

Editorials

The Medical Society of Nova Scotia

A busy year has passed during which time The Medical Society of Nova Scotia has had time to take stock of its new constitution and feel the impact of a full-time Executive Secretary in the handling of its ever increasing affairs. A year ago, in an Editorial, we drew attention to a quotation which hangs on the wall of The Medical Society Office and reads —

“There is no merit in just belonging to anything. The merit comes entirely through whatever personal effort we give to make the organization function. An organization is not an entity. It has no life and no meaning in itself. It is simply a line of functioning individuals. When one individual fails to function, the whole line is affected. The greatest possible ideal that can be put across in relation to any organization is the ideal of personal responsibility for corporate action.”

We believe that during the past year a great deal has been accomplished within The Medical Society to fulfil this ideal. There is at the present time, however, no cause for complacency, no excuse for congratulatory back slapping. Although membership in the Society has shown an increase of some fifty physicians during the past year, there are still about one hundred members of the profession in Nova Scotia who for one reason or another have not yet seen fit to join us. If ever there was a time when we need the united support of the whole profession behind us it is now. During the next few years our profession will be faced with the greatest challenge from Government that it has ever had to meet. At such a time we should have the support of the whole profession and nothing less. We urge, therefore, that local Branch Societies become more active on behalf of the parent Society, and that every endeavour be made to obtain the active membership in The Medical Society of Nova Scotia of all practising physicians in the province.

Once again in this issue we offer you an account of the business affairs of the Society during the preceding year as presented at the Annual General Meeting at Digby, and concurrent meetings of the Executive.

Space does not permit the publication of all the reports and proceedings, but it has been our endeavour to present those which seem to have the most important bearing on our present affairs and to be of general interest to our readers.

Letters to the Editor

The absence, or near absence of, “letters to the Editor” or “correspondence” — call them what you will — is, to our way of thinking, one of the less happy features of the Bulletin. It is disturbing to think that our pages are so dull, the articles of our contributors so unprovocative and pedestrian that only a solitary reader was stimulated to put pen to paper during the past year.

Is there nothing that goes on in the medical circles of Nova Scotia worthy of intelligent comment? Is the spirit that moved the pens of Joseph Howe and Thomas Halliburton entirely dead in our midst. We dare to believe that none of these statements are true. Medical men on the whole have never been enthusiastic letter writers, and most of us work long hours and have little enough leisure time as it is. Nevertheless, the fact remains that the Bulletin is almost unique amongst medical journals in having no correspondence, and the Editors are left to get on with the job month after month in a literary vacuum without comment of any kind from their readers.

May we remind you at this time, therefore, that the Bulletin is your journal, and an important medium for the spread of information and thought within our Medical Society, and the Editorial Board both desires and welcomes your comments.

Editorial Board

There has been no change in the present membership of the Editorial Board, but we take this opportunity of welcoming the addition of Doctor L. C. Steeves, representing the Post-Graduate Division of the Faculty of Medicine of Dalhousie University, to this Committee.

Presidential Address

John R. McCleave, M.D.

Digby, N. S.

One of the duties of the President of the Nova Scotia Medical Society, according to the Constitution, is that he shall deliver a Presidential address. It seems to me that this provision is not altogether a wise one because there will be years when the Society shall be called on to endure more punishment than it deserves and this will be one of them. I promise to make the punishment brief.

We have had, I believe, a very successful year. Our Secretary, Dr. Beckwith, and his assistant, Mrs. Currie, have worked hard on our behalf. The various committee members have been diligent and unsparing in their efforts. Dr. Sandy MacLeod, as Chairman of the Executive, has done most of the work which formerly revolved on the President and, therefore, I have had a relatively easy and enjoyable tenure of office.

It is not my intention to burden your ears with a recital of the work accomplished by the executive committee during the year. This will be brought out during the general meetings when committee reports will come up for discussion. I strongly advise you to attend the business meetings because then you will have an opportunity not only to hear what is going on, but to make known your views on the various subjects and exercise your votes to see that the wishes of the majority are carried out.

At this time, I wish to emphasize the importance of the individual. Nothing is more exasperating to me than to hear someone say "What's the use of going to the meetings, Tom Jones runs the whole show anyway." Well, the only reason Tom Jones runs the show is because Bill Smith doesn't take enough interest to stop him. And while I am on this subject, I would like to bring up a point which I feel is very important to all branches of our Society and that is membership. We should be satisfied with nothing less than 100 per cent membership. It should be the aim and duty of all of us to urge our confreres to join. We should endeavour to point out to them the advantage of belonging to the Society. It is important in the days ahead, when we are faced with socialized medicine coming in various forms, to be united and strong, so that your representatives speaking in your behalf with any governing body, may be able to state that they are speaking for 100 per cent of the Doctors and not 60 - 70 percent. At the present there are approximately 100 doctors in Nova Scotia who do not belong to this Society. It is your challenge and mine to persuade them to join.

During the month of June, I attended the meeting of the General Council of the C.M.A. at Edmonton. It being my first attendance, I was very much impressed by the amount of business discussed and the grasp many of the delegates had of the questions under discussion. It became very apparent to me that we should choose our delegates with care, selecting those who have worked on committees dealing with the questions to be brought up and ones who are capable of advancing strong arguments for our positions. I felt that the delegates from the various provinces respected each other's position in direct ratio to the skill with which the delegates presented their cases and I think we should make certain our delegates are of sufficient calibre to merit that respect.

I think I have taken up enough of your time. I wish to thank you for electing me to this position of honour. I hope the incoming President will enjoy it as much as I have. I know he shall fill the position much more capably.

Thank you.

Report of the Chairman of the Executive Committee

A. G. MacLeod, M.D.
Dartmouth, N. S.

Report of the Chairman of the Executive Committee

Your Executive Committee met on September 7th, and November 19th, 1956 and March 18th and August 27 and 28th, 1957, for the conduct of the affairs of the Society in the interval between the Annual Meetings.

This report will only attempt to deal with the highlights of the year's business as those of the various committees will be presented in full.

Permanent Secretary

The past year marked a new era in the history of the Society with the acquisition of a full-time secretary and the results have justified the wisdom of this decision.

In addition to the routine office work, our secretary visited all branches except one, acted as ex-officio member or secretary of many committees, represented the Society on the Hospital Planning Committee of the Nova Scotia Government, attended the Executive Meetings of M.M.C. Executive as observer, and also met weekly with your Chairman during the year. He has been invaluable in the collection and dissemination of information and in the co-ordination of the various committees. It has been necessary to procure additional stenographic help in order to keep the work up-to-date.

Office Space

The Society is indebted to Dean Stewart, and Dalhousie University for providing an additional room for office space in the Dalhousie Public Health Clinic. Our thanks to Dr. Stewart.

A beginning has been made in the procurement of modern office equipment and it is recommended that this will be added to from time to time until completed.

Membership

As of July 31st, 1957, the membership stands at 436 and is composed as follows:

Ordinary Members		348
1st Year	„	13
2nd Year	„	15
Post Grad.	„	27
Retired	„	4
Senior	„	2
Honorary	„	27

This represents a gain of at least 25 members over the similar period of 1956. However, it is a matter of concern that there is still a large number of active practitioners who are not members. Our secretary is making every effort both through his office and through the Branch Societies to remedy this discrepancy.

Bulletin

The format of the Bulletin has been changed and the editors are constantly endeavoring to improve and expand our journal.

Briefs

Briefs were submitted as follows:

1. To the Law Amendments Committee of the N. S. Legislature in opposition to a proposed Chiropractic Bill by the Legislative Committee.
2. To the Hospital Planning Committee of the Government of Nova Scotia by the Medical Advisory Committee on Health Insurance.
3. To the Royal Commission of Inquiry into the N. S. Compensation Act by a Special Committee.

Committees

There are sixteen Standing Committees. Each has discharged its responsibilities in a commendable manner. Some have had an extremely busy year — for example:

1. **The Committee on Fees** — has been meeting weekly and has studied an immense amount of relevant data and the new schedule is rapidly nearing completion. This has been a very difficult and time consuming task.
2. **The Committee on Medical Economics** — among their more important undertakings were:
 1. Participation in the Joint C.M.A.T.C.M.P. meeting in Toronto in January.
 2. Completion of negotiations with the Department of Welfare for a new contract for the Welfare Group at a substantial increase.
3. **Advisory Committee on Health Insurance** — has been kept informed of developments and the report from this committee bears close consideration.
4. **The Committee on Legislation** — has been particularly busy with the proposed Legislation for Chiropractors. This report is one which requires study and thought as to the next steps to be taken.
5. **Post-Graduate** — The Committee reports continued progress in this field. This work is carried through Dalhousie University and is now, I believe, foremost in Canada.

Briefing Session for the Members to General Council

This year two briefing sessions were held for the Members to General Council previous to the meeting. The results were amply demonstrated by the fine manner in which our members acquitted themselves at the General Sessions. This has been a very pleasant experience and points the way to continued improvement in the future.

In closing, I wish to thank the Executive and Members of all Committees who have worked so hard and well during the past year; also for their co-operation and forbearance at all times.

To our Secretary, my thanks for his unremitting efforts in behalf of the Society. For his frequent goading, my thanks and forgiveness.

To Mrs. Currie, who continues to serve the Society faithfully and well now, and for many years past, in her numerous duties, my thanks.

If I might be permitted one request, it is that the various Branch Societies take a more active interest and participation in the affairs of the Society.

**REGULAR MEETING
EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
AUGUST 27, 1957**

MINUTES

The Meeting was called to order at 9.30 a.m. by the Chairman, Dr. A. G. MacLeod. Present were:—

Dr. J. R. McCleave, President; Dr. A. L. Murphy, President-Elect; Dr. R. O. Jones, Past President; Dr. C. H. Young, Honorary Treasurer; Dr. J. A. MacCormick, Antigonish-Guysborough Medical Society; Dr. H. J. Martin, Cape Breton Medical Society; Dr. David Drury, Cumberland Medical Society; Dr. D. I. Rice, Dr. W. A. Murray, Dr. N. B. Coward, Halifax Medical Society; Dr. R. G. A. Wood, Lunenburg-Queens Medical Society; Dr. F. J. Granville, Pictou County Medical Society; Dr. H. C. Still, Editor-in-Chief, Nova Scotia Medical Bulletin; Dr. C. J. W. Beckwith, Executive Secretary. Doctors A. W. Ormiston, Cape Breton Medical Society; P. R. Little, Colchester-East Hants Medical Society; J. P. McGrath, Valley Medical Society; A. F. Weir, Western Nova Scotia Medical Society; were not present.

The Minutes of the last Executive Meeting, March 18, 1957, were accepted as mimeographed and distributed to the members.

Dr. D. I. Rice, Chairman of a special committee of the Executive to study the Annual Meetings, read his report.* The report had the following headings:

- (1) Financing of Annual Meetings.
- (2) Locale of Annual Meetings.
- (3) Dates of Annual Meetings.
- (4) Exhibits.

Each was discussed at length. The report was received.

Results of Discussion:

- (1) It was moved by Dr. D. I. Rice, seconded by Dr. C. H. Young "That this report be received." Carried.
- (2) It was moved by Dr. R. G. A. Wood, seconded by Dr. R. O. Jones "That the report of the Committee studying the Annual Meetings of The Medical Society of Nova Scotia be referred to each Branch for further study and that they report their conclusions to the Committee." Carried.

Time of Annual Meetings

The background for dates of the Annual Meetings was reviewed. There was general agreement that the "Fall meeting" was undesirable; that the best time is the "late spring." Traditionally The C.M.A. meets during June. That meeting requires attendance of the officers and representatives of this Society at the General Council of The C.M.A. Views were expressed as to whether the Nova Scotia meeting should take place before or after The C.M.A. It was agreed that further study was required before arriving at a decision. Dr. Rice pointed out that with The C.M.A. taking place in Halifax in 1958 the annual meeting for this Division would be for business only.

The Committee was directed to continue its study with Dr. Rice as Chairman. It was recommended that the Honorary Treasurer be a member of this Committee.

*Published in full in this issue, Page 435

**REPORT OF COMMITTEE STUDYING "MEMBERSHIP
IN BROADEST POSSIBLE TERMS AND APPROPRIATE FEES."**

Dr. R. O. Jones

This Committee had been set up at the Meeting of March 18, 1957. The complete report has been attached to the agenda for this regular meeting.

**Classification of Membership
Nova Scotia Division - Canadian Medical Association**

CATEGORY	MEMBERSHIP DUES			
	N.S.M.S.	C.M.A.	P.G. Levy	Total
Ordinary Members	\$50.00	\$20.00	\$ 5.00	\$75.00
With the Following Exceptions:				
First-year Practice				
(to Dec. 31).....	5.00	5.00	5.00	15.00
Second Year Practice.....	25.00	10.00	5.00	40.00
Husband and Wife in Practice				
Together:				
Husband.....	50.00	20.00	5.00	75.00
Wife.....	25.00	10.00	5.00	40.00
Retired Members.....	6.00	4.00		10.00
Physicians in Post-Graduate				
Study:				
In Canada.....	5.00	5.00	5.00	15.00
Outside Canada.....	5.00	12.00	5.00	22.00
Non resident Members.....	10.00	—	—	10.00
Senior Membership.....	—	4.00	—	4.00
Honorary Membership.....	—	—	—	—
Temporary Membership.....	—	—	—	—
New Members Joining After				
July 1.....	25.00	10.00	5.00	40.00

Retired Members—The definition of a "retired member" shall be "One who is considered retired in the opinion of his colleagues."

Temporary Membership—may be granted for a period up to six months without fee to physicians in special circumstances; for example, members of the Armed Services who are members at large of the C.M.A. and who are stationed in Nova Scotia for a short period. Such membership is to be granted at the discretion of the Executive.

Further that: "Temporary Membership" as defined be granted at the discretion of the Executive Committee.

The section of the report dealing with the new physicians locating in various areas of Nova Scotia was discussed. As suggested in the report, it was agreed that an organized effort should be made to get these men to become members of The Medical Society of Nova Scotia. It was recommended in the report that the local Branch Societies set up welcoming committees that would call upon new physicians and invite them to become members of the local branch of The Medical Society of Nova Scotia. Dr. Jones moved the adoption of this report, seconded by Dr. J. MacCormick.

The section of the report regarding Group Life Insurance, Disability Insurance and Pension Plan followed, the recommendation of the Committee being that individuals can participate in these schemes only if they are members in good standing of the Society. After discussion Dr. Jones moved the adoption of the report, seconded by Dr. Wood. Dr. Jones then moved the adoption of the report in whole, seconded by Dr. Wood. All members were in favor.

The regular meeting of the Executive resumed at 11.00 a.m.

Interim reports on membership, stenographic services and office equipment were submitted by the Executive Secretary.

Membership as of July 31, numbered 440 as compared with 390 on August 30, 1956. New members numbered 35, as compared with 24 in 1956.

Stenographic services. Experience of the past year has demonstrated that additional part-time stenographic services are required to conduct the business of The Society. Funds to provide these services were provided by motion.

Office equipment. Funds had been provided during the past year for certain office equipment. It was agreed that additional purchases be made during the present year, such purchases to be regarded as capital investment.

The Executive had authorized extending an invitation to the President of the Graduating Class in Medicine to attend the annual meeting with expenses paid.

In discussion liaison being effected between The Medical Society of Nova Scotia and the final year class in medicine, it was moved by Dr. R. O. Jones, seconded by Dr. H. J. Martin — "That the Dean of Medicine at Dalhousie be asked to arrange a series of lectures to the fourth year class on the organization and business aspects of medicine." Carried.

The following matters were also reviewed by the regular meeting of the Executive Committee:

- (1) The proposed bye-laws of Maritime Medical Care Inc. were discussed. With a slight addition to wording one paragraph, they were referred to the General Meeting with recommendation for adoption.
- (2) Dr. A. L. Murphy gave a report on a conference regarding "Service Doctors."
- (3) Dr. C. H. Young, Honorary Treasurer, had received authority of the Executive at the March meeting to effect changes in the book-keeping system. He reported that these had been effected and that the changed system would be in operation shortly.
- (4) A report of the Committee to investigate the possibility of a College of Physicians and Surgeons for Nova Scotia recommended that the study be continued.

The meeting adjourned at 1.00 p.m.

The regular meeting of the Executive Committee was reconvened at 2.30 p.m. by the Chairman, Dr. A. G. MacLeod.

A report from the Executive Secretary to the Executive was presented. This included observations and thoughts concerning the affairs of The Society in the interval since lately taking office in October, 1956.

This Division with present membership is entitled to nine representatives to sit on General Council of The C.M.A. The desirability of having the most effective team possible was discussed at considerable length. The discussion resolved into the following motion:

Moved by Dr. D. I. Rice, seconded by Dr. R. O. Jones—"Resolved that the matter of representatives to General Council of C.M.A. be referred to incoming

Executive for study and recommendation so that the strongest representation from this Society be assured." Carried.

The section of the report dealing with improvement in the *Business Sessions of the Annual Meeting* followed for the consideration of the Executive Committee and recommended for adoption.

- (1) At the time of Registration, each member will be given —
 - (a) A mimeographed copy of the reports of Committees and Representatives for 1956 and 1957;
 - (b) A number of forms on which resolutions may be written, together with a piece of carbon paper so that the mover may have a carbon copy of any resolution which he writes.
 - (c) A list of instructions for procedure in debates (appended). All members were in agreement with the above.
- (2) That a bulletin of subjects to be placed before each business session be posted prior to each session.
- (3) It was agreed that remarks from the Executive relating to each report be presented to the Annual Meeting in the form of "Executive Comment."
- (4) It was agreed that any motion placed before the Annual Meetings is to be written and signed by the mover and have the name of the seconder appear on it.

Correspondence:

The Executive Secretary put the following correspondence before the meeting, for the members' consideration:

(a) Letter from the Minister of Public Health of August 2, 1957 acknowledgement of letter written concerning the organization of a Hospital Insurance Plan. It was stated in the letter that the Hospital Services Planning Commission was to have an Advisory Committee and that the Society would be invited to make nominations for the selection of a member of the Society to serve on that Advisory Board.

Moved by Dr. C. H. Young, seconded by Dr. J. R. McCleave — "That the report of our Health Insurance Committee be heard before anything further is done in this respect." Carried.

(b) Letter from Chairman of Hospital Services Planning Commission of August 2, 1957, requesting the names and addresses of three or four members of the Society who would be acceptable to the Executive as a member of the Advisory Committee. This was deferred as item (a) had been.

(c) Letter from Minister of Health, dated August 2, 1957, containing the proposals agreed upon at a Conference with the Committee on Medical Economics. It was agreed: —

- (1) That commencing September 1, 1957, payment under the contract be raised to \$1.00 per recipient for the welfare group.
 - (2) That the increase in the payment be made pursuant to the present contract and that all other terms of the contract remain as heretofore.
 - (3) That when the new rate has been in force for a period of one year, that the matter be then reviewed with consequent further alterations in rate upwards or downwards as the case may be.
 - (4) That the negotiations after one year's experience be instituted in time for budgetary provision to be made for resulting changes.
- (d) Letter from Minister of Public Health relative to examinations of those making application for Total Disability Pension. This letter was discussed

at great length resulting in the following motion:

It was moved by Dr. R. O. Jones, seconded by Dr. D. I. Rice — "That the matter of payment for Total Disability Pension examinations be referred to the new Medical Economic Committee with the suggestion that they also look into other areas in which the medical profession renders free service to government." Carried.

(e) Letter from General Secretary, C.M.A. re-nomination for President of World Medical Association.

Moved by Dr. C. H. Young, seconded by Dr. D. I. Rice — "That Dr. N. H. Gosse be nominated." All members in favour.

(f) Letter from General Secretary, C.M.A., re Resolution of the Royal College of Surgeons. It was agreed by the members that this resolution, concerning the payment of fees for services on an individual basis, did not apply to Nova Scotia as there has been no trouble in this regard.

(g) Letter from General Secretary C.M.A., re Financial Aspects of C.M.A. Annual Meeting. This is a request for a statement covering the financial aspects of the Divisional Annual Meetings for the past ten years. The form had been completed and returned.

(h) Letter from Registrar, Provincial Medical Board, re election of six representatives from Society to that Board. Referred to Nominating Committee.

