

The Nova Scotia Medical Bulletin

 DECEMBER 1958

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Presidential Address

October 24, 1958

A. L. Murphy, M.D.

Halifax, N. S.

Custom has moulded the presidential address of this society most often in the form of a review of the year just passed—its accomplishments and failures. The speaker stresses the accomplishments, touches lightly on the failures, or twists them prettily into little, human foibles. Then, if bold enough, he draws on this past to show a way for the future. I shall follow the form laid down, while departing from the custom—or perhaps it is the other way round. Anyway, I want to go back with the Medical Society of Nova Scotia not for one year, but for twenty-five hundred. It will not take any longer.

We have grown out of the lives and wisdom of those who have gone before us; some of us in a most intimate way, through fortunate, close association; all of us just as truly in the broad sense; so that we may say with Ulysses, "I am a part of all that I have met."

Our Canadian medical schools, fathering most of us, grew out of the universities of the British Isles. Dalhousie, the oldest, to which our greatest number give allegiance, is patterned on the University of Edinburgh. Edinburgh rose in the sixteenth century. It rose out of the Renaissance which produced the great medical triumvirate: Vesalius, the learned, who founded modern anatomy, even though he lacked the power to establish it against the more popular fallacies of Galen; Paracelsus, the half-learned, who burned the works of Galen in the public square at Basel and gathered his own knowledge from simple experiment and observation; and Ambrose Paré, the unlearned, without Greek or Latin, but with an inborn skill, a gentle hand and a reverence for the sanctity of the human body. These men lived on the European continent, where universities were popping up everywhere. But perhaps they learned to think and reason as they did, through Roger Bacon, the Franciscan friar who lived in the thirteenth century and studied at Oxford, which could have been especially founded for him in the twelfth. Because it was Roger Bacon who revived and embellished the scientific method of Aristotle, which made modern thinking possible, and had lain little used, half forgotten and unappreciated by the course though ethereal minds of the Middle Ages.

The earliest ancestor of Roger Bacon's Oxford was Salerno, first of the great universities. Lying on the shores of the Tyrrhenian Sea, it evolved in the ninth century from a Benedictine hospital, one of the many great religious hospitals of the Middle Ages. If you think its reputation for healing lay in its cellars with the distillers, you may well be right. Because while the recorded origin of the Benedictine nectar was some centuries later, it was claimed to be an excellent anti-spasmodic and to have a prophylactic efficacy in epidemics. If you drank enough to put yourself into a quarantining sleep, it probably had.

It is said that Salerno had as its great teachers, a Greek, a Latin, a Jew and a Saracen, to make it catholic. Whatever the language or race of the teacher, Salerno in its thinking, leads us back to the Greek Sophists, to Aristotle who learned from Plato, who was the disciple of Socrates, who grew wise in the same school that nurtured Hippocrates, the Father of Medicine.

Hippocrates was born in the priestly cult. He served in the temple of Aesculapius, god of medicine. Perhaps he was more gifted than his father

or grandfather; perhaps he studied harder at his philosophy. Certainly, as he grew wise in it, he could no longer believe the miracle of Aesculapius coming by night to cure his patients in the temple sleep. We can only imagine the family row there must have been when he withdrew from the temple and devoted himself wholly to study.

The deeper he went into philosophy, the more medicine he learned. This was inevitable. Philosophy had to consider the origins and purpose of life which led to thoughts about death, and illness and their prevention. So interwoven was it in the good medical thinking existent, that Hippocrates, with his inquiring mind, his inborn solicitude for his fellow man, and his inheritance from Aesculapius, had to become a physician. If we acknowledge him Father of Medicine, as we do, we must accept Greek philosophy as the mother.

In our Medical Society of Nova Scotia, we follow the basic concepts of Hippocrates in diagnosis and the body's response to disease. It is reasonable, then, in seeking guidance for the whole broad pattern of our lives, to go to philosophy, the mother.

Rather than to Aristotle, who was most concerned with maturing the rules of scientific thinking, which he must have learned in part, at least, from his physician father, let us go further back—to Socrates, (his mother was a midwife) Socrates who thought and talked until the hemlock numbed him forever, and his disciple, Plato, who wrote down all he said and added his own interpolations, interpretations and creations to Socrates' words.

Plato believed in the supremacy of the middle class. In his Republic, he said that the potter, growing rich, no longer took sufficient pains with his art; but without money and the proper tools he could not work well nor would he teach. Productivity was found in the middle class. In the Greek scheme, this is where the physicians belonged, a class of "demi-urgoi"—the workers useful for the people. I do not take that in the sense of today, as the shop keepers of England, but in the fuller sense: that the physician in his ministrations shall be no higher than the lowest he serves, no lower, ever, than the highest. He aims beyond social registers and lavender cadillacs.

Socrates foresaw the place of modern psychiatry. Charmides, a young nobleman and uncle of Plato, suffers from a headache. Socrates is prepared to advise him on this; but before his body can be properly treated, he says, he must find out whether his soul is in order; that is, whether he possesses the virtue of temperance and can explain what it means. Here is psychiatry as the psychiatrist wants it, not as an after-thought when organic approaches have failed, but as the first step in cure.

You will remember that in his last prison Socrates turned down the pleadings of his friends who arranged escape for him.

"A law must be obeyed," he said. "Even if it be a bad law."

In recent years there have been laws made in our country, and prepared for the making, which many of us in medicine do not think good. One goes into effect in January of the coming year. There will be more to follow that, restricting further and further what we call our freedom. Some of them now, and in the future, we may consider as bad laws for us. Plato said, "Our aim in founding the state was not the disproportionate happiness of any one class, but the greatest happiness of the whole; we thought that in the state which is ordered with a view to the good of the whole, we should be most likely to find justice, and in the ill-ordered state, injustice."

It follows, that as the great middle citizens of our state, our duty lies in helping to mould these laws in their formative stages, for the good of all, in-

cluding ourselves. If we believe that too great restrictions on the physician will result in the lowering of his standards and, hence, in the suffering all the people, we must protest the making of a law which will bring this harm. Once the law is passed, it is too late; good or bad, it must be obeyed. Our duty, then, is clear. For us to pursue a course of lassitude in the development of our country, Plato would have seen as an evil—an evil rising from our ignorance.

Plato knew only one evil. It grew from ignorance. Knowledge, he taught, is the source of all good. The thief does not steal because he is basically evil, but out of ignorance. He lacks the knowledge to foresee the futility of his crime. Through ignorance he is unable to weigh the small good he may do himself against the harm to others and the probabilities of getting caught.

Looking back over the mistakes our profession has already committed in our relationship to the state, how much has not stemmed from ignorance of our responsibility to the union of which we are a part? Look back, again, at our personal, professional mistakes. Even if they have not put us behind bars like the ignorant thief, they have spelled out, for each of us to see within his own soul, the penalty which ignorance imposes upon us, and on those who, as our patients, are our responsibility. They point to us the need for more time such as we have spent this week seeking the knowledge that makes virtue.

One last word about the state: I did not know they had one in ancient Greece, but Socrates talked about income tax. He said that the good man pays more and the evil man pays less, on the same income. He did not develop this theme. I wish he had. We might be able to make a new concept of good growing out of evil, if we only knew how it was done.

To Plato and to Socrates, as it was a simple, logical step from knowledge to good, so it was from good to love, from love to immortality.

"Love is of the everlasting possession of the good. All men will necessarily desire immortality together with good; wherefore, love is of immortality."

It was as simple as that. The old man, drinking his hemlock in prison, had no fear of death. After describing heaven, as he envisioned it, to his friend Simmias, "wherefore," said Socrates, "seeing all these things, what ought not we to do that we may obtain virtue and wisdom in this future life? Fair is the prize and the hope, great."

He confessed that his picture of the soul and her mansions might not be exact, but something of the kind was, in as much as "the soul is shown to be immortal." Without the teaching of the great religions to guide him, this wise man, by his reasoning and by the intuitive processes which he said must be applied to problems of the soul, had arrived at the same concept of immortality.

The good physician, who rubs shoulders with death in earning his bread, develops an intuition as alert even as that of Socrates. Coupled with the knowledge he has inherited from Father Hippocrates and his Greek mother, Philosophy, eternity must be very real to him. In this knowledge lies his way of ultimate good, as man and practitioner.

Socrates said that the man who quotes another is being too lazy to think for himself. I have been very lazy. Let me finish in the same way.

"Beloved Pan,"—this is Socrates again—"and all ye other gods who know this place, give me beauty in the inward soul; and may the outward and the inward man be at one. May I reckon the wise to be wealthy and may I have such a quantity of gold as none but the temperate can carry. Anything more? That prayer, I think, is enough for me."

It could be enough for all of us.

**REGULAR MEETING
EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
OCTOBER 23, 1958**

A regular meeting of the Executive Committee of The Medical Society of Nova Scotia was held in the Board Room, Dalhousie Public Health Clinic, on October 23, 1958.

The Chairman called the meeting to order at 9:15 A.M. Those present were:

President, A. L. Murphy, M.D.; President Elect, H. J. Devereux, M. D.; Immediate Past President, J. R. McCleave, M.D.; Chairman, Executive Committee, A. G. MacLeod, M.D.; Editor-in-Chief, Nova Scotia Medical Bulletin, H. C. Still, M.B.; Executive Secretary and Treasurer (Acting), C. J. W. Beckwith, M.D.

Representatives Branch Medical Societies:

J. A. MacCormick, M.D., Antigonish-Guysborough; S. G. MacKenzie, M.D., Colchester-East Hants; F. A. Dunsworth, M.D., Halifax; D. I. Rice, M.D., Halifax; H. J. Martin, M.D., Cape Breton; C. A. D'Intino, M.D., Alternate for L. S. Allen, Cape Breton; R. G. A. Wood, M.D., Lunenburg-Queens; F. J. Granville, M.D., Pictou County; J. P. McGrath, M.D., Valley Medical; M. W. O'Brien, M.D., Alternate for D. R. Campbell, Western Nova Scotia.

Observers:

R. O. Jones, M.D., Representative Executive C.M.A.; A. M. Marshall, M.D., President, Halifax Medical Society; A. F. W. Peart, M.D., Assistant Secretary C.M.A.

There was no Representative from the Cumberland Medical Society.

Dr. N. B. Coward was not present.

The Chairman welcomed Dr. A. F. W. Peart, Assistant Secretary to C.M.A.

It was moved, seconded and carried that the minutes of the last Regular Meeting, June 8, 1958, be accepted, as distributed and printed in the Bulletin.

Business Arising from Minutes of June 8, 1958

(a) **Report of Selection Committee.** The report of the Selection Committee, Chairman Dr. D. I. Rice, was presented. This special Committee of the Executive had been appointed on June 8, 1958, with terms of reference to select from the membership of the Society, names which would be submitted to Government from which an appointment to the Hospital Insurance Commission could be made

Regularly moved and seconded that this report be adopted. Carried.

(b) **Report on Group Life Insurance Increased Coverage.** Report on increased coverage under Group Life Insurance policy was presented as follows:—

“The proposal of the North American Life Insurance Company that the coverage be increased from \$5,000 and \$2,000 bonus to \$10,000 and \$1,000 bonus with a moderate increase in premium was approved by the Executive Committee on June 8th.

"It was required that 75 per cent of the participating physicians indicate their consent to this change, prior to the proposal becoming effective.

"Letters outlining the proposal were sent to participating physicians on July 23, 1958, and to those who had not replied, a repeat letter was forwarded on September 9th. Reference was also made to the proposed change in the Bulletin.

"By October 1st, 75 per cent had recorded approval of the change. The new policies are presently being written and billing is presently being prepared by the Company."

Regularly moved and seconded that this report be adopted. Carried.

(c) **Report on Meeting (June 18, 1958) of Representatives of Medical Society and Representatives of Canadian Life Insurance Medical Officers Association.** This took the form of a verbal report by Dr. Rice who stated that although nothing concrete had resulted from this meeting, a very satisfactory liaison had been established with the Canadian Life Insurance Medical Officers Association and that the discussion had taken place covering fees, presentation of third party in relation to fees, and insurance forms.

Dr. Peart remarked that a committee of that group was now working on simplification of the forms used.

Regularly moved and seconded that this report be adopted. Carried.

(d) **Report on Divisional and C.M.A. Secretaries (June 15, 1958).**

"This function took place at the Executive Secretary's home. Thirty-two were in attendance including the General and Assistant Secretaries of the C.M.A., the Managing Editor of the M.A.J., the Assistant Secretaries of the B.M.A. and the Scotland Division. All Divisional Secretaries from across Canada were present. The wives of those present also attended.

"The records and subsequent letters received all indicated that the function had been a success.

"The New Brunswick Medical Society was officially the host for this, but the Atlantic Division joined in bearing the expense."

Regularly moved and seconded that this report be adopted. Carried.

(e) **Report on Polio Vaccination Programme.**

"The proposed plan had been discussed at the Executive Committee Meeting, June 8, 1958. Resulting from this, the following resolution was passed:

"The Executive of The Medical Society of Nova Scotia endorses the principle of making available to all persons polio vaccine free of charge. The administration of polio vaccine to indigents, school and pre-school children should be available through adequate clinics in which remuneration would be that agreed to by those physicians participating. The administration of vaccine to all other persons should be the individual's responsibility to be paid for on a fee-for-service basis."

"On July 11th a letter was sent to the Deputy Minister of Health Dr. J. S. Robertson, Mr. John F. Fry, Executive Director, Canadian Polio Foundation, to the President and Secretaries of Branch Societies. This letter included the item from the agenda of the Executive Committee meeting together with the resolution as passed.

"Mr. Fry was informed of the Branch Societies together with the names of the Presidents and Secretaries. It was agreed that he would approach each Branch Society, explain the plan and work out details acceptable to the physicians. I understand this has been done.

"A communication from Mr. Fry, dated October 8th, includes his report to the Polio Foundation on the programme and the accompanying statistical table.

There have been several communications from Branch Societies relative to the subject and I have been present during discussion of the subject at some of the Branch Society meetings. On the whole, it would seem that the plan had been found acceptable and workable. It would also seem that there may not have been sufficient publicity given to the availability of vaccination in doctors' offices for those adults who could pay for the same."

C.J.W.B.

**STATISTICAL REPORT OF MARCH OF DIMES FREE POLIO
VACCINATION CLINIC
As of September, 1958**

AREA	Clinics Held	Clinics Planned	Shots Admin- istered	Average Per Clinic
Pictou County	30	1	8382	279
Colchester County - Truro	32	1	11251	351
Hants County	10	12	1790	179
Antigonish County	24	1	5226	522
Cape Breton County	55	43	12530	219
Halifax County	44	—	11462	260
Halifax City	67	—	19551	291
Victoria County		10		
Inverness County	6	16	352	58
Richmond County	6	6	529	88
Kings County	11	13	4311	392
Annapolis County	5	7	1500	300
Digby County		24		
TOTAL	290	134	76884	278

Average cost per shot \$.376

Discussion centred around the availability of "free vaccine" to practising physicians. It appeared that in the city of Halifax, this was available to practising physicians with no limitation to age groups. The Secretary read a communication from the Department of Health which had been a directive issued to the Divisional Health Officers in April, 1958, which limited the use of free polio vaccine to specific age groups. It was the feeling of the members present that if polio vaccination were issued free to the Polio Foundation for the purpose of immunizing the whole population, that the same principle should apply to the practising physician, providing a record of its use is maintained and forwarded to the Department of Health. The feeling of the meeting was that the public is not well enough informed on the availability of these vaccines

and that the physicians do not have sufficient information at the present time. The result of the discussion was the whole immunization programme should be reviewed. The following resolution was moved:

Moved by Dr. D. I. Rice, seconded by Dr. H. C. Still—"The Committee on Public Health initiate discussions with the Deputy Minister of Health regarding the administration of free vaccines; that the profession have access to these vaccines in their offices, and that adequate publicity to both the public and profession be given to this matter." Carried.

(f) **Report on Tumour Clinic Pamphlet.** This was a verbal report presented by the Secretary to the Executive. The Tumour Clinic Pamphlet had been distributed to the members present at Branch meetings of the Antigonish-Guysborough, Valley Medical, Pictou County Medical, Western Medical, and Cape Breton Medical. Resulting from the directive of the Executive on September 21st, the pamphlet would also be made available to members who attend the C.M.A. Cancer Pilot Study in the Branch Societies. It was planned to have two meetings in the fall of 1958 and two meetings during the spring of 1959 in connection with this project. The pamphlet is to be published in the October issue of the Bulletin.

Regularly moved and seconded that this report be adopted. Carried.

Report on present situation relative to billing Physicians for certain Laboratory Services. This was a verbal report presented by the Executive Secretary to the effect that correspondence and telephone conversation had taken place with the Deputy Minister of Health and the Minister of Health relative to this subject. The Secretary had been informed that this matter was presently under active consideration.

Report on Voluntary Lay Organizations. The result of the discussion on this subject was the following:

Resolution moved by Dr. R. G. A. Wood, seconded by Dr. H. J. Devereux—

Voluntary Lay Organizations

—"That the Executive of The Medical Society of Nova Scotia appoint a committee of three to further survey the Voluntary Lay Groups concerned with health in regard to duplication of efforts, service, etc., and report their further conclusions to the Medical Society." Carried.

Regularly moved and seconded that this report be adopted. Carried.

Report on "Specialists"—Presented by H. J. Martin, M.D.

The Chairman, Executive Committee,
The Medical Society of Nova Scotia,
Halifax, Nova Scotia.

Dear Sir:

At the Digby meeting of the Executive of The Medical Society of Nova Scotia, I was appointed Chairman of a Committee to find a definition of a Specialist. The request came from Maritime Medical Care Inc. Maritime Medical Care Inc. for their purposes have defined a Specialist as—

"A participating physician who is certified by the Royal College of Physicians and Surgeons of Canada, and registered by the Royal College of Physicians and Surgeons of Canada as a specialist."

