THE MEDICAL SOCIETY OF NOVA SCOTIA

THE NOVA SCOTIA DIVISION
OF
CANADIAN MEDICAL ASSOCIATION

MEMBERS OF EXECUTIVE COMMITTEES

OFFICERS

President	W. A. Hewat
President-Elect	F. J. Granville
Imm. Past. President	H. J. Devereux
Chairman Executive Committee	D. I. Rice
Hon. Treasurer	A. W. Titus

BRANCH SOCIETY REPRESENTATIVES

Antigonish-Guysborough	T. W. Gorman
Cape Breton	H. F. Sutherland & L. S. Allen
Colchester-East Hants	S. G. MacKenzie
Cumberland	D. R. Davies
Halifax	D. R. MacRae, A. M. Marshall & J. W. Merritt
Lunenburg-Queens	S. B. Bird
Pictou County	M. F. Fitzgerald
Valley	D. MacD. Archibald
Western Counties	D. R. Campbell

OBSERVERS

Rep. to CMA Executive Committee	R. O. Jones
Ch. Public Relations Committee	F. A. Dunsworth
Ch. Medical Economics Committee	A. L. Sutherland

CHAIRMEN OF STANDING COMMITTEES

COMMITTEE	CHAIRMAN	COMMITTEE	CHAIRMAN
Bylaws	H. J. Devereux	Health Insurance	C. B. Stewart
Cancer	W. R. Tupper	Legislation & Ethics	D. F. Smith
Ch. & Mat. Health	M. G. Tompkins, Jr.	Medical Economics	A. L. Sutherland
Civil Disaster	J. W. Merritt	Post-Grad Education	H. B. Whitman
Editorial Board	S. J. Shane	Public Health	T. B. Murphy
Fees	D. R. S. Howell	Public Relations	F. A. Dunsworth
Finance	J. H. Charman	Rehabilitation	A. H. Shears
		Traffic Accidents	A. L. Murphy

BRANCH SOCIETIES

	PRESIDENT	SECRETARIES
Antigonish-Guysborough	A. Elmik	J. E. MacDonnell
Cape Breton	G. W. Sodero	H. R. Corbett
Colchester-East Hants	D. F. MacInnis	H. R. McKeen
Cumberland	H. E. Christie	N. G. Glen
Halifax	J. W. Merritt	H. C. Still
Lunenburg-Queens	J. B. Crowe	G. D. Donaldson
Pictou County	J. A. F. Young	J. H. Fraser
Valley Medical	F. W. Morse	H. R. Roby
Western Counties	G. V. Burton	D. F. Macdonald

AFFILIATE SOCIETIES

	PRESIDENTS
Nova Scotia Association of Radiologists	C. M. Jones
Nova Scotia Society of Ophthalmology & Otolaryngology	L. F. Doiron
Nova Scotia Society of General Practitioners	A. G. MacLeod
Nova Scotia Chapter of College of General Practice	J. R. Macneil
Nova Scotia Division of Canadian Anaesthetists' Society	A. S. MacIntosh
Nova Scotia Association of Pathologists	W. A. Taylor

VOL. XXXIX No. 1

JANUARY 1960

The NOVA SCOTIA MEDICAL BULLETIN

EDITOR-IN-CHIEF
Dr. S. J. Shane

MANAGING EDITOR
Dr. C. J. W. Beckwith

ASSOCIATE EDITORS
Dr. H. C. Still
Dr. J. H. Quigley
Dr. J. O. Godden
Dr. C. W. Bugden
Dr. L. C. Steeves

Corresponding Members—Secretaries of Branch Societies

EDITORIAL COMMENT

Our Bulletin greets the New Year in a sumptuous cloak of red and white, as befits her growing stature and importance. This new cover design has been the subject of much consideration and discussion by the Editorial Board after its submission by the staff artist of our publishing company. For those interested in heraldry, the shade of red chosen is defined as MURREY and appears in the coat of arms of The Medical Society of Nova Scotia; it purports to be the colour of dried blood. We realize that this rather striking departure from custom in the choice of a cover design may cause some members of the Society to regard us askance; and we earnestly solicit correspondence from interested individuals providing us with their reactions, whether favourable or adverse.

In addition, we have changed the format of our masthead page, and have provided separate space for editorials, a feature which we expect to become more prominent in subsequent issues.

We have plans to provide our readers with a rather interesting bill of fare, both scientific and business, for the coming year. This will include, we hope, professional papers from physicians throughout Nova Scotia and elsewhere; a consecutive series of papers on medical public relations by articulate physicians and well-informed laymen; a symposium on oedema; and a paper on the various aspects of exfoliative cytology. The growing importance of the business of The Medical Society will be recognized, and from time to time there will appear reports of transactions of various meetings of the Society, including the Annual Meeting and meetings of the Executive Committee. We expect, also, that members throughout the Province will continue to be provided with interesting information regarding their colleagues in a greatly amplified "Personal Interest" department. Last but not least, we have, by dint of unremitting effort and tireless persuasion, prevailed upon that well-known philosopher, Brother Timothy, to continue his regular department "Hay for Hobby Horses", during the ensuing year.