(i) Letter from M. R. Macdonald, M.C., re "Salaried Physicians," obtaining eligibility for deductions from Income Tax of expenses assumed with two medical conventions per year as obtained with the "Self-employed" Physician. Dr. Macdonald recommended in the letter that representation through the C.M.A. be made to the Minister of National Revenue or the Minister of Finance, on behalf of the salaried physicians, to obtain the same privileges as the "Self-employed" physicians. It was agreed by the members of the Executive, that the situation as it now stands, is unfair.

Moved by Dr. Jones, seconded by Dr. Wood — "That the Meeting endorse the recommendations contained in the letter." All members in agreement.

(j) Letter from Director of Post-Graduate Education, Faculty of Medicine, re Refresher Course in Cancer to be sponsored by C.M.A. Committee on Cancer. This letter asked for approval from the Nova Scotia Division of the C.M.A. of the preparation and organization of a "Refresher Course in Cancer" in Nova Scotia.

Moved by Dr. McCleave, seconded by Dr. Young — "That this Refresher Course be approved and applied for by the Nova Scotia Division." Carried.

(k) & (l) Letter from Maritime Hospital Service Association inviting Secretary to attend meetings of the Board of Trustees. Discussion revealed that Dr. Hirtle of Sackville, N. B. (a member of the N. S. Division) and Dr. Christie of Amherst, were representatives from The Medical Society. The letter from the M.H.S.A. was an invitation to the Secretary of the N. S. Division of the C.M.A. to be present as an observer at the Executive Committee and Board of Trustee Meetings. Similar invitations had been extended to Secretaries of the other Divisions in the Atlantic Provinces.

Moved by Dr. Martin, seconded by Dr. Rice — "That this matter be taken up when Dr. Hirtle presents his report." Carried.

(m) Communication re Group Life Insurance. This letter states that the original contract calls for a principal sum of \$5,000. However, due to a favorable mortality experience within the Group, the percentages now show an increase over the original amount of \$5,000. to \$7,000.

(n) Communication re Group Life Insurance. There has been a change in the Booklet for the Medical Society Group Life Plan.

(o) Communication re Post-Graduate Education. This is a request that this programme be supported by a grant equivalent to five dollars per member per year, and the assurance of the continuation of this grant.

(p) Letter from Halifax Medical Society with nominations for Senior Membership in The Medical Society of Nova Scotia. Dr. A. L. Murphy submitted the names of Dr. J. C. Ballem and Dr. W. A. Curry for nomination, with all members in agreement, Dr. F. J. Granville seconded the nominations.

(q) Letter from Maritime Medical Care Inc. re definition of Specialist. This question received much consideration by the members. It was stated that some physicians were being paid for specialized work who were not qualified as specialists, while other Doctors who were qualified as specialists, were not being so remunerated. The resolution made by Dr. Rice in this regard, seconded by Dr. Young, is as follows:

"Being constantly faced with the question of who is a specialist, and not presently being able to define such a person, moved that a Committee be appointed by the incoming Executive to study this matter, to define a specialist for acceptance by the Executive for use in future deliberations." The following matters were brought to the attention of the Executive:

Letter from Atlantic Provinces Economic Council re membership. Referred to new Executive.

Letter from the New Brunswick Division re C.M.A. Annual Meeting 1958. This was tabled.

Correspondence from companies re Retirement Savings Plans. These letters were tabled because of The C.M.A. Plan.

Amendments to Act of Incorporation received from the Maritime Hospital Services Association were tabled — also Hospital Service Contract Series 600 and Surgical Medical Contract Series 650.

It was agreed that a certificate for "formally approved Branches" of The Society be prepared for consideration of the Executive — and further, that this be considered by the Committee on By-Laws.

Correspondence and information relative to the Asian influenza epidemic was tabled. The Executive was informed of the Advisory Committee to the Department of Health. The Executive Secretary had been invited to be a member to represent the Society.

The new regulations re Communicable Diseases as issued by the Department of Health, were presented and tabled.

Letter from the General Secretary of the C.M.A. relative to by-laws covering Sections was received.

The Executive Committee declared this Meeting to have been a "Regular Meeting" of the Committee, aside from the Annual Meeting.

The Meeting was adjourned at 5.30 p.m. on motion of Dr. Young.

**ANNUAL MEETING
EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
AUGUST 28, 1957
DIGBY PINES HOTEL**

MINUTES

Present were:

Dr. J. R. McCleave, President; Dr. A. L. Murphy, President-Elect; Dr. R. O. Jones, Past President; Dr. C. H. Young, Honorary Treasurer; Dr. J. A. MacCormick, Antigonish-Guysborough Medical Society; Dr. H. J. Martin, Cape Breton Medical Society; Dr. David Drury, Cumberland Medical Society; Dr. D. I. Rice, Dr. W. A. Murray, Dr. N. B. Coward, Halifax Medical Society; Dr. R. G. A. Wood, Lunenburg-Queens Medical Society; Dr. F. J. Granville, Pictou County Medical Society; Dr. J. P. McGrath, Valley Medical Society; Dr. H. C. Still, Editor-in-Chief, Nova Scotia Medical Bulletin; Dr. C. J. W. Beckwith, Executive Secretary.

Doctors A. W. Ormiston, Cape Breton Medical Society; P. R. Little, Colchester-East Hants Medical Society; A. F. Weir, Western Nova Scotia Medical Society were not present.

The meeting was called to order at 9.15 a.m. by the Chairman, Dr. A. G. MacLeod. Present were: Doctors J. A. MacCormick, H. J. Martin, David Drury, D. I. Rice, W. A. Murray, N. B. Coward, R. G. A. Wood, F. J. Granville, J. P. McGrath, J. R. McCleave, A. L. Murphy, R. O. Jones, C. H. Young, H. C. Still, C. J. W. Beckwith. Dr. A. D. Kelly, General Secretary C.M.A. arrived during this session.

The minutes of the last Annual Meeting were approved as mimeographed and distributed to the members.

The Chairman remarked that the reports for 1956-57 have been organized in a volume, indexed, and paragraphs numbered for ready reference. They had been issued to members of the Executive Committee in sufficient time for study and consultation before this meeting. He reminded the members that it had been agreed to provide "Executive Comment" for each report after it is presented to the Annual Business Meeting.

Reports of Standing Committees were then considered.

Report of the Chairman of the Executive Committee

Dr. Jones moved the acceptance of this report, Dr. H. Martin seconded this motion — motion carried. Executive Comment — Recommended for adoption.

Report of the Committee on By-Laws

Moved by Dr. R. O. Jones, seconded by Dr. D. I. Rice — "That the Committee on By-Laws review the present By-Laws of the Medical Society of Nova Scotia to incorporate recent changes and bring our constitution in line with the C.M.A. constitution." Carried.

The appointment of the Deputy Minister of National Health and Welfare as a member of General Council of C.M.A. was discussed, the executive being in agreement with the views expressed by Dr. Hewat.

Moved by Dr. C. H. Young, seconded by Dr. R. G. Wood — "That the report of the Committee on By-Laws, as presented, be accepted and that preparation of the Constitution and By-Laws of the Society, for printing and publication in booklet form, be postponed for a further year." Carried.

Executive Comment — "Refer to Annual Meeting with above comments, and recommend adoption."

Report of the Committee on Cancer — Dr. H. J. Martin did not think there would be any advantage in each local Society appointing one doctor to consider problems concerning cancer. Dr. Murphy and Dr. Rice were also in agreement with Dr. Martin's comments as were all members.

The adoption of this report, with the foregoing exception was moved by Dr. Martin, seconded by Dr. Rice and carried.

Executive Comment — "Refer to Annual Meeting with above comments and recommend adoption."

Report of Committee on Maternal and Child Welfare

Dr. D. I. Rice moved the adoption of this report upon changing Resolution C, para (1), to read as follows:

"Representation be made to the Provincial and Federal Government that preparations made from Oil of Apiol be prohibited from manufacture and sale in Canada."

Seconded by Dr. R. O. Jones. Carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Committee on Civil Disaster

Dr. W. A. Murray moved acceptance of this report. Seconded by Dr. H. C. Still. Carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of the Finance Committee — Dr. Young presented this report making comments on the budget. Dr. Jones expressed his optimistic views and confidence that the financial position would improve.

Dr. H. C. Still moved the adoption of this report. Seconded by Dr. R. G. A. Wood.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Honorary Treasurer — This report was presented by Dr. Young. Moved by Dr. N. B. Coward, seconded by Dr. R. G. A. Wood — "That the Executive give to the Finance Committee the authority to invest surplus funds as they accrue and transfer savings to the current account."

Dr. Young remarked that he does not expect a higher net income than in the past as cost of publishing the Bulletin may be considerably higher. Dr. R. O. Jones moved that the reasonable expenditure incurred for the reception given by the President for the Executive and guests of the Society at the annual Meeting, be a charge against Society funds.

The Executive Secretary recommended the adoption of this report with the inclusion of the two preceding motions. Seconded by Dr. Wood. Carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Committee on Post-Graduate Education

Moved by Dr. R. O. Jones, seconded by Dr. C. H. Young — "That the grant from the Canadian Medical Association for Post-Graduate Education be allotted to the Post Graduate Committee of Dalhousie University, as in past years." Dr. R. G. A. Wood moved the adoption of this report, seconded by Dr. H. J. Martin. Carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Programme Committee for Annual Meeting — 1957

Dr. D. I. Rice moved the acceptance of this report. Seconded by Dr. H. C. Still.

The Executive Secretary commented that paragraph A97 should be referred to the Committee studying the Annual Meetings.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Committee on Public Health — After a discussion of this report, it was —

Moved by Dr. H. J. Martin, seconded by Dr. H. C. Still — "That this report be adopted pending clarification of Paragraph A114, which reads as follows:

'For some years, the Department of Public Health of Nova Scotia has been charging directly to the doctors for certain examinations made by the public health laboratories. We — your Committee — asked ourselves why this should be. We could find no answer inasmuch as these were services for the patient. We asked the Provincial Health Department — they could not give us an answer, but said in effect, that it was to be that way. In the meantime, at least two Branch Societies (the Valley being one) passed motions refusing to pay.' This has not been changed and no charges are now made direct to the doctor. They never should have been." Carried.

Executive Comment — "Refer to Annual Meeting with above recommendation for adoption."

Report on Traffic Accident Committee

In presenting this report Dr. Murphy stated the Committee has not been able to act mostly because of money. Better control of licensed operators with certain types of diseases was necessary and Dr. Murphy further stated very few hospitals and ambulances are equipped with emergency equipment, also first aid training should accompany the ambulances. Emergency rooms should also be set up in hospitals. Dr. MacLeod stated that as citizens the Department should be notified of those with impaired health, Dr. Martin thought the doctors were put in a very difficult position and Dr. Jones suggested the Motor Vehicle Branch should be notified that according to ethics doctors

are not able to report patients. Dr. J. P. McGrath thought every applicant should have a complete medical upon renewing his driver's license. Dr. H. C. Still suggested a revised questionnaire should be made, same to be filled out by applicant. Dr. Murphy moved the adoption of this report with the following recommendations. Seconded by Dr. R. G. A. Wood.

In adopting the report the executive approved of recommendations that—

- (1) The Nova Scotia Medical Society express its understanding of the serious nature of the traffic accident problem, and its willingness to co-operate with the Provincial Government and any other authoritative group in working toward a solution.
- (2) The Committee be asked to present a detailed concrete plan for the equipment and personnel of provincial ambulances and emergency rooms in provincial hospitals.
- (3) The Committee be asked to consult with the Department of Highways in an effort to work out practical methods of detection and control of motor vehicle operators whose efficiency is impaired by chronic disease. Carried.

Executive Comment — “Refer to Annual Meeting with recommendation for adoption.”

Report on Committee on Fees — Dr. F. M. Fraser read the important items in the report and stated the schedule of fees was still under review and subject to revision. Dr. Fraser also remarked on the enthusiasm and conscientiousness shown by all members of his Committee.

Dr. Fraser moved the adoption of this report, seconded by Dr. Martin. Carried.

Executive Comment — “Refer to Annual Meeting with recommendation for adoption.”

Report of Committee on Medical Economics

Dr. A. L. Sutherland, Chairman of the Committee, presented his report, moved its adoption and proposed the following motion to be considered with the report. Seconded by Dr. F. J. Granville.

“The Executive of the Nova Scotia Medical Society, recommend to Maritime Medical Care, that as far as the Railway contract is concerned, that they investigate the possibility of paying one hundred cents on the dollar, instead of pro-rating with the other subscribers, inasmuch as any excess in the Railway account has to be rebated on interest paid on same. Again to look into the matter of railway subscribers, on being off the payrolls, due to sickness, when monthly deductions are made, they are not covered for that period, and cards are returned to the doctors involved.” Carried.

Dr. Beckwith suggested that the letter from the Minister of Health re the “Welfare Group” be read when the report of the Committee on Medical Economics is presented to the Annual Meeting.

Executive Comment — “That this report including the motion relative to the Railway contract be referred to the Annual Meeting with recommendation for adoption — also that the letter from the Minister of Health relative to the “Welfare Contract” be read to the general meeting.”

Report of the Editorial Board and Managing Editor N. S. Medical Bulletin 1956 - 57.

Dr. H. C. Still moved the adoption of this report after a brief summary, this motion seconded by Dr. Murphy. Dr. Murphy also stated Dr. Still and staff deserve a great deal of praise as the Bulletin is a credit to the Society. Motion carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of the Public Relations Committee

Moved by Dr. Martin, seconded by Dr. Young that this report be accepted. Motion carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Committee on Rehabilitation

Moved by Dr. R. G. A. Wood, seconded by Dr. J. A. MacCormick that this report be adopted. Motion carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of Representative on Cogswell Library Committee

Dr. Young inquired if the Cogswell Library Fund was initiated by the Cogswell Library or if it was in existence previously? It was suggested that Dr. Still approach Dr. MacKenzie for information regarding the history of this fund, as well as the duties of the Medical Society in respect to the fund, and that this information be printed in the Bulletin at a future date. Dr. Martin moved the adoption of this report, seconded by Dr. MacCormick. Carried.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Other Committees — Report of special committee to prepare brief to present to Royal Commission studying Workmen's Compensation Act.

During discussion, the Secretary read a letter from the Secretary of the Commission which had been sent to a doctor in each of the colliery areas of Cape Breton requesting information relative to the experience relative to medical services in those areas. Dr. Martin explained that the doctors were planning to put their views in a communication to be presented to the Commission on September 4, 1957. He stated that the Cape Breton Medical Society endorsed the Brief of The Medical Society of Nova Scotia.

Dr. Martin moved adoption of the report, seconded by Dr. Coward. Carried.

Executive Comment — "Refer to Annual meeting with recommendation for adoption."

Meeting was adjourned at 1.00 p.m. to reconvene at 2.30 p.m.

The meeting was reconvened by the Chairman, Dr. A. G. MacLeod at 2.30 p.m.

The Report of the Medical Advisory Committee on Health Insurance was presented by the Chairman, Dr. D. M. MacRae. Three recommendations were made and discussed.

1. That in view of the difference of opinion expressed in the "Hospital Brief" and the "Medical Brief," the Executive Committee further consider the principle and method of a "deterrent" on hospital admissions and instruct its representative to the Hospital Planning Committee.

This recommendation was examined closely. Extensive debate resulted in the following:

Moved by Dr. Martin, seconded by Dr. Still — "That the Executive Committee recommend to the Advisory Committee on Health Insurance that the deterrent principle be deleted." Carried.

2. "That a Committee of The Medical Society, with representation from the radiologists and pathologists, seek a meeting with representatives from the Nova Scotia section of the Maritime Hospital Association to discuss the various problems relating to the integration of the Radiological and Pathological Services into a hospital insurance program. We feel that more could be accomplished by direct discussion with the hospital group than by our respective representatives opposing each other on the Hospital Planning Committee level."

This recommendation was discussed from all angles and endorsed by the Executive Committee.

Dr. Rice made the resolution as follows: "That the present special committee on Health Insurance be made a Standing Committee with all the powers pertaining thereto, and further the terms of reference of this Committee be broadened to permit the Committee to participate in or initiate discussion with government or other interested groups." This was seconded by Dr. Coward, and agreed to by all members.

3. That the terms of reference of the Committee be broadened from the present status, (an Advisory Committee on Health Insurance available on request to the Minister of the Department of Health of Nova Scotia) to permit the Committee to participate in or initiate discussions with Government or other interested groups.

Members of the Executive expressed concern with the apparent difficulties encountered in having access to planning bodies in order to express opinions relative to matters which concerned the medical profession in its service to the public before final plans were formed. Several suggestions were forthcoming, such as increased medical representation in the house, representation on the Hospital Services Commission. It was decided that every effort should be made to have direct access to the Hospital Services Planning Commission by our Committee on Health Insurance; that representation on the Advisory Committee, while necessary and desirable did not afford sufficiently good liaison for the type of discussions which had to be anticipated.

Moved by Dr. Jones, seconded by Dr. J. P. McGrath — "That this Executive express its dissatisfaction at the lack of opportunity for participation of The Medical Society of Nova Scotia in decisions reached to date, pointing out that hospitalization intimately affects medical practice. It urgently requests that the Society be constantly informed of the progress of future discussions, having the opportunity to study these and express the medical opinion before policy decisions are finalized." Carried.

Dr. MacRae moved the adoption of his report, seconded by Dr. Murray. All members in favour.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

Report of the Committee on Legislation as well as a Supplementary Report of the Committee, was presented by the Chairman, Dr. J. McD. Corston. These reports dealt with Chiropractic Legislation, and the supplementary report contained a letter by Dr. H. L. Scammell, Registrar of the Provincial Medical Board.

The report was discussed in detail and points of view were expressed about future management of the matter. The Executive expressed complete endorsement of the report.

Dr. Coston moved the adoption of his report, seconded by Dr. Murray. Agreed.

Executive Comment — "Refer to Annual Meeting with recommendation for adoption."

REPORTS OF REPRESENTATIVES

The report of Dr. W. E. Hirtle and Dr. H. E. Christie, representatives on Board of Trustees of the **Maritime Hospital Service Association** was moved for adoption by Dr. Wood, seconded by Dr. Granville, with all members in agreement. Carried.

Dr. Hirtle was asked to give his opinion relative to the invitation to the Secretary to attend meetings of the Board of Trustees and Executive Meetings as an observer. Dr. Hirtle replied that he thought it would be advantageous to the representatives and the Society to accept the invitation. The Executive decided to refer the matter to the Annual Meeting. The report of **Representative on Board of Registration under Nursing Assistant's Act**, given by Dr. Beckwith, was moved for adoption by Dr. Beckwith, seconded by Dr. Martin, and all members were in agreement.

The report of Dr. Carl Tupper on **Canadian Cancer Society** was moved for adoption by Dr. Wood, seconded by Dr. Granville. Carried.

The report of Dr. C. J. W. Beckwith, representative on **Interim Hospital Planning Committee** to Nova Scotia Government, was moved for adoption by Dr. Beckwith, seconded by Dr. Young. Carried.

The report of Dr. B. F. Miller, **Medical Advisory Board to Lay Organizations**, was moved for adoption by Dr. Beckwith, seconded by Dr. Still. All members being in agreement.

The report of Dr. A. E. Murray of the **Provincial Medical Board**, was moved for adoption by Dr. Wood, seconded by Dr. Jones, and agreed by all members.

REPORTS OF REPRESENTATIVE ON ADVISORY COMMITTEES TO FEDERAL PROVINCIAL HEALTH GRANTS

The report of Dr. G. W. Bethune, was moved for adoption by Dr. McGrath, seconded by Dr. D. Drury, all members in agreement.

The report of Dr. B. F. Miller concerning **Crippled Children's Grant** was moved for adoption by Dr. Still, seconded by Dr. Coward, all members in agreement.

The report of Dr. J. R. Macneil concerning **General Public Health Grant** was moved for adoption by Dr. Rice, seconded by Dr. MacCormick, all members in agreement.

The report of Dr. M. G. Tompkins re **Maternal and Child Hygiene Grant** was moved for adoption by Dr. McGrath, seconded by Dr. Wood. All members were in agreement.

The report of Dr. R. O. Jones re **Mental Health Grants** was discussed, with the following resolution made by Dr. Jones, seconded by Dr. Still.

