of the Division may consist of Business Sessions, General and Sectional Sessions, and any other sessions which may be decided upon by the Executive Committee.

4. All arrangements for meetings shall be the responsibility of the Executive Committee, which assumes all control of the proceedings of such meetings, and no expenditure may be undertaken nor cost assumed by any person or group in the name of or on behalf of the Division without the same having been duly authorized by resolution of the Executive Committee.

Nothing in this section shall in any way conflict with the expenditure for hospitality purposes of funds raised by a local committee, in its own name specifically for such purposes as hospitality or entertainment.

5. **Presiding officers.**

The President or some person designated by him shall preside at all general meetings of the Division held as such.

6. **Quorum.**

Twenty members shall constitute a quorum at any general meeting of the Division.

7. **Rules of order.**

The rules of order which govern the proceedings of the House of Commons of Canada shall be the guide for conducting all meetings of the Division.

CHAPTER VIII

Officers, Officials and Executive Committee.

1. **The Officers and Officials of the Division shall be**

(a) The elective officers, who shall be a President, a President-elect, a Chairman of the Executive Committee, the Honorary Treasurer, and if such office is required to be filled, an Honorary Secretary.

(b) The appointive officials, who may be an Editor-in-chief of the Bulletin, Secretary, or such other officials as may be appointed by the Executive Committee. No full time appointive official shall have a vote at any meetings of the Division nor of any of its Committees.

2. **Appointment of a Nominating Committee.**

(a) Each Branch in the Division is entitled to appoint from among its members who are in good standing in the Division one member to the Nominating Committee. Provided that this nomination be made in writing to the Secretary prior to the date of the Annual Meeting, and provided that the person so nominated be present shall be declared elected to membership on the Nominating Committee.

(b) The Division shall at the first session of its Annual Meeting elect by ballot from among its members present a Nominating Committee of **nine**, not including the President, who shall be ex-officio a member of the Committee and, if present the Chairman thereof.

(c) Upon completion of the election of Branch representation as provided in clause (b) of this section, any vacancies which remain shall be filled by nomination from the floor without necessarily having further regard to Branch representation. Election shall be by majority vote on a single ballot and the presiding officer shall if necessary give the casting vote.

3. **Duties and powers of the Nominating Committee.**

The Nominating Committee shall meet on the day of its election and submit its report to a later session of the Annual Meeting. At that meeting it shall consider

(a) Nomination of the following officers of the Division

1. A President
2. A President-elect
3. A Past President
4. An immediate Past President
5. A Chairman of the Executive Committee
6. An Honorary Treasurer
7. An Honorary Secretary (if so directed)

(b) Nomination of an Executive Committee, which in addition to the elective officers named in Section 3a hereof, shall consist of members in good standing who are drawn from the Branches of the Division in the following manner:

From each Branch having fifty members or less in good standing in the Division, one member, and for each fifty over the first or fraction thereof, one additional member. Provided that no Branch have the right to nominate more than three members.

(c) Nomination from the members of the Division in good standing of one alternate to the Executive Committee for each member nominated by a Branch. The function of the alternate shall be to act in the place of a member elected to the Executive Committee and who is absent because of death or illness of from cause acceptable to the Chairman of the Executive Committee.

(d) At its session the Nominating Committee may receive in writing:

(1) Each Branch's official nomination of the candidate or candidates for representation on the Executive Committee to which the Branch is entitled and also

(11) Each Branch's official nomination or nominations of the alternate or alternates who will act in the absence by reason of death or illness of from cause acceptable to the Chairman of the Executive Committee of the member or one of the members of the Executive Committee nominated by the Branch. In the event of an official nomination by a Branch being rejected by the Nominating Committee the reasons for such action shall be incorporated in its report to the Annual Meeting.

4. **Rules of procedure in Nominating Committee.**

The Nominating Committee shall be called to order by the President as Chairman of the Committee. In the absence of the President, the Secretary shall convene the Committee and request the Committee to select by open vote a Chairman. The Committee shall then proceed to carry out its duties by open vote. In case of a tie vote, the Chairman shall have the casting vote in addition to the vote to which he is entitled as a member of the Committee.

5. The Nominating Committee shall adopt the principle that members of the Executive Committee shall retain membership therein for three years and shall not agan be eligible until at leastone year has elapsed. To introduce this measure of continuity of service, of the first Executive Committee named under these By-Laws, approximately one third shall be elected for one year, a third for two years and a third for three years and with each vacancy so produced new appointments shall be made for three years. No person having served for three consecutive years shall be eligible for nomination again until at least one year has elapsed, except in the case of the Chairman as provided in Chapter IX, Section 4 hereof.