For information I wrote to the Secretary of the Royal College of Physicians and Surgeons of Canada and the secretaries of all the Provincial Medical Societies in Canada. I received interesting replies from all. Nobody would attempt to define a Specialist, but what amounted to the same thing outlined how the differentiation between the general practitioner and the specialist was handled in their respective provinces.

In British Columbia they have a Medical Directory which lists names of all persons who are registered and a section of that Directory is entitled "List members with Specialist qualifications from the Royal College of Physicians and Surgeons of Canada." In their management of specialists they do not tighten the definition by adding a phrase such as "and restricts their practice to that specialty." Rather the pre-paid plans have established the principle that they will pay for services at specialist rates when a patient is referred to a specialist. In actual practice, if the patient contacts the specialist directly in the same manner as a general practitioner, they are recognized for payment only as a general practitioner.

In Alberta they have a legal definition of a specialist covered in Section 72 (2) of the Medical Profession Act which provides that no person shall advertise or hold himself out to the public as a specialist or as being especially qualified in any branch of any class or system of practice, without having received from the Registrar of the University of Alberta a certificate of having complied with such conditions precedent as to qualifications for fitness as may be subscribed by the General Faculty Council of the University of Alberta.

In Saskatchewan the specialist applies to the College of Physicians and Surgeons of Saskatchewan to be placed on the list of members entitled to receive payment for services at Specialists' rate in the Province. At the bottom of the application form there is this sentence—"In making this application I declare that it is my intention to restrict my practice to the specialty of——— and I agree that if my practice is not so restricted my name may be removed from such list."

Manitoba, Ontario and Quebec also handle the problem at the Provincial level.

None of the Atlantic Provinces, New Brunswick, Prince Edward Island, Newfoundland or Nova Scotia, have undertaken to set up any register of Specialists.

The letter which I received from the Royal College of Physicians and Surgeons of Canada, which is as follows, summarizes the situation:

"This College has no official definition of a specialist.

"This College maintains a Register of Specialists Certificates by the College, but the recognition of a practitioner as a specialist in any individual province is a responsibility of the provincial licensing body. In reply to an enquiry which I directed to the Provincial Medical Board of Nova Scotia in 1956 the Registrar informed me that Nova Scotia had no provincial register of specialists. Perhaps this situation has changed in the interval.

"You are correct in your assumption that the various provincial Medical Boards and colleges of physicians and surgeons have varying methods of registration of specialists. The Newfoundland Medical Board told me that they had not undertaken a register of specialists. At the present time, British Columbia registers specialists who have obtained Certification through the Royal College in Canada, Alberta has a similar plan with slight modifications. To be placed on the list of practitioners recognized as qualified specialists in Saskatchewan, the Council of The College of Physicians and Surgeons of that

province requires that the candidate have Canadian Certification or its equivalent and that such practitioners restrict their work to their specialty. Ontario has a similar arrangement to British Columbia and I have no knowledge of the situation in Manitoba. The province of Quebec as you undoubtedly know has their own Certification examinations and requires candidates to possess that Certificate before they can be registered as specialists in the province of Quebec. At the time of my last enquiry there was not provincial registration of specialists in New Brunswick."

From the foregoing it becomes apparent that the definition of a specialist on file at Maritime Medical Care Inc. is at variance with the policy of the Royal College of Physicians and Surgeons of Canada, since they state that they maintain a Register of Specialists certified by the College, but the recognition of a practitioner as a specialist in any individual province is a responsibility of the provincial licensing body. The Maritime Medical Care Inc. definition implies specialists are registered as specialists by the Royal College of Physicians and Surgeons of Canada, which is not so, as their letter states.

Although we cannot supply Maritime Medical Care Inc. with a satisfactory definition of a specialist, we are now in a position to state that the definition they have on file is not correct. It should be our responsibility to help set up a Register of Specialists. To begin with we might list as specialists those who are bona fide members of the various Nova Scotia Provincial Societies. Then after a determined date, all who seek listing as a Specialist must be certified by the Royal College of Physicians and Surgeons of Canada. Then the Faculty of Dalhousie University might accept the same role as the Faculty of Alberta in assessing the training, the type of work and character of the applicant, applying the moral courage of which Doctor Atlee spoke in his memorable John Stewart Memorial Lecture.

H. J. Martin, M.D.

Regularly moved and seconded that this report be adopted. Carried.

(At the first meeting of the new Executive, October 25th, it was agreed that this report be forwarded to M.M.C. Inc. in answer to a written request in 1957.)

CORRESPONDENCE

September 5, 1958.

"A. G. MacLeod, M.D.,
Chairman, Executive Committee,
The Medical Society of Nova Scotia.
Dear Doctor MacLeod:

During the recent annual meeting of the New Brunswick Medical Society, which Doctor C. J. W. Beekwith and I attended as observers, the question of Prepaid Medical Care Plans for New Brunswick was discussed. When asked by the Chairman for my observations, among others I made the suggestion that the time had arrived when we should take a leaf out of the book of the Atlantic Provinces Economic Council (APEC) and combine our resources to provide the people and the profession of the Maritimes with the type of prepaid medical care plan best suited to our needs.

This suggestion met with considerable interest and was commented upon favourably by the Chairman of the Special Committee on study of Prepaid Medical Care of the New Brunswick Society, Doctor F. H. George, but unfortunately time was not available to consider it more fully.

However, Doctor Beckwith and I spent an afternoon with Doctors J. A. MacMillan and J. A. MacDougall representing M.H.S.A. who showed keen interest in the idea and hoped that it would be further explored.

We would suggest, Sir, that if your Executive Committee approve in principle of some form of co-operation with the Medical Societies of the other Maritime Provinces that a special committee be appointed to meet with a similar committee of the New Brunswick Medical Society to investigate the possibility of some common ground for the development of a prepaid medical care plan for the Atlantic Provinces.

Yours truly,

(Sgd.) F. M. Fraser, M.D.,
President, M.M.C. Inc."

Subsequently, the following was received:

October 19 1958.

"Dr. C. J. W. Beckwith,
Executive Secretary,
The Medical Society of Nova Scotia.
Dear Doctor Beckwith:

Since my letter of September 5, 1958, developments have been such as to alter somewhat my views on the approach toward co-operation between the Atlantic Provinces Medical Societies, and the part that M.M.C.I. and M.H.S.A. should play in bringing this about.

Rather than the Medical Societies appointing committees to investigate the possibilities involved, I now feel it would be more desirable to have the two Prepaid Medical Care Plans set up a joint committee to study the question and in due course present the results of their deliberations to the Medical Societies. I propose to present this to the next meeting of the Board of Directors of M.M.C.I., and would be pleased to have the comments of your Executive at their convenience.

Yours,

(Sgd.) F. Murray Fraser, M.D.,
President, M.M.C. Inc."

Discussion resulted in the following:

Resolution moved by Dr. H. J. Devereux, seconded by Dr. F. A. Dunsworth—"The prepaid medical care plans in the Atlantic Provinces get together to discuss the possibility of giving a more efficient service to the public. Be it further resolved that the initial studies be made by representatives of the medical profession. Be it further resolved that a special committee be named by the new Executive of The Medical Society of Nova Scotia, to lay down general policy. The representatives of the concerned prepaid plans would then discuss the details." Carried.

(b) Correspondence re Alternate for Representative to Executive Committee of the Canada Medical Association.

Discussion resulted in the following:

Resolution moved by Dr. D. I. Rice, seconded by Dr. F. A. Dunsworth. Alternate for Representative to Committee—"The alternate for Representative to Executive Committee of the Canadian Medical Association be the president of the division for the year in question." Carried.

(c) **Letter from Birks re Doctors' Medical Crests for Licence Plates.**

During the discussion, the Secretary pointed out that the commonly used crest with the wings of Mercury is an incorrect symbol for Medicine, which consists of a serpent entwining the staff of Aesculapius. A rather extended discussion pertaining to this item, in which various points of view were presented, resulted in the following:

Resolution moved by Dr. H. C. Still, seconded by Dr. H. J. Devereux—Medical Crests—"The Nova Scotia Medical Society do not officially sponsor medical crests for attaching to licence plates." Carried.

(d) **Letter from Maritime Medical Care (Enrollment Manager) re Physicians enrolling in Maritime Medical Care.**

Discussion of this resulted in the following motion:

Resolution, moved by Dr. F. A. Dunsworth, seconded by Dr. R. G. A. Wood—Physicians Enrolling in M.M.C.—"The question of physicians enrolling in M.M.C. be placed before the meeting of The Medical Society of Nova Scotia without executive recommendation." Carried.

(At the third business session of the Annual Meeting on October 25th, it was agreed that this letter should be brought to the attention of the members through the Bulletin. Copies of this letter have also been sent to the nine Branch Societies.)

(e) **Letter from Trans-Ocean Airline re 16-day Tour to Hawaii.**

The communication from Trans-Ocean Airline was summarized for the Executive. This resulted in the following:

Resolution, moved by Dr. D. I. Rice, seconded by Dr. A. Marshall—Letter from Trans-Ocean Airlines—"A summary of this communication be included in the Medical Bulletin under "Secretary's Page" inviting enquiries to be directed to the Executive Secretary's office." Carried.

Letter from New Brunswick Medical Society re C.M.A. Meeting.

This letter contained a formal resolution passed at the Annual Meeting of the New Brunswick Medical Society, in which a formal vote of thanks to the Nova Scotia and Prince Edward Island Divisions for "Their most excellent co-operation with the New Brunswick Division in planning and carrying out the function of host to the 91st Annual Meeting of the C.M.A. in Halifax, in June, 1958."

Letter from Medical Exhibitors Association of Canada.

This letter pointed out the danger inherent in the distribution of samples of certain drugs during an annual meeting by exhibitors at the meeting, as there had been examples of leaving such samples where they were available to anybody who might wish to pick them up. The Medical Exhibitors Association requested support to help overcome this problem. This would be in the form of a request to be contained in the prospectus to exhibitors to not distribute samples at conventions. These could be forwarded by mail. Specifically, it is suggested that the statement include, "Pharmaceutical exhibitors are curtailing their samples to emergency items only for physicians' personal use at this convention. They will be pleased to forward to your office material requested at the booth." This resulted in the following:

Resolution, moved by Dr. F. A. Dunsworth, seconded by Dr. D. I. Rice—Distribution of Drugs at Medical Exhibits—"We endorse the action of The Medical Exhibitors of Canada concerning the restriction of distribution of drugs at medical exhibits, namely that only drugs for immediate use will be available and other drugs will only be supplied by special request by mail or some other appropriate method." Carried.

Letter addressed to the President, Dr. A. L. Murphy, from Mr. Henry Muggah, Legislative Counsel.

This letter was referred to the Committee on Legislation for further action. In effect, it had to do with lining up uniform legislation for the presentation and specifically to the disposal "by will of bodies or parts of bodies for medical purpose."

As the time was now approaching noon and an appointment had been made with Dr. D. M. MacRae, Chairman of Advisory Committee on Health Insurance, to present his report, the Chairman altered the order of business and asked if there were any items under "Other Business" to come up.

Dr. Devereux asked leave to report on the Annual Meeting to be held in Cape Breton in June, 1959. The Executive Committee of the Cape Breton Medical Society had recommended that it be held in Keltic Lodge. At a subsequent Regular Meeting of that Society, opinion had been expressed that this should be held in Sydney. It was pointed out that the Constitution reads, Chapter 7, under Meetings—1. Time and Place of Meetings: "The time and place of meetings shall be decided by the Executive Committee and shall be announced as early as possible." During a lengthy subsequent discussion, it was debated whether the Cape Breton Medical Society had the authority to change the location of the 1959 meeting.

Dr. Rice, Chairman of the Committee Studying the Annual Meetings, indicated that his report, relative to this subject, was on the Agenda of the Annual Meeting of the Executive, but it might be opportune to present it at the present moment. The report is as follows:

"The Special Committee appointed to study the Annual Meeting first reported to this Executive at the last Annual Meeting held at the Digby Pines on 27 August, 1957. At that time, the report evoked considerable discussion, after which it was reviewed and was adopted.

"The feeling of the Executive at that time, seemed to be that no fixed attitude or recommendation should be adopted until such time as all members of the Society had an opportunity to discuss the matter and in particular to review the report submitted by this committee.

"On the suggestion of the Executive, the report was forwarded to each Branch Society, specifically requesting that it be studied and that any comments be returned to the Executive Secretary's office for full consideration prior to making final recommendation.

"To date, four Branches, only, have acknowledged this request with two Branches forwarding recommendations. Specifically, those Branches heard from include Lunenburg-Queens, Cumberland, Colchester-East Hants, and Halifax. Lunenburg-Queens and Halifax Branches have submitted recommendations.

"The difference of opinion expressed by those Branches having reviewed the report and having studied the matter of the Annual Meeting, adds strength to the desirability that all members have an opportunity to discuss this matter. For example, one Branch recommended that all

Annual Meetings be held in the city of Halifax, and that they take place during the last two weeks in May. The other Branch submitting comments, and with equally valid reasons, recommends that the Annual Meeting "alternate between the Digby Pines on the shores of the Bay of Fundy, and Keltic Lodge in the highlands of Cape Breton," and that the time of this meeting be the Friday and Saturday following Labor Day.

"Again, this serves to illustrate the variance of opinion by members in different areas.

"In summary, this committee feels that the matter of establishing the Annual Meeting on a more stable and business-like basis is essential to the well-being of the Society. We would recommend that the Executive consider this matter with some urgency, and that time limit of three months from this date be set as the time for recommendations to be forwarded to the Executive Secretary's office.

"The committee appointed to deal with this matter would then be in a position to submit a final report to the next regular Executive meeting.

Respectfully submitted,

Donald I. Rice, M.D.

Chas. J. W. Beckwith, M.D."

Regularly moved and seconded that this Report be adopted. Carried.

Further discussion lead to the following:

Resolution, moved by Dr. A. L. Murphy, seconded by Dr. S. G. MacKenzie—Place of Annual Meeting—"Whereas the Executive has the authority to determine the place of the annual meeting, the special committee to consider this get opinions from the Branch Societies on their choice among these alternatives: 1. That annual meetings alternate between Digby Pines and Keltic Lodge, 2. That they be held in rotation among Halifax, Digby and Keltic Lodge, 3. That they be held every second year in Halifax and that the alternate years be divided between Keltic Lodge and Digby. That on receipt of these reports from the Branch Societies the Executive set up a firm program for the future." Carried.

During the discussion of this motion, Dr. Rice remarked that very little interest had been shown by the Branch Societies in response to sending the report and accompanying letter requesting expression of opinion, following the annual meeting of 1957. The members felt that polling the Branch Societies through a series of questions pertaining to the annual meeting, of which the foregoing motion was an example, would be a practical approach.

Discussion then returned to the place for the Annual Meeting in Cape Breton in 1959. The following resolution resulted:

Resolution, moved by Dr. D. I. Rice, seconded by Dr. H. J. Martin—Place of Annual Meeting for 1959—"President-elect determine whether or not Keltic Lodge is available for the annual meeting (1959); after which the executive be requested to decide finally between Keltic Lodge and Isle Royal Hotel." Carried.

The President-Elect subsequently reported that Keltic Lodge would be available. It was the expressed opinion of the Executive Committee that the 1959 Annual Meeting of The Medical Society of Nova Scotia be held at Keltic Lodge.

The Chairman then interrupted the order of business to accommodate Dr. D. M. MacRae who was now present to present his report as Chairman of the Advisory Committee on Health Insurance. (See report of Minutes of Annual Meeting of Executive Committee.)

The Regular Meeting of the Executive Committee was recessed at 12:45 p.m. for luncheon at the Sword and Anchor.

The second session of the Regular Meeting of the Executive Committee was convened at 2:00 p.m.

NEW BUSINESS

(a) **Views of the Executive Committee as to the feasibility, and approval or otherwise, of the Plan for Improvement in Registration of Deaths.**

The Secretary stated that this proposal had been sent to the members of the Executive Committee in July. The subject is for finalization at this meeting.

Discussion resulted in the following:

Resolution, moved by Dr. J. A. MacCormick, seconded by Dr. R. G. A. Wood—Registration of Deaths—"The plan concerning proposals re registration of deaths in Nova Scotia is approved." Carried.

The order of business was then suspended to accommodate three Chairmen of Standing Committees who were present to present reports for their Committees, namely, Dr. J. McD. Corston, Legislation; Dr. A. L. Sutherland, Medical Economics; and Dr. C. L. Gosse, Co-Chairman Committee on By-Laws.

(See minutes of Annual Meeting of Executive Committee)

New Business under the Agenda was then resumed.

(b) A letter from the Nova Scotia Branch of Canadian Psychiatric Section over the signature of Dr. R. O. Jones, was read by Dr. F. A. Dunsworth.

The discussion resulted in the following resolution:

Resolution, moved by Dr. F. A. Dunsworth, seconded by Dr. H. J. Martin—Psychiatrists—"A small committee be appointed by the Executive of The Medical Society of Nova Scotia to study the problems brought forward by the letter from the Nova Scotia Branch of the Canadian Psychiatric Association, dated October 20, 1958. Such committee will meet with a similar committee from the Psychiatric Association." Carried.

The Regular Meeting of the Executive was adjourned on motion, at 4:30 p.m.

C.J.W.B.

Minutes of Special Meeting—September 21, 1958.

Regularly moved and seconded that these minutes be accepted as printed. Carried.

There was no business arising from the Minutes of this Special Meeting. (These minutes follow those of the Regular Meeting of the Executive.)