"Since the usefulness of these committees has been very doubtful of recent years and becomes increasingly more so as expenditures from the grants become more fixed, that the possibility of the setting up of a more truly advisory committee in the various health fields be investigated." Carried.

Dr. Jones moved the adoption of this report. Seconded by Dr. Granville. Carried.

The report of Dr. C. B. Stewart, concerning Advisory Committee on **Professional Training Grant** was moved for adoption by Dr. Still, seconded by Dr. Young, with all members in agreement.

The report of Dr. R. C. Dickson, report of **Advisory Committee on Federal-Provincial Public Health Research Grants**, was moved for adoption by Dr. Rice, seconded by Dr. Wood, all members being in agreement.

Report of Representative to **Advisory Committee on Radiology Grant** by Dr. H. R. Corbett, was moved for adoption by Dr. Still, seconded by Dr. Granville, all members in agreement.

Report of Representative to Advisory Committee on **Tuberculosis Control Grant**, by Dr. W. I. Bent, — moved for adoption by Dr. Murray, seconded by Dr. MacCormick, all members being in agreement.

Each of the foregoing reports of the representatives were referred to the Annual Meeting with recommendation for adoption.

The Executive Secretary asked for direction concerning distribution of "the Reports" — 175 mimeographed copies (67 pages) have been prepared. It is estimated that the cost to have mimeographed copies distributed to the complete membership would be \$230. and to have them published in the Bulletin would take at least one issue and cost about \$220.

Moved by Dr. Rice, seconded by Dr. Wood — "That one copy of these reports be forwarded to Secretary of Branch Societies with the comment that more copies are available for those members requesting same." Carried.

The Executive Secretary, Dr. Beckwith, presented the names of new members of the Society which were approved by the Executive Committee and recommended to the General Session.

Dr. Martin made the motion to adjourn.

Meeting adjourned at 5.30 p.m.

C.J.W.B.

Annual Meeting

The Medical Society of Nova Scotia

FIRST BUSINESS SESSION

9.00 a.m. August 29, 1957

The Annual Meeting was called to order at 9.30 a.m. August 27th, 1957, by the President, Doctor J. R. McCleave. Doctor McCleave introduced Mayor G. R. Turnbull who welcomed the doctors to the Town of Digby and in the closing remarks of his speech hoped they would all have pleasant memories of their visit here and return in the near future.

The President, Doctor J. R. McCleave, gave the Presidential address. It was moved by Doctor A. G. MacLeod, seconded by Doctor R. G. A. Wood, that the minutes of the last meeting be accepted as published in the October 1956 Bulletin.

Doctor C. J. W. Beckwith read the *obituaries*, after which one minute silence was observed in their memory:

Anderson, Earl Howard, M.D., McGill 1938, killed in a motor accident in Germany, April 25th, 1957 at the age of forty-four.

Bishop, Shirley Ebenezer, M.D., Queen's 1939, died at Kentville, July 7th, 1957, at the age of forty-nine.

Burton, George Victor, M.D., Harvard 1924, died at Yarmouth, November 29th, 1956 at the age of fifty-five.

Dunn, George Alexander, M.D., Dalhousie 1906, died at Pictou, October 20th, 1956, at the age of seventy-seven.

Hopgood, Ella Pearl, M.D., Dalhousie 1920, died at Dartmouth March 8th, 1957, at the age of sixty-six.

Killam, Harold Edwin, M.D., Dalhousie 1906, died at Lakeville, Kings County, April 17th, 1957, at the age of seventy-nine.

Mack, Frank Gordon, M.B., Toronto 1914, died at Halifax, January 21st, 1957, at the age of sixty-eight.

Mathers, Robert Evatt, M.D., University of New York 1900, died at Halifax, February 22nd, 1957, at the age of eighty-three.

Muir, Walter Lawson, M.D., McGill 1907, died at Halifax, May 26th, 1957, at the age of seventy-five.

MacKenzie, Jemima, M.D., Dalhousie 1904, died at Pictou, January 27th, 1957, at the age of eighty-four.

MacKinnon, William Thomas Morris, M.B., died at Amherst, June 30th, 1957, at the age of eighty-four.

Waters, John, M.B., Glasgow, killed in a motor accident at Judique, December 2nd, 1956.

Whitby, Sir Lionel, Honorary Member of The Society, died at his home in England November 24th, 1956.

The following were nominated as members of the Nominating Committee:

Lunenburg-Queens Medical Society	—	Doctor W. A. Hewat, Lunenburg.
Cape Breton Medical Society	—	Doctor A. L. Sutherland, Sydney
Valley Medical Society	—	Doctor G. W. Turner, Windsor

Halifax Medical Society	—	Doctor A. W. Titus, Halifax
Colchester-East Hants Medical Society	—	Doctor J. A. Muir, Truro
Pictou County Medical Society	—	Doctor H. B. Whitman, Westville
Cumberland Medical Society	—	Doctor D. Drury, Amherst

It was moved by Doctor F. J. Granville, seconded by Doctor H. J. Devereux, that Doctor J. A. MacCormick of Antigonish be elected to the nominating committee.

It was moved by Doctor A. G. MacLeod, seconded by Doctor R. G. A. Wood, that nominations cease and the committee be elected as read. Carried.

Doctor A. G. MacLeod gave a brief resume of the "**Report of the Chairman of the Executive**" Committee ("Reports", page 3). He remarked on the goodwork done by the different committees and stated the permanent Secretary had been very valuable. He also requested Branch Societies to show more interest and participate in Society business. Doctor A. G. MacLeod moved the adoption of this report. Doctor Marshall seconded this motion.

Discussion

One member of The Society asked Doctor MacLeod what was especially required from the Branch Societies, to which Doctor MacLeod replied some Branch Societies failed to answer correspondence, particularly when they were asked to submit a report. Doctor Beckwith added to what the Chairman said by stating that during the coming year the executive had asked the Secretary to be in more intimate touch with the Branch Societies.

Executive Comment — Recommended for adoption. Motion carried.

Doctor A. R. Morton reported on the **Committee on Civil Disaster** ("Reports", page 8) and stated nothing further had been done but he was contacting members of the committee and hoped to have a report before the next executive meeting. Doctor A. R. Morton moved the adoption of this report, seconded by Doctor R. G. A. Wood.

Executive Comment — Recommended for adoption. Motion carried.

In the absence of Doctor H. C. Still, Editor-in-Chief, who found it necessary to return to Halifax, Doctor C. J. W. Beckwith, Managing Editor, read the report of the "**Editorial Board and Managing Editor of the Bulletin**," (page 36) Doctor Beckwith moved the adoption of this report; this was seconded by Doctor D. M. MacRae.

Executive Comment — Recommended for adoption. Motion carried.

Committee on Public Health ("Reports", page 32). In the absence of Doctor R. A. Moreash, Doctor Beckwith commented on this report. It was moved by Doctor R. G. A. Wood, seconded by Doctor D. M. MacRae, that this report be adopted.

Executive Comment — Recommended for adoption with request for explanation of Paragraphs A113 and A114.

A113. For some years, the Department of Public Health of Nova Scotia has been charging directly to the doctors for certain examinations made

by the public health laboratories. We — your Committee — asked ourselves why this should be. We could find no answer inasmuch as these were services for the patient. We asked the Provincial Health Department — they could not give us an answer, but said in effect, that it was to be that way. In the meantime, at least two Branch Societies (the Valley being one) passed motions refusing to pay.

A114. This has now been changed and no charges are now made direct to the doctor. They never should have been.

Motion carried.

Committee on Public Relations ("Reports", Page 34) Doctor F. J. Barton moved the adoption of this report, which was seconded by Doctor H. J. Devereux.

Executive Comment — Recommended for adoption. Motion carried.

Report of the Committee on Cancer ("Reports", page 7) Doctor Beckwith presented the report and moved its adoption, which was seconded by Doctor C. B. Stewart.

Executive Comment — "Recommended for adoption if the suggestion that in each local Society a doctor be appointed as one to consider problems concerning cancer is excluded."

Discussion

Paragraph A22 was drawn to the attention of The Society and the executive had recommended that the Division should make application for these funds to conduct the pilot study.

A22. "The Cancer Committee of The C.M.A. has circularized the various divisions, as you know, with a plan regarding post-graduate education in the field of cancer. The plan essentially is to send a team of visiting specialists around to the various divisions to give short courses on cancer. This particular project has been taken by the Post-Graduate Division of the Faculty of Medicine of Dalhousie University who have offered their facilities and experience in this field to The C.M.A. in the hope that our province may benefit through this, as yet, somewhat indefinite plan." Agreed.

During discussion Doctor H. J. Devereux spoke about the public relations aspects of the Tumour Clinic. Several matters leading to misunderstanding in patient-physician relationship were referred to. Doctor N. H. Gosse asked that specific instances be brought to his attention. Doctor J. A. McDonald agreed with Doctor Devereux's remarks and Doctor McCleave remarked that all reports should be sent to the patient's physician.

The motion for adoption of the report, as modified, was carried.

Report on Traffic Accident Committee ("Reports". page 65). Doctor A. L. Murphy in presenting his report made the following recommendations which had been endorsed by the Executive.

1. The Medical Society of Nova Scotia express its understanding of the serious nature of the traffic accident problem, and its willingness to cooperate with the Provincial Government and any other authoritative group in working towards a solution.
2. The Committee be asked to present a detailed concrete plan for the equipment and personnel of provincial ambulances and emergency rooms in provincial hospitals.

3. The Committee be asked to consult with the Department of Highways in an effort to work out practical methods of detection and control of motor vehicle operators whose efficiency is impaired by chronic disease.

Doctor A. L. Murphy moved the adoption of this report and hoped that anything worth while brought up by the Committee would be supported by The Society. Doctor R. G. A. Wood seconded this motion.

Executive Comment — Recommended for adoption. Carried.

Doctor J. R. McCleave adjourned the meeting at 10.30 a.m. for a coffee break.

SECOND BUSINESS SESSION

Thursday, August 29, 1957, 2.30 p.m.

The President, Doctor J. R. McCleave, was in the Chair and called the Second Business Session to order.

Report of the Committee on Legislation ("Reports", page 20), was presented by Doctor J. McD. Corston. In discussing the report he stated that the conclusions of this Committee relative to opposition to legal recognition of chiropractors had been made after very extensive study and consideration.

Doctor Corston moved adoption, seconded by Doctor N. H. Gosse.

Executive Comment — "Recommended for adoption." Carried.

Report of Committee on Fees ("Reports", page 9), was presented by Doctor F. M. Fraser who moved its adoption, seconded by Doctor A. M. Marshall.

Executive Comment — "Recommended for adoption."

During discussion Doctor R. O. Jones expressed appreciation of The Society for the time and effort which Doctor Fraser's committee had spent as the report represented a great deal of work. Motion carried.

The Reports of the Committee on Post-Graduate Education ("Reports", page 30) was presented by Doctor J. A. McDonald, who moved its adoption: seconded by Doctor H. B. Whitman.

Executive Comment — "Recommended for adoption."

The recommendations in this report were:

1. "We recommend that the grant from the Canadian Medical Association for Post-Graduate Education and any other funds that may be granted to The Medical Society of Nova Scotia for purposes of Post-graduate Education be turned over to the Dalhousie Medical Post-Graduate Division to be used in their Nova Scotia Program in so far as such apportionment is practical.
2. Letters dated December 18 and December 21, 1956 from Doctor L. C. Steeves, Chairman of the Dalhousie Post-Graduate Committee were discussed.
 - (a) The recommendation in the letter of December 18, 1956, that practitioners wishing to attend available clinics and ward rounds in the teaching hospitals in Halifax, contact the Post-Graduate Committee Office or the Chairman of the Committee, preferably by correspondence before coming to Halifax, or in person after coming to Halifax, was approved.

- (b) The points made in the letter of December 21, 1956 were noted. It is recommended that consideration be given to appointment of the chairman of the Post-Graduate Committee of the Medical Society of Nova Scotia for two years, and to appointment of the succeeding chairman from the outgoing Committee; and that the chairman of this Committee would be the representative of The Medical Society of Nova Scotia to the Dalhousie Post-Graduate Division."

The Report of the Honorary Treasurer was presented and moved for adoption by Doctor C. H. Young, seconded by Doctor H. J. Devereux.

Executive Comment — "Recommended for adoption."

I beg to submit the Financial Report for the Year ending December 31, 1956 as audited by H. R. Doane and Company and comments on certain items of Revenue and Expenditure.

ASSETS

As at December 31st, 1956, the total assets of the Society were \$27,860.80 divided as follows:

Current Assets

Petty Cash.....			\$	11.33
Cash in the Royal Bank of Canada				
Current Account.....	\$13,286.42			
Savings Account.....	1,487.80	\$14,774.22		
Accounts Receivable-Estimated				
Members.....	856.00			
Advertising.....	1,156.96	2,012.96		
Accrued Bond Interest.....		54.80	\$16,853.31	
Investments at Cost.....			5,000.00	
				\$21,853.31

Cogswell Library Fund

Cash in Bank of Nova Scotia.....	\$ 2,132.04			
Investments.....	3,000.00			
Accrued Bond Interest.....	72.95	5,204.99		

Fixed Assets at Cost

Office Equipment.....				802.50
				\$27,860.80

By comparison with the 1955 statement, the Current Account Balance has increased \$10,695.61. I would again draw your attention to the inactive Savings balance of \$1,487.80 which earned some 1.04% during the twelve month period. Accounts Receivable members appears as a new item this year, but for this statement only has been estimated. Accurate computation will be possible in the future with the improved system of bookkeeping presently being implemented. Investments Cogswell Library Fund decreased by \$2,000.00 and funds on deposit at the Bank of Nova Scotia increased by a like amount as a result of maturing Securities.

REVENUE AND EXPENDITURES

I have prepared a comparative statement of Revenue and Expenditures for the year ending December 31st, 1955, and 1956, with the Budget for 1957.

Revenue	1955 Actual	1956 Actual	1957 Budget
Membership (Less C.M.A. Fees).....	\$ 4,411.85	\$21,727.80	\$21,000.00
Net Proceeds from Convention.....	2,192.61	1,786.69	1,500.00
Net Proceeds from Bulletin.....	1,564.06	1,578.29	1,600.00
Miscellaneous:			
Car Emblems.....	58.00	38.00	
Investments.....	187.50	242.30	
Bank Interest.....	14.60	15.44	
Post-Graduate Grants (C.M.A.)..	959.00	982.00	
	<u>\$ 9,387.62</u>	<u>\$26,370.52</u>	<u>\$24,100.00</u>

Expenditures	1955 Actual	1956 Actual	1957 Actual
Salaries.....	\$ 4,550.00	\$ 6,896.38	\$13,750.00
Travelling Expense.....	1,321.87	1,776.10	3,500.00
Bank Charges & Exchange	38.52	83.39	100.00
Telephone and Telegraph	157.69	174.81	
Office Supplies and Stationery.....	243.36	609.08	
Legal, Audit and Account. Fees.....	215.00	200.00	
Sundry Expense.....	1,002.10	454.24	2,400.00
Contributions to Pension Plan.....		514.72	1,544.16
Post-Graduate Dalhousie University.....	1,859.00 X	3,063.00 X	2,100.00 XX
G.P. Section Grant.....	239.45	—	—
Group Insurance.....	—	71.27	—
	<u>\$ 9,626.99</u>	<u>\$13,842.99</u>	<u>\$23,394.16</u>
Excess of Expenditures over Income.....	\$ 239.37		
Net Income for Year.....		\$12,527.53	\$ 705.84

X Includes C.M.A. Grant and Membership Levy.

XX Does not include C.M.A. Grant.

Revenue for the year 1956 was considerably higher than the previous year, being \$26,370.52 as compared with \$9,387.62 in the fiscal year 1955. The increase in revenue was due almost entirely to the increase in membership fees. The proceeds from the Annual Convention were some \$405.92 less than for the previous year.

Expenditures increased by \$4,217.00 over that for 1955.

Salaries	\$2,346.38
Post-Graduate Grant	1,181.00
Contributions to Pension Plan	514.72

These three items constitute most of the increase in operating costs. While considering the increased expenditures, it should be remembered that the full-time Secretary assumed office on October 1, 1956, and our contribution to the Post-Graduate Committee of Dalhousie University was increased from \$3.00 to \$5.00 per Ordinary Membership during 1956.

CAPITAL EXPENDITURES

An expenditure of \$1,000.00 was authorized by the Executive for purchase of equipment and furnishings relative to increased office space and activities. Of this amount \$802.50 was expended.

Doctor Young remarked that the increase in revenue was due almost entirely to the increase in membership fees, and that expenditures had increased since 1955 due to increased service provided by The Society. He emphasized the desirability of membership of all doctors in The Society.

The motion for adoption was carried.

The following motion, approved by the Executive, was submitted to the Business Meeting:

"Moved by Doctor Coward, seconded by Doctor Wood, that the Executive give to the Treasurer, in consultation with the Finance Committee, the authority to invest surplus funds as they accrue and transfer savings to the current account."

The motion was approved.

The Report of the Finance Committee was presented by Doctor Young, who moved its adoption, seconded by Doctor F. A. Dunsworth.

Executive Comment: "Recommended for adoption."

The Motion for adoption was carried.

The Report of the **Medical Advisory Committee on Health Insurance** was presented by Doctor D. M. MacRae who moved its adoption, seconded by Dr. D. F. Smith.

Executive Comment: "Recommended for adoption."

The report is as follows:

"The Brief of the Medical Society of Nova Scotia was sent to the Planning Committee on Hospital Insurance and Diagnostic Services on October 30, 1956. This was one of six briefs received, the others were from:

- (1) The Nova Scotia Section of the Maritime Hospital Association;
- (2) The Union of Nova Scotia Municipalities;
- (3) The Registered Nurses' Association of Nova Scotia;
- (4) The Nova Scotia Federation of Labour;
- (5) The Marine Workers' Federation, C. L. C.

Two recommendations in our brief met with some opposition, the most significant being the following two recommendations in the Brief of the Nova Scotia Section of the Maritime Hospital Association:

"As hospitals we are against direct deterrent charges. We believe that experience in British Columbia demonstrates that a small deterrent charge of \$1.00 a day is not a deterrent at all; and that greater deterrent charges are a hardship on that group of our people who it is hoped the plan will benefit most. Deterrent charges based on income and presumed ability to pay imply the necessity for some form of means test. We believe this is undesirable as there are so many variable factors which govern any single hospital admission; e.g. length of stay, necessity for special nursing care, whether or not the patient is the breadwinner, etc. We believe sincerely that the greatest factor in the control of unnecessary admissions and prolonged hospital stay is the physician, and without his fullest co-operation there will always be abuses. We believe the time is more than ripe when the Hospital Medical Staff must assume more responsibility in the control of these abuses.

"We recommend that if Diagnostic Services are included in the overall coverage of the plan that laboratory and X-ray services remain departments of hospitals. We are aware that because of the professional aspects of the operation of these services, that The Canadian Medical Association has passed a resolution calling for these services to be divorced from hospital administration and set up as separate units, usually within hospital walls. We suggest that such a scheme would, by reduplication of services in administrative matters, the necessity of comprehensive cost analysis, etc.—not be in the best interest of economy. We are in sympathy with the suggestion that the professional aspects of such services should be on a fee for service basis, if individual radiologists and pathologists wish it so; but not knowing or being able to estimate what demands might be on such departments, under universally available coverage, and being unable at this time to visualize just what The C.M.A.'s recommendation might involve, we cannot endorse it now, or until experience has proven its feasibility, and more details are known."

The Hospital Planning Committee presented an Interim Report to the Honourable Minister of Health on February 25, 1957 and Bill No. 55 was given first reading on March 18, 1957. This reads "*An Act to Establish the Hospital Services Planning Commission*"—

"Be it enacted by the Governor and Assembly as follows:

This Act may be cited as the Hospital Services Planning Commission Act. In this Act (a) 'Commission' means the Hospital Services Planning Commission;

(b) 'Minister' means the Minister of Public Health.

"There is hereby constituted a Hospital Services Planning Commission, composed of not fewer than three and not more than five persons, as the Governor-in-Council from time to time determines.