6. **Election of Officers and Executive Committee.**

When the report of the Nominating Committee has been received by the Annual Meeting other nominations may also be received from the floor. A ballot shall then be taken for each of the offices in turn and also for the elective membership of the Executive Committee.

7. Because of the importance of a fully integrated organization in Canadian medicine it shall be a prime requisite that all voting members of the Executive Committee of this Division shall be members in good standing of the Canadian Medical Association. (National Body.)

CHAPTER IX

Duties of Elective Officers and of Appointive Officials.

1. **Duties of the President.**

The President shall preside at formal general sessions of the Division and shall perform such duties as custom and parliamentary usage require. He shall deliver a Presidential address. He shall be a member ex-officio of all committees, and shall be a member ex-officio of the Executive Committee for the year immediately succeeding his Presidency.

2. **Duties of the President-elect.**

The President-elect shall be installed and shall assume the office of President at the time of the Annual Meeting next following that at which he was elected. He shall be a member ex-officio of all Committees of the Division excepting the Nominating Committee. In the event that the office of the President shall become vacant during the term of office of the said President-elect he shall serve also as Acting President and in that capacity shall assume all the powers and duties of the President during the unfinished portion of that presidential term. He may be called upon by either the President or by the Executive Committee to substitute for the President in any presidential duty.

3. **Duties of the Immediate Past President.**

He shall be ex-officio a member of the Executive Committee for the year immediately succeeding the termination of his Presidency.

4. **Duties of the Chairman of the Executive Committee.**

The Chairman of the Executive Committee who shall be nominated from the members in good standing in the Division and in the Canadian Medical Association, and who shall be elected under Chapter VIII, Section 3, shall be elected from year to year, but the Nominating Committee shall give serious consideration to continuing the tenure of this office to not less than three years.

He shall conduct the meetings of the Executive Committee and shall present the report of the Executive Committee to the first business session of the Annual Meeting. He shall assist the President in facilitating the business of the Division and especially in facilitating the business of the Annual Meeting.

5. **Duties of the Honorary Treasurer.**

The Honorary Treasurer shall be the custodian of all monies, securities and deeds which are the property of the Division. He shall pay by cheque only. Such cheques shall be signed by two persons authorized by the Executive Committee to sign cheques for the Division and shall be covered by voucher. He shall prepare an annual financial statement duly audited by auditors elected by the Annual Meeting of the Division. If required by the Executive he shall furnish a suitable bond for the faithful discharge of his duties, the cost of which bond shall be borne by the Division. He shall be a member ex-officio of the Executive Committee.

6. **Duties of the Secretary.**

The Secretary shall be appointed by the Executive Committee of which body he shall also be the Secretary. He shall be a member ex-officio of all Committees of the Division except during the discussion in Executive Committee of matters related to staffing. He shall give notice of the time and place of all annual and special general meetings by publishing same in the official Journal of the Division, or if directed by the Executive Committee by notice to each member. He shall keep the minutes of the annual and special meetings of the Division and of the Executive Committee in separate books, and shall notify the officers and members of Committees and others of their appointments or nominations and of their duties in connection therewith. He shall be responsible to the Executive Committee for the advertising and other accounts of the Bulletin and shall collaborate with the Editor in the production of that Journal. He shall publish the official programme for each meeting and shall perform such other duties as may be required of him by the President or by the Executive Committee. His legitimate travelling expenses shall be paid for him out of the funds of the Division and he shall receive for his services a salary to be determined by the Executive Committee.

7. **Duties of the Honorary Secretary.**

Should it be decided by the Executive Committee that this office is to be filled, it shall so inform the Nominating Committee. It shall then provide the duties and privileges for that office.

The Official Journal and the Duties of the Editor.

1. The officials Journals of the Division are "The Bulletin" of the Division and "The Canadian Medical Association Journal." For purposes of divisional business "The Bulletin" shall be the official journal. While the practice is to publish the Bulletin under the direction of a Board of Editors, which Board is recognized hereby, nevertheless, the Chairman of such Board as Editor-in-chief shall for purposes of this chapter be the Editor.

2. The Editorial Board shall be appointed by the Executive Committee. The Editor shall be responsible to the Executive for the regular production of the Bulletin, and, to the usual degree, for its scientific and literary standards of quality. Having regard for the general policy of the Division he shall publish such information and editorial comment as the time and circumstances may require and as may be to the interest of Canadian Medicine in general and of the Nova Scotia Division in particular.

He shall be expected to attend the meetings of the Executive and of the Division and to perform such duties as may reasonably be expected of his office and as may reasonably be required by the Division or by its Executive Committee. He may receive such honorarium as may be determined by the Executive Committee.