**MINUTES
SPECIAL MEETING
EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
SEPTEMBER 21, 1958 - 2.00 P.M.
EAST SEMINAR ROOM - DALHOUSIE PUBLIC HEALTH CLINIC**

Present at the meeting were:

1. **Members Executive Committee:**

Chairman, Executive Committee—Dr. A. G. MacLeod, Dartmouth; President, Dr. A. L. Murphy, Halifax; President Elect, Dr. H. J. Devereux, Sydney; Immediate Past President, Dr. J. R. McCleave, Digby; Executive Secretary, Dr. C. J. W. Beckwith, Halifax; Dr. R. G. A. Wood, Lunenburg; Dr. D. R. Campbell, Shelburne; Dr. L. S. Allen, Sydney; Dr. F. J. Granville, Stellarton; Dr. H. J. Martin, Sydney Mines; Dr. F. A. Dunsworth, Halifax; Dr. S. G. MacKenzie, Truro; Dr. D. Drury, Amherst; Dr. N. B. Coward, Halifax; Dr. D. I. Rice, Halifax; Dr. J. A. McCormick, Antigonish; Dr. J. P. McGrath, Kentville.

2. **Representatives from Advisory Committee on Health Insurance:**

Dr. D. M. MacRae, Halifax; Dr. H. E. Christie, Amherst; Dr. R. O. Jones, Halifax (Also Representative to Exec. C.M.A.)

3. **Observers:**

Dr. W. A. Taylor, President N.S.A. Pathologists; Dr. H. R. Roby, President N.S.A. Radiologists; Dr. A. M. Marshall, President Halifax Medical Society; Dr. Richard James, Secretary N.S.A. Radiologists.

Dr. A. G. MacLeod, Chairman, opened the meeting at 2:00 P.M. He welcomed Dr. H. R. Roby, President of the Nova Scotia Association of Radiologists and Dr. Richard James, Secretary. Also Dr. W. A. Taylor, President of the Nova Scotia Association of Pathologists. These three gentlemen had been invited to attend as observers.

The Chairman then stated the purpose of the meeting, which is to receive and consider recommendations from the Advisory Committee on Health Insurance (Chairman Dr. D. M. MacRae) which that Committee proposes for presentation to a joint meeting of our Committee, the Hospital Service Planning Commission and the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association, on September 27th.

The Chairman then gave a background of the activities of Dr. MacRae's Committee, somewhat as follows:

The Advisory Committee on Health Insurance was formed in 1955. Terms of reference gave it a passive role which in effect set it up to receive and consider requests for advice.

At the 1957 Annual Meeting change in terms of reference created an active Committee by reconstituting it as a Standing Committee and terms of reference were broadened "to permit the committee to participate in or initiate discussion with government or other interested groups." These terms of reference have been implemented.

At the same meeting a motion expressing "dissatisfaction at the lack of opportunity for participation of The Medical Society of Nova Scotia in decisions reached to date. . . ." etc. was acted on in correspondence with the Minister of Health. Resulting from this "direct access" to the Hospital Service Planning Commission was established. Doctor MacRae's Committee has enjoyed close liaison with the Hospital Service Planning Commission. Doctor MacRae is also the representative of The Medical Society on the Provincial Advisory Committee to the Hospital Service Planning Commission.

Meetings have been held with the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association as well as with radiologists and pathologists. These meetings have been most useful as there has been continuous interchange of information and discussion.

To sum up. The nucleus of the Advisory Committee has met at least weekly and on occasions as often as three times in a week. The corresponding members have been kept informed through minutes and documents and full Committee meetings have been called as required. In other words, continuous and constant effort has been maintained by the Committee to find a solution to the diverse problems created by the Hospital Insurance Plan.

The Executive has been called today to consider for approval the recommendations of our Committee on Health Insurance.

As Chairman of the Executive I will require that members wishing to ask questions or to enter discussion be recognized by the Chair and that any remarks or questions will be made through the Chair. This is essential to have an effective debate on this extremely important matter.

The Secretary was asked to read the recommendations pertaining to the provision of the Medical Services required for "necessary interpretation" under presently insured diagnostic services under the Hospital Plan.

The Chairman then asked Dr. MacRae to review each item and be prepared to answer questions. The ensuing discussion continued until 5:30 P.M. Each paragraph was examined in detail. Several of the paragraphs had to be correlated with others to give the over-all result of the report. The complete report of the Advisory Committee on Health Insurance appears on P. 427 of this issue of the Bulletin. It includes the recommendations, starting with Para. A100, as approved by the Executive and presented to the Advisory Committee of the N. S. Section of the Maritime Hospital Association and the Hospital Services Planning Commission.

Explanations were given relative to:

- (a) The work load for radiologists and pathologists. It had been reasoned that to protect quality of service to the patient, it was necessary to have an optimum work load for each group.
- (b) The principle of combining an Annual Retaining Fee and Fee for Service was exhaustively discussed. Dr. MacRae's explanation was essentially as follows:
 1. That the work load provided for the optimum number of examinations to be done by the doctor.
 2. The Fee for Service (for 1959), approved by The Medical Society of Nova Scotia, provided for the professional component of the particular examination done and is a variable in itself.
 3. That the Annual Retaining Fee, together with categorization, recognized the hospital component of the services together with the variable of qualifications, aid, length of satisfactory service, etc.

4. The combination of Fee for Service and the Annual Retaining Fee is, in the opinion of the Committee, the most practical approach to solution of the problem, having in mind expanding services, realistic remuneration to those providing the professional services, and the best service to the patient.

When questioned as to the basis for the suggested percentage of the Schedule of Fees and the amounts of the Annual Retaining Fee, Dr. MacRae stated that his Committee had reasoned that Medicine should be capable of establishing a value for its services and these figures represented the considered opinion of his Committee. He also stated that these incomes would be subject to public scrutiny since the source of funds is government and resultant incomes for these professional groups with special qualifications would need to be realistic from the viewpoint of government as well as acceptable to the medical profession. The remuneration would also have to be such that it would be attractive to professional personnel. All these factors had been taken into consideration and the suggestions had resulted in incomes which would meet, in the opinion of the Committee, the factors involved.

He suggested that this should be reviewed by the Special Committee to be appointed by the Executive Committee.

It was voted that: Para. 2-8 of the original recommendations be deleted and this be referred to the Special Committee.

Consideration was then given to the terms of reference for the Special Committee.

It was voted that: The Special Committee to be appointed by the Executive Committee be empowered to determine:

- (a) The amount and range for the Annual Retaining Fee.
- (b) The categories to be recognized together with the Annual Retaining Fee to be associated with each category.
- (c) The percentage of the schedule of Fees (1959) which will apply for examinations done.

It was the opinion of the Executive that this Special Committee be given the authority to determine the foregoing and that the recommendations be incorporated in the recommendations to be presented to the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association and the Hospital Services Planning Commission.

With completion of discussion which included, on invitation by the Chairman, opinions expressed by the Observers, each of the recommendations had been dealt with. The Chairman then asked for the adoption of the report as a whole, including amendments and the incorporation of the recommendations of the Special Committee. The vote of the Executive Committee was unanimous.

The Chairman then requested those present to respect the confidential nature of the discussion and report as it would be some days before it would be presented.

Consideration was then given to the membership of the Special Committee. The following were elected:

Dr. A. L. Murphy	—	Chairman
Dr. F. M. Fraser	—	From Committee on Fees
Dr. H. R. Roby	—	From N.S.A.R.
Dr. W. A. Taylor	—	From N.S.A.P.
Dr. A. L. Sutherland	—	From Committee on Medical Economics
Dr. C. B. Stewart	—	From Advisory Committee on Health Insurance

Dr. A. L. Murphy requested that a meeting be held on Monday evening, September 22, at 7:30.

The Chairman then referred to certain matters which required the attention of the Executive Committee.

1. Dr. W. A. Murray, who had been appointed Honorary Treasurer from June 30, (the date of Dr. C. H. Young's resignation) had found it necessary to send in his resignation to be effective October 1, 1958, due to absence from Nova Scotia.

It was voted that: The Executive Secretary be appointed Honorary Treasurer until the Nominating Committee makes its report at the Annual Meeting.

2. The Executive agreed to the Regular and Annual Meetings of the Executive Committee being held on October 23, starting at 9:00 A.M. The meeting will be held in the Board Room of the Dalhousie Public Health Clinic.
3. The Executive gave approval to the programme for the Annual Meeting, including a registration fee of \$3.00.
4. The Executive approved of a change in method of distribution of the Tumour Clinic Pamphlet, to be correlated with the programme of the Cancer Pilot study of the C.M.A. which is being directed by the Post-graduate Division of the Faculty of Medicine.

The meeting was adjourned at 5:45 P.M.

C.J.W.B.

Report of Advisory Committee on Health Insurance—Dr. D. M. McRae, Chairman.

Mr. Chairman and Members of the Executive Committee

A93 Your Advisory Committee on Health Insurance has been quite active during the year. Since the last Annual Meeting, some 68 meetings have been held, which included six with the Hospital Services Planning Commission, four with the Advisory Committee of the N. S. Section of the Maritime Hospital Association and several with the N. S. Association of Radiologists and the N. S. Association of Pathologists. In addition to these "formal" meetings, there have been numerous informal consultations with these and other groups.

A94 The Brief of The Medical Society of Nova Scotia to the Planning Committee on Hospital Insurance and Diagnostic Services, presented on October 31, 1956, was reviewed and edited. Our recommendation that "a deterrent or some principle of co-insurance should apply to Hospital admissions" and also to Diagnostic Services was removed in accordance with the recommendation from the Annual Meeting. The amended Brief was presented to the Commission and discussed at our first meeting with them on November 1, 1957.

A95 In January 1958, we made recommendations to the Hospital Services Commission on the following:

1. Quality Control of Medical Services in a Hospitalization Plan
2. In-Patient Diagnostic Services to be insured
3. Drugs and Biologicals, etc., to be an insured service
4. Out-Patient Diagnostic Services to be insured
5. Other Services to be Insured Services

A96 These recommendations, in detail, were submitted to the Executive Committee of The Medical Society of Nova Scotia on January 27, 1958, and approved. They were later published in the April issue of the Nova Scotia Medical Bulletin.

A97 In addition to the regular weekly meetings, during the Spring, special meetings were held on two occasions with the Advisory Committee of Nova Scotia Section of the Maritime Hospital Association, with the Medical M.L.A.'s, with the Chairman and Vice-Chairman of the Hospital Services Planning Commission, with the Executive of the Nova Scotia Association of Radiologists, and a combined meeting with the Executive of the Nova Scotia Association of Radiologists, and a combined meeting with the Executive of the Nova Scotia Association of Radiologists and the Hospital Services Planning Commission. A report dealing with these activities was submitted to the Executive Committee on June 2nd, and approved by them. This report was published in the August issue of the Nova Scotia Medical Bulletin.

A98 Since June, your Committee has been mainly concerned with two problems:

1. Whether additional examinations could be added to the list of the Out-Patient Insured Radiological Services as requested by the Hospital Advisory Committee without lowering the quality of service.
2. A system of remuneration for all physicians providing the necessary interpretation of presently insured diagnostic services.

A99 The nucleus members of the Committee prepared a list of recommendations for presentation to a special meeting of the Executive Committee of The Medical Society of Nova Scotia on September 21, 1958. These were reviewed by the full committee (Doctor H. F. MacKay, unavoidably absent) and several changes were made. The amended report was submitted to the Executive Committee for approval. The President of the Nova Scotia Association of Radiologists and the President of the Nova Scotia Association of Pathologists were present as observers. After a thorough discussion, some amendments were made by the Executive Committee and a special committee was appointed to review the categories and the percentage of the tariff of The Medical Society of Nova Scotia for 1959 that would be used for the professional service for each type of examination. The recommendations were incorporated in a letter addressed to Mr. R. McD. Black, Chairman of the H.S.P.C. on September 26, 1958.

A100 The report to the Executive Committee as approved including amendments and the findings of the special committee is as follows:—

“Re — Recommendations pertaining to the provision of the Medical Services required for “necessary interpretation” under diagnostic services under the Hospital Insurance Plan.

Your Committee has devoted much time in studying these problems. It has enjoyed close liaison with the Nova Scotia Association of Radiologists and the Pathologists. We are now presenting our recommendations for the consideration of the Executive Committee preparatory to a joint meeting with the Hospital Services Planning Commission and the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association.

We have every confidence that the following points have been recognized by the Hospital Planning Commission and the Hospital Advisory Committee.

- (1) That Medical Services are not hospital services.
- (2) That remuneration for the professional component of the insured diagnostic service is to be set up in accounting as a professional service, separated from hospital services.

It is clear that any agreement or remuneration must be between a hospital and the doctor.

Finally, that special arrangements will be necessary in a teaching hospital. This results from the diverse problems inherent in that particular type of hospital.

We therefore wish to present the following observations and recommendations.

1. As a result of our review of the number and type of in-patient and out-patient radiological examinations performed in 29 Nova Scotia hospitals in 1957, (including the Victoria General Hospital, but excluding Camp Hill Nova Scotia Sanatorium and Nova Scotia Hospital), we recommend the inclusion of Gall Bladder examination and Intravenous Pyelogram examinations to the out-patient insured service, in addition to the already insured (G.I. examinations and "48 hour after an accident examinations" services.)
2. We recommend that the radiologists work load be regulated by an appointment system that would provide approximately 155 examinations per week (8,000 per year). Emergency and urgent cases would be done when requested by the physician, but other patients would be taken by appointment if necessary.
3. We recommend that if any radiologists' bookings are so heavy that they persistently exceeded the work load by more than 10 per cent or that patients would have to wait more than four weeks, the hospital must secure additional radiological staff, and the Hospital Insurance Commission provide the necessary funds.
4. We recommend the progressive inclusion of all other radiological examinations to the insured out-patient service as soon as additional radiologists and technicians are available.
5. We recommend a review of the out-patient radiological insured service at three month intervals, especially during the first year, in an attempt to include as many insured examinations as can be done without lowering the standards of quality.
6. We recommend that control on quality of service and work load would be the responsibility of (a) the Hospital Medical Staff Standards Committee, (b) The Nova Scotia Standards Committee of the Provincial Specialty Society involved; e.g. radiologists, pathologists, etc., (c) The Medical Society of Nova Scotia Standards Committee. Problems unresolved by Committees 'A' and 'B' would be referred to Committee 'C' which would have liaison with the Provincial Standards Committee.
7. We recommend that doctors providing the "necessary interpretation" of presently insured diagnostic services be remunerated by a **combination of an annual retaining fee and the fee for service method**. This recommendation shall in no way deter any such physician from making individual arrangements for remuneration on a fee-for-service basis or any other method.
8. We recommend that the amount of the annual retaining fee should vary as follows:
 - (1) A doctor, eligible for specialty examination, but not yet certified, to receive \$6,000.
 - (2) Annual increments to begin from date of Certification by the Royal College of Physicians and Surgeons of Canada or its equivalent and extend over a ten-year period in the yearly amount of \$600.
 - (3) A Fellow of the Royal College to receive an annual increment of \$1,200 until sum total of increments reach \$6,000.

- (4) Director of a Department—
 - (a) Director of a department of more than one member to receive an additional \$1,000.
 - (b) Director of a department of more than two members to receive an additional \$2,000.
 - (c) Associate in a department of more than two members to receive an additional \$1,000.
- (5) A doctor in a newly established department or an additional member in an existing department where the work load (8,000) has been exceeded by 10 per cent (8,800), but not over 50 per cent (12,000) to receive \$8,000.
9. We recommend that the annual retaining fee paid to any physician providing insured services and practising in Nova Scotia in 1957 would not be less than 50 per cent of his 1957 income.
10. We recommend that payments for the fee for service part of the remuneration should be based on 50 per cent of the tariff on The Medical Society of Nova Scotia for 1959.
11. We recommend that the work load of pathologists consist of 60,000 tissue units or 150,000 Clinical Pathology Units (ten minute technician N. S. unit.)
12. We recommend that the bacteriologists work load be 150,000 units, as established by the Canadian Society of Bacteriologists.
13. Recommendations re Insured In-patient Electro-cardiograms:
 1. That all physicians qualified to interpret E.K.G.'s. be given the opportunity of doing so.
 2. That the basis of qualifications for E.K.G. interpretation be at the local hospital level:
 - (a) By Credential Committee in hospitals where such exist.
 - (b) By hospital medical staff committees or by regional medical committees in the case of small hospitals.
 3. That interpretation of E.K.G. examinations be paid for on a fee-for-service basis, the tariff of The Medical Society of Nova Scotia to be the basis for fee-for-service payment.
14. Recommendations re insured In-Patient and Out-Patient Electroencephalograms to be the same as in "13" where applicable.
15. We recommend that the committee meet with the Hospital Insurance Commission and the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association at the end of six months operation of the plan to review this method of remuneration or any other problems. This Committee would draw to your attention that these recommendations are based on present knowledge of the Hospital Insurance Plan. Experience may indicate the desirability for review and change. Nevertheless, we submit that the foregoing is reasonable and logical. They include and protect the principles which we believe to be fundamental in providing the best service to the patient under the Hospital Insurance Plan."

A101 A special meeting of this Committee was held with the Executive Committees of the Radiologists and Pathologists on September 23rd. Reasons for the above recommendations were presented and after discussion of many points involved, they were approved.

A102 On September 26th, a meeting was held with the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association, when this list of recommendations was presented to them. They were well received and the Hospital Advisory Committee agreed to support them. They wished to

have a copy of the 1959 Tariff of The Medical Society of Nova Scotia to check on the cost of radiological and pathological services in several hospitals before recommending the Plan to their member hospitals.

A103 On September 27th, a meeting was held with the Nova Scotia Planning Commission and the Hospital Advisory Committee. These recommendations were presented by us and thoroughly discussed by the three groups. The Hospital Services Planning Commission were in agreement with most of the principles involved, but wished to have the recommendations reviewed by the whole Commission. They also wished to have a copy of the 1959 Tariff to work out the costs involved. The Chairman agreed to report to our Committee at an early date. The Hospital Advisory Committee supported our presentation and we feel that if close liaison is maintained with this group, it would be difficult for the Commission to disagree.