"The members of the Commission shall be appointed by the Governor in Council who shall designate one of them to be Chairman, and who may designate one of them to be Vice-Chairman.

"The members of the Commission who are not employed in the Public Service on a full-time basis shall receive such remuneration as the Governor in Council determines.

(1) "The Commission may appoint and employ such officers and employees as it deems advisable.

(2) "The remuneration to be paid to an officer or employee of the Commission shall be subject to the approval of the Minister.

"The Commission may appoint and consult with an Advisory Committee of such number of members as the Minister approves.

"The members of the Advisory Committee may be paid a per diem allowance at a rate approved by the Minister for time necessarily spent by them in carrying out the functions of the Committee.

"It is the function of the Commission, and it has power to inquire into:

- (a) the adequacy of hospital facilities in the Province;
- (b) the probable need for additional hospital facilities in the Province;
- (c) the need for public assistance in the constructing and equipping of hospitals and related facilities;
- (d) the need for the expansion or establishment of places for the training of hospital and related personnel;
- (e) the cost of hospital care;
- (f) the cost of privately and publicly operated prepaid hospital care service plans in the Province and in other jurisdictions;
- (g) any plan proposed by the Government of Canada relating to a Hospital Care Insurance Plan including specified laboratory and radiological services;
- (h) such other matters relating to the provision of and payment for hospital care and services as the Commission considers expedient or desirable to examine.

"For the purpose of exercising its functions or making any inquiry the Commission shall have all the powers and privileges of a Commissioner appointed under the Public Inquiries Act.

"The Commission shall report its findings to the Minister, and present to the Minister:

- (a) a plan or plans for prepaid publicly operated hospital care insurance, including specified laboratory and radiological services, for persons resident in the Province related to a plan or plans proposed by the Government of Canada;
- (b) an estimate of the initial cost of the plan or plans and a forecast of estimated changes in costs;
- (c) proposals respecting a method or methods of operating the plan or plans and of financing them.

"The money required for the purposes of the Commission shall be paid out of such monies as are appropriated therefor by the Legislature.

"The Commission shall make annually a report to the Minister.

"The Minister shall submit the report to the Governor in Council and shall then lay the report before the House of Assembly if it is in session, or, if not, at the next ensuing Session."

A meeting of the Halifax area members of the Advisory Committee was held on March 7, 1957. The recommendations of the "Interim Report" were reviewed and discussed. The Committee recommended that the Executive Committee write the Honourable R. A. Donahoe, Minister of Health, to offer him the services of the Advisory Committee, and re-affirm several points made in our brief. A proposed letter was sent to the Executive Committee for consideration. Following the March meeting, the Executive Committee directed the Advisory Committee to send a letter including a motion relative to continuing representation. Accordingly, the following letter was sent over the signature of the Executive Secretary:

"Hon. R. A. Donahoe,
Minister of Health and Welfare,
Halifax, N. S.

Dear Sir:

"In July of 1955, The Canadian Medical Association appointed an Advisory Committee on Health Insurance to be ready to consult with the Hon. Paul Martin or members of the Department of National Health and Welfare.

"In September 1955, the Nova Scotia Division of The Canadian Medical Association at their Annual Meeting in Amherst, appointed a similar Advisory Committee to the Provincial Minister and the Department of Health and Welfare.

"The Services of this Committee were offered to, and accepted by the Hon. Geoffrey Stevens in September, 1955. Since then, close liaison had been maintained between your Department and The Medical Society of Nova Scotia, at first by consultation between the Deputy Minister of Health and the Chairman of our Committee, later by having a member of The Medical Society named to the augmented Planning Committee.

"The Medical Society of Nova Scotia now wishes to offer the services of this Advisory Committee, to assist the organized parties of your Department, or to consult with you at your request. We feel that the active co-operation and participation of the medical profession is necessary to solve some of the manifold problems relating to the organization of a Provincial Hospital Insurance Plan. The Medical Society of Nova Scotia was pleased with your prompt action on the Interim Report of the Planning Committee. The medical profession is interested in hospitalization because doctors are responsible for the care of their patients while in hospital as well as out, and the profession also shares the responsibility with the administrators and the superintendents of nurses for the day to day operation of the hospitals.

"On reviewing the Interim Report, we wish to discuss the following items:

(1) Page IX, item 24 — If 'a full-time planning personnel be appointed to work out a detailed plan and prepare it for operation,' The Medical Society of Nova Scotia urges that close liaison be maintained between The Society and this group. Probably this might best be accomplished by retaining the present Planning Committee in an advisory capacity.

(2) Page XI, item 5 — 'The Administration of a Plan.' The Medical Society of Nova Scotia endorses the principle of The Canadian Medical Association that all health insurance programmes which are subsidized by Government funds should be administered under the authority of an independent non-political commission, representative of those giving and those receiving the services.

(3) Page XI, item 9 — The Medical Society recommends that in an effort to control over-utilization of Hospital Services, a deterrent or some principle of co-insurance should apply to hospital admissions. If a deterrent fee should be considered, then the Federal Government should be pressed to share the non-collectable fees.

"At a meeting on March 18, 1957, the Executive Committee of The Medical Society of Nova Scotia passed a motion that 'The Minister of Health be informed that The Medical Society of Nova Scotia will wish an active part in planning health care in the province, and request that our Executive Secretary be in a position to take an active part in discussion leading up to policy decisions.'

"The Executive Committee of The Medical Society of Nova Scotia wishes to record its appreciation of the work done by your Planning Committee under the able chairmanship of Doctor J. S. Robertson.

Yours truly,

C. J. W. Beckwith, M.D., D.P.H.
Executive Secretary"

"The Advisory Committee wishes to make the following recommendations:

1. "That in view of the difference of opinion expressed in 'Hospital Brief' and the 'Medical Brief,' the Executive Committee further consider the principle and method of a deterrent on hospital admissions and instruct its representative to the Hospital Planning Committee.

2. "That a Committee of The Medical Society, with representation from the radiologists and pathologists, seek a meeting with representatives from the Nova Scotia section of the Maritime Hospital Association to discuss the various problems relating to the integration of the Radiological and Pathological Services into a hospital insurance programme. We feel that more could be accomplished by direct discussion with the hospital group than by our respective representatives opposing each other on the Hospital Planning Committee level.

3. "That the terms of reference of the Committee be broadened from the present status, (an Advisory Committee on Health Insurance available on request to the Minister of the Department of Health of Nova Scotia) to permit the Committee to participate in or initiate discussions with Government or other interested groups.

"We wish to express the appreciation of the Committee for the valuable assistance we received from Doctor N. H. Gosse in an advisory capacity, and from C. J. W. Beckwith as Executive Secretary, and representative on the Hospital Planning Committee.

D. M. MacRae, M.D., Chairman."

Committee Members:

F. J. Barton, M.D., Dartmouth
H. E. Christie, M.D., Amherst
H. J. Devereux, M.D., Sydney
H. F. McKay, M.D., New Glasgow
C. B. Stewart, M.D., Halifax

The motion for adoption was carried.

The Chairman then asked the Secretary to present to the Business Meeting the motions which had been made in the Executive meeting at the time of the discussion of this report.

1. Moved by Doctor H. J. Martin and seconded by Doctor H. C. Still —
"That the Executive Committee recommend to the Advisory Committee on Health Insurance that the deterrent principle be deleted."

This motion received approval of the general meeting.

2. Moved by Doctor D. I. Rice and seconded by Doctor N. B. Coward —
"The present special advisory committee on Health Insurance be made a standing committee, with all the powers pertaining thereto, and further the terms of reference of this committee be broadened to permit the committee to participate in or initiate discussion with government or other interested groups."

Discussion

Doctor H. J. Devereux questioned the usefulness of the Advisory Committee under its present terms of reference. He wondered who sought advice from it and to whom advice would be given and suggested that the word "advisory" would be dropped. He drew to attention that in the original brief from The Society the "deterrent fee" principle had been endorsed but had now been changed. He felt that hospitals came first in the planning and that the medical profession was doing no planning and might well have done when they were told what to do.

Doctor MacRae answered that the Advisory Committee could not be regarded as the whole answer to the problems, but it was certainly a start and, at least, it could ascertain the views of The Society so as to place them before the Minister.

Doctor Jones stated that there was a third motion from the Executive which might answer Doctor Devereux. The Secretary read it:

3. Moved by Doctor Jones, seconded by Doctor McGrath —

"That this Executive express its dissatisfaction at the lack of opportunity for participation of The Medical Society of Nova Scotia in decisions reached to date pointing out that hospitalization intimately affects medical practice. It urgently requests that The Society be instantly informed of the progress of future discussions having the opportunity to study these and express the medical opinion *before* policy decisions are finalized."

Doctor Jones, as the mover of the resolution, spoke further on the subject stressing the importance of having the opportunity to know what is going on while it is in progress, and before the plans are finalized. He stated that the time had come to take a more decisive stand in the matter. Doctor MacRae asked Doctor Jones what other steps he thought should be taken, that the Committee would like more guidance.

Doctor Jones again expressed his dissatisfaction with the present methods and felt that the change in terms of reference as outlined in Motion Two, together with motion Three, would result in considerable improvement.

Doctor MacRae called upon Doctor A. D. Kelly, General Secretary C.M.A., for his views on the matter. Doctor Kelly stated that this problem was typical all over Canada, and that while a representation on the Advisory Board of the Commission might not be as strong a voice as desired, it was better to accept these conditions as of now than to have no say whatsoever, until something better could be found. He thought the Minister should be advised again of the Advisory Committee, and asked to regard it as the voice of medicine. As the government now thinks it is only a hospital problem it should be brought to their attention that it is primarily a medical problem, and there should be an official representative on the Planning Commission, if possible. Doctor Stewart stated he was sorry to hear criticism of the Committee which served as an Advisory Committee during the year; that Doctor MacRae had done an excellent job in such a position. He felt that effective liaison could be established.

Motion Two was then considered by the General Meeting and approved. Motion Three was considered by the General Meeting and approved.

Moved by Doctor D. F. Smith, seconded by Doctor H. I. MacGregor —
"That copies of the resolution as moved by Doctor R. O. Jones and seconded by Doctor J. P. McGrath be sent to the Premier and the Minister of Health."

A report on the activities of the Post-Graduate Division of the Faculty of Medicine was presented by Doctor C. B. Stewart:

Report on the Post-Graduate Programme of Dalhousie University, 1956-57

"The post-graduate programme of Dalhousie Medical School has been in operation for six years in its present form. The Dalhousie Refresher Course, which was the first programme, dates back approximately thirty years.

During the first three years, the present programme was supported in full by a grant from the W. K. Kellogg Foundation. During the past three years, ending June 1957, the W. K. Kellogg Foundation has assisted the programme on a reducing basis. Support for the remainder of the work has come from several organizations, including the Medical Societies of the Atlantic Provinces, the Provincial Medical Board of Nova Scotia, the College of General Practice of Canada and the Charles E. Frosst Company. Fees have also been charged to the registrants for some of the more specialized courses and the regional courses, and these funds have all been used to support the programme.

The Provincial Medical Societies provided grants based on \$2 per member per year for the first year, \$3 per member in the second year, and \$5 per member during the past year. In addition, The Medical Society of Nova Scotia allocated to Dalhousie the full grant for post-graduate education which was obtained from The Canadian Medical Association. During these six years, the programme has been under the executive direction of the Dalhousie Post-Graduate Committee, with assistance and advice from an Advisory Committee, which met annually to review the programme and to make suggestions concerning any major changes.

When the W. K. Kellogg Foundation discontinued its grant for continuing medical education in June 1957, it made a new grant to Dalhousie University to assist in developing graduate training programme including the general internship and residencies in the various specialties. The Post-Graduate Committee has been discontinued under that name, and the division of Graduate Medical Education has been established within the Faculty of Medicine. This will be responsible for the activities of the Post-Graduate Committee, the Dalhousie Refresher Course Committee and will also expand the graduate training activities, supported by the new grant from the W. K. Kellogg Foundation.

The appointment of a Medical Director to the Division of Graduate Medical Education will indirectly strengthen the post-graduate programme for general practitioners, since the Director will also serve in a supervisory capacity over the latter work.

As in former years, the programme of post-graduate medical education has consisted of four types of courses:

1. Short courses of three to five days in a specialty, given at Dalhousie University and one or more of the participating Hospitals, including the Victoria General, the Children's, the Grace Maternity, and Camp Hill Hospitals.
2. Regional courses, consisting of six successive sessions, one per week, in a centre outside Halifax.
3. Isolated meetings attended by a lecturer from the University, or a visiting speaker.
4. Refresher courses of two to five days duration at Halifax, Saint John and St. John's.

The total registration in all courses during the six year period was 10,782. This is, in fact, a slight under-estimate, since a record of attendance was not kept at a few of the meetings in 1953 and 1954. There have been 37 short courses given in the six year period in Halifax, with a total attendance of 450. There have been 10 regional courses, with a total registration of 1,166. These regional courses have only been in operation during the past two years and are rapidly growing in popularity. They were started on an experimental basis in a few centres near Halifax. There were 259 individual lectures by staff members or visiting speakers, with a total registration of 6,987. The Refresher Courses at Halifax, Saint John, Moncton and St. John's numbered 13, with a total attendance of 2,179. The table also shows the total registration by province. During the 1956-57 session alone there were six short courses in Halifax, with a total attendance of 63; 52 from Nova Scotia, 9 from New Brunswick, 1 from Prince Edward Island, and 1 from Newfoundland. All the three regional courses, with an attendance of 446, were held in Nova Scotia. In the other provinces, most of the programmes were arranged as a single meeting with a Medical Society or Hospital Group, or as a Refresher Course. There were 25 such individual meetings, with a registration of 530 in Nova Scotia, 18 in New Brunswick with a registration of 554, 4 in Prince Edward Island with a registration of 124, and 6 in Newfoundland with a registration of 156. The Refresher Course at Halifax had a registration of 220; that at Saint John, 120; and at St. John's, 30.

The greatest number of practitioners was reached through the individual meetings, of which there were 53 in 1956-57, with a total registration of 1,364. The Refresher Courses also attracted 370 practitioners. The registration at Regional Courses in Nova Scotia is recorded as 446. This represents an average of about 75 men who attended each of the six sessions. An exact figure on the number of practitioners is not available. It fluctuates somewhat from session to session. This type of programme is growing in popularity, but it is an expensive one to operate. One or two staff members attended each of the six sessions. As more programmes of this type are organized, it is suggested that only one teacher from the University be in attendance, and the remainder of the programme consist of clinical presentations by the group of local doctors. It is the feeling of the University Staff members that such Regional Courses combined with active participation by the local doctors, is by far the most valuable type of programme."

Moved for adoption by Doctor Stewart, seconded by Doctor Dunsworth.

Executive Comment — "Recommended for adoption." Carried.

Doctor J. A. McDonald introduced the subject of personnel of Standing Committees.

Moved by Doctor McDonald, seconded by Doctor Martin — "That consideration be given to asking the chairman of the various standing committees to pick the members of their respective committees from the areas in which they reside to facilitate the function and work of each such committee." Carried.

Moved by Doctor J. McD. Corston, seconded by Doctor D. F. Smith — "That the Committee on Post-Graduate Education be increased to six with three members locally to act as a nucleus committee." Carried.

The report of the **Committee on Rehabilitation** was presented by Doctor A. F. Shears, who moved its adoption, seconded by Doctor Garnet Colwell.

Executive Comment — "Recommended for adoption." Carried.

The second business session was adjourned at 4.30 p.m.

THIRD BUSINESS SESSION ANNUAL MEETING

Friday August 30th, 1957 - 9 - 10.30 a.m.

The Third Business Meeting was called to order by the President, Dr. J. R. McCleave, who was Chairman. The Chairman stated that the "reports" would be continued.

Report of Special Committee to prepare Brief to present to the Royal Commission Enquiring into the Workmen's Compensation Act — Chairman Dr. A. W. Titus.

The Executive Committee at its meeting March 18th, 1957, authorized the formation of a Committee to prepare a Brief to present to the Commission inquiring into and making recommendations relative to the Workmen's Compensation Act. Dr. J. V. Graham was invited to chair the Committee, but did not wish to do so. Dr. A. W. Titus accepted the chairmanship.

Early in April, a letter was sent to the Secretaries of Branch Societies accompanied by the Act, inviting each Branch to inform this office of comments, suggestions or recommendations relative to the matter. On June 4th, another letter was sent giving the approximate date for the hearing and requesting that any material for the Brief should be available not later than July 8th. Replies were received from six Branch Societies. These were presented to the Committee.

The Committee had three sessions during which a Brief (printed in this issue) was prepared. This was presented at the Public Hearing on July 24th.

Dr. Beckwith presented the report and moved its adoption.

Seconded by Dr. Wood.

Executive Comment — "Recommended for adoption."

Dr. A. B. Campbell discussed the matter from the standpoint of the Workmen's Compensation Board, in particular "Rehabilitation" and "Incomplete Coverage." The Chairman remarked that study of the Act had been the basis of the Brief; that the Board itself was governed by the Act — that there were several points in the Act which were not consonant with present-day practice. He thanked Dr. Campbell for his contribution to the discussion.

The motion for adoption was carried.

Report of the Committee on By-Laws

Dr. Beckwith presented this report and moved its adoption. Seconded by Dr. Wood.

Executive Comment — "Recommended for adoption."

In discussion, Dr. A. D. Kelly remarked on the various viewpoints relative to the Deputy Minister of National Health and Welfare being a member of General Council. The opinion of the C. M. A. Committee on By-Laws and the C. M. A. Executive was that definite advantages resulted to both the C. M. A. and the Department.

The motion for adoption was carried.

Report of Committee on Medical Economics ("Reports" — Page 23) was presented and moved for adoption by Doctor A. L. Sutherland, seconded by Doctor J. A. McDonald.

Executive Comment — "Recommended for adoption."

Doctor Sutherland read a letter from the Hon. Minister of Health which dealt with medical services to the Welfare Group. The letter is as follows:

“Halifax, Nova Scotia, August 2, 1957.

Dear Dr. Beckwith:

I have been in communication with Dr. Arthur L. Sutherland, Chairman of your Society's Committee on Medical Economics, relative to the contract providing for medical services to recipients of welfare assistance from the Province. On May 31st last, a Conference was held with Dr. Sutherland and members of his Committee at the Isle Royale Hotel in Sydney. I now have pleasure in advising that the proposals agreed to at that Conference are approved. These proposals were:

- (1) That commencing September 1, 1957, payment under the contract be raised to \$1.00 per recipient for the welfare group.
 - (2) That the increase in the payment be made pursuant to the present contract and that all other terms of the contract remain as heretofore.
 - (3) That when the new rate has been in force for a period of one year that the matter be then revised with consequent further alterations in rate upwards or downwards as the case may be.
 - (4) That the negotiations after one year's experience be instituted in time for budgetary provision to be made for resulting changes.
- I trust this arrangement will be satisfactory to The Society since it appeared to have the approval of the Medical Economics Committee.

Yours very truly,

(Sgd.) R. A. Donahoe”

In discussion it was noted that Old Age Pensions are not eligible for medical services under the plan. The subject was debated at some length, but it was the opinion that this group could not receive this service.

The Chairman requested Doctor A. D. Kelly to discuss group retirement savings plan developed under The Canadian Medical Association. Doctor Kelly explained that the plan had been developed by The Canadian Medical Association to take advantage of the changes in the Income Tax Act dealing with retirement savings plan for “self employed physicians.” This permitted deferred Income Tax on amounts up to \$2,500 per year or 10 per cent of earned income (whichever was less) which is put aside under the plan. The Wyatt Company (Mr. John Forsythe) had acted as consultant to The Canadian Medical Association Income Tax Committee and the decision had been made to include in the plan a pension scheme and a Trusteed Fund (investment). The National Life Assurance Company had been named carrier for the “Pension section” of the plan and The Royal Trust Company for the “Trusteed section.”