CHAPTER X

Committees

1. The Committees of the Division shall be
   (a) Statutory Committees
   (b) Standing Committees
   (c) Special Committees

2. Appointment of Committees.
   (a) Statutory Committees shall be
   The Nominating Committee
   The Executive Committee
   both of which shall be elected by the Annual Meeting of the Division.
   (b) Standing Committees

The Executive Committee shall have power to establish Standing Committees, to vary their number from time to time and to discontinue their activities. The Chairman of Committees designated by the Executive Committee as Standing Committees shall be appointed by the Executive Committee, which, in addition to the duties provided in Section 4 of this chapter, shall also provide or vary their terms of reference. They shall be appointed at the first meeting of the Executive Committee. They shall report to the Annual Meeting of the Division after submitting copies of their report to the Executive Committee at such time as the Executive may require.

Subject to the reservations contained in this section the Standing Committees accepted as such at the time of the adoption of these By-Laws shall

be as follows, which list may be varied by the Executive Committee as it may determine.

1. Committee on Programme
2. Committee on Public Health (including Industrial Medicine and Pharmaceuticals)
3. Committee on Rehabilitation
4. Committee on Cogswell Library
5. Committee on Medical Economics
6. Committee on Public Relations
7. Committee on Cancer
8. Editorial Board
9. Committee on Post-graduate Education
10. Committee on Legislation
11. Committee on By-Laws
12. Finance Committee

(c) **Special Committees**

Special Committees may be appointed by

1. The Annual Meeting of the Division
2. The President of the Division
3. The Executive Committee
4. The Chairman of the Executive Committee

A special committee shall in general be a short term Committee and shall assume by direction such duties as are allotted to it. It shall make progress reports to the Executive Committee at each of the meetings of that body and shall report at such other times as may be required. If its work is likely to be continued it may become a standing committee on being so designated by the Executive Committee.

3. Duties and Powers of the Executive Committee

The Executive Committee shall hold one or more sessions before the close of the Annual Meeting at which it is elected. At its first meeting it shall appoint the Chairmen of the Standing Committees for the ensuing year. Such Chairmen shall, within one month, report to the Secretary of the Division, the names of their respective committees.

In order that the business of the Division may be facilitated during the interval between meetings of the Division the Executive Committee shall meet from time to time at the call of its Chairman and shall have all the rights and powers of the Division except those specially or generally reserved. It shall conduct all necessary business. In case of a vacancy in any office however caused, it shall have power to appoint a successor. In case of a vacancy occurring in the Executive Committee itself by death or otherwise, it shall have power to appoint a successor, to act until the next Annual Meeting of the Division.

In addition to the setting up of the Committees of the Division as herein provided the Executive shall also appoint the representatives to those bodies

to which representation from this Division has been approved, such as nominees to the House of Delegates, Maritime Medical Care Incorporated, representatives to Maritime Hospital Service Association, The Provincial Medical Board, The Canadian Cancer Society, the Advisory Groups under the Federal Health Grants and such others as they or the Division shall or may authorize. All such representatives shall have the right or may be required to report to the Executive Committee and if required to the Annual Meeting of the Division. As soon as possible the Executive Committee shall publish in the Bulletin a list of all Committees and representatives so named, prior to which the Secretary shall have informed all persons concerned of their appointment or nomination.

The President, the President-elect, the immediate past President, the honorary Treasurer, the Secretary and/or the honorary Secretary, and the Editor, shall be members ex-officio of the Executive Committee, but only the elective officers shall have the right to vote.

The Executive Committee may meet when and where it may determine. It shall report to the Annual Meeting of the Division and to any special meeting called for that purpose. At any meeting of the Executive Committee seven shall constitute a quorum for the transaction of business.

On the request in writing of any five members (with voting power) of the Executive Committee the Chairman shall call a special meeting.

The Chairman of the Executive Committee instead of calling a meeting thereof may and if required to do so by any three voting members of the Committee shall take mail ballot of the elective members of the Executive Committee on any urgent matter and an affirmative vote by two thirds of such members shall have the same force and effect as a resolution duly passed at a regular meeting of the Executive Committee, provided that such mail ballot is taken in the following manner:

The question submitted shall be in a form to which an affirmative or negative answer may be given. The ballot shall be sent by prepaid post to all elective members of the Executive Committee not less than ten days before the last return date, accompanied by a letter signed by the Chairman of the Executive Committee setting out the circumstances of the emergency and giving the last date on which ballots will be received and requesting that ballots be signed and returned to the Secretary of the Division by such elective members by the date named. Simultaneously with the sending out of the ballots to the elective members of the committee, a copy of the aforesaid letter shall be mailed to those members of the Executive Committee who are not entitled to vote, together with a copy of the question which is being submitted to the elective members. No ballot will be counted unless it is signed by an elective member of the Executive Committee and is in the hands of the Secretary of the Division not later than the return date named. Each elective member may cast one ballot only.