We hope that this "preview" of the coming year's activities will be of interest to our readers, and we wish all members of the Society and readers of the Bulletin a happy and prosperous New Year.

S. J. S.

INDEX TO TRANSACTIONS

Page No.

Attendance.... 4

Branch Society Meetings—future dates of.... 14

Cancer Refresher Course—C.M.A.... 12

Canadian Arthritis & Rheumatism Society.... 13

Chairman and Members of Standing and Special Committees.... 6

C.M.A. Report of Executive.... 9

Statement of Policy.... 14

Disability Pension—correspondence.... 11

COMMITTEE REPORTS

Bylaws.... 10

Civil Disaster.... 10

Editorial Board.... 5

Finance.... 4

Health Insurance.... 5

Legislation.... 10

Public Health.... 10

Public Relations.... 8

Traffic Accidents.... 6

SPECIAL COMMITTEES

Group Disability Insurance.... 4

Salaried Physicians.... 10

OTHER BUSINESS

Currie—Retirement of Mrs. M. G.... 14

E. K. G's—Interpretation of.... 10

Health Grants (Federal/Provincial)—Proposed Committee.... 9

Identification Number Plates.... 9

Legal Counsel for Medical Society of Nova Scotia.... 5

Medical Review Board—Nova Scotia Hospital Insurance Commission.... 6

Membership Committee— 14

MINUTES of last Reg. Exec. Meeting—June 22nd—Approval of.... 4

MINUTES 1st Meeting New Executive—June 26th, 1959—Approval of.... 6

Nova Scotia Association of Radiologists—Brief.... 5

Prepaid Medical Plans for Atlantic Provinces.... 5

Proposed letter to Physicians re observance of Schedule of Fees.... 14

RESOLUTIONS FROM BRANCH SOCIETIES

Western Counties Medical Society.... 5

Valley Medical Society.... 12

Cape Breton Medical Society.... 12

Transactions

REGULAR MEETING EXECUTIVE COMMITTEE
THE MEDICAL SOCIETY OF NOVA SCOTIA
LORD NELSON HOTEL HALIFAX
OCTOBER 26TH, 1959 - 9.30 A.M.

The meeting convened at 9.30 with Dr. D. I. Rice in the Chair
Attendance was as follows:—

PRESIDENT	W. A. Hewat, M.D.
PRESIDENT ELECT:	F. J. Granville, M.D.
IMM. PAST PRESIDENT:	H. J. Devereux, M.D.
CHAIRMAN OF EXECUTIVE:	D. I. Rice, M.D.
HON. TREASURER:	A. W. Titus, M.D.
EDITOR NOVA SCOTIA MEDICAL BULLETIN:	S. J. Shane M.D.
EXECUTIVE SECRETARY:	C. J. W. Beckwith, M.D.

Branch Society Representatives to Executive Committee

ANTIGONISH-GUYSBOROUGH	A. J. M. Griffiths, M.D.
CAPE BRETON	H. F. Sutherland, M.D.—L. S. Allen, M.D.
COLCHESTER EAST HANTS	S. G. MacKenzie, M.D.
CUMBERLAND	D. R. Davies, M.D.
HALIFAX	D. M. MacRae—A. M. Marshall—J. W. Merritt
LUNENBURG-QUEENS	S. B. Bird, M.D.
PICTOU COUNTY	M. F. Fitzgerald, M.D.
VALLEY	D. MacD. Archibald, M.D.
WESTERN COUNTIES	D. R. Campbell, M.D.

Observers

R. O. Jones, M.D.—Representative to C.M.A. Executive Committee
F. A. Dunsworth, M.D.—Chairman, Committee on Public Relations
A. L. Sutherland, MD.—Chairman, Committee on Medical Economics

Minutes of Last Regular Meeting—June 22nd, 1959

It was regularly moved and seconded that these be adopted. The motion carried.

Report of Finance Committee re Assistance to Representatives to General Council of C.M.A.

In presenting this report, Dr.Titus stated that information had been obtained from each of the Divisions of C.M.A. and the C.M.A. itself; that the subject of financial assistance to representatives from the Divisions to General Council of the C.M.A. is under active consideration The Finance Committee recommended that until a decision is made by C.M.A. the Society contribute $100.00 toward the expenses of each of the representatives from this Division.

The report also stated that a Pension Plan for employees is receiving study. It was recommended that the office furniture be insured against fire.

It was regularly moved by Dr. Titus and seconded by Dr. Archibald that the report be adopted. After discussion the motion was carried.