Doctor Kelly then went into considerable detail about the plan and stated that each member of The Canadian Medical Association would receive a booklet by mail in which all details were to be presented. (Note: These brochures have not been distributed. If a member should wish a copy please request it from The Canadian Medical Association or the Executive Secretary of The Medical Society of Nova Scotia.) Doctor Kelly pointed out that the savings so put aside were “locked in” and could not be used for borrowing purpose. The choice of a retirement date was the choice of the individual and he could change

this date if circumstances so required. Income Tax would be paid on annuity as received and in case of death the beneficiary would pay 15 per cent on the capital fund during the year of death. Doctor Beckwith inquired if the information would be received from The Canadian Medical Association to which Doctor Kelly stated it would be from The Canadian Medical Association and printed in a booklet form. Doctor Beckwith asked if an individual purchased this before February 1958 would it be deductible from income tax. Doctor Kelly answered that February 1958 was the latest date in which a payment could be made to apply to 1957 income tax. Doctor Beckwith also asked if this only applied to members of The Canadian Medical Association; Doctor Kelly replied that this was so. Doctor Corbett commented that any doctor may join this plan but an employed doctor already a member of an employer-employee plan may join but his total tax deferral on savings must not exceed 10 per cent or \$1,500, whichever is the lesser. Doctor Sutherland inquired if you joined the plan and then resigned from Canadian Medical Association would you be compelled to drop from the plan; Doctor Kelly did not think any man would be dropped. Doctor Kelly also stated tax saving was substantial. Doctor MacLeod inquired what was the lower limit of retirement age to which Doctor Kelly replied there was no lower limit but there would be a period required to build up an annuity. Doctor Coward asked if there was any limitation in purchasing to which Doctor Kelly replied there was no limitation of the amount of money you might invest but it probably would not be wise to invest more than 10 per cent of income or \$2,500 whichever would be less. Doctor McCleave asked if the amount could vary. Doctor Kelly said \$300 is the minimum contribution but the amount can vary each year upon given notice. Doctor Beckwith inquired if each Division could set up its own plan if it is desired and stated this Division has received letters from different companies as to what they could do. Doctor Kelly replied this is a better plan and better deal and when figures are available they should be compared with other offers. Doctor Dunsworth asked if it was possible to ask questions as to what might be the better plan depending upon each doctor's position. Doctor Kelly replied The Canadian Medical Association had a consulting service and had engaged as Assistant Secretary Mr. Freamo, whose expert knowledge will be available.

The Chairman thanked Doctor Kelly for his remarks.

The meeting was adjourned at 10.30 a.m. for coffee break by Doctor McCleave.

FOURTH BUSINESS SESSION ANNUAL MEETING

Friday August 30th, 1957 - 2.30 - 4.30 p.m.

The Fourth Business Session was called to order by the President, Dr. J. R. McCleave.

The report of the **Committee on Maternal Health** ("Reports", page 9) was presented and moved for adoption by Doctor M. G. Tompkins, Jr., seconded by Doctor Young.

Executive Comment — "Recommended for adoption."

Discussion

Doctor Tompkins stressed the importance of the proposed study of maternal and neo-natal mortality in the Province. Doctor Devereux raised the question as to who would investigate the maternal deaths, and thought there is the danger that the people in the community might feel the doctor had been lax in his care. Doctor Tompkins stated that the doctor should write the committee and ask for a list of doctors available, from which he will choose one to accompany him when the family is visited. There would be no identification of the family or person after the investigation. Doctor A. D. Kelly stated that this system has operated in the Province of Alberta for the past few years with good results. The follow up of the investigation, as questioned by Doctor Devereux, would be a report taken back to the Committee made up of members from different branches of the medical profession where it would be discussed, and the decision marked down as to whether the death could have been avoided under ideal conditions. The family doctor would receive a copy of the decision, and the copies on file would be kept under lock and key, with no means of identification. Doctor Tupper was of the opinion that this plan could work, but only with the co-operation of all doctors in Nova Scotia. Doctor MacRae questioned whether it was necessary to have the deaths listed as preventable or unpreventable. Doctor MacLeod was of the opinion that the main purpose of the study was to ascertain whether the number of deaths would increase or decrease over the next few years. Doctor Devereux suggested that perhaps after this study went on for a few years, there could be something done to assist the doctor in this regard. Doctor MacLeod felt it was the doctor's responsibility, and had to be accepted as such.

The motion for adoption was carried.

REPORTS OF REPRESENTATIVES

The Report of the Representatives to the Maritime Hospital Services Association ("Reports"—page 45) was presented by Doctor W. E. Hirtle, who moved its adoption, seconded by Doctor D. F. Smith.

Executive Comment — "Recommended for adoption and to request Doctor Hirtle to discuss the invitation from the Maritime Hospital Services Association to the Executive Secretary to attend meetings of the Board of Trustees and Executive Committee as an observer."

Discussion

Doctor Hirtle stated that both he and Doctor Christie feel that there is a very valuable liaison between The Medical Society and the M.H.S.A., and that definite action should be taken with regard to the attendance of the Executive Secretary at the meetings. Doctor Devereux asked if the Secretary could attend the meetings; Doctor Beckwith answered that the question had been brought up at the Executive meeting and the members wished to hear Doctor Hirtle's report before making any decision. Doctor Young asked why the Secretary should attend the meetings when already two representatives attended, Doctor Hirtle answering that the attendance of the Secretary would add to the weight in any arguments which may come up, and he felt that the full-time Secretary could act as an observer and give his very valuable advice to the representatives and/or the group. Doctor Hirtle stated that only the two representatives could attend the meetings with their way paid; Doctor

Hirtle also stated that the term of office for the representatives had been extended from two years to three years. Doctor MacRae made the following resolution, seconded by Doctor Moreash:

"That the Executive Secretary of the Nova Scotia Medical Association be nominated as one of our two representatives to the Maritime Hospital Service Association."

The motion for adoption was carried.

Doctor Tupper presented the **Report of Canadian Cancer Society**. (Reports" — page 47) with discussion following regarding the amount of narcotics used in cancer cases. Doctor Jones suggested that perhaps promazine might be used rather than narcotics in some cases, noting that it was also less expensive

Doctor Tupper moved his report for adoption, seconded by Doctor Wood.

Executive Comment — "Recommended for adoption." Carried.

The Report of Representative on Cogswell Library Committee ("Reports" — page 66) as submitted was moved for adoption by Doctor Beckwith, seconded by Doctor Jones.

Executive Comment — "Recommended for adoption." Carried.

Doctor Beckwith presented the **Report of Representative on Interim Hospital Planning Committee to Nova Scotia Government** ("Reports"—page 49), and moved same for adoption, seconded by Doctor Rice.

All members in favour.

Doctor Miller's **Report of Medical Advisory Board to Lay Organizations** ("Reports" — page 51) was moved for adoption by Doctor Beckwith, seconded by Doctor Tupper. All members in favour.

Executive Comment — "Recommended for adoption." Carried.

Doctor A. E. Murray presented the **Report of Provincial Medical Board** ("Reports" — page 51), moved its adoption, which was seconded by Doctor McDonald.

Executive Comment — "Recommended for adoption." Carried.

A210 V.O.N. (Canada) **Board of Governors** no report had been received.

The Report of the Representative on the Board of Registration — Nursing Assistant's Act ("Reports" — page 46) was presented by Doctor Beckwith who moved its adoption, seconded by Doctor Dunsworth.

Executive Comment — "Recommended for adoption." Motion carried.

REPORTS OF REPRESENTATIVES TO ADVISORY COMMITTEES UNDER FEDERAL-PROVINCIAL HEALTH GRANTS

Report on Cancer Control Grant ("Reports" — page 53) was moved for adoption by Doctor Beckwith, seconded by Doctor Morton.

Executive Comment — "Recommended for adoption." Carried.

Report on Crippled Children's Grant ("Reports" — page 54) was moved for adoption by Doctor Beckwith, seconded by Doctor Stewart.

Executive Comment — "Recommended for adoption." Carried.

Report on General Public Health Grant ("Reports" — page 54) was moved for adoption by Doctor Beckwith, seconded by Doctor McDonald.

Executive Comment — "Recommended for adoption." Carried.

Laboratory Grant — no report received from Doctor A. W. Ormiston.

Report on Mental Health Grants ("Reports" — page 57) was moved for adoption by Doctor Jones, seconded by Doctor Tupper.

Executive Comment — "Recommended for adoption." Carried.

Doctor C. B. Stewart reported no meetings held regarding **Professional Training Grant** ("Reports" — page 59)

Report on Radiology Grant ("Reports" — page 60) was summarized and moved for adoption by Doctor Beckwith, seconded by Doctor MacRae.

Executive Comment — "Recommended for adoption." Carried.

The report of the Representative on the **Public Health Research Grant** ("Reports" — page 59) was submitted by Doctor R. C. Dickson, who moved its adoption, seconded by Doctor Wood.

Executive Comment — "Recommended for adoption."

A question was asked about refusal of three applications for research during the year. Doctor Dickson replied that the applications for grants for research had amounted to four times the amount of money available.

The motion for adoption was carried.

Report on Tuberculosis Control Grant ("Reports" — page 62) was moved for adoption by Doctor Beckwith, seconded by Doctor Stewart.

Executive Comment — "Recommended for adoption." Carried.

Report on V. D. Control Grant ("Reports" — page 65) was moved for adoption by Doctor Beckwith, seconded by Doctor Rice.

Executive Comment — "Recommended for adoption." Carried.

Doctor A. G. MacLeod presented the **Interim Report of the President of Maritime Medical Care Incorporated**, and moved its adoption, seconded by Doctor D. M. MacRae.

Executive Comment — "Recommended for adoption."

The report is as follows:

"Mr. President, Members of The Medical Society of Nova Scotia.

It is with pleasure that we report to you on the activities of your Corporation for the half year ending June 30th, 1957.

During this period, we have experienced a very rapid growth in enrolment as some 14,000 new subscribers were added to our membership. About half this number was due to the acquisition of the Railway account on January 1st, 1957. Our present enrolment now stands at slightly over 92,000.

At a meeting of the Board of Directors held in April, it was decided that the monthly subscription fees should be increased. This increase went into effect on June 1st after giving our subscribers the thirty day notice called for in their agreement. While we expected some curtailment in enrolment due to this increase, we are happy to say that it did not take place. Only three small groups cancelled their contracts with us and our enrolment for the month of

June increased by almost 1,000. In establishing our new monthly subscriber rates, they were increased to pay our doctors ninety per cent of the Schedule and also allow for the establishment of a reserve.

At this time it is too early to say whether our calculations are correct but based on the figures of the previous year, we do not anticipate any difficulty in this regard. With the increase in revenue, the Corporation has been able to purchase additional securities during the period and our present investments stand at \$257,965 which is an increase of \$29,000. Since the beginning of the year, the number of participating physicians continues to grow and at the present time we have 578 doctors in the province who have signed participating physicians' agreements. There are another twenty doctors who signed agreements who are currently out of the Province or have gone into Public Health work, etc. Medical accounts continue to grow at an accelerated rate and unlike previous years, the first three months of the year were not as burdensome as those for the second three months.

It was quite noticeable that the demand for services increased upon the announcement that our rates were being adjusted upwards. Early in the year, Mr. C. Howard Shillington, Executive Director of Trans-Canada Medical Plans, made a thorough study of the Corporation and in his report made several recommendations; some of these have already been implemented by the Board and others are still under study.

As we mentioned in our Annual Report and as you are all probably aware it was found necessary early in the year to pro-rate the Welfare plan which the Corporation administers for your Society. We now understand that a new proposal has been presented to your Executive and that additional monies will be forthcoming in September for the operation of this plan.

While the Provincial Welfare plan was very humble at the beginning, with limited benefits, it has now progressed to the point where it provides fairly comprehensive coverage for the recipients of Mothers' Allowance and Blind Pensions.

During the past year, the Board of Directors have re-written the by-laws of the Corporation, a draft of which has been presented to your Society. We trust that when they are presented to you at this meeting for consideration, you will give them close and careful study.

For some time it has been apparent that our present office accommodation is inadequate. It is with pleasure that the Board of Directors have approved moving our offices from 31 George Street to large and commodious quarters in the new Champlain Building at 10 Duke Street. We will be taking up our new address on September 3rd as it is planned to complete the move over the current week-end.

In closing, I would like to thank the Executive Committee, Board of Directors and the administrative staff for their loyalty, co-operation and assistance.

We believe that the future of the corporation is bright and with the perpetual support of all concerned, we shall look forward to continued progress."

Respectfully submitted,
A. G. MacLeod, M.D."

Discussion brought out several points relating to the railway contract. This resulted in presentation of a motion, considered in Executive meeting.

Moved by Doctor A. L. Sutherland, seconded by Doctor Devereux —
"That the Executive of The Medical Society of Nova Scotia recommend

to Maritime Medical Care, that as far as the Railway contract is concerned, that they investigate the possibility of paying one hundred cents on the dollar, instead of pro-rating as with other subscribers, inasmuch as any excess in the Railway account has to be rebated on interest paid on same. Again to look into the matter of railway subscribers, on being off the pay-rolls, due to sickness, when monthly deductions are made, they are not covered for that period, and cards are returned to the doctors involved." Motion carried.

Motion for adoption carried.

The following motion from the Executive Committee was then presented for consideration of the general meeting.

Moved by Doctor Rice, seconded by Doctor Wood —

"That participating physicians in Maritime Medical Care be members of The Medical Society of Nova Scotia before a contract is signed, and further if in instances where this does not presently apply, the physician be advised of the termination of his contract until this requirement is met."

Discussion

Questions were asked about membership in The Society and the number of physicians who not being members of The Society were participating physicians in Maritime Medical Care Inc. Accurate figures could not be given but an estimate was 50 to 75 physicians. Doctor Shaw, Medical Director of Maritime Medical Care Inc. stated as his opinion that it would lead to financial difficulties for some subscribers and have an adverse effect on public relations. Doctor Wickwire believed there were other methods of attaining full membership. Doctor Rice expressed his opinion that there is a distinct advantage to having all participating physicians members of The Society. After lengthy discussion Doctor Dunsworth moved, seconded by Doctor Godden —

"That the motion of Doctor Rice that membership in The Medical Society of Nova Scotia be a requirement for participating physicians in Maritime Medical Care Inc. be tabled for consideration at the next annual meeting." Carried.

Doctor McDonald moved that the **Report of the Registrar Provincial Medical Board** be tabled, seconded by Doctor Martin, with all in favour.

NEW BUSINESS

1. Doctor Beckwith presented the following recommendations of the Executive for approval.

- (1) Membership fee for post-graduate students and those in first year practice in The Medical Society of Nova Scotia be \$5.00.
- (2) Non-resident membership in The Medical Society of Nova Scotia \$10.00.
- (3) Non-member subscription to Bulletin \$5.00.

These were approved.

2. The following resolutions of Executive were put before the General Session for approval.

- (1) Moved by Doctor Jones, seconded by Doctor Rice — "That the Committee on By-Laws go over the present by-laws to incorporate recent changes and bring our constitution in line with The C.M.A. constitution." Approved.

- (2) Moved by Doctor Coward, seconded by Doctor Wood —
"That the Executive give to the Treasurer in consultation with the Finance Committee, the authority to invest surplus funds as they accrue and transfer savings to the current account." Approved.
- (3) Moved by Doctor Jones, seconded by Doctor Young — "That the contribution from The Canadian Medical Association to the Nova Scotia Division for post-graduate education be allotted to the Post-Graduate Committee of Dalhousie University, as in past years." Approved.
- (4) Moved by Doctor Rice, seconded by Doctor Wood — "That one copy of these reports be forwarded to the Secretary of each Branch Society with the comment that more copies are available for those members requesting same." Approved.

3. **C.M.A. Meeting.** Doctor Kelly stated the meeting will be held in Halifax June 16 - 21 inclusive, 1958, with the New Brunswick Division as the Host Division. He gave a list of the committees in charge, stating there would be a full-scale programme including colour television. He also mentioned the 92nd annual meeting of The Canadian Medical Association in 1959 would be held in Edinburgh. This will be the first meeting to be held in the United Kingdom, the second time outside Canada. He appealed to the doctors to fill out the application forms available if there was any possibility they might attend the meeting, as accommodation was limited, and 1,000 persons are already listed for the meeting. He stated there was a large medical population in Edinburgh who would open up their homes to those attending, but applications should be filled in at once to make sure of accommodation.

4. **Nominations to Senior Membership.** The Executive Committee submitted nominations of Doctor W. A. Curry of Halifax and Doctor J. C. Ballem of New Glasgow, for senior membership in the Nova Scotia Division. Moved by Doctor J. C. Wickwire, seconded by Doctor R. A. Moreash, that these members be so elected. Carried.

5. **Nominating to Honorary Membership.** The Secretary submitted the nomination of Doctor W. Sidney Gilchrist for Honorary membership in The Medical Society of Nova Scotia. Doctor Gilchrist, a graduate of Dalhousie Medical School of 1927, has devoted his life's work to the medical missionary field in Angola, West Africa. He had served with the A.C.A.M.C. in Italy in the 2nd World War. He has brought honour to himself and to the Province of his birth. His election to Honorary membership was moved by Doctor H. Ian MacGregor, seconded by Doctor C. B. Stewart. Carried unanimously.

6. The list of forty names for membership in The Medical Society of Nova Scotia was read by Doctor McCleave. All members were in agreement with their acceptance.

NEW MEMBERS

September 1, 1956 to July 31, 1957

I. Bernard Barclay, Yarmouth	Ordinary
Douglas C. S. Brown, Halifax	1st year in practice
N. R. Bruvels, Halifax	Taking post-graduate
R. W. Campbell, Shelburne	1st year in practice
Wm. A. Condy, Halifax	Ordinary
M. E. Delory, Annapolis Royal	1st year in practice
T. E. Dickinson, Niagara Falls	Non-resident
Frederick G. Dolan, Halifax	1st year in practice
G. H. Embree, Halifax	Taking post-graduate
John O. Godden, Halifax	Ordinary
Robert W. Healy, Halifax	Taking post-graduate
W. A. Jakeman, New Glasgow	1st year in practice
David T. Janigan, New Waterford	1st year in practice
F. Dean Kemper, Halifax	Ordinary
Paul E. Kinsman, Aylesford	1st year in practice
J. K. Stewart Kirkaldy, Dartmouth	1st year in practice
Thomas Krzyski, Guysborough	Ordinary
R. L. Langdon, Halifax	1st year in practice
Edward R. Llewellyn-Thomas, Freeport	Ordinary
Roy S. Munro, Stellarton	1st year in practice
Chas. M. McBride, Montreal	Taking post-graduate
L. D. MacCormick, Glace Bay	1st year in practice
Ian MacKenzie, Halifax	Ordinary
Margaret E. MacMurdo, Bedford	1st year in practice
J. M. MacSween, Halifax	1st year in practice
Graham C. Pace, Westphal	1st year in practice
Robert P. Parkin, Moser River	2nd year in practice
W. M. Phinney, Yarmouth	Ordinary
Paul A. Pugh, Halifax	1st year in practice
Earle L. Reid, Kentville	1st year in practice
Harold B. Sabeau, Hamilton	1st year in practice
M. M. A. Saiphoo, Halifax	Taking post-graduate
R. O. Saunders, Glace Bay	1st year in practice
W. R. Siddall, Halifax	1st year in practice
James T. Snow, Halifax	1st year in practice
John D. Sproul, Wolfville	Taking post-graduate in New Jersey
W. A. Taylor, Halifax	Ordinary
F. R. Townsend, Wolfville	Ordinary
James A. Wickwire, Liverpool	1st year in practice
H. Harold Tucker, Halifax	2nd year in practice

7. **Proposed By-Laws of M. M. C. Inc.** It had been reported to the Executive Committee that copies of these had been distributed to Secretaries of Branch Societies in April, 1957 with the request that they be reviewed and the Executive Secretary be informed of the views of each Branch. The replies received expressed approval. One suggestion had been made, viz., that the wording of Paragraph 3 under membership be changed to "... who is a mem-

ber in good standing in the Branch Society and The Medical Society of Nova Scotia, who has been selected by the Branch to be a member of the Corporation." This had been agreed. The Executive Committee had referred these Proposed By-Laws to the Annual Meeting with recommendation that they be adopted. Adoption moved by Doctor Beckwith, seconded by Doctor R. G. A. Wood. Carried.