The Executive Committee shall be responsible for the appointment of the appointive officials, shall designate their responsibilities and fix their salaries.

The Executive Committee shall have charge of the publication of the official Bulletin of the Division and of all published proceedings, transactions, memoirs, essays, papers and programmes of the Division.

It shall appoint the Editor of the Bulletin and if it so determines, a Managing Editor. It shall receive interim reports on the Bulletin's activities at each meeting of the Executive Committee and shall arrange for presentation of reports on the year's activities by the Editor (and Managing Editor) at the Annual Meeting of the Division.

The Executive Committee shall cause the accounts of the honorary Treasurer to be audited annually, or more often if desirable and shall make an annual report on the same to the Annual Meeting of the Division.

The Executive Committee shall at its first meeting appoint a Budget Committee under the chairmanship of the honorary Treasurer which shall report to the current meeting of the Executive Committee its details of expected revenue and expenditures for the next year. Such budget when received shall be considered as an interim budget and it shall be reconsidered and if necessary revised at the time of the next Executive Committee meeting. When finally adopted it shall be the budget for the year. No person or group may make expenditures or incur obligations on behalf of the Division without the express authorization of the Division or the Executive Committee.

The Executive Committee shall at its first meeting set up a Finance Committee of which the Treasurer shall be a member ex-officio which shall vet all accounts and examine the authority for incurring same before they are accepted by the Treasurer for payment. The Executive Committee shall also appoint signing officers for the cheques of the Division, or revise the list of those appointed earlier.

Without in any respect reducing the responsibility of the Executive Committee in the matter of the Division's finances, it shall be the duty of the Finance Committee to report to the Executive Committee any tendency to exceed the amounts provided for in the budget, as authorized by the Executive Committee.

Each member of the Executive Committee shall be reimbursed for his legitimate travelling expenses incurred in attending meetings of the Executive Committee other than those held in conjunction with the Annual Meeting of the Division, on a basis to be determined by the Committee.

4. **Duties of Standing Committees.**

(a) **The Committee on Programmes for Annual Meetings.**

This Committee shall have complete charge of the preparation of the scientific programme for the Annual Meeting and for provision of suitable place on the programme for officials representing The Canadian Medical Association who may be attending the Annual Meeting in either "Scientific" or "Organizational" subject or both. It shall make progress reports to the Executive Committee at each meeting of that Committee.

(b) **Committee on Public Health.**

This Committee shall consider and report upon such matters in the broad realm of public health as should properly engage the attention of the Division and as may be approved by the Executive Committee. The duties formerly exercised by separate committees under the designations "Industrial Medicine" and "Pharmaceutical" are now included herein.

(c) **Committee on Rehabilitation.**

To this shall be assigned such matters related to rehabilitation as may properly be the concern of this Division.

(d) **Committee on Cogswell Library.**

This is a conjoint committee on which the representation from this Division shall be such as shall be agreed upon as between this Division and the Dalhousie Medical School. Such representation shall co-operate with the other members of the Cogswell Library Committee to extend the usefulness of the Library to the doctors of this province.

(e) **Committee on Medical Economics.**

It shall be the duty of the Committee on Medical Economics excepting where otherwise provided to deal with—

1. Social legislation which includes medical services or benefits presumably for medical services.

2. Remuneration of physicians by the public and employment and remuneration of physicians by lay bodies, hospitals or official bodies including Federal, Provincial and Municipal bodies.

3. Medical care and other forms of medical insurance.

4. To maintain close contact with the Committee on Economics of The Canadian Medical Association.

5. To report upon its activities, with such recommendations as it may see fit to make to the Executive Committee.

(f) **Committee on Public Relations.**

This Committee shall assume the obligation of studying the matters which ordinarily come under the term, shall report their findings and recommendations to the Executive Committee. It shall maintain contact by correspondence with corresponding National Committee and do such other things as may be authorized or requested by the Executive Committee.

(g) **Committee on Cancer.**

This Committee shall act in an advisory capacity on all matters relative to the study and control of cancer. So long as the Nova Scotia Division of the Canadian Cancer Society reserves a seat in its directorate for a nominee of this Division the Chairman of this Standing Committee shall be ex-officio such nominee. The Executive Committee will in so far as possible have regard for the value of a continued tenure in this office.

(h) **Editorial Board.**

The Editorial Board shall be appointed by the Executive Committee. The Editor shall be responsible to the Executive for the regular production of the Bulletin and, to the usual degree, for its scientific and literary standards of quality. Having regard for the general policy of the Division he shall publish such information and editorial comment as the time and circumstance may require and as may be to the interest of Canadian medicine in general and of the Nova Scotia Division in particular.