A104 The Chairman and Secretary met with representatives of the radiologists and pathologists on September 29th to report on the last two meetings. It was suggested that the time could be considered opportune for their members to start discussions with their individual hospitals.

Respectfully submitted,

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

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

Committee Members:

D. I. Rice, M.D., R. O. Jones, M.D.

C. B. Stewart, M.D., F. J. Barton, M.D.

H. E. Christie, M.D., H. J. Devereux, M.D.

GENERAL PRACTICE WANTED

A 1953 Scottish graduate desires location in General Practice in Nova Scotia. Would consider group practice, assistantship with view or purchase of a practice. At present in general practice rotation; available July, 1959. Write The Medical Society of Nova Scotia, Dalhousie Public Health Clinic, Halifax, N. S.

**ANNUAL MEETING
EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
OCTOBER 23, 1958**

The Annual Meeting of the Executive Committee of The Medical Society of Nova Scotia was convened at 4:30 p.m.

Present:

A. L. Murphy, M.D., H. J. Devereux, M.D., J. R. McCleave, M.D., A. G. MacLeod, M.D., H. C. Still, M.B., J. A. MacCormick, M.D., F. A. Dunsworth, M.D., N. B. Coward, M.D., H. J. Martin, M.D., C. A. D'Intino, M.D., F. J. Granville, M.D., D. I. Rice, M.D., C. J. W. Beckwith, M.D.

Not Present:

S. G. MacKenzie, M.D., D. Drury, M.D., M. W. O'Brien, M.D.

The minutes of the last Annual Meeting of the Executive, August 3, 1957, were approved as sent to the members and printed in the Bulletin.

Committee on By-Laws — Chairman Dr. W. A. Hewat, Co-Chairman Dr. C. L. Gosse. Page 21 — Annual Reports.

This report was presented by Dr. Gosse in the absence of Dr. Hewat.

Para. A78 re the By-Laws of The Medical Society:

- (a) Recommendation 1. Agreed by the Executive.
- (b) Recommendation 2. Agreed. It was stated that under the new wording, affiliated groups of members organized as an affiliated society, such as the Nova Scotia Society of Radiologists, Anaesthetists, etc., should be recognized.
- (c) Recommendation 3. Agreed, with the recommendation that under Ordinary Members A, the words "and entitled to vote and have all the rights of the Division" be deleted.
- (d) Recommendation 4. Agreed.
- (e) Recommendation 5:

"A member of the Division who holds an official appointment with any organization engaged in the operation of medical insurance plans such as Blue Cross, Maritime Medical Care, Workmen's Compensation Board, Insurance Companies, etc., shall not be eligible during such term of appointment, to become an elected officer, appointed official, or member of any committee relating to medical fees or medical economics."

This recommendation led to a lengthy discussion which resulted in the following:

Moved by Dr. H. J. Martin, seconded by Dr. D. I. Rice — "That this recommendation be deleted." Carried.

- (f) Recommendation 6. Agreed. It is to be noted that this recommendation emanated from an Executive resolution of January 27, 1958, viz.: "A recommendation be forwarded to the Committee of By-Laws that the duties and responsibilities of the Finance Committee be clearly defined."

With reference to a second resolution from the Executive Committee for the consideration of the Committee on By-Laws, namely:

"That the By-Laws of this Society be amended to add a clause relative to nomination of the President-elect.

The President-elect of this Society be nominated by each of the Branch Societies from its membership in equitable rotation regardless of the locale of the meeting. That the nominee be presented to the Nominating Committee by the member of the Nominating Committee from that Branch. That the Nominating Committee be instructed to accept that nominee as President-elect of this Society."

This recommendation again lead to considerable discussion. However, the recommendation of the Committee on By-Laws:

It was moved, seconded and carried, that "The nomination of President-elect should be left to the Nominating Committee."

The second section of the report of this Committee was the proposed outline of By-Laws for Branch Societies. It was pointed out that some of the Branch Societies have no record of By-Laws, some had By-Laws which had not been amended since 1922, and, therefore, it had been the recommendation of the Executive Committee that the Committee on By-Laws draw up a proposed outline for Branch Societies.

Discussion resulted in the following:

Resolution moved by Dr. A. L. Murphy, seconded by Dr. J. A. MacCormick—By-Laws—"Proposed By-Laws for Branch Societies shall be sent to Branch Societies with the request that they shall draw up By-Laws on this pattern and submit to The Medical Society of Nova Scotia for approval." Carried.

It was moved, seconded and carried, that "The report of the Committee on By-Laws be adopted as amended."

The attention of the Executive was then drawn to Chapter 13 of the By-Laws, which has to do with amendments, as follows:

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

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

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

It was agreed that this report of the Committee on By-Laws be presented as a report and instructions in the By-Laws would have to be followed and brought forward at the Annual Meeting of 1959, for finalization.

Executive Comment — "Refer to Annual Meeting with recommendation for deletion and amendments as recorded."

Committee on Cancer — Chairman, Dr. W. R. C. Tupper. Page 11 — Annual Reports.

It was moved, seconded and carried, that "This Report be adopted."

It was noted that the response of the Branch Societies to the request of having a corresponding member named by each Branch Society had been disappointing. Dr. Tupper again pointed out the advantages of having such representatives in Branch Societies.

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

Committee on Child and Maternal Health — Chairman, Dr. M. G. Tompkins. Page 16 — Annual Reports.

It was moved, seconded and carried, that "This Report be adopted."

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

Committee on Civil Defence — Chairman, Dr. A. R. Morton. Page 14 — Annual Reports.

It was moved, seconded and carried, that "This Report be adopted."

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

**Editorial Board and Managing Editor,
Nova Scotia Medical Bulletin**

H. C. Still, M.B., Editor-in-Chief, C. J. W. Beckwith, M.D., Managing Editor. Page 20 — Annual Reports.

It was moved, seconded and carried, that "This Report be adopted."

The Managing Editor stated that he was not completely satisfied that the present bookkeeping in connection with the business of the Bulletin was satisfactory.

Resolution moved by Dr. A. L. Murphy, seconded by Dr. H. J. Martin— "The finances of the Bulletin be set up as a cost-account system." Carried.

The present arrangement of having "Representatives of Branch Societies" associated with the Editorial Board was not working out satisfactorily. It was suggested that since the Secretaries of the Branch Societies are responsible for sending the minutes of their respective meetings for publication in the Bulletin, it would be a natural association for them to represent their Branch Society insofar as providing information to and contact for the Bulletin.

Moved by Dr. F. A. Dunsworth, seconded by Dr. N. B. Coward "That this change be effected." Carried.

The Managing Editor stated that more advertising could be handled by the Bulletin and after discussion it was agreed that the method of obtaining this advertising should be the responsibility of the Editorial Board and Managing Editor.

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

Committee on Fees — Chairman, Dr. F. M. Fraser. Page 6 — Annual Reports.

It was moved, seconded and carried, that "This Report be adopted."

The Executive noted with regret that the Chairman, Dr. F. M. Fraser, had found it advisable to tender his resignation, which move had been agreed to by his Committee. The Executive expressed appreciation for the work which the Chairman and his Committee had done since 1956.

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

Committee on Finance — Chairman, Dr. M. R. Macdonald. Page 10 — Annual Reports.

It was moved and seconded that "This Report be adopted."

Recommendation 3 in Para. A41 lead to considerable discussion. The Secretary was asked his opinion concerning this. He stated that the office of Honorary Treasurer was of such importance to the Society that it should be continued and conversely that he did not believe it was right for the Secretary to have the direct responsibility for the funds and the management of the financial aspects of the Society. It was also pointed out to effect this change would require an amendment to the By-Laws. Inquiries were made of the Chairman of the Finance Committee for the background of this recommendation and these were reported by Dr. Rice to the Executive and the result of this discussion was the recommendation 3 Para. A41 be deleted.

Executive Comment — "Refer to Annual Meeting with recommendation for deletion of Recommendation 3, Para. A41."

Committee on Health Insurance. — Chairman, Dr. D. M. MacRae. Page 25 — Annual Reports.

Dr. MacRae presented this report. At the conclusion of the presentation Dr. MacRae read a letter, dated October 23rd, from Mr. D. J. Gillis, Chairman of the Advisory Committee of the Nova Scotia section of the Maritime Hospital Association.

Moved by Dr. D. M. MacRae, seconded by Dr. D. I. Rice "That this Report be adopted." Carried.

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

Committee on Legislation — Chairman, Dr. J. McD. Corston. Page 15 — Annual Reports.

Dr. Corston presented his report and added a Supplementary Report of the Committee on Legislation. The Supplementary Report included recommendations relative to prevention of "misuse of barbiturates and tranquilizers."

The second part of the Supplementary Report pertained to correspondence relative to Chiropractors.

Moved by Dr. J. McD. Corston, seconded by Dr. R. G. A. Wood "That this Report be adopted."

In the discussion, relative to Barbiturates and Tranquilizers, Recommendation (2) is to have added the words "where deemed necessary." The final sentence of this recommendation will then read: "It is recommended that the Druggists on receiving the order via telephone immediately telephone the Doctor concerned, where deemed necessary, to verify said prescription."

The Report was adopted as amended.

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

Committee on Medical Economics — Chairman, Dr. A. L. Sutherland. Page 17 — Annual Reports.

Dr. A. L. Sutherland, Chairman, presented his report.

Moved by Dr. A. L. Sutherland, seconded by Dr. H. J. Devereux "That this Report be adopted."

Re Contract for "Welfare Group." The Secretary stated that he had received a letter October 22nd from the Minister of Public Welfare, as follows:

October 20, 1958.

"Dr. C. J. W. Beckwith,
Executive Secretary,
The Medical Society of Nova Scotia.

Re: Agreement Medical Services for Welfare Group

Dear Dr. Beckwith:

I acknowledge receipt of your letter of September 15.

All I can tell you at the moment is that I have been having discussions with my colleagues in the Government relating to this matter but as yet we have come to no decision on it. I will be continuing my discussions with them in the near future.

Yours very truly,
(Sgd.) M. S. Leonard."

Discussion:

- (a) **Re D.V.A. and Related Departments.** Dr. Peart, Assistant Secretary C.M.A., stated that non-entitled veterans are being admitted to D.V.A. hospitals. This group has no pensions but are war veterans. The question arises as to who should pay the fees for professional services.
- (b) **Re Relative Value Study.** Dr. Peart stated that an early report may be expected from the C.M.A. concerning this.
- (c) **Re Collective Bargaining.** Dr. Peart stated that insured services provided by Pediatricians had been established on a fee for service basis with the Government of Newfoundland, subject to review in six months. This review indicated the incomes seemed too high and a system is being worked out for paying for professional services on a "sliding scale."
A rather prolonged discussion took place relative to the payment for professional services on the fee for services basis. The danger of many pro-rations was visualized and the thought that a schedule of fees for insured or pre-paid services might well be worth considering.
- (d) **Re Salaried Physicians.** Dr. Peart stated that the C.M.A. is helping that section in a trans-Canada survey.

The motion for adoption was carried.

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

(At the Annual Meeting of the Society on October 24th, the following Resolution was put forth:

Resolution moved by Dr. F. J. Granville, seconded by Dr. C. A. D'Intino — Committee on Medical Economics Report — "The Incoming Executive approve of recommendations of Medical Economics Committee as contained in A-68 of their report." Carried.)

Committee on Post-Graduate Education. — Chairman Dr. J. A. McDonald. Page 7 — Annual Reports.

Moved, seconded and carried, that "This Report be adopted."

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

Committee on Public Health — Chairman Dr. R. A. Moreash. Page 48 — Annual Reports.

Moved and seconded that "This Report be adopted."

Para. A111, referring to Blood Transfusions, was considered. It was recommended that the words "We suggest that a committee be formed to study every aspect of this question and bring in a report" be deleted.

The motion for adoption, with this exception, was carried.

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

Committee on Public Relations — Chairman Dr. D. I. Rice. Page 24 — Annual Reports.

Moved by Dr. D. I. Rice, seconded by Dr. H. C. Still "This Report be adopted."

Dr. Peart congratulated Dr. Rice upon his report and thanked him and his committee for their close co-operation during the Canadian Medical Association meeting in June.

Motion for adoption was carried.

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

Committee on Rehabilitation — Chairman Dr. A. H. Shears. Page 8 — Annual Reports.

There was a supplementary report which is as follows:

"Since the Annual Report was submitted another meeting was held with representatives from outside of Halifax. This meeting was held on Tuesday, September 30, 1958, and discussed further the provision of local physiotherapy facilities. In this respect the Committee would recommend that the Society send a special letter to each Branch Society stating that applications can be made by their Hospital Boards to the Co-ordinator of Rehabilitation, Provincial Building, Halifax, N. S., or the Deputy Minister of Health. Each Society could then obtain further information by writing to the Society. It is further recommended that any information received by the Government from hospitals requesting such services should be made to the Rehabilitation Committee.

The situation of the Brace Shop in regards to understaffing and the undue delay was again discussed in detail. It is obvious that with increasing work locally and insufficient staff the situation can only worsen. The Committee recommends that further intensive effort on the part of the Provincial Government to procure already trained personnel is vital and necessary to even begin to provide adequate bracing facilities.

Respectfully submitted,

Doctor A. H. Shears, Chairman"

It was moved and seconded, that "This Report be adopted."

Para. A33 was considered to be of considerable importance and it was the desire of the Executive that it be emphasized.

"The interim report of the Rehabilitation Committee in April of 1958 recommended that The Medical Society of Nova Scotia should encourage local Medical Societies and through them, the medical staff of their local hospitals to press their hospital boards for physio-therapy services, so that preventative measures in reducing handicap could be

instituted at the local level and early rehabilitation begun. The further expansion of facilities in the Victoria General Hospital by the addition of an Occupational Therapy Department has also contributed greatly to improving the overall rehabilitation facilities."

Motion for adoption was carried.

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

Committee on Traffic Accidents — Chairman Dr. A. L. Murphy. Page 14 — Annual Reports.

Dr. Murphy submitted this report and stated there is the probability that physicians may be requested to report defects relative to driving. Proposed legislation pertaining to this will be approved by the Society before any action is taken on it.

Moved by Dr. A. L. Murphy, seconded by Dr. R. G. A. Wood "That this Report be adopted." Carried.

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

Treasurer. Page 12 — Annual Reports.

In the absence of Dr. C. H. Young, who had resigned as Treasurer in June, due to his absence from the province, his report was reviewed by the Acting Treasurer, Dr. Beckwith. In introducing the report, Dr. Beckwith stated that Dr. W. A. Murray had accepted the post of Honourary Treasurer after Dr. Young's resignation but that Dr. Murray had resigned as of October 1st because of his absence from the province for several months. The Executive Committee on September 21st had directed the Executive Secretary to act as Treasurer until the report of the Nominating Committee and election of officers took place at the Annual Meeting.

Moved by Dr. Beckwith, seconded by Dr. A. L. Murphy "That this Report be adopted."

There were several questions in reference to this which were answered and the motion for adoption was carried.

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

REPORTS OF REPRESENTATIVES

The following Reports of Representatives were Regularly Moved and Seconded for Adoption with Recommendation that they be adopted by the Annual Meeting:

Board of Maritime Hospital	
Service Association	Page 50 — Annual Reports, 1958
Board of Registration, Nursing	
Assistant's Act	Page 31 — Annual Reports, 1958
Canadian Cancer Society,	
Nova Scotia Division	Page 31 — Annual Reports, 1958
Provincial Medical Board	Page 36 — Annual Reports, 1958
V.O.N. (Canada) Board of Governors	Page 37 — Annual Reports, 1958
Report of Representatives to	
C.M.A. Executive	Page 35 — Annual Reports, 1958
Report of Representative to	
Advisory Committee Hospital	
Services Planning Commission	Page 49 — Annual Reports, 1958

REPORTS OF REPRESENTATIVES TO ADVISORY COMMITTEES DEALING WITH FEDERAL-PROVINCIAL HEALTH GRANTS

These were considered, regularly moved and seconded for adoption and carried, with recommendation to Annual Meeting that each be adopted.

Cancer Control Grant	Page 38 — Annual Reports, 1958
Crippled Children's Grant	Page 38 — Annual Reports, 1958
General Public Health Grant	Page 38 — Annual Reports, 1958
Laboratory Grant	Page 38 — Annual Reports, 1958
Child and Maternal Health	Page 38 — Annual Reports, 1958
Mental Health Grant	Page 39 — Annual Reports, 1958
Professional Training Grant	Page 40 — Annual Reports, 1958
Public Health Research Grant	Page 41 — Annual Reports, 1958
Radiology Grant	Page 41 — Annual Reports, 1958
Tuberculosis Control Grant	Page 43 — Annual Reports, 1958
V.D. Control Grant	Page 44 — Annual Reports, 1958

(At the Annual Meeting, October 25th, these Reports were adopted as written with the exception of that on the Mental Health Grant.

Resolution moved by Dr. C. B. Stewart, seconded by Dr. J. Woodbury — Mental Health Grant Advisory Committee — "The Report of the Advisory Committee on Mental Health Grant be approved with the deletion of the recommendation that "no appointment be made to a committee of this kind." Carried.)

REPORT OF POST-GRADUATE DIVISION OF THE FACULTY OF MEDICINE DALHOUSIE UNIVERSITY

Moved and seconded, that "This Report be adopted."

A typographical error in Para. D119 was noted where "fifth-year internship" is the corrected wording.

Dr. Rice stated that one aim of the Post-Graduate Division was to build up attendance in the General Practitioner Internship Course. Dr. Devereux suggested that a General Practitioner may not wish to leave his practice for twelve months and that he believed a concentrated thirty-day course would be more acceptable and more practical. He stated that idea had been carried out at the Harvard Medical School where the General Practitioner is given the advantages in a relatively concentrated period of time by having access to cases of particular interest to him and where the teacher would provide individual attention to the G.P. It was suggested that this should be brought to the attention of the Post-Graduate Division for consideration in arrangement of courses.