Doctor J. O. Godden requested and was granted the attention of the meeting. He made some remarks pertaining to cancer of the lung, and made the following motion which was seconded by Doctor C. B. Stewart —

"That this meeting go on record as recognizing the importance of the recent report of the Medical Research Council of Great Britain, and other publications, on the relationship of cigarette smoking to cancer of the lung. It is moved that the Standing Committee on Public Health be directed to study this problem and recommend means by which this Society and its members can prevent some of the deaths now occurring from this cause. Finally, it is moved that this Society offer to co-operate with the Department of Public Health in an effort to educate and instruct children and adolescents, who do not yet smoke, about the danger of beginning this habit, and to encourage moderation in cigarette smoking among adults under their care." Motion carried.

Refresher Course in Cancer. The Executive Committee had reviewed the correspondence relating to this project. The Cancer Committee of The Canadian Medical Association had funds available which could be applied to a Pilot study in one Division of The Canadian Medical Association for the purpose of studying the value of a "Refresher Course in Cancer." The Director, Post-Graduate Division of the Faculty of Medicine, Dalhousie, had been in correspondence with The Canadian Medical Association concerning this project. The approval of the Division is requested before the money can be made available. The Executive referred the matter to the general meeting with a recommendation for endorsement.

Doctor W. R. C. Tupper moved, Doctor R. A. Moreash seconded — "That this Division ask for monies to do a cancer pilot study in Nova Scotia, from available funds of The Canadian Medical Association, and that this be administered under the auspices of the Post-Graduate Division of the Faculty of Medicine." Carried.

Doctor A. G. MacLeod expressed the appreciation of The Society to Doctor Stewart and moved — "That the Medical Society of Nova Scotia express their full appreciation and endorsement of the work done by the Post-Graduate Division of the Faculty of Medicine."

This was seconded by Doctor Devereux with all members in agreement. Doctor Stewart thanked The Society for the motion, but drew The Society's attention to the fact that perhaps the Committee was getting close to the limits of what they could do; that the staff was doing as much as possible at the present time, and the programme would have to be watched so that it did not grow too large.

Doctor R. A. Moreash requested the attention of the meeting to introduce the subject of speed zones, stating that it was his opinion that The Society endorse the following, moved by Doctor Moreash, seconded by Doctor J. A. McDonald — "That inasmuch as there are many speed zones in Nova Scotia, we recommend that the Attorney-General suggest to all police that they co-operate in every way with the medical profession, especially in emergencies."

This motion, having been presented, resulted in prolonged discussion in which various viewpoints were expressed. A standing vote was required and the motion was passed.

Mr. J. E. Campbell, President of the class in medicine graduating in 1958, expressed to the Chairman and the meeting his appreciation and that of his class at having been invited to attend the meeting as a guest of The Society. He outlined what The Society had been doing for the final year students and stated this was much appreciated. He remarked on the benefit of his attendance and that he would report to his classmates.

The report of the Nominating Committee was read by the Chairman, Doctor J. R. McCleave, as follows:

President	—	A. L. Murphy
President Elect	—	H. J. Devereux
Immediate Past President	—	J. R. McCleave
Chairman Executive Committee	—	A. G. MacLeod
Treasurer	—	C. H. Young

Members of Executive as nominated —

J. P. McGrath, Valley Medical Society, alternate P. S. Cochrane.

F. J. Granville, Pictou County Medical Society, alternates H. B. Whitman, L. M. Sproull.

J. A. MacCormick, Antigonish-Guysborough Medical Society, alternate C. N. MacIntosh.

R. G. A. Wood, Lunenburg-Queens Medical Society, alternate H. A. Fraser.

A. W. Ormiston, H. J. Martin, Cape Breton Medical Society, alternates H. F. Sutherland, G. C. Macdonald.

S. G. MacKenzie, Jr., Colchester-East Hants Medical Society, alternate H. R. McKean.

D. R. Campbell, Western Nova Scotia Medical Society.

F. A. Dunsworth, N. B. Coward, D. I. Rice, Halifax Medical Society.

David Drury, Cumberland Medical Society.

Nominees to Provincial Medical Board

J. C. Wickwire, Lunenburg-Queens; F. J. Granville, Pictou; J. R. Macneil, Cape Breton; J. C. Murray, Cumberland; A. E. Doull, Halifax; R. F. Ross, Colchester-East Hants.

To Executive, C.M.A. — R. O. Jones.

Nominating Committee

W. A. Hewat, A. L. Sutherland, D. F. Macdonald, G. W. Turner, J. A. MacCormick, A. W. Titus, J. A. Muir, H. B. Whitman, D. Drury, J. R. McCleave, Chairman.

Moved by Doctor D. M. MacRae, seconded by Doctor W. R. C. Tupper, that this report be adopted.

The Chairman asked for any other nominations. There being none, the motion was put to the meeting and unanimously carried.

The Chairman and President, Doctor J. R. McCleave, congratulated the newly elected officers and representatives. He also thanked the members for their attendance and attention to the business of The Society. Having asked for any other business and there being none, the meeting, on motion, was adjourned.

The retirement of Doctor J. R. McCleave from the office of President and the installation of Doctor A. L. Murphy as President of the Medical Society of Nova Scotia officially took place at the annual banquet on Friday August 30th. Doctor M. A. R. Young, President of The Canadian Medical Association, performed these functions in a most pleasing and dignified manner. The well chosen and succinctly phrased remarks with which he thanked the retiring President for the manner in which he had discharged his duties and welcomed the new President to his high office and responsibilities received the complete endorsement of the assembly.

C. J. W. B.

GOLF TOURNAMENT

The Golf Tournament held in conjunction with the annual meeting of The Society over Digby's Championship 18 hole layout, proved as ever, a popular diversion. Approximately fifty in all turned in scores for the required eighteen holes.

It was run off in three sections, mens, ladies, and for the first time an exhibitor's tournament was sponsored by The Society. This proved popular with the exhibitors and I think deserves consideration in future years.

The Calloway system of handicapping was in vogue for the first time. Basically it is derived from worst holes once given round rather than on individual handicaps, and has some merit in a tournament such as this. It serves to produce a closer "bunching" of net scores, thus adding to interest.

A splendid group of prizes were obtained by our hard working hostess Mrs. John McCleave.

Winners in the various sections are as follows. Where tie scores were recorded winners were drawn for by our assistant secretary, Mrs. Currie, the first name, winning the draw.

MEN

Low Gross	—	Dr. C. L. Gosse, Halifax.
Low Net	—	Dr. Don F. Smith, Halifax.
Runners-up - Low Gross	—	Dr. Ben R. Wilson, Middleton, Dr. W. O. Coates, Amherst.
Runners-up Low Net	—	Dr. John C. Wickwire, Liverpool Dr. W. Alan Curry, Halifax Dr. C. L. Gosse, Halifax Dr. John A. MacCormick, Antigonish Dr. W. Earl Pollett, Halifax Dr. G. Watson Sodero, Sydney Dr. Carl C. Stoddard, Halifax
Most Courageous Golfer	—	Dr. Garnett W. Turner, Windsor

LADIES

Low Gross	—	Mrs. Jack H. Charman, Halifax
Low Net	—	Mrs. Don I. Rice, Halifax
Consolation	—	Mrs. Garnett W. Turner, Windsor
Low Gross	—	Mr. D. MacMillan, Halifax
Low Net	—	Mr. R. B. Hamilton, Halifax (Sgd.) W. A. Murray, M.D., Committee Chairman.

FIRST MEETING
NEW EXECUTIVE COMMITTEE
SATURDAY, AUGUST 31 - 1957
DIGBY PINES HOTEL

This meeting was convened by the President, Dr. A. L. Murphy who welcomed the new members and expressed appreciation for the work of those re-elected. He stated that he anticipated the Society would have a busy year. He then asked Dr. A. G. McLeod the re-elected Chairman of the Executive Committee to take the chair. Present were:

J. P. McGrath, Valley Medical Society; F. J. Granville, Pictou County Medical Society; J. A. MacCormick, Antigonish-Guysborough Medical Society; R. G. A. Wood, Lunenburg-Queens Medical Society; S. G. MacKenzie, Jr., Colchester-East Hants Medical Society; F. A. Dunsworth; N. B. Coward, D. I. Rice, Halifax Medical Society; David Drury, Cumberland Medical Society; H. J. Martin, Cape Breton Medical Society; A. W. Ormiston, Cape Breton Medical Society and D. R. Campbell, Western Nova Scotia Medical Society, were not present.

The minutes of the last Annual Meeting of the Executive as mimeographed and distributed to the members were approved.

The new Executive Committee then considered the appointments of Chairmen of Standing Committees.

COMMITTEE	NOMINEE (*Indicates re-nomination)	MOVER, SECONDER CARRIED
Annual Meeting - Programme Committee - 1958	Dr. W. Murray	Dr. A. L. Murphy
By-Laws	Dr. W. A. Hewat*	Dr. H. J. Martin
Cancer	Dr. W. Tupper	Dr. H. J. Devereux
Child & Maternal Health	Dr. M. G. Tompkins*	Dr. R. G. A. Wood
Civil Disaster	Dr. A. R. Morton*	Dr. F. A. Dunsworth
Editorial Board, N. S. Medical Bulletin - Editor-in-Chief	Dr. H. C. Still*	Dr. F. J. Granville
Managing Editor	Dr. C. J. W. Beckwith*	Dr. J. A. MacCormick
Fees	Dr. F. M. Fraser*	Dr. S. Drury
Finance	Dr. M. R. Macdonald*	Dr. H. J. Martin
Health Insurance	Dr. D. M. MacRae	Dr. R. G. A. Wood
Legislation	Dr. J. McD. Corston*	Dr. D. I. Rice
Medical Economics	Dr. A. L. Sutherland*	Dr. C. H. Young
		Dr. R. G. A. Wood
		Dr. H. J. Devereux
		Dr. R. G. A. Wood

COMMITTEE	NOMINEE (*Indicates re-nomination)	MOVER, SECONDER CARRIED
Post-Graduate Education	Dr. J. A. McDonald*	Dr. J. R. McCleave Dr. F. J. Granville
Public Health	Dr. R. A. Moreash*	Dr. H. J. Martin Dr. F. J. Granville
Public Relations	Dr. D. I. Rice	Dr. H. J. Martin Dr. J. R. McCleave
Rehabilitation	Dr. A. H. Shears	Dr. J. R. McCleave Dr. F. J. Granville
Traffic Accidents	Dr. A. L. Murphy*	Dr. C. H. Young Dr. D. I. Rice

Dr. Young was appointed Chairman of the Budget Committee. Dr. Young stated there was some confusion about the reporting of this Committee to the Executive Committee. It would seem very difficult to prepare an adequate report for 1958 in August, of 1957. At that time the membership of the Society for the present year could not be accurately established and it was difficult to have a clear picture of the expenditures for the ensuing year. Dr. A. D. Kelly stated that the C.M.A. received the report of the Budget Committee at the fall meeting of the Executive. The Executive agreed that Dr. Young's remarks would be accepted as an interim report and that it was not in the best interests of the Society to have a budget for 1958 at this date. The report of the Budget Committee will be presented to the next meeting of the Executive Committee.

Moved by Dr. J. R. McCleave, seconded by Dr. H. J. Devereux — "That the Treasurer be an ex-officio member of the Programme Committee for the Annual Meeting." Carried.

Signing Officers were re-appointed viz., Doctors A. G. MacLeod, C. H. Young and C. J. W. Beckwith.

APPOINTMENTS OF REPRESENTATIVES

NAME OF ORGANIZATION	NOMINEE	MOVER, SECONDER, CARRIED
Board of Gov. (V.O.N. Canada)	D. M. Cochrane	F. J. Granville F. A. Dunsworth
Cogswell Library Committee	A. W. Titus	J. R. McCleave F. A. Dunsworth
Nova Scotia Division - Canadian Cancer Society	W. R. C. Tupper	F. A. Dunsworth F. J. Granville
Board of Registration - Nursing Assistant's Act	C. J. W. Beckwith	D. I. Rice C. H. Young

Medical Advisory Board to Lay Organizations

The members considered that the function of this Board would better come under the Committee on Public Relations.

Moved by Dr. Devereux, seconded by Dr. MacCormick - "That the Medical Advisory Board to lay organizations be abolished." Carried.

Nominations for Advisory Board to Hospital Services Planning Commission

The correspondence had been reviewed with the report of the Advisory Committee on Health Insurance. The members decided that it would be in the best interests of the Society to give that Standing Committee the authority to submit names from which the Hospital Services Planning Commission would appoint one (preferably with an alternate) to sit on the Advisory Board.

Nominations to the Board of Trustees of the Maritime Hospital Services Association

Moved by Dr. Dunsworth, seconded by Dr. Wood and Carried — "That the name of the Executive Secretary, Dr. C. J. W. Beckwith be submitted when nomination next came up."

This would be to replace Dr. W. E. Hirtle whose time as representative expires in 1958. Dr. H. E. Christie, the other representative of this Society, continues as representative. The members agreed that the Society should accept the invitation of the M.H.S.A. to have the Executive Secretary attend meetings as an observer until his appointment as a representative.

Appointments of Representatives to Advisory Committees Dealing With Federal-Provincial Health Grants

Cancer Control Grant	—	Dr. W. Tupper
Crippled Children's Grant	—	Dr. B. F. Miller
General Public Health Grant	—	Dr. J. R. Macneil
Maternal and Child Hygiene Grant	—	Dr. M. G. Tompkins
Medical Rehabilitation Grant	—	Dr. A. H. Shears
Mental Health Grant	—	Dr. R. O. Jones
Professional Training Grant	—	Dr. C. B. Stewart
Public Health Research Grant	—	Dr. R. C. Dickson
Radiology Grant	—	Dr. H. R. Corbett
Tuberculosis Control Grant	—	Dr. W. I. Bent
V.D. Control Grant	—	Dr. W. A. Hewat

On motion of Dr. Rice, seconded by Dr. McCleave and carried — Dr. H. J. Martin was named Chairman of a Special Committee to study the definition of the term "Specialist."

Other Business

Dr. A. D. Kelly, remarked that Dr. Van Wart, President Elect of the C.M.A. may approach individuals in this Division to assume Chairmanship of certain Committees, related to the Annual C.M.A. in 1958.

The Chairman invited Mr. Leo McKenna of Blaker, Hearnes and Company to appear before the Executive. Mr. McKenna answered several questions. He stated that \$20,000. had been paid in claims from this Division during the past year. He also stated that from the viewpoint of his company, a doctor did not have to be a member of the Society to be eligible for Group Disability Insurance, but that the Company would respect the Society's wishes in this respect.

Mr. McKenna brought to the attention of the Executive Committee the "Group Major Medical Expense Policy" with the suggestion that it be considered.

The meeting adjourned at 12.00 noon.

ANNUAL MEETINGS THE MEDICAL SOCIETY OF NOVA SCOTIA

The Executive Committee has decided that the following report be sent to Branch Secretaries for study and expression of views. The report is published so that all members will have the opportunity of reading and considering this important matter.

REPORT OF COMMITTEE TO STUDY ANNUAL MEETING

The Committee of the Executive appointed to report on pharmaceutical exhibits was also instructed to study the locale and the financing of annual meeting. The following is this report.

Pharmaceutical Exhibits

An interim report was presented at the Executive meeting in March, 1957. At that time, authority was given to proceed with the "Hospital Display" exhibit for the annual meeting of 1957. Spaces were provided for 30 exhibitors—26 have been sold. It will be a matter of interest to observe how the smaller space works out in practice. Mr. W. T. Hare, Field Representative of the Medical Exhibitors Association of Canada, has visited The Pines and expressed satisfaction with the arrangements. We wish to express our thanks to Mr. Hare for his co-operation in the several frank discussions which we have had and for the very positive assistance rendered by him through liaison with the exhibitors.

Your committee recommends that the association with the Pharmaceutical Exhibitors be continued for the following reasons:

- (a) The exhibits provide information for and contact with all members of The Society whether they be rural or urban residents.
- (b) The exhibits provide a definite source of income to the Society, withdrawal of which, in point of cold facts, would be very embarrassing to the Society.
- (c) It is our belief that the relationship between The Society and the exhibitors can be developed to the advantage of both groups.

The committee strongly recommends that the matter of *scientific* exhibits be considered at the annual meeting.

These would include such things as:

1. Newest developments in electro cardiography and electro encephalography.
2. Radioactive isotopes.
3. Pathology displays.
4. X-ray displays:
 - (a) Fractures
 - (b) Chest lesions.
5. Medical equipment:
 - (a) Resuscitators
 - (b) Iron lungs.
6. Demonstrations of hypothermic anaesthesia.
7. Coloured photography.
8. Morphological haematology.
9. Post-graduate division.
10. Public relations.

Your committee believes that if this section is developed it will serve to the advantage of the exhibit area in general and be a distinct asset to the members of The Society. It is recommended that a charge be made for such space.

Financing of Annual Meeting

This subject has been discussed on several occasions by the committee. The practice has been that the Host Branch Society is responsible for the programme, both scientific and social. The Executive committee approves of a provisional programme which is submitted by the Programme Committee. An area of considerable misunderstanding and irritation lies in the source of funds for the expenditure required for social events. This was partially solved in 1948 when the Executive Committee authorized a registration fee. Subsequently different registration fees have been charged by host societies, apparently based on the financial requirements and has varied from \$5 to \$20.

The committee recommends the following relative to financing the annual meeting:

- (1) That, because of the financial burden which results from the various places of meeting and the varying number of members in the Branch Societies, the Branch Societies be relieved of local contributions in the form of levies.
- (2) That, to have control of the expenditures involved, the Host Society be required to submit a provisional budget to the Executive committee not later than six months prior to the annual meeting.
- (3) If the Programme committee for the Host Society creates expenditures over the budget approved by the Executive committee, the Branch Society will be responsible for such excess expenditure.
- (4) That the revenue for financing the annual meeting come from two sources —
 - (a) The exhibits.
 - (b) Registration fees.The number of exhibits will vary according to the space available, but the principle of the "Hospital Display" exhibit will partially solve this. The registration fee will of necessity vary from place to place, but we recommend it should not exceed \$15 without special authority from the Executive committee. The amount of the registration fee would be such that there would be no expenditure by members attending the meeting, other than for room and board.
- (5) The suggestion that business firms, pharmaceutical houses, etc., be canvassed with a view to their contributing to the financial success of the annual meetings, does not seem to be met favourably by the majority of Society members, and therefore such possibilities require no further action at this time.
- (6) That the profit from the annual meeting be placed in the general revenue of the Society.

Locale of Meetings

Discussion of this matter has resulted in no definite recommendation. We feel that the principle of having the various branches act as host is a sound one and fulfils a fundamental requirement for the benefit of the Society as a whole. On the other hand, it must be realized that there are areas in which it would be difficult if not impossible, to find sufficient accommodation for

members and exhibits. The experience obtained with the "Hospital Display" exhibit this year will contribute some information for the future.

We recommend that this matter be referred to each Branch Society for objective study with the request that each decide whether it has sufficient accommodation to care for the annual meeting, and, if not, whether that particular Branch would desire to be host at a location other than in their geographical area.

The C.M.A. meets in Halifax June 15 - 19th, 1958. The New Brunswick Division is the Host Society. Our Constitution states (Chapter 7, Par. 2) "When the C.M.A. meets in either of the Maritime Provinces, the Divisional meeting for that year shall be for business purposes only."

The Committee recommends for your consideration that the annual meeting of The Medical Society of Nova Scotia for 1958 be a one-day business session to be held in Halifax, and that the Refresher Course committee be approached with the request that it be on the Friday of that week. If this request cannot be granted, then the meeting to be held on the Saturday, immediately following the completion of the Course.

Time of Meeting

At the first meeting of the New Executive on September 7, 1956, it was moved by Doctor D. I. Rice, seconded by Doctor N. B. Coward, and carried — "That having generally accepted that The Society should not be bound to arrangements with The Canadian Medical Association 'travelling team', future meetings of The Society be held during the last week of June."

With the review of other matters pertaining to the annual meeting, it was natural that the time for the meeting would be reconsidered. The great majority of annual meetings of The Medical Society of Nova Scotia from 1854 to 1944 took place in June or July. In 1944 the time was changed to late August or early September for the convenience of the visit of the President of the C.M.A., and the C.M.A. clinical speakers. Experience since 1944 has shown that this date is not in the best interests of the Nova Scotia Division. Hence the foregoing resolution.