He shall be expected to attend the meetings of the Executive and of the Division and to perform such duties as may reasonable be expected of his office and as may reasonable be required by the Division or by its Executive Committee. He may receive such honorarium as may be determined by the Executive Committee.

(i) **Committee on Post-graduate Education.**

This Committee shall have as its objection the improving of post-graduate facilities for the doctors of this province and of stimulating to full utilization those that are or may become available. It shall collaborate and co-operate with any other agency having the same objective in such a way as to make the best possible use of such funds as may come available. This will include the Programme Committee for Annual Meetings and any similar committee from the College of General Practice for this purpose. As any funds coming to the Division for this purpose must be under the custody of the Executive, this committee shall make recommendations to the Executive as to its necessary budget.

(j) **Committee on Legislation.**

This Committee shall be responsible for the following of legislative trends and impending specific acts which may in this or any Division be considered as affecting the health of a province or of the nation and as being of any concern nearly or remotely to this Division. It shall maintain contact with the corresponding Committee set up by The Canadian Medical Association.

(k) **Committee on By-Laws.**

To this Committee shall be referred all matters relating to the subject of by-laws before action is taken thereon by the Division. It may initiate and propose amendments as provided in Chapter XIV, Section 2 of theseBy-laws.

(l) **Finance Committee.**

In addition to the duties provided in Chapter XI, Section 3 hereof the Finance Committee shall perform such other duties as may be assigned to it by the Executive Committee.

5. **Reports of Committees**

The proceedings of Annual or Special Meetings shall be reported in the Bulletin but not in Hansard form. The proceedings of the Executive Committee shall be mimeographed and circulated to its members. Publication of reports of Committees in full or as a synopsis shall be by direction of the Executive Committee.

6. Limitation of Committees re Finances.

No committee shall expend any monies nor incur any indebtedness of obligation on behalf of the Division except by resolution of the Division obtained at an Annual or Special meeting, or at a meeting of the Executive Committee.

CHAPTER XI
Addresses and Papers

1. Addresses at Annual Meetings.

All addresses at an annual meeting shall immediately become the property of the Division to be published or not, in whole or in part, as deemed advisable, in the "Bulletin" of the Division. Any other arrangement for their publication must have the consent of the author or of the reader of the same and of the Editor of the Bulletin.

All papers, essays, photographs, diagrams, etc. presented in any section shall become the property of the Division to be published in the Bulletin of the Division or not, as determined by the Editor, and they shall not be otherwise published except with the consent of the author and of the Editor of the Bulletin.

The author of any paper read at an Annual Meeting shall as soon as it has been read, hand it with any accompanying diagrams, photographs, etc. to the Secretary of the Division or Section before which it has been presented. The Secretary shall endorse thereon the fact that it has been read in that Meeting and shall then transmit it to the Editor of the Bulletin.

CHAPTER XII
The Office

Until changed by resolution at an Annual Meeting of the Division the office of the Division shall be at Halifax.

CHAPTER XIII
Amendments

1. Notice of motion by one or more members to amend these By-laws must be placed in the hands of the Secretary three months before the date of the Annual Meeting.

2. Amendments may be proposed by an Annual Meeting of the Division, by the Executive Committee or by the Committee on By-laws without notice of motion but the proposed amendments shall be published in the Bulletin at least two months preceding the Annual Meeting.

3. Subject to the condition provided by Sections 1 and 2 hereof, these By-laws may be amended by a majority vote of a duly advertised general meeting of the members of the Division.

Committee Members

N. H. GOSSE, Chairman
A. R. MORTON
A. G. MacLEOD
F. J. BARTON

Minutes of Medical Economics Committee

A meeting of the Medical Economics Committee was held in Halifax April 6, 1955; the following were in attendance: Doctors D. M. MacRae, A. L. Sutherland, T. B. Murphy, D. M. Cochrane, G. G. Simms, Assistant Deputy Minister of Health, and H. J. Devereux, also Mr. F. R. MacKinnon and Dan Johnston, Department of Welfare and Mr. D. C. Macneill, Manager of Maritime Medical Care. Doctor J. B. Tompkins was absent due to illness.

The first item on the agenda was a discussion of the proposal to give complete medical and surgical coverage to the wards of the Children's Aid Societies of Nova Scotia. Mr. MacKinnon gave a detailed account of the problems confronting the Children's Aid Societies and Department of Welfare in looking after their wards; the salient points are as follows:

(1) At present there are approximately 1,600 "wards" (in boarding homes) to be covered with medical care. The proposed contract does not concern wards that are in institutions.

(2) At present these children are "boarded" and fully maintained on $8.00 per week—medical care is included in maintenance.