Motion for adoption was carried.

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

Re Senior Members

All Branch Societies had been requested to send in nominations for Senior Membership in The Medical Society of Nova Scotia. The following nominees were eligible:

Dr. S. R. Johnston, Halifax
 Dr. H. W. Schwartz, Halifax
 Dr. H. B. Havey, Stewiacke
 Dr. John E. Park, Oxford

Ballotting proceeded for the election of two of these nominees resulting in the unanimous election of Doctors S. R. Johnston and H. W. Schwartz.

Reports of Special Committees

Report of Committee re Appointment of Representatives from The Medical Society of Nova Scotia to the General Council of C.M.A.

The following are required to attend the General Council of the C.M.A.:

The President
 President-Elect
 Past President
 Executive Secretary

Nova Scotia (on basis of C.M.A. membership in 1957) is entitled to nine representatives, thus leaving five to be selected.

As it is desirable to have the most effective representation from this Division to the C.M.A. General Council, it is recommended that the naming of representatives be made by the Officers of the Society and the Chairman of the Executive Committee.

F. A. Dunsworth, M.D.

H. C. Still, M.B.

C. J. W. Beckwith, Exec. Secretary

It was moved, seconded and carried, that "These recommendations be accepted."

Report of Committee to Study Annual Meeting

(See Page 8 of Minutes of Regular Meeting of Executive, October 23, 1958.)

Report of the Executive Secretary

Each item mentioned in this report was fully discussed. The suggestion that an attempt be made to zone Branch Society meetings, thus endeavouring to make more efficient use of time involved in travelling, was not considered advisable. The Executive expressed the opinion that the Secretary should attend Branch Society meetings on invitation.

The present stage of development of the office, in the new area on the ground floor of the Public Health Clinic, was outlined and an estimate was presented of the expenditure required to complete equipment of the office. The employment of a second full-time stenographer was recommended.

Moved by Dr. A. L. Murphy, seconded by Dr. F. A. Dunsworth "That the report of the Executive Secretary be accepted and a copier be purchased and that the Executive approve the hiring of a second full-time stenographer when deemed necessary." Carried.

List of New Members

The Secretary presented a list of sixty-four new members.

It was moved, seconded and carried, that "This list of New Members be presented to the Annual Meeting for election."

The Executive Committee then gave consideration to motions to be approved by the Annual Meeting.

The Chairman of the Executive, Dr. A. G. MacLeod, then presented a letter of resignation which was regretfully received by the Executive Committee.

On motion, the meeting was adjourned at 11:00 p.m.

C.J.W.B.

Minutes of Annual Meeting

The Medical Society of Nova Scotia

FIRST BUSINESS SESSION

FRIDAY, OCTOBER 24, 1958

Convening Order

1. The first business session was called to order by the President, Dr. A. L. Murphy, at 10:15 A.M.

Welcome

2. The Chairman welcomed members to the 105th meeting of The Medical Society of Nova Scotia. He then welcomed Dr. Van Wart, President of the Canadian Medical Association, Dr. A. F. W. Peart, the Assistant Secretary of the Association, and Dr. F. Whitehead, Secretary of the New Brunswick Medical Society.

Executive Committee Meetings

3. The Chairman stated that the Executive Committee had met on Thursday, October 23rd, and was in session from 9:00 A.M. until almost midnight. Three sessions were held; two had been devoted to the business of the Regular Meeting and one to the Annual Meeting of the Executive. Reports would be brought forward during the present business sessions of the Annual Meeting.

Springhill Disaster

4. It was moved and seconded that a resolution of sympathy be sent to the people of Springhill, assuring them that The Medical Society of Nova Scotia is prepared professionally and otherwise to help relieve their suffering in the present disaster. Carried.

5. The following is the text of the telegram sent to the Mayor of Springhill:

"The Medical Society in session at its 105th annual meeting extends to Springhill citizens deepest sympathy to all concerned in the tragic mine disaster. The Society wishes to offer all assistance possible."

Signed C. J. W. Beckwith, M.D., Exec. Sec.

Adoption of Previous Minutes

6. It was regularly moved and seconded that the minutes of the last annual meeting be adopted as published in the Bulletin. Carried.

Business Arising from the Minutes.

7. There was no business arising from the minutes of the previous annual meeting.

The Nominating Committee, as elected, was as follows:

- | | | |
|----|--|------------------------|
| 8. | Chairman — Dr. A. L. Murphy, President | |
| | Antigonish-Guysborough Branch Society | — Dr. J. A. MacCormick |
| | Cape Breton Branch Society | — Dr. J. A. McDonald |
| | Colchester-East Hants Branch Society | — Dr. D. F. McInnis* |
| | Cumberland Branch Society | — Dr. H. F. Myers |

Halifax Branch Society	—	Dr. F. A. Dunsworth
Lunenburg-Queens Branch Society	—	Dr. W. A. Hewat
Pictou County Branch Society	—	Dr. F. J. Granville*
Valley Branch Society	—	Dr. G. R. Forbes*
Western Nova Scotia Branch Society	—	Dr. J. R. McCleave*

* Elected from members present at the meeting, in conformity with By-law.

9. The Chairman requested the Committee to convene at 11:30 A.M.

In Memoriam

10. The Chairman asked those present to rise while the Secretary read the names of members who had died in the interval since the last Annual Meeting. A minute of silence was observed in their memory.

Benzie, Robert MacLean, M.D., McGill 1907, died at Stellarton September 17, 1957, at the age of seventy-eight.

Bezanson, Corey Seldon, M.D., Dalhousie 1922, died at Aylesford, November 1957, at the age of sixty.

Blackett, Arthur Edwin, M.D., Dalhousie 1915, died at New Glasgow, December 15, 1957, at the age of sixty-five.

Calkin, Barry Howes, M.D., McGill 1891, died at Stellarton in October, 1958, over ninety years of age.

Dickie, Walter Reginald, M.D., Dalhousie 1914, lost his life in a fire near Digby April 12, 1958, at the age of sixty-eight.

Doucette, Leo Paul, M.D., University of Mexico, died at Cheticamp, June 10, 1958, at the age of fifty-five.

Elder, Maureen, M.D., McGill 1907, died at Kentville in September 1957, at the age of seventy-five.

Graham, Judson Vye, M.D., Dalhousie 1915, died at Halifax, June 15, 1958, at the age of sixty-seven.

Hill, Forrest Lesmere, M.D., Queen's 1897, died at Parrsboro, December 10, 1957 at the age of eighty-four.

LeBlanc, Joseph Emile, M.D., Dalhousie 1915, died at Boston September 27, 1957 at the age of sixty-seven.

McCurdy, Dexter Scott, M.D., Dalhousie 1916, killed in a motor accident near Truro September 24, 1957, at the age of sixty-nine.

MacKenzie, Kenneth Alexander, M.D., Dalhousie 1903, died at Halifax May 12, 1958, at the age of seventy-eight.

MacKenzie, Seymour Gourley, M.D., Dalhousie 1914, died at Truro, May 20, 1958 at the age of seventy-three.

MacLeod, Frank John, M.D., Dalhousie 1925, died at Inverness September 17, 1958, at the age of fifty-three.

Muir, James Alexander, M.D., Dalhousie 1936, died at Halifax August 27, 1958, at the age of fifty-three.

Murphy, George Henry, M.D., Dalhousie 1902, died at Halifax March 7, 1958, at the age of eighty-two.

Rice, Frank Ernest, M.D., Dalhousie 1893, died at Digby May 31, 1958, at the age of eighty-nine.

Ruf, Roland, M.D., University of Jena 1937, died at Eastern Passage Sept. 6, 1958.

Skinner, Bernard Woodworth, M.D., McGill 1917, died at Bridgewater February 2, 1958, at the age of sixty-eight.

Committee on Health Insurance — (Page 26, Annual Reports, 1958)

11. This report was presented at this time preparatory to the Panel on Hospital Insurance at 11:00 A.M. The fifteen recommendations in the report were each examined separately, questions were answered and explanations made.

12. The present recommendations are as approved by the Executive Committee and include amendments and the findings of the Special Committee appointed by the Executive Committee at a Special Meeting on September 21, 1958. They have been presented to the Advisory Committee of the Nova Scotia Section of Maritime Hospital Association and to the Hospital Services Planning Commission (now the Hospital Insurance Commission).

13. **Executive Comment** — "Recommended for adoption by Annual Meeting."

14. Regularly moved and seconded for adoption by Annual Meeting. Carried.

15. The following resolution, approved by the Executive Committee, was presented to the Annual Meeting:

"The Advisory Committee of Health Insurance will continue their negotiations with the Hospital Advisory Committee and the Planning Commission with full freedom to contact the Executive of The Nova Scotia Medical Society at any time on special points."

16. Regularly moved and seconded for adoption. Carried.

17. At 10:50 A. M., on motion, the Meeting was adjourned to hear a panel on Hospital Insurance; the Meeting to reconvene at 2:30 P.M.

Second Business Session

18. The second business session was convened at 2:45 P.M. The President, Dr. A. L. Murphy, was in the Chair.

Committee on By-Laws — (Page 21, Annual Reports, 1958)

19. The Report was presented by Dr. W. A. Hewat, Chairman, who stated that some amendments to the report had been recommended by the Executive Committee. The report, together with the amendments, is as follows:—

20. "The Committee on By-Laws was directed by the Executive Committee to:

- (a) Review the By-Laws of The Medical Society of Nova Scotia and to make recommendations for any changes or additions.
- (b) Draw up a proposed outline of By-Laws for the Branch Societies within Nova Scotia.

"Resulting from study and consultations, we wish to make the following report.

"A. **Re the By-Laws of The Medical Society** — it is recommended

21. 1. That under Chapter II "Objects" (page 1),* there be **added** No. 5 which will read as follows:

"The promotion of harmony and unity of purpose between the medical profession and the various bodies assuming economic responsibility for the care of sick or injured persons.'"

22. Recommended by Executive for adoption. — Agreed by Annual Meeting.

23. 2. "That under Chapter IV Branches (page 1)* the **present wording** of Section 1(a) Designation and Privileges, namely:—

*Indicates page no. in By-Laws.

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

be **replaced** by the following:—

'The designation branch shall mean and include an organized Medical Society representing the legally qualified practitioners of Medicine. Such a branch would include those members of the profession who normally associate for professional purposes regardless of the exact geographical area in which they live.' "

24. Explanation was made that this presented recognition of groups of members organized as affiliate Societies, such as Nova Scotia Association of Radiologists, Anaesthetists, etc. It was noted that any such group wishing to become an affiliated Society, is required to make application to the Executive Committee.

25. Recommended by Executive for adoption. — Agreed by Annual Meeting.

26. 3. "That under Chapter V Membership and Discipline the **present** wording of:—

1. Ordinary Members

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

B. Members at large

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

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

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

be **changed** as follows:—

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

1. Ordinary Members

A. Every member in good standing in a Branch shall automatically be an ordinary member of the Division on payment of the annual fee as levied by the Division, and entitled to vote and to have all the rights of the Division.

B. **Members at large**

- (a) No change.
- (b) Regularly qualified practitioners of medicine who reside in a district may elect to join the Division for a period not exceeding one year without joining a Branch, but in the second year must join a Branch or lose the privilege of belonging to the Nova Scotia Division. These members shall not have the right to vote or hold office. These members shall be subject to payment of the Annual Fee as levied by the Division. Such a practitioner shall be sponsored by a member in good standing of the Nova Scotia Division who would forward the practitioner's name to the Secretary for consideration by the Executive Committee.' "

27. Executive Committee recommended adoption with deletion of words "and entitled to vote and to have all the rights of the Division" in 1A because they are repetition. — Agreed by Annual Meeting.

28. 4. "That under **Chapter VIII Officers, Officials and Executive** (page 5)* there be **added** to Section 3(d) the following:—
'Each Branch's official nomination of Candidate or Candidates to the Board of Directors of Maritime Medical Care, Incorporated.' "

29. Recommended by Executive for adoption. — Agreed by Annual Meeting.

30. 5. "That under **Chapter IX** — "Duties of Elective Officers and of Appointive Officials (page 6)* there be **added**:—
'A member of the Division who holds an official appointment with any organization engaged in the operation of medical insurance plans such as Blue Cross, Maritime Medical Care, Workmen's Compensation Board, Insurance Companies, etc., shall not be eligible during such term of appointment, to become an elected officer, appointed official, or member of any committee relating to medical fees or medical economics.' "

31. Executive Committee recommended deletion of Recommendation 5. Explanation of this recommendation for deletion was given by the Chairman who stated that such a by-law could keep a good man out of office and that it would be very difficult to enforce. — Annual Meeting agreed to deletion of Recommendation 5.

32. 6. "In reference to the resolution of the Executive Committee of January 27, 1958:—'A recommendation be forwarded to the Committee on By-Laws that the duties and responsibilities of the Finance Committee be clearly defined.' We recommend that the **Budget Committee of the Executive Committee and the Finance Committee appointed by the Executive Committee be one and the same body.** We would like to point out that it is very difficult to clearly define all the duties and responsibilities of such a Committee. However, we have enumerated those we consider to be the Finance Committee's most important duties and therefore propose that under Chapter X 'Committees' (page 8)*, the paragraph reading:—

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

be **replaced** by the following:—

'The Executive Committee at its first meeting appoint a Finance Committee.

The Finance Committee shall:

- (1) Receive from all the committees with budgets a statement of their estimated expenditures not later than November 30th for the next fiscal year (January 1 - December 31).
- (2) Examine the budget of each committee and when deemed necessary return the same to the committee for re-consideration.
- (3) When satisfied that they represent reasonable expenditures present the budget of each committee to the Executive Committee at its first meeting in the next fiscal year. Should a Committee be dissatisfied with the decision of the Finance Committee its Chairman has the privilege of appearing before the Executive Committee to support its claims.
- (4) Review all accounts and examine the authority for incurring same before being accepted for the Treasurer for payment.' "

33. Recommended by the Executive for adoption. — Agreed by the Annual Meeting.

34. "With reference to the second resolution from the Executive Committee January 27, 1958 viz — 'That the By-Laws of this Society be amended to add a clause relative to nomination of the President-elect. The President-elect of this Society be nominated by each of the Branch Societies from its membership in equitable rotation regardless of the locale of the meeting. That the nominee be presented to the Nominating Committee by the member of the Nominating Committee from that Branch. That the Nominating Committee be instructed to accept that nominee as President-elect of this Society.'

"Your Committee, after reviewing all factors involved, is of the carefully considered opinion that the nomination of the President-elect should be left to the Nominating Committee."

35. Recommended by Executive for adoption. — Agreed by the Annual Meeting.

36. "B. **The following is proposed as an outline of By-Laws for Branch Societies.**

37. "Article 1, **Title Name.**

37. The name shall be chosen by the Branch and the Secretary of the Nova Scotia Division notified.

38. "Article 2, **Objects.**

1. To keep abreast of the advance in Medicine and Surgery by discussion of problems with the members of the Branch, and by

inviting Physicians and Surgeons and men of other Specialties from outside the Branch to give lectures to the Branch Members.

2. To foster good public relations between Members of the Branch Society and the people in the communities they serve.
3. To integrate a Branch closely with the Medical Society, which is a Division of The C.M.A. This may best be done by care in choosing nominees to the Executive Committee who are interested in the Committee's work, and are able to give the time and thought required to that work.

39. "Article 3, **Membership.**

1. All Members of the Medical Profession qualified by the Provincial Medical Board are eligible for membership, in the Branch with whose members they normally associate professionally.
2. The Members shall be:
 - (a) Active (b) Honorary.

The active members shall be elected at the regular meeting of the Branch. The honorary members shall also be elected by the Branch at one of its regular meetings. Notice of motion of nomination of an honorary member shall be in the hands of the Branch Secretary at least one month before the meeting.

40. "Article 4, **Meetings.**

The dates of the Annual Meeting and other meetings shall be determined by each Branch Society at a regular meeting. Each Branch shall arrange for special meetings to suit its particular needs.

41. "Article 5, **Officers.**

The following officers shall be elected. (1) President. (2) Vice-President or President-elect — one or more as deemed advisable. (3) Secretary-Treasurer. (4) Executive Members as deemed necessary. (5) A member or members of a Nominating Committee of the Nova Scotia Division of The C.M.A. and an alternate. (6) A nominee and alternate, or nominees and alternates to the Executive Committee of the Nova Scotia Division. (7) A nominee or nominees to the Executive of Maritime Medical Care, Incorporated. These officers shall carry out the duties normally pertaining to their position, and such other duties as the Branch may direct. The names of the Officers and nominees should be given to the Secretary of the Nova Scotia Division more than one month before the Annual Meeting of the Division.

42. "Article 6, **Procedure.**

The order and conduct of business shall follow normal parliamentary procedure similar to that used at the meetings of the Nova Scotia Division.

43. "Article 7, **Dues.**

The Annual Dues shall be fixed by each Branch and vary according to their requirements."

44. Recommended by Executive for adoption. — Agreed by the Annual Meeting.

45. Dr. Hewat moved adoption of the whole report as amended. This was seconded. Motion carried.

46. The following Resolution from the Executive Committee was presented:

"Proposed By-Laws for Branch Societies shall be sent to Branch Societies with the request that they shall draw up By-Laws on this pattern and submit to The Medical Society of Nova Scotia, for approval."