In general everything favours a meeting prior to mid-July.

- (1) The Society has expressed this feeling.
- (2) The annual meeting would have the advantage of reports being prepared prior to the holiday season and those responsible for reports (which are of increasing importance) would not be burdened during their own holiday period.
- (3) The office staff could have holidays without interfering with the best interests of The Society.
- (4) It would avoid any conflict with the Annual Refresher Course which traditionally takes place in October.

However, the directive that the meeting is to be held "the last week of June" requires examination.

Whereas the September date clashes with preparation of the children for school, likewise the "last week in June" is likely to affect a number of members because their children are writing examinations, involved in closing exercises, etc.

The C.M.A. traditionally has its national meeting sometime in June, usually about the middle of the month. It is of vital importance that the Division have good representation at that meeting, and that being so, the

officers of this Division would be away just prior to their annual meeting at the end of June, and it is even possible that the dates for the two meetings might be in actual conflict. From that view point then, latitude to the middle of July would be desirable. Some will advance the argument that this precludes the use of summer hotels, at pre-season rates. This, in our opinion, is not a valid argument, having in mind the decision to be made from which will evolve a more successful annual meeting and a more successful Society.

Another factor in favour of our meeting being after the C.M.A. is that decisions made at the General Council of the C.M.A. representing thought at the national level will be available to the annual meeting of our Society.

There are those who feel that The Society should hold its meeting prior to that of the C.M.A. so that Business arising out of our meeting could be presented to General Council. This committee feels that this is not necessary providing the following applies:

- (1) That an executive meeting be held prior to the C.M.A. in the form of a briefing session for members of The Society attending General Council.
- (2) That proposed proceedings of General Council of the C.M.A. be available for this meeting, which would be the last regular meeting of the executive prior to annual meeting of the Nova Scotia Division.

Your committee therefore recommends that the annual meeting of The Medical Society of Nova Scotia should take place after the C.M.A., the date depending on the C.M.A. meeting, but not to be later than the second week of July.

If this should be the decision, a revision for responsibility of details having to do with the annual meeting of our Society will have to be studied.

We sincerely hope that this recommendation will not be embarrassing to the C.M.A. for we think the recommendation is necessary for the welfare of our own Division which is an integral part of the C.M.A. The Executive committee may wish to enter into consultation with the C.M.A. prior to making a final decision, especially as our annual meeting for 1958 may be only a one-day business meeting and quite divorced from the ordinary.

While the foregoing remarks regarding time of meeting would seem to be outside the limits of this committee's report, it seems appropriate to include our observations at this time, since it would appear to have a direct bearing on such matters as locale and financing.

Summary

This committee recommends for your study the following suggestions:

- (1) The Society continue to rent exhibit space to pharmaceutical houses. In addition, the establishing of scientific exhibits should be encouraged.
- (2) The annual meeting of the Canadian Medical Society of Nova Scotia be held not later than the second week in July.
- (3) The financing of the annual meeting be provided for from funds established for this purpose.
- (4) The practice of having branch Societies act as Host be encouraged, it being their responsibility to determine location of annual meeting.
- (5) The annual meeting of the Society for 1958 be a one-day business session to be held at Halifax at the time of the Refresher Course.
- (6) An annual meeting committee be established to work in conjunction with the Executive Secretary in organizing the business of the Society to be presented at annual meeting.

(Signed) C. J. W. Beckwith, M.D.

D. I. Rice, M.D., Chairman.

Secretary's Page

Advisory Committee on Health Insurance The Medical Society of Nova Scotia

The Executive Committee recommended to the general meeting and the general meeting approved a change in terms of reference for this Committee. It was made a Standing Committee and the terms of reference changes its activities from a passive to an active role in that the Committee was authorized "to participate in or initiate discussion with government or other interested groups."

The Committee functions under the Chairmanship of Doctor D. M. MacRae. The nucleus committee consists of six members and the full committee nine members.

The nucleus committee has been meeting each Friday since September 6th, and a meeting of the full committee was held on Friday, November 1st.

The "Hospital Services Planning Commission" was created under authority of Bill 55 (Nova Scotia 1957). The announcement of the appointment of Mr. L. W. Fraser, Q.C. as Chairman was made on July 23, 1957. The Vice-Chairman is G. G. G. Simms, M.D., D.P.H. The untimely death of Mr. Fraser in September was followed by the announcement of the appointment as Chairman, of R. MacD. Black, Barrister, on October 11, 1957.

The Hospital Services Planning Commission has an Advisory Board. Nominations were requested from The Medical Society of Nova Scotia from which the Commission would appoint one. Doctor D. M. MacRae has been so appointed.

The terms of reference for our Advisory Committee on Health Insurance having been changed and the position of the Hospital Services Planning Commission having been clarified, the Executive Committee had examined the liaison existing between The Society and the Hospital Services Planning Commission. The representation invited on the Advisory Board of the Commission was welcomed. It was clear, however, that this representation did not provide access to the Commission which is desirable. The subject was debated extensively in the Executive meeting and again at the annual meeting, resulting in approval of the motion from the Executive Committee directing that our Committee seek direct contact with the Commission. Correspondence has resulted in granting the request, and the first meeting of our Committee and the Hospital Services Planning Commission took place on November 1, 1957.

The importance of this development cannot be over emphasized for it means that our Committee on Health Insurance is in the position "to initiate or participate in discussions" directly with the Hospital Planning Commission. Our Commission must be in the position where it has knowledge of and will present the views of organized medicine (in this Division). Toward this end copies of Bill 320 (Canada) "An Act to authorize contributions by Canada in respect of programmes administered by the Provinces, providing Hospital Insurance and Laboratory and other services in aid of Diagnosis" have been forwarded to all Branch Societies with the request that a study committee be formed to examine it. Specialty groups also have been requested to study it. This will result in becoming familiar with the Bill as well as becoming aware of the many areas in which the medical profession must take an active interest if the Hospital Services Planning Commission is to have the best contribution

from The Medical Society. One fundamental is to examine the Bill from the view-point of providing the best quality medical service under the Hospitalization Scheme.

It must be realized that this is the formative period for the Hospitalization plan. Nothing has been finalized; there is still debate concerning the interpretation of some sections of Bill 320. It is known that discussion with Ottawa will be necessary before any agreement can be finalized. It is, however, perfectly clear that the function of the Hospital Services Planning Commission is to prepare a plan for consideration of the Government of Nova Scotia, and The Medical Society of Nova Scotia is in the position where it can make a real contribution in a field where lies its most vital interest, viz., service to the patient.

Understanding of the plan is the first step. This will require time, study and thought by all. Your committee will be most happy to answer your questions as well as to receive your views. There is much to be done, but a co-operative effort contribution will result in a real contribution.

Retirement Savings Plan

The Canadian Medical Retirement Savings Plan has been distributed from The Canadian Medical Association office in Toronto to all members of The Canadian Medical Association. It is again brought to your attention through this page in case you have not yet directed to it the attention it deserves.

In brief, advantage has been taken of amendments in the Income Tax Act to draw up a group plan which will be advantageous to self-employed physicians. It provides two separate funds either or both of which will receive payment. The insured annuity fund is the responsibility of the National Life Assurance Company, and the common stock investment fund that of the Royal Trust Company. Physicians who join the plan decide for themselves each year the amount which they will deposit in either of these. The minimum amount is \$300; the maximum 10 per cent of earned income, or \$2,500 whichever is less. Payments are made through local branches of the Bank of Montreal.

Full details of the plan, which is also available to physicians participating in employer-employee plans, are contained in the brochure which has been distributed. Any physician who wishes a copy may have it by writing the Secretary of the Nova Scotia Division of The Canadian Medical Association.

Re: Committee on Bye-Laws

The Committee on Bye-Laws has started the study of the bye-laws of The Medical Society of Nova Scotia in relationship to the recently amended bye-laws of The Canadian Medical Association. This committee was also instructed to consider constitution and bye-laws for the Branch Societies. A letter has been sent to the Secretaries asking for copies of any constitution and bye-laws which are extant. The several replies so far received all state there is no record of such. The Chairman, Doctor W. A. Hewat, Lunenburg, will welcome any suggestions or views pertaining to these matters.

Group Practice

A "Report of the Committee on Group Practice of the Ontario Medical Association" has been received. It is a very interesting report. Copies may be obtained through the Secretary.

C. J. W. B.

**BRIEF FROM THE MEDICAL SOCIETY OF NOVA SCOTIA
TO
ROYAL COMMISSION INQUIRING INTO THE WORKMEN'S
COMPENSATION ACT**

The Medical Society of Nova Scotia, formed in 1854, represents the majority of physicians in the Province of Nova Scotia. The first announcement of the proposed Royal Commission appointed to inquire into the Workmen's Compensation Act was in the press on March 7, 1957. This announcement was brought to the attention of our Executive Committee. The Executive Committee authorized the formation of a special Committee to prepare a Brief to present to the Commission. The basis of this Brief is study by the appointed Committee and includes review of submissions which were invited from the nine Branch Societies which constitute the Nova Scotia Division of The Canadian Medical Association, which is The Medical Society of Nova Scotia.

We understand that it is some twenty years since this Act has had a constructively critical review. We therefore appreciate and welcome the opportunity to place before you our views and recommendations which will have a direct bearing on improved service to the patient as well as improved understanding and liaison between the Workmen's Compensation Board by whom the Act is administered, and the medical profession, who provide the medical services.

Perusal of the Medical Aid Sections of the Workmen's Compensation Act (paragraphs 86 - 97), suggests something that is archaic. No doubt it was good when first devised, but it is now out of consonance with changes that have occurred in our social structure in the intervening years. More serious, however, is the general feeling in the profession that under the present Act, the Board has arrogated to itself powers of decision that at times seem to approach the absolute with effects on public relations that are detrimental and always attend the exercise of such absolute power.

To keep this Brief within reasonable length, The Medical Society of Nova Scotia would at once like to indicate realms in which it considers changes should be made in the Compensation Act.

1. Rehabilitation

We feel that it is not enough to care for workman until simple healing of a damaged part has occurred, but rather that every effort should be made to restore him mentally and physically to his place in society as completely and quickly as possible. We believe that the principle of Rehabilitation has not been sufficiently applied to give the best results to the disabled patient and that such rehabilitation services now available in Nova Scotia, they should be utilized to their full extent. Despite the fact that the Act recognizes this in Section 97, we believe that Rehabilitation Services can be more extensively utilized than they are at the present time.

2. Incomplete Coverage

This Society believes that the conditions provided under Section 91 of The Workmen's Compensation Act, create conditions which are unfair and unjust to the groups concerned. This section allows a system whereby, under

certain conditions, the workman is providing the entire "medical aid" for himself and family out of his weekly pay. In these cases any injury requiring "medical aid" is not covered by the Compensation Act at all. This capitation system provides a monthly sum which is pathetically below any known standards of insurance plans for medical care. This obviously can have but one effect: That it cannot provide the full extent of medical services available today. Continuance of this Section 91, puts the Compensation Act in the position of encouraging this effect and this Society would express the view that the Workmen's Compensation Act should no longer continue in that position. The Compensation Act should be uniform in our Province in all respects and the application of its full benefits be made available to those communities where they do not now apply. This would greatly enhance the value and quality of the medical service to the community and to the workman which is the primary desire and objective of organized medicine.

3. Reimbursement for Medical Services

The generally unsatisfactory arrangements which have obtained in connection with recompense for medical services, have been a constant source of irritation to the medical practitioners of this Province. Up to now, organized medicine has been disposed to put up with it, to make the best of it and to carry on, but not without complaint. While it is true that certain fees for professional services have been increased from time to time, we are unable to understand why only certain items were chosen for this increase and not the whole field. We are of the definite opinion, that the Schedule of Fees of The Medical Society of Nova Scotia should be the basis of payment for medical services by the Workmen's Compensation Board. Acceptance of this view would result in composing most of our differences and it is in keeping with modern trends. The Provincial Schedule of Fees has been adopted by the Department of Veteran's Affairs as an equitable basis for paying for medical services across Canada. We understand the same principle has been adopted by some Workmen's Compensation Boards.

We would like to see this effective as of January 1, 1958, or as soon thereafter as would appear to be reasonable.

4. Rights and Privileges of the Physician

Under this heading there are the following issues we would like to present:
(a) The right claimed by the Workmen's Compensation Board to determine whether or not a doctor shall be paid for services rendered in cases of accepted claim.

In certain situations where doctors receive honoraria for doing hospital charity work on public ward patients, the Workmen's Compensation Board refuses to honor his account submitted for Workmen's Compensation Board cases. This decision is contrary to the hospital board's decision which allows insured patients accounts, and specifically Workmen's Compensation Board accounts, to be paid to the doctor performing such services exclusive of any public ward honorarium. Workmen's Compensation Board cases are "insured" cases and, therefore, should have professional services paid for at the recognized rate for the service so tendered. By not paying for such legitimate services rendered by the medical profession, we can only assume that monies which in general are collected from employers to cover these services, are being

used for other purposes. The argument put forward against payment of these fees has been that the honorarium in those cases comes from Provincial Government funds and that monies for Workmen's Compensation Board funds do not come from Provincial Government monies. This argument is untenable to the medical profession which regards the Workmen's Compensation Board as an analogous to an insurance company collecting money from employers to provide for medical services.

(b) This Society has had reported to it by its members embarrassing situations which have occurred when patients who have been treated by the family doctor are referred to consultants by order of the Workmen's Compensation Board. This is done without reference to the attending doctor who hears nothing of the consultation or of the recommendations relating to his patient resulting from such consultations. This contravenes the fundamental doctor-patient relationship. It imperils not only that relationship, but also the position, which by common consent, the family physician should occupy in his community. We would ask that provision be made in the Act so that this defect in public relations would be remedied. We would suggest that this alteration be to the effect that the results of any consultation on a workman under treatment, be made known at as early a date as possible to the workman's attending physician. This would prevent any such situation from arising and will result in better relations between the workman, the Workmen's Compensation Board, the doctor and the consultant.

5. Arbitration and Liaison

In view of the absolute powers vested in the Board (in the present Act) to determine the fees to be paid for professional services, we request that a Joint Conference Committee be created. Such a Committee might consist of the three members of the Workmen's Compensation Board and three representatives from The Medical Society of Nova Scotia.

It is suggested that:

- (a) Such a Committee should have statutory recognition,
- (b) It should have the power to effect arbitration in disputes between the Board and the members of the medical profession,
- (c) It should be directed to meet at regular intervals for the purpose of effectual liaison and discussion of any problems which may arise with either of the parties,
- (d) There should be the authority for either party to call a meeting of this Committee at such times as may be required.

In conclusion, we wish again to voice our appreciation for this opportunity to present our views. As there may be aspects of the Act which have a relationship to the field of medical services of which we are not aware, we would wish to inform the Commission, that the services of The Medical Society of Nova Scotia are available for any assistance or information which the Society can provide.

Respectfully submitted,
A. W. Titus, M.D., Chairman.

Committee Members:

D. M. McRae, M.D., J. H. Charman, M.D.

C. J. W. Beckwith, M.D., Secretary

APPENDIX

The attached communication, and the signature of Dr. J. R. Ryan, Secretary of the Cumberland Medical Society, had been received. The essential points were incorporated in the "Brief." The Special Committee had requested a member of this Branch Society to be present at the hearing.

Dr. Ryan was present, read the submission and answered questions put by the Commissioner. It is incorporated as an appendix to the Brief of The Medical Society of Nova Scotia.

SUBMISSIONS OF THE CUMBERLAND MEDICAL ASSOCIATION TO THE NOVA SCOTIA MEDICAL SOCIETY OF MATTERS WHICH SHOULD BE PUT FORTH IN THE BRIEF TO BE PRESENTED TO THE COMMISSION ENQUIRING INTO THE WORKMEN'S COMPENSATION ACT.

1. Section 91 of the Act should be repealed.

In most of the Colliery towns of Nova Scotia, each miner pays his doctor a weekly sum for medical care and drugs, for himself and his dependents.

This custom began long before the enactment of Workmen's Compensation and under the custom the Doctor, both before and after the enactment of Workmen's Compensation, treated the miner for all medical services including those arising from industrial accidents.

By Section 91 of the Act, this custom was continued and the Board does not pay these doctors the cost of medical aid arising out of compensable accidents.

The Section has created and continues a system whereby the employee pays for his own medical aid in compensable accidents directly by a deduction from his weekly pay.

Also the Doctor is in an awkward position because he must seek his pay from the pay envelope of the miner and as medical costs increase he must seek from the miner an increase in the weekly sum.

If the Doctor seeks a raise in the weekly sum commensurate with the services he gives, a most unsatisfactory condition arises. First he is met by the attitude of the miner who feels he can stand no further reduction in his take-home pay, and secondly the Doctor, bound by his ethics and all the circumstances involved, cannot demand a raise on a "pay or else" basis.

It may be argued by those opposed to the repeal of Section 91, that if the employer is required to pay for medical aid by way of greater payroll assessment that the employer's labour cost will increase. In answer to such an argument it is submitted that the costs of supplying medical care and drugs including medical aid for compensable accidents is not today being met by the present weekly sum paid by each miner and cannot be met otherwise than by an increase in the weekly sum beyond the ability of the miner to pay. If the colliery Doctor is to continue to serve the miner, he must receive fees for compensable accidents. As to the inadequacy of the present custom we refer the commission to a comparison of the colliery doctor's rate and the rates charged by Maritime Medical Care. In brief this comparison is as follows:

COLLIERY DOCTOR

Monthly Rate \$3.60
 Drugs Supplied
 Covers compensable accidents
 No specialists care provided
 The Colliery Doctor also attends
 without pay widows and pen-
 sioners.

MARITIME MEDICAL CARE

\$7.30 (Family of three)
 No Drugs Supplied
 Does not cover compensable accidents
 Specialist care provided

As to an argument that the coal industry is depressed and cannot afford further costs, it is submitted that the supply of medical aid in compensable accidents is a necessity and must be met in some manner. It cannot be met by further deductions of pay from the miner, but must be met by the only other source, the assessment of the employer, upon the repeal of Section 91.

2. The Medical Fees paid by the Board should be increased to the scale adopted by The Medical Society of Nova Scotia.

The scale of the Society is a scale considered reasonable to be charged to a patient and there is no fair reason why the Board should not follow this scale instead of its own lower scale. The only apparent reason is that the Board wants to save money by taking it off the doctors' fees. Certainly this should not be the policy of a public body.

3. Section 77 should be amended to provide, that whenever a workman is examined by a Doctor employed by the workman's employer or by a medical referee the findings should be immediately reported to the doctor attending the patient.

It often happens that a workman claiming compensation is examined by a "Company Doctor" who reported him to the Board as able to return to work and about two weeks later receives a cheque from the Board marked "Final." However he had not been examined by the attending Doctor at or near the time of the examination by the "Company Doctor." Often the attending doctor has advised the workman just previous to the examination by the "Company Doctor" that it would still be some time before he would be able to return to work. The workman and the attending doctor not being aware of the finding of the "Company Doctor" are put in an awkward position when the cheque marked "final" arrives.

All this could be avoided if the "Company Doctor" and medical referees were required to forward their findings immediately after the examination to the attending doctor.

Respectfully submitted,
 The Cumberland Medical Association,
 (signed) J. R. Ryan, Secretary.

Dated at Springhill, N. S.,
 this 5th day of July, A.D. 1957.

REPORT OF COMMITTEE ON LEGISLATION

Mr. Chairman and Members of Executive Committee:

The Legislative Committee has been active during the year in opposing Bill No. 82, 1957, entitled "The Chiropractic Act."

The first intimation the Society received of this proposed legislation was contained in a letter dated 27th February 1957, from a solicitor acting on behalf of the chiropractors. This solicitor stated that "the purpose of the Bill is simply to enable the Chiropractors in this Province to govern their own affairs, to raise the standards, both educational and otherwise of their vocation and to protect the public from exploitation by absolute quacks and others who have not had adequate training." The solicitor asked for a meeting to discuss this proposed Bill with the Executive of the Medical Society of Nova Scotia before presentation to the Legislative Assembly.