The municipality supplies $4.00 per week and the Government $4.00 per week. The monies raised by public contribution are used for administration purposes and are **not** used to board or maintain these children.

(3) In the past the medical care was provided by taking $1.00 per month from the maintenance fund and placing it in a Trust Fund to pay for medical expenses, optical expenses and dental care. In the overall picture this has not proved fully satisfactory. The disadvantages of this scheme are as follows:

(a) Private organizations handling trust funds of public monies which is not a good feature, because supervision is difficult and the Children's Aid Societies are spending time on administration which should be spent on "field work."

(b) Administration of medical funds is being handled by those not skilled in such matters.

(c) Uneven distribution of monies available to doctors, i.e. some get full fee, others get very little.

(4) Mr. F. R. MacKinnon stated that $1.00 per month could be paid to the Society for medical care, which should be complete as possible and include mileage. He also stated that the cost of the original examination would not come out of this fund, and that the Children's Aid Societies and the Department of Welfare would make every effort possible to prevent abuses on the part of the "wards."

Following this presentation by Mr. F. R. MacKinnon the matter was fully discussed by the Medical Economics Committee, and we respectfully make the following suggestions to the Executive of The Medical Society of Nova Scotia:

That The Medical Society of Nova Scotia enter into a contract with the Children's Aid Societies and the Department of Welfare to give complete

medical and surgical coverage to the wards of the Children's Aid Societies as outlined above, under the following stipulations:

(1) That the Children's Aid Societies pay $1.00 per month for the medical and surgical coverage.

(2) That the fund be administered by Maritime Medical Care Incorporated.

(3) That Maritime Medical Care Incorporated be allowed to charge their administration fee of 7% against this fund.

(4) That mileage be paid at the rate of 75c per mile.

(5) That medical and surgical care be complete with the following exceptions—

(a) Treatment and correction of congenital deformities;
(b) Dental care;
(c) Drugs;
(d) Optical expenses, except for one refraction per year.

(6) All twelve (12) Children's Aid Societies in Nova Scotia must enter into this agreement.

(7) This contract is to be on a trial basis for one year only to ascertain the actuarial figures and is subject to further negotiation or cancellation by either party on a sixty day notice.

The second item on the agenda was a discussion of the Welfare Contract covering the Blind Pensioners and Mothers' Allowance group. Mr. D. C. Macneill stated that our surplus is still growing but at a much slower rate. In view of this fact it was decided to further increase the services and this was done by giving partial coverage of **all** surgical fees up to a maximum of $50.00. (Tonsils, fractures covered as before.)

The third item on the agenda was a discussion of the Federal Health Grants by Doctor G. G. Simms who stated that all the monies available through these grants had been used.

There being no further business, the meeting adjourned.

Following the meeting, the Committee met with Mr. F. R. MacKinnon, representing the Department of Health, to discuss the Welfare contract. It was agreed that after May 1st the above mentioned increase in surgical fees would be incorporated into the new contract.

H. J. DEVEREUX,
Chairman.

Maritime Medical Care

PRESIDENT'S ANNUAL REPORT

Gentlemen:—

Upon behalf of Maritime Medical Care Incorporated, we welcome you to this, our sixth Annual meeting of the Board of Directors of the Corporation.

Finances

You have before you copies of the Auditors' Financial Statements which outline the result of our operations for the year ending December 31st, 1954. Unlike the previous year, our financial position deteriorated rather than improved notwithstanding the fact that our income increased by the sum of $92,000. This was due to the fact that our medical accounts increased by $127,000. You will note from the statement of Revenue and Expenditure that a provision for outstanding accounts has been made for the sum of $19,431. In the opinion of Management and our Auditors this figure is a true, calculated estimate based on past experience of the unsubmitted accounts which may be forthcoming. We may find that this estimate is high and if such be the case, our deficit could become a surplus and similarly, the converse could be true. In budgeting the finances of a prepaid plan it is essential that each year have ascribed to it, its full medical expense.

Utilization

During the year, the utilization of medical services remained high. This was coupled with the fact that 1954 was the first complete year that we have worked under the new fee schedule of The Medical Society of Nova Scotia. The full impact of this Schedule is quite noticeable particularly in the field of surgery. A complete breakdown of medical costs appears in the General Manager's report. As you know, on July 1st last the Corporation obtained the services of a full time Medical Director in the person of Dr. G. B. Shaw. We believe that Dr. Shaw is doing an excellent job having quickly grasped complete understanding of his duties and has found and stopped many of the leaks in his department. Unfortunately, many of the leaks are yet to be found and while we know that wide utilization by the subscriber is a big drain on our financial resources, we also believe that overservicing by the physician, if not a prime factor, is a large contributing factor to our ever increasing medical costs.