47. Regularly moved, seconded and carried that this Resolution be adopted.

48. The attention of the Annual Meeting was then drawn to Chapter 13 of the By-Laws, as follows:

1. Notice of motion by one or more members to amend these By-Laws must be placed in the hands of the Secretary three months before the date of the Annual Meeting.
2. Amendments may be proposed by an Annual Meeting of the Division, by the Executive Committee or by the Committee on By-Laws without notice of motion but the proposed amendments shall be published in the Bulletin at least two months preceding the Annual Meeting.
3. Subject to the condition provided by Sections 1 and 2 hereof, these By-Laws may be amended by a majority vote of a duly advertised general meeting of the members of the Division."

49. Moved by Dr. F. J. Granville, seconded by Dr. D. R. S. Howell "That in presenting report in Bulletin of Committee on By-Laws that revision re changes as recommended by Executive Committee be also presented." Carried.

Committee on Cancer — (Page 11, Annual Reports, 1958)

50. This report was presented by the Chairman, Dr. W. R. C. Tupper, who moved its adoption. Regularly seconded.

Discussion. Dr. Tupper remarked on the request by his Committee to each Branch Society to appoint a representative to be a corresponding member for matters pertaining to Cancer. The response had been appointments by the Branch Societies. His Committee was of the opinion that closer co-operation with Branch Societies is necessary to aid in the work of his Committee.

51. **Executive Comment** — "Recommended for adoption by Annual Meeting."

52. The motion for adoption was carried.

Committee of Child and Maternal Health — (Page 16, Annual Reports, 1958)

53. This report was presented by the Chairman, Dr. M. G. Tompkins, Jr., who moved its adoption. Regularly seconded.

Discussion. Dr. Tompkins stated that the majority of maternal deaths are due to haemorrhage and advanced the recommendation that an emergency consulting service be created consisting of an obstetrician, anaesthetist, and pathologist with facilities to take blood anywhere in the province, on request.

Moved by Dr. W. R. C. Tupper, seconded by Dr. A. E. Doull, Jr., "This body go on record supporting the recommendation of the Committee of Maternal and Infant Welfare to the effect that a type of 'flying squad' be organized in Halifax which would be available to any doctor in Nova Scotia having trouble with a maternity case, free of charge." Carried.

54. **Executive Comment** — "Recommended for adoption by Annual Meeting."

55. The motion for adoption was carried.

56. Moved by Dr. J. A. McDonald, seconded by Dr. H. J. Devereux "The incoming Executive give consideration to the re-appointment of Dr. M. G. Tompkins, Jr., as Chairman of the Committee on Maternal Welfare." Carried.

57. The following reports were presented and regularly moved and seconded for adoption and carried. The Executive Committee had recommended adoption:

58. **Committee on Civil Defence** — (Page 14, Annual Reports, 1958)

59. **Committee on Fees** — (Page 6, Annual Reports, 1958)

60. **Editorial Board of Nova Scotia Medical Bulletin** — (Page 20, Annual Reports)

61. **Committee on Finance** — (Page 10, Annual Reports, 1958)

This report was presented by the Chairman, Dr. M. R. Macdonald, who moved its adoption as amended by the Executive Committee. Regularly seconded.

The Recommendations are as follows:

"1. That an official copy of the minutes of all executive and business meetings be provided the Finance Committee, so that they have official knowledge of expenditures authorized. This was approved last year, but not carried out.

2. That the Budget and Finance Committees as presently constituted be disbanded, and that a joint Committee on Budget and Finance be set up. Presently, the Finance Committee has no 'say' in drawing up the budget, and sees it only when it is approved by the Executive Committee.

3. That the office of Honorary Treasurer be abolished, and that the post of Executive Secretary be made that of Executive Secretary-Treasurer. This pattern is followed in other Divisions, e.g., Alberta.

4. That all matters pertaining to finance such as budgets, investments, expenditures, capital and current, (over a certain amount and not routine), be approved by the Finance and Budget Committee.

5. That any or all of these recommendations that are approved, be submitted to the Committee on By-Laws, in order for them to study any changes in the Constitution that may be required."

62. The Secretary stated that motions having to do with the Finance Committee had been sent to the Chairman, but not the complete Executive minutes.

63. The Executive Committee had recommended deletion of Recommendation 3, on the basis that it is most desirable to keep the offices of Secretary and Treasurer completely separate.

64. Motion for adoption as amended was carried.

Committee on Medical Economics — (Page 17, Annual Reports, 1958)

65. This report was presented by the Chairman, Dr. A. L. Sutherland, who moved its adoption. Regularly seconded.

66. **Discussion.** Dr. Sutherland referred to the "Welfare Contract" between The Medical Society of Nova Scotia and the Department of Welfare. He noted that the agreement of 1957 had been negotiated with the Minister of Public Health and Welfare whereas Public Welfare is now under a separate Ministry. A meeting with the Minister of Public Welfare had taken place on September 3rd to discuss the agreement. At that time, an increase from \$1.00 to \$1.27 per month per recipient of service was sought. This is on the following basis:

To adjust pro-ration.....	13c
To allow for regular increased utilization.....	4c
To allow for estimated increase of utilization under the National Hospitalization Plan.....	10c
	Total
	27c

Subsequently, a letter dated September 15, 1958, had been sent to Honourable M. S. Leonard, Minister of Public Welfare. This letter outlined the position of the Committee on Medical Economics in relation to the Contract. On October 22, 1958, the following letter was received:

October 20, 1958.

"Dr. C. J. W. Beckwith,
Executive Secretary,
The Medical Society of Nova Scotia.

Re: Agreement Medical Services for Welfare Group

Dear Dr. Beckwith:

I acknowledge receipt of your letter of September 15.

All I can tell you at the moment is that I have been having discussions with my colleagues in the Government relating to this matter but as yet we have come to no decision on it. I will be continuing my discussions with them in the near future.

Yours very truly,
(Sgd.) M. S. Leonard"

67. It was recommended by this Committee that the Executive Committee be given the authority of the Society "to give notice of termination of the contract to the government as in Article 13 of the agreement between the Nova Scotia Government and The Medical Society of Nova Scotia," if such should be necessary. Dr. Sutherland explained that the present agreement would continue indefinitely unless a notice of termination were given. A period of sixty days is required for the notice to be effective.

68. Under item of D.V.A., a member stated that D.V.A. is now paying \$36 as a half-day rate, replacing the previous rate of \$30. It was noted that the Provincial Government continues to pay at the rate of \$30.

Moved by Dr. J. F. L. Woodbury, seconded by Dr. D. R. S. Howell "The present rate of remuneration of physicians for half-day's services be considered by the Economic Committee, and if considered inadequate, that the Committee seek an increase. That the present unsatisfactory situation in which the Provincial Government has not followed the lead of D.V.A. in raising half-day compensation of physicians employed by provincial departments be corrected by action of the Society." Carried.

69. In answer to a question about a report from M.M.C. Inc., the Secretary stated that the routine annual report had been received, presented to the Executive and had been tabled.

70. **Executive Comment** — "Recommended for adoption by Annual Meeting."

71. The motion for adoption was carried.

Committee on Post-Graduate Education — (Page 7, Annual Reports, 1958)

72. This report was presented by the Chairman, Dr. J. A. McDonald, who moved the adoption. Motion regularly seconded.

73. **Discussion.**

Moved by Dr. W. G. Colwell, seconded by Dr. J. F. Cantwell, "The annual Grant of Five Dollars from each Nova Scotia Medical Society member's fees, and its deliverance to the Post-Graduate Division of Dalhousie Medical School, be continued for another year." Carried.

74. **Executive Comment** — "Recommended for adoption by Annual Meeting."

75. The motion for adoption was carried.

Committee on Public Health — (Page 48, Annual Reports, 1958)

76. This report was presented by the Chairman, Dr. R. A. Moreash, who moved adoption. This was regularly seconded.

77. **Discussion.** During the discussion re the polio vaccination programme, the following resolution from the Executive Committee was presented:

Moved by Dr. D. I. Rice, seconded by Dr. H. C. Still, "The Committee on Public Health initiate discussions with the Deputy Minister of Health regarding the administration of free vaccines, that the profession have access to these vaccines in their offices, and that adequate publicity to both the public and profession be given to this matter."

78. It was moved and seconded that this resolution be adopted. Carried.

79. The item "Provincial Laboratory Charges" was discussed extensively. Dr. Moreash stated that a letter, dated September 5, 1958, addressed to the Minister of Public Health and relative to this matter, had not yet been answered. The Executive Secretary stated that this matter is under presently active consideration as a result of correspondence with the Minister of Health and his Deputy Minister.

80. Moved by Dr. K. P. Smith, seconded by Dr. C. L. Gosse, "Legal opinion be sought by The Medical Society of Nova Scotia re: the billing of physicians for laboratory work done on their patients by Central Laboratories, and that we recommend to the executive that they take such action in the name of the doctors of Nova Scotia as will bring an end to the billing of doctors for patients' services." Carried.

81. The item "Blood Transfusions" was discussed. The Executive Committee recommends that the words "a Committee (of the Society) be formed to study every aspect of this question and bring in a report," be deleted.

82. It was then regularly moved and seconded that the report be adopted with deletion of Para. A 111. Carried.

Committee on Public Relations — (Page 24, Annual Reports, 1958)

83. The report was presented by Dr. D. I. Rice, Chairman, who moved its adoption. This was regularly seconded.

84. **Discussion.** Dr. Rice answered questions directed to him, chiefly about relationship between the insurance policy holder, the insurance company and the physician. Thus the explanation to the policy holder of what the policy provides in medical service is the responsibility of the insurance company, not the physician. A question about "third party" payments was answered that the insurance companies prefer to remain a third party as the contract is between the company and the policy holder and not with a member of the medical profession. Information was volunteered that insurance forms are presently being reviewed in an effort to simplify them and thereby reduce paper work for physicians.

85. **Executive Comment** — "Recommended for adoption by Annual Meeting."

86. Motion for adoption was carried.

Committee on Rehabilitation — (Page 8, Annual Reports, 1958)

87. The report was presented by Dr. A. H. Shears, who moved its adoption. This was regularly seconded.

88. **Discussion.** A supplementary report, dated October 24, 1958, was read by Dr. Shears. (This had to do with the provision of local physiotherapy facilities. Further factual information relative to the subject received shortly after the annual meeting made this supplementary report inaccurate and the Committee has requested the withdrawal of the supplementary report.)

89. Dr. Shears emphasized that one of the most important events during the past year had been the progress made by Dalhousie University toward establishing a School of Physiotherapy and Occupational Therapy within the Medical Faculty.

90. He emphasized the inadequacy of the brace shop, where an interval of 8-12 months may elapse between the fitting and delivery of a brace.

91. **Executive Comment** — "Recommended for adoption by Annual Meeting."

92. Motion for adoption was carried.

Committee on Traffic Accidents — (Page 14, Annual Reports, 1958)

93. The report was presented by the Chairman, Dr. A. L. Murphy, who moved its adoption. Motion regularly seconded.

94. **Discussion.** Dr. Murphy wished to have the report regarded as interim, only. The Committee is working closely with the Motor Vehicle Department. They hope to bring in recommendations for the formation of a board working under the Government to take up, collectively and individually, the problem of the accident prone driver. This is an effort to pick him up before, rather than after, an accident.

95. Dr. Murphy said that there is a need for legislation which will enable a doctor to give information from his private records to the Department, without jeopardizing his ethical position. Any proposed legislation would be reviewed by the Medical Society prior to finalization.

96. **Executive Comment** — "Recommended for adoption by Annual Meeting."

97. Motion for adoption was carried.

Report of Honorary Treasurer — (Page 12, Annual Reports, 1958)

98. The Acting Treasurer, Dr. Beckwith, presented the report of Dr. C. H. Young for the fiscal year 1956-57. In introducing the report, he explained that Dr. Young's resignation had been accepted by the Executive Committee.

This was effective June 30, 1958, the reason for resignation being absence from the province. Dr. W. A. Murray had been appointed Honorary Treasurer, but he had resigned as of October 1, 1958, because of the same reason. The Executive Secretary had been appointed as Acting Treasurer until an Honorary Treasurer is elected by the Annual Meeting.

99. It was regularly moved and seconded that the report of the Honorary Treasurer for the fiscal year ending December 31, 1957, be adopted. The report follows:

100. "I beg to submit the Financial Report for the year ending December 31, 1957, as audited by H. R. Doane and Company, with comments on certain items of Revenue and Expenditure.

ASSETS

101. "As of December 31, 1957, the total assets of The Society were \$32,310.26, divided as follows:

Current Assets

Petty Cash.....	\$	35.56	
Royal Bank of Canada, Current Account.....		8,382.23	
Accounts Receivable-Estimated			
Members.....	\$	355.00	
Advertisers.....		490.22	845.22
			<hr/>
Accrued Bond Interest.....		96.47	\$ 9,359.48
			<hr/>
Investments at Cost.....			16,967.50

Cogswell Library Fund

Cash in Bank of Nova Scotia.....		9.34	
Investments, at cost.....		5,000.00	
Accrued Bond Interest.....		36.50	5,045.84
			<hr/>

Fixed Assets, at Cost

Office furniture and equipment.....		1,171.80	
Less—Accumulate depreciation.....		234.36	937.44
			<hr/>
			<u>\$32,310.26</u>

102. "By comparison with the 1956 statement, the Capital Account has increased by \$3,138.83 which represents excess of income over expenditures. The inactive Savings Account balance appearing in the 1956 statement has been transferred to the Current Account. Surplus monies in the latter account beyond that required for current operating expenses and to an amount of \$11,967.50 were invested in Bonds and Securities. The Cogswell Library Fund was likewise continued active by re-investment of \$2,000 accruing from Securities maturing during 1956.

REVENUE AND EXPENDITURES

103. "I have prepared a comparative statement of Revenue and Expenditures for the years ending December 31, 1956 and 1957, with the Budget for 1958.

Revenue	1956	1957	1958
	Actual	Actual	Budget
Membership (Less C.M.A. Fees).....	\$21,727.80	\$21,590.65	\$20,548.00
Net Proceeds from Convention.....	1,786.69	1,158.87	—
*Net Proceeds from Bulletin.....	1,578.29	640.86	150.00
Miscellaneous			
Car Emblems.....	38.00	24.00	—
Investments.....	242.30	170.74	800.00
Bank Interest.....	15.44	26.08	—
Post-Graduate Grant (C.M.A.)..	982.00	939.00	1,000.00
Post-Graduate Levy.....	2,081.00	2,384.00	2,370.00
Sundry.....	—	121.65	—
	<u>\$28,451.52</u>	<u>\$27,055.85</u>	<u>\$24,868.00</u>
Expenditures			
Salaries and Wages.....	\$ 6,896.38	\$13,747.52	\$13,400.00
Travelling Expenses.....	1,776.10	2,079.04	1,700.00
Postage.....	—	242.74	250.00
Bank Charges and Exchange.....	83.39	85.72	125.00
Telephone and Telegraph.....	174.81	266.87	250.00
Office Supplies and Stationery.....	609.08	540.23	315.00
Legal, Audit and Accounting.....	200.00	550.00	400.00
Contributions to Pension Plan.....	514.72	1,544.16	1,544.16
Sundry Expense.....	454.24	381.85	350.00
Post-Graduate Committee, Dal. Univ.	3,063.00	3,323.00	3,370.00
Printing, Mailing & Publishing Fee Schedule.....	—	—	1,000.00
Group Insurance.....	71.27	—	—
Stenographic Services.....	—	924.70	—
Depreciation and loss on sale of Equipment.....	—	244.36	—
Net Income for Period.....	14,608.53	3,125.66	2,163.84
	<u>\$28,451.52</u>	<u>\$27,055.85</u>	<u>\$24,868.00</u>

104. *"In future, all expenses properly related to publication of the Bulletin, will be charged against Bulletin Revenue and it is, therefore, expected the Net Proceeds will be more realistic and similar to the amount budgeted for 1958.

105. "Revenue for the year 1957 is lower by \$804.27 than for the previous year, but this results almost entirely from a lower figure for Net Proceeds from the Bulletin.

106.	“Expenditures increased by \$10,087.20 over that for 1955.	
	Salaries and Wages.....	\$6,851.14
	Travelling Expenses.....	302.94
	Telephone and Telegraph.....	92.06
	Legal, Audit and Accounting.....	350.00
	Contributions to Pension Plan.....	1,029.44
	Additional Stenographic Services.....	924.70
	Depreciation on Equipment.....	244.36

“The marginal items represent the greater portion of this amount reflecting a more vigorous and active Society, acquisition of a full-time Secretary (Executive) during late 1956 and participation in deliberations with Government referable to the Chiropractor’s and Hospital Insurance Bills.

107. “The Medical Society of Nova Scotia has never enjoyed such a sound financial position as reflected in our Capital Account. Expenditures may be expected to continue at their present level or increase to some degree with inevitable assumption of responsibility and activity by The Society in matters paramount at this time to members and the public they serve. Additional costs necessary to keep all members advised through their Branches of this activity, would appear to be within the limits of our Budget.

Respectfully submitted,

Crossman H. Young, M.D., Honorary Treasurer.”

108. **Executive Comment** — “Recommended for adoption by Annual Meeting.”

109. Motion for adoption was carried.

Committee on Legislation — (Page 15, Annual Reports, 1958)

110. In the absence of the Chairman, Dr. J. McD. Corston, the report was presented by the Executive Secretary. A supplementary report was also presented. Regularly moved and seconded for adoption.

There was no discussion.

111. **Executive Comment** — “Recommended for adoption by Annual Meeting.”