We felt that immediate action was necessary and therefore a nucleus of the Legislative Committee composed of Doctors N. H. Gosse, D. F. Smith, J. W. Reid (by invitation since he had had the experience with the last move by the Chiropractors in 1953) and myself was called for 12th March 1957. As a result of this meeting, the following recommendations were drafted:—

- (1) That the proposed legislation should be opposed by The Medical Society of Nova Scotia.
- (2) This opposition should be based on inadequate training for the responsibility of diagnosis and consequently appropriate therapeutic measures thereby endangering the public health.
- (3) That since this proposed legislation is in effect to set up a N. S. Chiropractic Association with power to grant registration through examination, your Committee recommends that The Medical Society should work in close association with the Provincial Medical Board rather than initiate action on its own.

The other members of the Legislative Committee were notified by letter of these recommendations and these members viz. Doctors D. F. Macdonald, G. R. Douglas, J. A. Vaughan, A. L. Sutherland signified their agreement. Therefore said recommendations were made the basis of a report to the Executive of the Nova Scotia Medical Society.

Mr. Wickwire was retained by the Society as counsel and a brief was prepared. In April, a Public Hearing in the Red Chamber of the Province House was held before the Committee on Law Amendments. Mr. Wickwire presented our case and called upon Dr. C. B. Stewart to outline the educational requirements of undergraduates and post-graduates and the methods in which they were instructed. Concurrently, Dr. Donald McInnis spoke on behalf of the Provincial Medical Board. The Chiropractors naturally, spoke in favour of the Bill through their solicitor. In due course the Law Amendments Committee issued the following statement

"The Committee felt, after careful and long consideration, that some regulation of Chiropractors was desirable. The Bill as proposed met with determined opposition from the medical profession, on the ground that as proposed it in effect, permitted chiropractors to practise medicine. It was urged upon the Committee that the definition of chiropractic, as proposed, had inherent in it the right of diagnosis." "The Committee was of the opinion that appropriate measures for the regulation of chiropractors require further study and consultation between the groups concerned. In view of submissions made on behalf of the medical profession, and the fact that The Medical Society had

taken no steps to curtail the activities of the sponsors of this Bill or to clarify the proper extent of their functions, it is the feeling of the Committee that for the protection of the people of Nova Scotia, *the Medical Society should make its best offices available in conjunction with the Chiropractors, to frame a Bill for future consideration by this House which will safeguard the interests of all concerned.*" Subsequently, the Bill hoisted by the Committee of the whole House in a 25-11 standing vote on April 13th, 1957.

A few weeks later on 15th May, the Nucleus Committee met for the purpose of general discussion with a view to establishing some policy with regard to the future. The following points were brought to the fore.

(1) That correspondence with either the Attorney General or the Minister of Health relative to remarks appearing in the record and the statement of the Committee on Law Amendments would be advantageous.

(2) It appeared to be the opinion of the members that the training associated with Chiropractors and the lack of experience with disease in its various forms, in other words, inadequate training, makes this group incompetent to diagnose the cause of disease and that on this basis, they as individuals and a group, can be a positive danger to the public health.

(3) Several approaches to the problem were discussed which included leaving the matter in abeyance, that The Medical Society might propose legislation with the objective of requiring that these individuals obtain an M.D. before receiving training in Chiropractic or conversely, that the legislation might contain the requirements that all patients receiving chiropractic treatment should pass through the hands of physicians; that the Attorney General's Department or the Department of Health might draw up legislation.

Another discussion centred around the central theme of whether or not there is an area of common ground on which the medical profession can meet the chiropractors.

It was considered to be generally agreed that *the medical profession must take a positive attitude toward the problem and follow up the advantage which had been gained as a result of the successful opposition to the Bill of 1957.*

The following week a meeting of the full committee on legislation was called and a letter from the Chiropractor's lawyer was read inviting the "co-operation of The Medical Society in working out a suitable Bill for presentation at the next session of the Legislature." This letter was duly acknowledged. Also, a letter from Dr. H. L. Scammell, Registrar of the Provincial Medical Board was read. In his letter Dr. Scammell stated that it was the opinion of the P.M.B. that:

(1) The Medical Profession should take some positive steps to inform legislators and the public generally, of its views on chiropractic. There was belief that our opposition to these bills was obstructive through prejudice rather than a regard for the welfare of the public, and if this idea persisted and was not dispelled, the next attempt by the Chiropractors to secure the right to practise might well be successful. It is of interest to note that the expression of thought is so similar to that of your Committee, bearing in mind that there had been no joint study of, or consultation on the matter.

(2) He also suggests that the Provincial Medical Board would "be glad to review ways and means of putting it into effect with delegated representatives of The Society." Our Secretary was instructed to contact the Registrar of the P.M.B. to arrange a meeting for discussion at Committee level prior to the meeting of our Executive Committee. Various factors have so far prevented such a meeting, but it will be held and a supplementary report will be submitted.

It was also decided to distribute mimeographed copies of many of the documents to Branch Society Secretaries, members of the Committee on Legislation and members of the Executive Committee. Suggestions were invited. As a result, the Valley Medical Society's Secretary, Dr. G. D. Denton, wrote to the effect that his Society was strongly opposed to any compromise with the chiropractors and that the public had not been adequately informed as to the limited qualifications of the chiropractor. The Cape Breton Medical Society through Dr. H. R. Corbett, replied in like vein to the effect that "the Cape Breton Medical Society disapprove of the proposal that The Medical Society of Nova Scotia meet with the Chiropractor's Association to draw up legislation for the licensing of the chiropractors in Nova Scotia." The Lunenburg-Queens Medical Society replied through Secretary Dr. J. C. Wickwire thus: "That unless The Medical Society of Nova Scotia can produce some practical alternative that will be acceptable to The Medical Society of Nova Scotia and to the Chiropractors, that we drop all opposition to the Bill."

As a result of much discussion and reviewing all factors, it is the considered opinion of your Legislative Committee:

- (1) That there is no basis for compromise with the Chiropractors: Their training is insufficient and the "Philosophy" or definition of chiropractic as set forth by them is not compatible with known and proven causes of disease.
- (2) That The Medical Act of Nova Scotia makes Chiropractic, as presently practised, illegal; recognition of Chiropractors is, therefore, not possible.
- (3) That no change be made in the Medical Act, for the purposes under review, since it provides the public the positive asset of recognized training fundamental to diagnosis and prevention of disease as well as basic knowledge for treatment. Recognition of chiropractors, under their terms, would in effect, give two standards of education for the management of human ills — This is most definitely not to be considered since it is not in the interests of the public, nor in the interests of progress.
- (4) That the Chiropractors have the means of becoming legally recognized by taking the medical course prescribed, attaining recognition by sitting for the necessary exams for Doctor of Medicine and then after further training in their particular field, take the examinations which will lead to legal recognition.
- (5) That the offer from the Provincial Medical Board be accepted and that your Committee be authorized to act in this matter.
- (6) That the interested parties be notified of the results of these deliberations.

Mr. L. Holmes, Assistant Secretary, C.M.A., in the field of Public Relations will be attending our Annual Meeting. We would wish to have authority to seek his assistance in the field of Public Relations.

J. McD. Corston, M.D., Chairman.

Committee Members:

- D. F. Macdonald, M.D., Yarmouth
- G. R. Douglas, M.D., New Glasgow
- J. A. Vaughan, M.D., Windsor
- A. L. Sutherland, M.D., Sydney
- D. F. Smith, M.D., Halifax
- N. H. Gosse, M.D., Halifax
- C. J. W. Beckwith, M.D., Secretary

Supplementary Report of the Committee on Legislation

Since the Annual Report of this Committee was submitted to your Executive, a meeting of the full Committee was held on the evening of 15th August, 1957. The main purpose of the meeting was to discuss with representatives of the Provincial Medical Board the *joint approach* to oppose the problem of Chiropractic Legislation.

Dr. H. L. Scammell, Registrar of the Provincial Medical Board, was present on invitation and he was questioned as to the position of the Provincial Medical Board in this whole matter. He agreed to write a letter to Dr. Beckwith outlining the present position of the Provincial Medical Board. Here-with, Sir, is the letter received from Dr. Scammell on the 23rd August, 1957.

Provincial Medical Board of Nova Scotia
Halifax, N. S., August 16, 1957.

Dr. C. J. W. Beckwith,
Secretary, Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
University Avenue,
Halifax, N. S.

Dear Dr. Beckwith:

The Legislative Committee of your Society has asked for a statement of the attitude of the Provincial Medical Board in respect to the authorization of the practice of chiropractic in Nova Scotia by legislative enactment.

In replying to this it is well to bear in mind that the Board is composed of 13 physicians registered in Nova Scotia and of these six are nominated by your Society and seven are appointed by the Lieut.-Governor in Council. This group is entrusted with the administration of the Medical Act, which in essence prescribes the educational requirements for those who seek to diagnose and treat the sick of Nova Scotia, to see that they are properly examined before such permission is granted, and to exercise such control and discipline of persons so licensed as may from time to time seem necessary. In consequence, I am able to report only the opinions of the Board as now constituted and as it interpreted its responsibilities under the Medical Act when it took such action as it did in respect to two Bills introduced by private parties into the Nova Scotia Legislature at its sessions in 1954 and again in 1957.

Both Bills embodied the creation of a Board or Council to set up educational requirements, license, and regulate the practise of chirpraactic in Nova Scotia. Since chiropractic was said to involve procedures designed to diagnose and treat the sick in this Province, and since provision for the licensing of chiropractors was already embodied in the Medical Act, and since the effect of the proposed legislation would be the creation of two standards of the diagnosis and treatment of the sick of Nova Scotia, the Provincial Medical Board felt it to be an essential duty to point out these things to the Legislative Committee dealing with the Bill at a public hearing. This was done through Counsel and at the same time such additional criticism of the Bill was made as seemed warranted by its text and apparent intent.

The Board is impressed with the following beliefs which it has presented and argued at length on the occasions aforesaid:

1. That through legislation in terms of the Medical Act the privilege and responsibility for the diagnosis and treatment of the sick in this Province has been placed in the hands of the medical profession.

2. That the said Act prescribes in detail the minimum training necessary to adequately perform these functions.

3. That up to the present time no person styling himself a chiropractor has offered evidence that he has met these standards.

4. That in providing for the registration and licensure of chiropractors by the Medical Act the legislature in the past envisaged such virtues as chiropractic possessed, to be carried out as a specialist effort after an adequate medical training had implanted the knowledge and good judgment necessary for such application. There is abundant evidence to support the wisdom of the Legislature which in 1921 made this requirement.

By way of comment it may be added that it also stimulated the medical profession to extract and employ for itself any virtues in the way of massage and manipulation that chiropractic possessed, so that in this respect the public has not and never will suffer from the lack of any procedure at the hands of the medical profession which the chiropractor in a less intelligent fashion claims to supply.

5. That the creation of a dual standard of necessary education and practice is extremely confusing to a public unable to exercise critical judgment in such matters.

6. That it is a self evident fact that the apparent refusal of the chiropractic group to seek a type of education and training, difficult and expensive though it may be, but necessary as never before in an age when daily advances in the field of prevention and care of disease are being made, commits them to a programme which is likely to lower rather than to raise their standards as compared with those of the medical profession to the increasing detriment of the uninitiated public.

7. That in conformity with the Law, considered wise and just, as displayed in the present Medical Act, the Board is unable to envisage any sort of compromise between medical and chiropractic education which is the essential criterion on which any Act must be designed to maintain and advance the public interest in the fields of preventive, diagnostic and curative medicine.

I believe the above reflects the opinions of the Board up to the present time.

Yours truly,

(Sgd.) H. L. Scammell, M.D.,
Registrar

In discussing Public Relations, the Committee felt that the start will be the press coverage of the Annual Meeting and that a careful press release should be prepared. The Chairman should also be ready to answer questions from the representatives of the press.

The Executive Secretary read a letter from Miss Kathleen Steel, President of the Nova Scotia Branch of the Canadian Physiotherapy Association, stating "that they plan to secure legislation to maintain the professional standard of training and qualifications in Nova Scotia." The purpose of her letter was to keep The Medical Society fully informed of the plans of her Association because, as she stated, they "work in such close co-operation with the Medical Profession."

Finally, Sir, on behalf of your Committee, I would thank the Executive Secretary for his indefatigable enthusiasm and help throughout the year.

I would also thank the members of this Committee, Drs. N. H. Gosse and Donald Smith of Halifax, and Drs. D. F. Macdonald, Yarmouth, Avery Vaughan, Windsor, Ritchie Douglas, New Glasgow, Arthur Sutherland, Sydney, for giving of their time and energy and travelling long distances to Halifax to attend the meetings.

Respectfully submitted,

J. McD. Corston,
Chairman.

August 26, 1957.

IN-PATIENT SERVICE

The Nova Scotia Rehabilitation Council announces that the in-patient service complete with nursing and orderly staff has been established in the Centre. This will enable earlier efforts at rehabilitation to be made for more disabled and handicapped individuals. Requests for admission of such patients should be made to the Medical Director.

Society Meetings

Cape Breton Medical Society

The Regular Monthly Meeting of the Society was held in the Nurses' Home, Point Edward Hospital on October 24th, 1957. There were 23 members in attendance. The Minutes of the previous meeting were approved as read.

Unfinished Business: The revision of the Society Bye-Laws has now been completed and copies will be tendered to the Committee for finalization. The Secretary referred to a recent telephone conversation from Miss Joan Hudson concerning plans for the Spring Refresher Course—this matter is to be referred to the standing chairman, Dr. J. A. McDonald, for action.

Correspondence: A letter from the Executive Secretary, N. S. Medical Society re the availability of a film "Charge It" was ordered filed. A letter from Dr. Miller, Secretary of the Defence Medical Service Association, was read asking support of all eligible medical men, and on motion this correspondence is to be brought forward at the next regular meeting.

A letter from Dr. H. J. Devereux, Vice-President, Nova Scotia Medical Society was read, and on motion by Dr. Eric Macdonald, seconded by Dr. Gordon Macdonald, "That this Society sanction the invitation of Dr. Devereux to hold the 1959 Annual Meeting N. S. Medical Society in Cape Breton." The Secretary read a letter from the Exec. Secretary, N. S. Medical Society, Dr. C. J. W. Beckwith concerning the action of the Advisory Committee on the Hospital Insurance Program, enclosed with copies of the enabling Act Bill 320. The Executive Secretary, on instruction from Dr. Don MacRae, Chairman of the Advisory Committee, requested all Branches form an active Committee immediately, for the purpose of studying this Bill and bring in recommendations. Dr. Devereux also stated that he had received a letter from Dr. MacRae with notification of a meeting in one week.

The following members were nominated from the floor to this Committee:

Dr. Arthur Sutherland—Sydney, Chairman Economics Committee, N.S.M.

Dr. Arthur Ormiston —Sydney, Executive Member to N. S. Medical Society.

Dr. John R. Macneil —Glace Bay.

Dr. H. J. Devereux —Vice-Pres. N. S. Med. Soc., Member Advisory Comm. Hosp. Insur.

Dr. H. R. Corbett —Sec.-Treas., C. B. Med. and Rep. (Radiology) Diag. Grants Comm. N. S. Med. Society.

A meeting of this Committee will be held during the week end of November 3rd on the return of Dr. Devereux from the Halifax meeting.

Scientific Program: Following the regular business, a very interesting scientific program was presented by the Medical Staff Point Edward Hospital. Drs. Kryski and Bedford presented interesting case reports with films. Dr. Clarence Young, Medical Supt. presented an excellent summarization of present day drug therapy in the treatment of tuberculosis.

Following the business and Scientific sessions, the meeting adjourned at 10:45 for refreshments and lunch.

The next regular meeting is to be held at one of the Sydney Hospitals the 4th Thursday of November.

H. R. CORBETT, M.D.,
Secretary-Treasurer.

Personal Interest Notes

The Dalhousie University Faculty of Medicine presented the 31st Annual Refresher Course, under the chairmanship of Dr. C. M. Kincaide, from October 7 to October 11.

The program drawn up by the Refresher Course committee was an excellent one and covered a wide variety of subjects. There were five guest speakers in all on the program, Dr. Earle Parkhill Scarlett, a Manitobian now living in Edmonton, Dr. Irwin M. Hilliard, Professor of Medicine at the University of Saskatchewan, Dr. H. Roche Robertson, Professor of Surgery, University of British Columbia, Dr. Albin T. Jousse of Toronto, and Dr. John Mann, Associate Professor of Obstetrics and Gynecology, University of Toronto.

The attendance at this year's Refresher Course was smaller in number than in previous years. It was hard to find a cause for this; the weather was excellent and motoring conditions could not be improved upon. A factor, although one hesitates to mention it, could have been the first T.V. broadcast in Nova Scotia of the World Base-ball Series. In fact two of the crucial games took place on the 9th and 10th of October.

The John Stewart Memorial lecturer at this year's Refresher Course was Earle P. Scarlett, B.A., M.B., F.R.C.P. Canada, F.A.C.P., LL.D., Chancellor of the University of Alberta. This yearly lecture was originated by and is sponsored by the Provincial Medical Board of Nova Scotia. The title of the address was "The Dance of Death." This title was most intriguing and the average listener wondered how the speaker could develop such a topic and make it interesting, but Dr. Scarlett did just that. Delivered in a cultured and scholarly manner, and aided by a great many camera slides of the early physician, together with some of the great masters' interpretations of death, an interesting lecture was brought to a close far too soon.

The Western Nova Scotia Medical Society has inaugurated a post-graduate course which will run for a period of six weeks at the Yarmouth Hospital. The course is sponsored by the Post-graduate Division of the Faculty of Medicine, Dalhousie University, and the speakers are drawn from the Halifax and Saint John areas. Among the Halifax group who will be journeying to Yarmouth to lecture will be Dr. H. H. Tucker, Dr. H. C. Read, Dr. J. Hammerling, Dr. A. E. Doull, Dr. W. G. Colwell, Dr. N. B. Coward, Dr. R. L. Aikens and Dr. E. P. Nonamaker.

A memorial has been erected in honour of Sir William Dawson, educator and geologist at Pictou. This fine memorial stands on Church Street on the site of his birthplace and bears a plaque which lists the principal achievements of his long life. The unveiling ceremony was performed by Doctor H. L. Scammell of Halifax, President of Pictou Academy Educational Foundation. On this occasion an address was delivered by Doctor Scammell to the students of Sir William Dawson School.

Obituary

Dr. Corey Seldon Bezanson, age 60, died at his home in Aylesford, following several months illness. He was born in Farmington, Lunenburg County, and was the son of William and Annie Davis Bezanson. He graduated from the Mount Hermon College, Massachusetts, attended Acadia University and later graduated from the Dalhousie University in 1922 with the degree of M.D., C.M.

Throughout his life time Dr. Bezanson took an active part in the community affairs, and in the medical societies, not only the Valley Medical Society, but the Provincial as well, and was a member of the Canadian Medical Society. For the past sixteen years he had served as a municipal councillor in Kings County, and was chairman of the Building Committee of the municipal schoolboard.

For many years Dr. Bezanson had been interested in the Cranberry industry, and had developed three large cranberry bogs. These cranberry bogs were a proud achievement of his and he had invented several new picking machines to speed up the gathering of the cranberry harvest. Among his hobbies, Dr. Bezanson devoted some time to operating kennels of Samoyeds dogs, and showed champions in Canadian dog shows and also in the United States.

He leaves to mourn his loss his wife, the former Gladys Troop, a sister, Mrs. Clarence Veniot, and a brother, Arthur of Berwick.

The Nova Scotia Medical Bulletin extends sympathy to Doctor and Mrs. Ben Karrel of Truro on the tragic death of their four-year old daughter, Janice, who lost her life as the result of a car accident on October 18, 1957.

SMALLPOX BROUGHT INTO 18 COUNTRIES BY INTERNATIONAL TRAVELLERS

Geneva, 1 November—No less than 18 countries were infected with smallpox by international travellers last year, and as a result eight of them suffered epidemics of this quarantinable disease, according to the World Health Organization Committee on International Quarantine.

At a recent meeting in Geneva, the Committee warned against any relaxation of vaccination measures against smallpox and called for the use of potent vaccines as well as correct vaccination procedures. Moreover, the Committee stressed the need for medical and other personnel who come in contact with travellers to maintain a high level of immunity against smallpox by repeated vaccination. In the course of these epidemics, some doctors treating tourists caught the infection and died.