Participating Physicians

During the year, the number of Participating Physicians in our prepaid plan increased by forty-one to a total membership of 589. This figure represents better than 97 per cent of all physicians in private practice in the Province. No resignations were received during the year. We believe that we have the wholehearted cooperation of our member doctors and it is only with this cooperation that we can hope to succeed.

Medical Taxing Committee

Our sincere thanks are extended to the members of the profession who have served on the various Medical Taxing Committees. They have performed their exacting task in a most conscientious manner. Since the advent of our

Medical Director their duties have been greatly curtailed but there are still quite a large number of contentious accounts which are adjudicated by the Committee each month.

Individual Plan

Late in 1954 a medical plan for individual enrolment was launched. We believe that this is a progressive step in bringing prepaid medical care to the people of this Province. The enrolment in this plan is relatively small so it is yet too early to tell what the utilization of services will be. In designing the subscriber's contract, deterrents were inserted which it is hoped will make the plan financially sound.

Provincial Welfare Plan

This plan of limited medical care which our Corporation administers on behalf of The Medical Society of Nova Scotia for recipients of Mothers' Allowance and Blind Pensioners' continues to operate at a surplus. Late last Fall, the benefits under this scheme were extended by the Society so the balance accrued over the past years has been reduced.

Investments

Investments during the year were increased by $66,000. which brings our total investment account up to $166,000. These investments all bear a good rate of interest and are approved as trustee investments. Only a small portion of this $166,000. is surplus money and the remainder are operating funds which have been prepaid by our subscribers.

Executive Committee

Your Executive Committee has met regularly during the year and has dealt with all pertinent matters which confronted the Corporation. As your President, I would like to pay tribute to the men on this Committee who have given so generously of their time and efforts on behalf of the Corporation. I would like to extend a special note of appreciation to Mr. J. A. Walker, Q.C., who has been a member of this Board and of the Executive Committee since its inception. As an outstanding lawyer and business man of this community, he has many demands upon his time but he has always been most generous in giving freely of his talents and ability to the cause of Maritime Medical Care.

Trans-Canada Medical Plans

Your Corporation took an active part in all deliberations of T.C.M.P. during the year. Your President, who is Honorary Treasurer of the organization, represented you at all Commission and Executive meetings. The Commission members and administrators, after years of negotiating between the plans, have finally reached agreement on a national contract for medical care. Due to differences in contracts it had been most difficult to achieve unanimity without some disruption of present regulations of some of the prepaid plans in Western Canada. This contract will only be sold to firms who have employees

across Canada and who wish uniform coverage in each province. It is anticipated that this new plan will meet the requirements of national employers.

New Building

For the past year, our Administrative staff has been working under adverse conditions due to inadequate office space. This matter has already been placed before you and as it has been placed on the agenda for further consideration, I will not deal with it further here except to say that it is a very real problem and one that requires your early attention.

Staff

This report would not be complete without the sincere acknowledgment of the good work and excellent application of our Administrative staff. To each of them, we say "thank you."

As I now retire from the Presidency, I wish to thank the profession at large for the confidence and co-operation they have given me. In particular, I mention your very capable Executive Committee and staff who have made my duties less difficult than I had anticipated. With your continued support, I look forward to the future with the expectation of even greater success for Maritime Medical Care.

Respectfully submitted,
J. C. WICKWIRE, M.D.,
President

ANNUAL MEETING

The Annual Meeting of The Medical Society of Nova Scotia will be held at the Fort Cumberland Hotel, Amherst, N. S., on September 6th, 7th, 8th and 9th.

It is expected that Doctor T. C. Routley, President of The Canadian Medical Association, and Doctor A. D. Kelly, General Secretary of The Canadian Medical Association and Doctor Edward Brooks, Chief of Medicine of St. Michaels Hospital, Toronto, and Doctor Gordon Petrie, Orthopaedic Surgeon of the Royal Victoria Hospital, Montreal, will be attending.

Reservations for accommodation should be made immediately. Address communications to Doctor J. A. Langille, M.L.A., Chairman of the Housing Committee, 107 Church Street, Amherst, N. S.

LOCUM TENENS WANTED

Locum tenens wanted for the period June 15th to June 30th or between the period August 15th to August 31st, anywhere in the Province, but prefererably in the Halifax area. Apply to W. H. A. Richards, M.D., 605 Connaught Avenue, Halifax, Nova Scotia.

In Memoriam

DR. CHARLES STEWART MORTON
1876-1955

DR. Charles Stewart Morton died quietly and peacefully on May 12, 1955, from coronary thrombosis—"the doctor's disease." His life was a fine example of the lines he loved to quote:

> "To labour not for place or power
> Nor wealth which lasts a paltry hour,
> But only that, when rest is won,
> A kindly God may say 'Well done' ".