112. Motion for adoption carried.

113. The President-Elect, Dr. Devereux, took over the Chairmanship to permit the President, Dr. A. L. Murphy, to present the report of the Nominating Committee, as follows:

Officers

President	—	Dr. H. J. Devereux
President-Elect	—	Dr. W. A. Hewat
Past President	—	Dr. A. L. Murphy
Treasurer	—	Dr. A. W. Titus
Representative to Executive of C.M.A.	—	Dr. R. O. Jones
Provincial Medical Board Vacancy	—	Dr. E. F. Ross
Chairman, Executive Committee	—	Dr. D. I. Rice

Representatives to Executive Committee

Branch Society	Member	Alternate
Antigonish-Guysborough	Dr. J. A. MacCormick	Dr. C. N. MacIntosh
Cape Breton	Dr. L. S. Allen	Dr. C. A. D’Intino
	Dr. H. J. Martin	
Colchester-East Hants	Dr. S. G. MacKenzie	Dr. H. R. McKean

Representatives to Executive Committee—continued

Branch Society	Member	Alternate
Cumberland	Dr. D. R. Davies	Dr. J. R. Ryan
Halifax	Dr. F. A. Dunsworth	Dr. W. M. D. Robertson
	Dr. A. M. Marshall	Dr. R. M. MacDonald
	Dr. J. W. Merritt	Dr. A. J. R. Brady
Lunenburg-Queens	Dr. R. G. A. Wood	Dr. S. B. Bird
Pictou County	Dr. F. J. Granville	Dr. H. B. Whitman
		Dr. L. M. Sproull
Valley	Dr. J. P. McGrath	Dr. H. E. Kelley
Western Nova Scotia	Dr. D. R. Campbell	Dr. M. W. O'Brien

114. Any other nominations were asked for. Moved, seconded and carried that nominations cease.

115. It was regularly moved and seconded that this report be adopted. Carried.

116. The Chairman declared the slate of officers and representatives elected.

Senior Members

117. Dr. S. R. Johnston and Dr. H. W. Schwartz were elected to Senior Membership in The Medical Society of Nova Scotia.

118. The President, Dr. A. L. Murphy, returned to the Chairmanship.

Maritime Medical Care, Inc.

119. The President of M.M.C. Inc., Dr. F. M. Fraser, requested recognition to speak. He stated that it had been recommended by the Board of Directors at the annual meeting that the 1958 Schedule of Fees of the Medical Society become effective as of July 1st. (Late in June, Dr. Fraser had requested Drs. Murphy and Beckwith to meet with Dr. Corston and himself and the administrative officers of M.M.C. Inc., when it was felt that it would be unwise to make the 1958 Schedule effective for service under M.M.C. Inc. Participating physicians were notified by letter of this decision.)

120. A meeting of the Executive Committee of M.M.C. Inc. had been held in September when Dr. Fraser had been advised that he had assumed too much responsibility in his action. An actuary was appointed at that meeting to review the matter and report on the affairs of the corporation. As soon as this report is available, a meeting of the Board of Directors will be called.

121. Dr. Fraser asked to have this verbal report accepted for information.

Adjournment

122. The President congratulated the Chairman of the Standing Committees on the quality of the reports and the work done by the Committees. He remarked that there was still considerable business to be transacted.

123. On motion, the meeting adjourned at 5:15 P.M. to reconvene on Saturday, October 25th, at 9:30 A.M.

124. The Chairman of the Executive Committee announced that the first meeting of the New Executive would convene after adjournment of the Annual Meeting on Saturday, October 25th.

THIRD BUSINESS SESSION

125. The President, Dr. A. L. Murphy, called the meeting to order at 9:30 A.M.

REPORTS OF REPRESENTATIVES TO ORGANIZATIONS

126. Each of these had been reviewed by the Executive Committee and each was recommended for adoption by the Annual Meeting.

Organization	Representative	Page in 1958 Annual Reports
Board of Maritime Hospital Service Association	Drs. H. E. Christie and C. J. W. Beckwith .	50
Board of Registration, Nursing Assistant's Act	Dr. C. J. W. Beckwith	31
Canadian Cancer Society Nova Scotia Division	Dr. W. R. C. Tupper	31
Provincial Medical Board	Dr. A. E. Doull	36
V.O.N. (Canada) Board of Governors	Dr. D. M. Cochrane	37
Report of Representative to C.M.A. Executive	Dr. A. G. MacLeod	35
Report of Representative to Advisory Committee Hospital Services Planning Commission	Dr. D. M. MacRae	49

127. Each of these was regularly moved and seconded for adoption. Carried.

REPORTS OF REPRESENTATIVES TO ADVISORY COMMITTEES DEALING WITH FEDERAL-PROVINCIAL HEALTH GRANTS

Mental Health Grant — Dr. R. O. Jones (Page 39, Annual Reports, 1958)

128. In part, this report states:

"With the exception of no meeting being substituted for one meeting, the same statement is pretty well true all through the history of this Committee; and in my report last year I recommended that no representative be appointed to this Committee since the presence of a representative gave the impression that we were having a hand at policy planning which has never really been the case. I would suggest that my recommendation of last year be implemented this year; that is, that no appointment be made to a Committee of this kind but that we offer the Department of Health a representative to sit on the Advisory Committee concerning the whole planning of mental health activities in the province and not simply the Mental Health Grant. Unless that sort of Committee is set up, I think we are wasting time and accomplishing nothing by having a member of our Society appointed to this non-functioning position."

129. This led to considerable discussion. The members felt that while the liaison with these advisory committees could certainly be improved, it would be a backward step not to have any liaison.

130. Moved by Dr. C. B. Stewart, seconded by Dr. J. Woodbury, "The report of the Advisory Committee on Mental Health Grant be approved with the deletion of the recommendation that 'no appointment be made to a committee of this kind.' " Carried.

131. **Executive Comment** — "Recommended for adoption by Annual Meeting."

132. Regularly moved and seconded that this report be adopted as amended. Carried.

133. The following reports of representatives to Advisory Committees had each been reviewed by the Executive and each recommended for adoption by the Annual Meeting:

Grant	Representative	Page in 1958 Annual Reports
Cancer Control Grant	Dr. W. R. C. Tupper	38
Crippled Children's Grant	Dr. B. F. Miller	38
General Public Health Grant	Dr. J. R. Macneil	38
Laboratory Grant	Dr. A. W. Ormiston	38
Child and Maternal Health Grant	Dr. M. G. Tompkins, Jr.	38
Mental Health Grant	Dr. R. O. Jones	39
Professional Training Grant	Dr. C. B. Stewart	40
Public Health Research Grant	Dr. R. C. Dickson	41
Radiology Grant	Dr. H. R. Corbett	41
Tuberculosis Control Grant	Dr. W. I. Bent	43
V.D. Control Grant	Dr. W. A. Hewat	44

134. Each Report was considered by the Annual Meeting.

Each was regularly moved and seconded for adoption. Carried.

Report of the Post-Graduate Division of the Faculty of Medicine — (Dr. L. C. Steeves)

135. Recommended by the Executive Committee for adoption. It was regularly moved and seconded for adoption. Carried.

Membership

136. The Executive Secretary reported on membership, including provisional figures for 1958, as follows:

That as of Dec. 31, 1956, membership was	478
That as of Dec. 31, 1957, membership was	525
That as of Oct. 20, 1958, membership is	525
Dues in arrears expected to be paid by Dec. 31, 1958.	33
Anticipated membership as of December 31, 1958.	558
Membership in C.M.A. as of October 15, 1958.	523
compared with December 31, 1957.	510
There had been 19 deaths to October 20, 1958, and 13 in 1957.	
Three resignations, due to change in residence, would become effective December 31, 1958.	

New Members

137. The following names of 64 new applicants since the last annual meeting had been approved by the Executive meeting and were presented to the Annual Meeting for election as members:

August 1, 1957, to October 15, 1958.

Arneil, Allan, Halifax	Post-graduate
Beanlands, Donald S., Halifax	Post-graduate
Bedford, Ronald F. H., Sydney	Medical Student only
Belliveau, Gerald D., Yarmouth	Ordinary
Bramhall, James L., Halifax	Post-graduate
Brown, Carl M., Halifax	Post-graduate
Cahill, Alan T., New Haven, Conn.	Post-graduate
Cairns, Joseph, Halifax	Post-graduate
Campbell, John E., Halifax	First year practice
Chipman, C. Donaldson, Halifax	Post-graduate
Crosson, Ernest W., Halifax	Post-graduate
Daglish, George H., Mahone Bay	Ordinary
Darroch, John D., Neil's Harbour	First year practice
Drysdale, Ronald D., Halifax	Ordinary
Digout, Joseph H., St. Peters	Medical Society (Joined after July 1st.)
Dunphy, A. Emerson, Antigonish	Ordinary
Edgett, J. Thomas, Weymouth	Ordinary
Filbee, John F., Halifax	Ordinary
Fraser, David B., Halifax	First year practice
Griffiths, Anthony J. M., Antigonish	Ordinary
Hall, T. Brinton, Halifax	First year practice
Hanko, Francis J., Dartmouth,	Ordinary
Henderson, Erland E., Inverness	Ordinary
Hunter, J. Oliver, South Ohio	Ordinary
Johnson, Aubrey E., Great Village	Ordinary
Kereszturi, Joseph, North Sydney	Post-graduate
Krzyski, Tadeusz T., Sydney	Ordinary
Lamplugh, Anthony N., Westphal	Ordinary
Lapp, Alexander D., Halifax	Ordinary
Layden, J. Murray, Sheet Harbour	First year practice
Lawrence, J. Alexander, Annapolis Royal	First year practice
Mallett, James J., West Pubnico	First year practice
Mendelson, Myer, Philadelphia	Medical Society only
Morehouse, Charles N., Noel	Ordinary
Mosher, D. Thornton, Louisbourg	Ordinary
MacDonald, Charles J., Halifax	First year practice
MacDonald, G. Murray, Yarmouth	Ordinary
MacDonald, Wm. J., Yarmouth	First year practice
MacGregor, Peter A., Halifax	First year practice
MacInnes, Frederic C., Upper Musquodoboit	First year practice
McKay, John K. M., Inverness	Ordinary
MacKenzie, Adrian, Halifax	Post-graduate
MacKenzie, Donald E., Glace Bay	First year practice
McKenzie, Lloyd D., North Sydney	Ordinary
O'Brien, Milton W., Tusket	Ordinary
Prossin, Albert, Westmouth North, C. B.	Ordinary
Risk, Abraham, Inverness	First year practice
Rostocka, Maria, Kentville	Ordinary
Seaman, Donald E., Guysborough	Second year practice (Joined after July 1st.)

Service, Gwendolyn F., Halifax	(Joined after July 1st)
Shane, Aubrey M., Halifax	Post-graduate
Simms, Hugh M., Wolfville	Ordinary
Simpson, R. Gordon, Sydney	Ordinary
Soby, Harold W., Halifax	Post-graduate
Stapleton, Joseph E., Halifax	Ordinary
Steele, Bernard J., Rockingham	Post-graduate
Steele, John B., Mahone Bay	First year practice
Stewart, W. Brenton, Halifax	Post-graduate
van Rooyen, Clennel E., Halifax	Ordinary
Webster, A. Rae, Freeport	First year practice
Weste, Ilse A., Dartmouth	Ordinary
Weste, Ulrich A., Dartmouth	Ordinary
Winter, John H. E., Arichat	Ordinary
Woods, Desmond G., Halifax	Ordinary

RESOLUTIONS

138. The following resolutions were presented to the Annual Meeting for consideration and expression of opinion by vote.

139. At the Annual Meeting, 1957, the following motion was approved: "That the motion of Dr. D. I. Rice that membership in The Medical Society of Nova Scotia be a requirement for participation as a physician in M.M.C. Inc. be tabled for consideration at the next Annual Meeting."

The motion referred to is: "That participating physicians in M.M.C. Inc. be members of The Medical Society of Nova Scotia before a contract is signed and further, in instances where this does not apply, they be advised of termination of contract until this requirement is met."

140. **Discussion.** The Executive Committee had passed the following resolution on October 23, 1958:

"The question of physicians enrolling in M.M.C., Inc. be placed before the Annual Meeting without Executive recommendation."

141. The resolution was **defeated** by vote of Annual Meeting.

142. The following resolution was approved by the Executive Committee on January 27, 1958:

"As the Treasurer has stated that the Society is now in a position to pay an honorarium to Executive members not already receiving salary or remuneration from the Society, it is therefore moved that the resolution as passed in March, 1957, be implemented. This honorarium is in addition to the regular expenses which are now allowed."

The motion of March 28, 1957, is: "The payment of \$20.00 per day to members is agreed in principle, but that the matter be left for consideration until next year."

143. In answer to a question, the Secretary stated that, excepting the first meeting of the New Executive and the Annual Meeting of the Executive, there had been three regular meetings and one special meeting in 1957-1958. There are twelve representatives and three officers to whom this would apply. Travelling expenses are paid at present. A member remarked that while the Executive Committee was an important Committee, it was only one of the

Committees of the Society; that there are several standing committees which are very active and the services of the members are on a voluntary basis. Another member felt that the payment of an honorarium would encourage the membership to greater effort.

144. Dr. Peart, Assistant Secretary, C.M.A., was asked about the practice in other Divisions. He stated he did not know of any Division which paid honoraria to Executive members and that most Divisions cannot finance this type of honorarium.

145. The resolution was **defeated** by vote of the Annual Meeting.

146. The following resolution was approved by the Executive Committee on January 27, 1958:

"The Executive Committee of The Medical Society of Nova Scotia recommended to the Society that it go on record as being strongly opposed to the pro-ration of Medical Accounts."

147. **Discussion.** Those who spoke were frankly opposed to pro-ration. The Chairman requested that the motion, itself, be considered.

148. The resolution was **adopted** by vote of the Annual Meeting.

149. The following resolution was approved by the Executive Committee, January 27, 1958:

"Whereas it is apparent that M.M.C. will have to adjust its premium rates to meet the new schedule of fees; and whereas it is apparent that the principle of pro-ration set by M.M.C. prepaid medical schemes is influencing the D.V.A. and Treasury in its acceptance of this schedule of fees and is likely to influence other organizations similarly, it is now imperative that the pro-ration of accounts by M.M.C. be abolished. It is moved that the Board of Directors of M.M.C. be requested to so calculate the adjustment of premiums primarily to eliminate pro-ration, as well as to meet the increased expense imposed by the new schedule of fees."

150. **Discussion.** Experience indicates that medical services have been offered to subscribers at a premium which does not cover the cost of the service. Present trends indicate increasing competition in the field of prepaid medical services. While it is highly desirable to provide the prepaid services, the approach must be a realistic one. It was noted that the President of M.M.C. had stated that an actuary was presently examining the operation of M.M.C. Inc.

151. The resolution was **adopted** by vote of the Annual Meeting.

152. Moved by Dr. C. B. Stewart, seconded by Dr. J. O. Godden, "If M.M.C. adopts the resolution re abolition of pro-ration of fees and adoption of the new fees schedule, the Public Relations Committee take appropriate action to inform the public of the reasons for this action." Carried.

153. It was regularly moved and seconded that:

"The C.M.A. Grant to The Medical Society of Nova Scotia Division for post-graduate education, in the amount of \$1010.00, be paid to the Post-Graduate Division of the Faculty of Medicine." Carried.

154. The following resolution was approved by Executive Committee on October 23, 1958:

"The prepaid medical care plans in the Atlantic Provinces get together to discuss the possibility of giving a more efficient service to the public. Be it further resolved that the initial studies be made by representatives of the medical profession. Be it further resolved that special committee be named by the new Executive of the Medical

Society of N. S. to lay down general policy. The representatives of the concerned prepaid plans would then discuss the details."

155. **Discussion.** Correspondence from Dr. F. M. Fraser, President of M.M.C. Inc., was read. This had resulted in foregoing resolution from the Executive Committee. General discussion followed. There appeared to be agreement that the present situation warranted a review.

156. The resolution was **adopted** by vote of the Annual Meeting.

157. The following resolution was approved by Executive Committee on October 23, 1958:

"The alternate for Representative to Executive Committee of the Canadian Medical Association be the President of the Division for that year."

158. The resolution was **adopted** by vote of the Annual Meeting.

159. The following resolution was approved by Executive Committee on October 23, 1958:

"Report of Executive Secretary be accepted and that a 'copier' be purchased and that the Executive approve the hiring of a second full-time stenographer when deemed necessary."

160. The resolution was **adopted** by vote of the Annual Meeting.

161. It was moved and seconded that:

"The representative of this Division to the Executive Committee of the C.M.A. be invited to attend meetings of the Executive Committee of this Division."

162. The resolution was **adopted** by vote of the Annual Meeting.

163. This completed the Regular Business of the Annual Meeting. The Chairman invited the newly elected President, Dr. H. J. Devereux, to take the chair.

164. In his remarks, Dr. Devereux thanked the Society for his election to the office of President. He expressed appreciation of the work of Dr. A. L. Murphy during 1957-1958.

165. It was regularly moved and seconded that:

"An expression of thanks be sent by the Secretary to Dr. A. G. MacLeod, who had resigned as Chairman of the Executive Committee, after two years in office." Carried.

NEW BUSINESS

166. Dr. D. R. S. Howell referred to reports from Springhill, about the seriousness of the tragic mine disaster.

Moved by Dr. D. R. S. Howell, seconded by Dr. E. T. Granville, "The Nova Scotia Medical Society contribute \$1000.00 (One Thousand Dollars) to the Springhill Relief Fund." Carried.

Recruitment of Medical Students

167. Dr. C. B. Stewart, Dean of Medicine, requested that study be given to ways to encourage students for the study of Medicine. He stated that good students are registering, but not in sufficient numbers. The meeting referred the matter to the Incoming Executive Committee for study.

Annual Meeting, 1959

168. The President announced that the Annual Meeting, 1959, would be at Keltic Lodge, Cape Breton, during the week June 22nd.

169. Dr. D. I. Rice announced that the first meeting of the New Executive Committee would convene following adjournment of the Annual Meeting.

170. There being no further business, the 105th Annual Meeting was adjourned on motion at 11:15 A.M.

C.J.W.B.

ANNUAL MEETING - 1958

The 105th Annual Meeting of The Medical Society of Nova Scotia was held at the Lord Nelson Hotel, October 24th and 25th, 1958.