Dr. Morton was born in Wallace, N. S., the son of Rev. A. D. Morton and Mrs. Morton. Clergymen in his day were not more fully endowed with this world's goods than they are now, and according to the needs of the ministry they moved from time to time to different parishes and different environments. After preliminary schooling in various places in the Maritimes, the son of the manse took up teaching as a preliminary vocation, having in mind as his ultimate goal the study of medicine. In his first year as a student of medicine in the University of Toronto, his savings were wiped out by the failure of a bank in Newfoundland; but, with indomitable courage he returned to teaching in Brigus and St. John's, Newfoundland. Adversity only steeled him for further endeavour and he graduated in medicine from Toronto University in 1901.

The young doctor now entered the practice of medicine with Dr. Smith, of Brigus, Newfoundland. There he learned to meet emergencies and with the latent skill in surgery that he developed to such a fine art in later years, he performed surgical operations not previously attempted in that locality. This practice was a *locum tenens* only, and so, in the same year he moved to Port Greville, N. S. to establish his own practice. His wife, whom he married while establishing his practice, predeceased him in 1931. Their son and only child, Dr. Harry S. Morton, is now a surgeon of excellent repute, practising his art in Montreal.

The record of the young practitioner in Port Greville is an enviable one. There he learned, in the absence of laboratory equipment and hospital facilities, to deal with emergencies, to meet surgical problems, and withal to be adviser, counsellor and friend to a large family practice. When roads were blocked by snow and the aging medical men in the vicinity could not venture on the journey, the young doctor attended the sick, on snow-shoes or by whatever means he could reach them. Former patients of his, who have been seen at times by the writer, testify to his courage and skill, to his ability to make the right decision, and to his unswerving loyalty to the profession which he loved.

The ambition to serve more people and to serve them better dictated his next decision, that of post-graduate study. After an extensive course of study in the London hospitals and at the Royal Infirmary, in Edinburgh, he started a practice in Halifax, N. S., in November, 1909. A great friend and confrere of loved memory, Dr. George A. MacIntosh, put out his sign on the same day. Medical practice came slowly to the relatively unknown and new man in the

Halifax area. This is one of the reasons why he helped so many young practitioners, of whom this writer was one, to get established in their new location.

In due course Dr. Morton became one of the busiest and most trusted men in his new abode. He attained many prominent positions in the medical life of his community. He was a member of the Provincial Medical Board of Nova Scotia and also of the Medical Council of Canada. He was Lecturer in Obstetrics and Gynaecology at Dalhousie University from 1916-1920. He was an examiner in Obstetrics and Gynaecology for the Medical Council of Canada since its inception, and also for the Provincial Medical Board in the same subjects for many years.

He was a Fellow of the American and Canadian Colleges of Surgery and in 1951 he received an honorary degree from the University of Toronto. His surgical and medical skill will long be remembered in various Halifax hospitals, particularly the Halifax Infirmary and the Grace Maternity Hospital.

Dr. Charles Morton has left us and this community is saddened by his departure. I knew him first as an enthusiastic teacher when, with other giants of his day, he taught medical students with great skill and little financial return for his efforts, his reward being the knowledge of work well done. The many tributes from former patients and medical colleagues are surely the answer to the question as to whether or not it is worth while to spend one's life in the interests of others. The unexpected removal of an esteemed friend from a state of transitory existence to one of eternal duration is an occasion for grief. And yet, while "from the voiceless lips of the unreplying dead there comes no word, in the night of death hope sees a star, and listening love can hear the rustle of a wing."

J. W. MacINTOSH.

Obituary

DOCTOR MARY MacKENZIE SMITH

After an illness of only a few days, Doctor Mary MacKenzie Smith died at her home in Pictou on April 30, 1955, in her eighty-eighth year.

She was born at Waterside, Pictou County, a daughter of Simon and Annie (Murray) MacKenzie. She was educated at Pictou Academy and Dalhousie University, graduating in Medicine in 1905. In the same year she went to India as a medical missionary of the Presbyterian Church in Canada. After several years in this work she did post-graduate work in London, and returned to Canada in 1911, as the wife of Rev. Alonzo Smith. From then until her retirement in 1935 her medical work was centred in the rural and urban schools of Ontario. She was a pioneer in this field, working first under the auspices of The Women's Institutes and later for the Government of Ontario.

Following retirement she travelled extensively and spent two years in India. The last seventeen years of her life she resided in Pictou. Doctor Mina MacKenzie of Pictou, for thirty-six years a missionary in India, is a sister. To her and to all other members of the family the Bulletin extends its sincere sympathy.