As The Canadian Medical Association met in Halifax in June, this was a business meeting only. Through co-operation of the Dalhousie Refresher Course Committee, it was possible to hold it starting on Friday, October 24, which would have been the last day of the Refresher Course. The registered attendance was 72. (It is of interest to note that in 1950 when a business meeting only had been held, for the same reason, that registration was 65).

Programme

Friday, Oct. 24, 1958, Registration, 8.30 a.m. to 6.00 p.m.

9.00 a.m. General Session — Business.

Chairman, A. L. Murphy, M.D., President.

10.45 a.m. Recess.

11.00-12.00 a.m. Panel Discussion — Hospital Insurance in Nova Scotia.

Chairman — D. M. MacRae, M.D.

Members of Panel — R. O. Jones, M.D., D. I. Rice, M.D.,
F. J. Barton, M.D., H. E. Christie, M.D., C. B. Stewart,
M.D., H. J. Devereux, M.D.

11.30 a.m. Nominating Committee.

1.00 p.m. Luncheon — Guest Speaker, A. F. Van Wart, M.D.,
President, C.M.A.

2.30- 4.30 p.m. General Session — Business.

Report of Nominating Committee and election of officers.

6.30 p.m. President's Reception.

7.15 p.m. President's Banquet. Presidential Address —

A. L. Murphy, M.D.

Installation of H. J. Devereux, M.D. as President by A. F.
Van Wart, President C.M.A.

9.00 p.m. Dancing.

Saturday, Oct. 25, 1958.

9.00 a.m. General Business Session.

11.15 a.m. First Meeting of New Executive Committee.

The "Reports for Annual Meeting 1958" were issued to those who registered. **Any members wishing to have a copy** of the "Reports - 1958" may obtain it by writing the Executive Secretary.

Copies of the "Reports - 1958" and Minutes of the Annual Meeting will be sent to the President and Secretary of each Branch Society.

**FIRST MEETING OF NEW EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
OCTOBER 25, 1958**

The Chairman of the incoming Executive Committee, Dr. D. I. Rice, called the meeting to order at 11:30 a.m. This was immediately following the final business session of the Annual Meeting of the Society. Present were:

H. J. Devereux, M.D., President; W. A. Hewat, M.D., President-Elect; A. L. Murphy, M.D., Past President; D. I. Rice, M.D., Chairman, Executive Committee; C. J. W. Beckwith, M.D., Executive Secretary; J. A. MacCormick, M.D., Antigonish; H. J. Martin, M.D., Sydney Mines; H. A. Myers, M.D., Amherst; F. A. Dunsworth, M.D., Halifax; R. G. A. Wood, M.D., Lunenburg; F. J. Granville, M.D., Stellarton.

Signing Officers for The Society

It was moved and seconded "That the Treasurer, Dr. A. W. Titus, Chairman, Dr. D. I. Rice, and Executive Secretary, Dr. C. J. W. Beckwith, be the Signing Officers for the Society." Carried.

APPOINTMENTS OF CHAIRMEN OF STANDING COMMITTEES

Committee on By-Laws — Dr. W. A. Hewat, Lunenburg — re-appointed.

Committee on Cancer — Dr. W. R. C. Tupper, Halifax — re-appointed.

Committee on Child and Maternal Health — Dr. M. G. Tompkins, Jr., Halifax — re-appointed.

Committee on Civil Defence

It was recognized that the function of this Committee is very important, but that there are many difficulties in developing an organization which would be continuously dependable.

It was moved, seconded and carried, that "The name of this committee be changed from Civil Defence to Civil Disaster."

The Executive Committee then examined the approach which should be made to select a chairman of this committee. It was agreed that the work of the Committee on Civil Disaster would be centred chiefly in hospitals and it was decided, as recommended in the report of the retiring Chairman, Dr. A. R. Morton, that a member of the Medical Society, within the set-up of the Victoria General Hospital, would probably be the best selection. It was agreed to leave this matter in the hands of the Chairman of the Executive to make a recommendation at the next meeting of the Executive Committee.

The Executive expressed the opinion that Branch Societies should be stimulated in their interest in Civil Disaster in each area.

Chairman, Editorial Board — Dr. H. C. Still, Halifax — re-appointed.

Committee on Fees — Dr. D. R. S. Howell, Halifax.

Committee on Finance — Dr. J. H. Charman, Halifax.

Committee on Legislation — Dr. J. McD. Corston, Halifax — re-appointed.

Advisory Committee on Health Insurance —

Dr. D. M. MacRae, Halifax — re-appointed.

Committee on Medical Economics —

Dr. A. L. Sutherland, Sydney — re-appointed.

Committee on Post-Graduate Education —

Dr. J. A. McDonald, Glace Bay — re-appointed.

Committee on Public Health — Dr. T. B. Murphy, Antigonish.**Committee on Public Relations —** Dr. F. A. Dunsworth, Halifax.**Committee on Rehabilitation —** Dr. A. H. Shears, Halifax — re-appointed.**Committee on Traffic Accidents —**

Dr. A. L. Murphy, Halifax — re-appointed.

APPOINTMENT OF REPRESENTATIVES**Board of Maritime Hospital Service Association —**

Doctors H. E. Christie, Amherst, and C. J. W. Beckwith, Halifax — re-appointed.

Board of Registration, Nursing Assistant's Act —

Dr. C. J. W. Beckwith, Halifax — re-appointed.

Canadian Cancer Society, Nova Scotia Division —

Dr. W. R. C. Tupper, Halifax — re-appointed.

Advisory Committee Hospital Services Planning Commission —

Dr. D. M. MacRae, Halifax — re-appointed.

V.O.N. (Canada) Board of Governors — Dr. David Drury, Amherst.**Appointments of Representatives to Advisory Committees Dealing With Federal-Provincial Health Grants.**

Cancer Control Grant	W. R. C. Tupper, M.D.	Re-appointed
Crippled Children's Grant	B. F. Miller, M.D.	Re-appointed
General Public Health Grant	J. R. Macneil, M.D.	Re-appointed
Laboratory Grant	A. W. Ormiston, M.D.	Re-appointed
Child and Maternal Health Grant	M. G. Tompkins, Jr., M.D.	Re-appointed
Mental Health Grant	R. O. Jones, M.D.	Re-appointed
Professional Training Grant	C. B. Stewart, M.D.	Re-appointed
Public Health Research Grant	R. C. Dickson, M.D.	Re-appointed
Radiology Grant	H. R. Corbett, M.D.	Re-appointed
Tuberculosis Control Grant	W. I. Bent, M.D.	Re-appointed
V.D. Control Grant	W. A. Hewat, M.D.	Re-appointed

During discussion of appointments to Advisory Committees dealing with Federal-Provincial Health Grants, the Executive expressed concern with the way that these committees appeared to function at the present time. The Representatives seemed to receive information and to act in an advisory capacity, after finalization of the projects. It was agreed that the Executive Secretary would look into this matter.

NEW BUSINESS

Budget Committee

It was agreed that the report of the Budget Committee should be presented to the next meeting of the Executive Committee.

"Resolutions Committee"

The Chairman of the Executive presented for consideration the suggestion that a Resolutions Committee should be formed consisting of some members of the Executive Committee. The purpose of this committee would be to examine the wording of resolutions and to determine whether a change was desirable. It was thought that many resolutions are written in a hurry and while the intent may be clear, the actual wording might be improved on. The matter would be taken up with the mover and seconder before finalization is made. It was suggested that the President, Secretary and Chairman make up this "Resolutions Committee."

The Executive Secretary brought to the attention of the Executive that there are frequently matters coming to his attention when he feels that guidance for action should be sought. At the present time, the Chairman of the Executive Committee is always available and some of these matters are discussed with him. However, others remain in which, in the opinion of the Chairman and the Executive Secretary, further consultation is desirable. It was suggested that under such conditions, advice could be sought from the members of the Executive Committee in the Halifax area. It was emphasized that this suggestion is not in any way to transgress any authority of the Executive Committee. It was agreed that this procedure was acceptable.

Re Dr. Martin's Report on "Specialist"

The Executive Secretary was instructed to forward this report to M.M.C. Inc.

In closing the meeting, Dr. Rice voiced his appreciation for the honour bestowed upon him in being elected to the Chairmanship of the Executive Committee and requested the full co-operation of the members in the fulfilment of the important duties which the Executive Committee has to fulfil.

On motion, the meeting adjourned at 12:45 p.m.

C.J.W.B.

LETTERS TO THE EDITOR

November 26, 1958

The Editor,
Nova Scotia Medical Bulletin,
University Avenue,
Halifax, N. S.

Dear Sir:

Reassurance is so necessary during these times of uncertainty that all persons in a position to do so, must do everything in their power to be of service by the use of constructive criticism.

So, I wrote a letter to the Editor of the Mail-Star. It gave reassurance and much food for thought. To such an extent did it do so, that I have been asked to have it reprinted, as it only appeared in the evening paper.

I hope that you may see your way clear to print it in The Bulletin so that others will have that reassurance that I have had.

The letter of November 15, 1958 follows just as it was printed in the Halifax evening paper.

Sincerely,

(Sgd.) George L. Covert, M.D.

127 South Park Street,
Halifax, N. S.

A Happy Assurance

To The Editor:

Sir, I am writing this letter after having read your editorials concerning emergency treatment at the Victoria General Hospital and a statement from officials of the hospital published in your newspaper.

Having been a priest-physician for over twenty years, and being a husband and father, I realize that to make people think is the basis of good teaching. . .As a wonderful professor of mine once said: "Visualization is a great stimulus to the memory centres," and one can make people see things as clearly by the well-written word as well as by the sight of the actual object.

This is not just a philosophical treatise but a prelude to some practical remarks about a bone of contention which appears to have existed.

When accidents happen, lucky is the person who receives help quickly. Teachers in every line of endeavour instill in us that we must keep our heads in an emergency—a wonderful example of this was given by a young police constable who helped save the life of my thirteen year old boy on Hallowe'en night. An emergency existed. The right hand of the boy had been severely shattered by a home-made bomb prepared by some older boys. His right eye had been seriously injured as well—in such cases shock always exists.

Everyone will now be happy to know that all accident cases will be kept in the emergency department of the Victoria General Hospital until primary shock is under satisfactory control regardless of age or whether a patient is a member of one of the armed services. . . .

Renewed attentiveness will be inspired by this accident (and incident) in all those who have already dedicated themselves to His service.

(Sgd.) George L. Covert, M.D.

127 South Park Street,
Halifax, N. S.

INFECTIOUS DISEASES—NOVA SCOTIA
Reported Summary for the Month of October, 1958

Diseases	NOVA SCOTIA				CANADA	
	1958		1957		1958	1957
	Cases	Deaths	Cases	Deaths	Cases	Cases
Brucellosis	0	0	0	0	0	0
Diarrhoea of Newborn	1	1	0	0	0	0
Diphtheria	0	0	0	0	6	13
Encephalomyelitis— Infectious	0	0	0	0	1	2
Food Poisoning	0	0	0	0	0	0
Gastroenteritis (1) Infectious	78	4	29	1	0	0
Hepatitis—Infectious Including Serum Hepatitis	42	0	2	0	0	0
Impetigo of Newborn	0	0	0	0	0	0
Influenza (if unusual number of cases)	137	1	10645	24	302	90696
Meningococcal Meningitis and Meningococemia	0	0	0	0	14	33
Pertussis	15	0	47	2	571	478
Poliomyelitis (paralytic (non-paralytic)	0 0	0 0	0 0	0 0	48 18	26 2
Scarlet Fever and Streptococcal Sore Throat	109	0	227	0	721	416
Tuberculosis (pulmonary non-pulmonary)	0* 0	4 0	2 0	0 0	407 22	505 29
Typhoid and Paratyphoid Fever	0	0	0	0	20	26
Venereal Disease (syphilis) (gonorrhoea)	4 18	0 0	2 26	1 0	132 1196	150 1048
Anthrax	0	0	0	0	0	0
Cholera	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0
Rabies	0	0	0	0	0	0
Smallpox	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0
Trichinosis	0	0	0	0	0	0
Tularemia	0	0	0	0	0	0
Other rare diseases	0	0	0	0	0	0
Other (if unusual number of cases)	2	0	0	0	0	0

(1) amoebic and bacillary dysentery and salmonellosis

* The Tuberculosis Cases were not available at this time.

REMARKS:

The following are corrections in tuberculosis deaths reported to the Nova Scotia Medical Bulletin from January to September, 1958:

	Reported to the Medical Bulletin		Should have been reported	
	Pulm.	Non-pulm.	Pulm.	Non-pulm.
January	4	0	6	0
February	0	0	0	0
March	0	0	4	0
April	1	0	2	0
May	3	0	3	0
June	2	1	2	1
July	0	0	5	0
August	5	0	5	0
September	0	0	2	0
TOTALS	15	1	29	1

As a result of investigations carried out in regard to a case of typhoid fever in Queens County, this fall, a typhoid carrier was discovered. The organism concerned was a phage type not previously reported in the Province of Nova Scotia.

A case of Salmonella Heidelberg in an infant two weeks' old occurred in Halifax County in October. The usual investigations were carried out, but to date the source of infection has not been found. Ten cases of shigella sonnei occurred during the month of October, one from the Cape Breton area and the remainder from the Halifax area. Twenty-five cases of E. Coli occurred in the Halifax area during the month of October. The predominant type was 0111.

Personal Interest Notes

Doctor James J. Mallet, a native of Yarmouth, and a graduate in Arts and Science and of the Dalhousie Medical School, has opened a medical practice in West Pubnico. Following his graduation from the Dalhousie Medical School, Doctor Mallet did post-graduate work in surgery for two years in Boston and another year in Providence.

Doctor and Mrs. W. A. Murray and their sons, Kenneth and David, of Oakland Road, Halifax, have left the city for Europe. They will spend the winter in France and Germany where Doctor Murray will be working with the Royal Canadian Air Force. Later he will go to London, England, for a period of study at the British Post-Graduate School. The Murrays plan to return to Halifax after attending the combined meeting of the British Medical Association and Canadian Medical Association in Edinburgh in July, 1959.

Doctor Dennis W. Johnsten has opened a general practice in medicine and obstetrics and will be associated with Doctor H. Ralph Phillips at 112 Quinpool Road, Halifax.

The marriage took place in September at the Bethany United Church, Halifax, of Doctor Peter Archibald MacGregor of New Glasgow and Miss Carolyn Beulah Potter of Halifax. After a honeymoon spent in Bermuda the couple will reside in Halifax where Dr. MacGregor is in general practice.

The Board of Directors of the National Heart Foundation of Canada at a recent meeting elected Doctor S. J. Shane, Assistant Professor of Medicine, Dalhousie University, to Membership at Large of the Foundation. The National Heart Foundation is a newly formed, voluntary health agency which is devoted to research, study, prevention and relief of heart and blood vessel disease in Canada.

Obituary

Doctor Iain M. M. MacLean, aged forty-two, died suddenly in Arichat Hospital in November. Doctor MacLean was born in Shanghai, China, and was a graduate of London University in Medicine. He had previously studied law and also worked for a few years as archaeologist in Egypt. During World War II he served as Lieutenant-Commander with Her Majesty's convoy. He is survived by his wife, formerly Dorothy Nuttall of Jersey, Channel Islands, a graduate nurse of London University Hospital, and one brother, Doctor Donald MacLean of Paisley, Scotland.

The Bulletin extends sympathy to Doctor R. Smith Henderson of Halifax, Chief Pensions and Medical Examiner at Camp Hill Hospital on the death of his wife, Mrs. Leah Dorothy Henderson, who passed away at the Victoria General Hospital on October 15th. At the time of her death Mrs. Henderson was fifty-nine years of age, and had lived in Halifax since 1935. For many years she had been active in church work and in the Nova Scotia Society of Artists.

The Bulletin also extends sympathy to Doctor L. R. Morse of Lawrence-town, Nova Scotia, on the death of his brother, Doctor David Garnet Morse, aged seventy-five, of Haney, B. C., which occurred late in November.

Survey of Cord Blood Haemoglobin Levels in Normal Infants*

The diagnosis of anaemia in newborn infants may be based on blood samples obtained from the umbilical cord, or on venous or capillary samples from the infants. Samples obtained directly from the infant's circulation have proved unreliable, since the haemoglobin level rises rapidly by varying amounts immediately after birth, as a result of transfer of placental blood into the infants circulation. The additional plasma obtained in this way is removed from the circulation, so that there is little change in total blood volume; but an increase in haematocrit and haemoglobin level takes place. If the cord is clamped or tied early, this transfer is prevented (DeMarsh, Alt, Windle and Hillis, 1941).

In addition, there is usually a considerable difference between venous and capillary levels, the latter being higher (Mollison and Cutbush, 1949). For these reasons, anaemia is best detected in cord blood.

Normal values for the haemoglobin concentration in cord blood have been published by a number of workers, but many are based on a small number of observations. However, Mollison (1951) found a mean value of 16.6 g. per cent (S.D.1.5.) in a series of 134 cases. Marks, Gairdner and Roscoe (155) on 221 cases, reported a mean of 16.9 per cent (S.D. 1.62). In the latter series, no correlation was found between foetal maturity and haemoglobin level, which is in accord with these results. Earlier work (Walker and Turnbull, 1953) had suggested that abnormally high levels were associated with post-maturity.

The cord blood haemoglobin level of 280 healthy infants was estimated. The levels ranged from 11.5 g. per cent to 21.0 g. per cent, with a mean of 15.45 g. per cent.

No correlation was found between the haemoglobin level and the sex of the infant, birth weight, maturity, maternal age, parity or a history of previous miscarriages.

The results are compared with those of similar surveys performed elsewhere.

Chalmers, D. G., Smith, A. J., and Worssam, A. R. H., *Guy's Hospital Reports*. 106: 1957.

*Medical Abstracts, August, 1957.

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

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