Report of Committee on Group Disability Insurance

Dr. J. W. Merritt, Chairman, presented a progress report stating that exploratory discussions had been held with a company whose plan warranted study. He stated that prior to further action he wished to report and to obtain expression of opinion from the Executive. The Executive re-affirmed its opinion that the group principle must be the basis of discussions for a plan. Authority was given to proceed with discussions on that basis.

Prepaid Medical Plan—Atlantic Provinces

This subject had been reviewed at the Annual Meeting 1958 and again in 1959. The Nova Scotia Division had written the New Brunswick, P.E.I. and Newfoundland Divisions. Committees had been named by the New Brunswick and P.E.I. Divisions with terms of reference which were exploratory. Newfoundland had not yet had a meeting. After discussion the following were appointed to be the Committee from the Medical Society of Nova Scotia:—

Dr. A. A. Giffin, Kentville
Dr. F. M. Fraser, Halifax
Dr. A. L. Sutherland, Sydney
Dr. C. J. W. Beckwith, ex-officio

Arrangements for an early meeting of the Committees of the Medical Societies were left to the Committee.

Legal Counsel for the Medical Society of Nova Scotia

Recent experience had emphasized the desirability of having legal counsel available to the Medical Society. The Secretary had ascertained that arrangements could be completed on the basis of a retaining fee for purposes of discussions and general advice. Fees for any specific legal services when such is indicated from consultation, would be charged.

The report was adopted and the Secretaty instructed to finalize arrangements for legal counsel.

Resolution from Western Counties Medical Society

This resolution informed the Medical Society of Nova Scotia that the membership in that Branch Society of one of its members had been discontinued. Because of this, the membership of this physician in the Medical Society of Nova Scotia was to be reviewed.

Present at the Executive Meeting were legal counsel for the physician, legal counsel for the Medical Society and a representative from the medical staff of a local hospital.

Resulting from examination of the resolution and ensuing discussion, the Executive Committee decided that, under the bylaws, it would be necessary to set up a Committee of Enquiry. It was agreed that:

> The Chairman appoint a Committee of 2 members who, together with the legal adviser retained by the Medical Society of Nova Scotia, shall make a full investigation into the actions of (the physician named) which are the subject of a motion of the Western Counties Branch Society and into the conduct of the meeting of the Western Counties Medical Society at which the motion of expulsion of (the physician named) from that Society was moved and carried, and into such other matters, the elucidation of which will enable the Medical Society of Nova Scotia to reach a decision which is just to all parties concerned; and that this Committee act with dispatch and submit its report to the Executive Committee.

It was agreed that if the findings of this Committee of Enquiry required a special meeting of the Executive such would be called.

Report of the Editorial Board Chairman—Dr. S. J. Shane

Dr. Shane gave a brief outline of the contents and mentioned that since the report, Dr. J. L. Fairweather had resigned from the Committee due to pressure of work and had been replaced by Dr. Cyril Bugden. He then moved that the report be adopted.

Dr. Shane was congratulated in the efforts of the Board to improve the Bulletin. The motion for adoption was then regularly seconded and carried.

Report of Committee on Health Insurance Chairman Dr. C. B. Stewart

Present for the submission of a brief from the Nova Scotia Association of Radiologists and the report of the Health Insurance Committee were:—

Dr. C. M. Jones —President, N.S.A.R.
Dr. S. Manchester
Dr. C. B. Stewart —Chairman Committee on Health Insurance
Dr. W. A. Taylor —President, N.S.A.P.

The Executive Secretary had received on October 21st, 1959 from the Nova Scotia Association of Radiologists a brief addressed to the Executive Committee relative to the method of remuneration for diagnostic radiological professional services under the N. S. Hospital Insurance Plan. This had been stencilled and forwarded to members of the Executive Committee.

The Chairman informed the Executive Committee that the brief, having been addressed to the Executive Committee, had not been reviewed by the Committee on Health Insurance. He also suggested that, although the brief and the report of the Committee on Health Insurance would be considered separately, it would be desirable to review the brief in the perspective of the work of the Health Insurance Committee.

The N.S.A.R. Brief was presented, followed by the report of the Health Insurance Committee. After extended and detailed discussion it was

Moved by Dr. J. W. Merritt
Seconded by Dr. D. MacD. Archibald

"That the Brief presented by the N.S.A.R. be presented to the Committee on Health Insurance for study in their deliberations and reported back to the Executive of the Nova Scotia Medical Society for their opinion and recommendation."

The observers were requested to leave the meeting while this motion was debated and voted on. The motion carried.

The report of the Committee on Health Insurance was moved and seconded for adoption— Carried.

Minutes of First Meeting of New Executive—June 26th, 1959

Regularly moved, seconded for adoption—motion carried.

Chairmen and Membership of Standing and Special Committees

Resulting from the review of this report, it was noted that some of the Committees did not have corresponding members identified by the Chairman. The Secretary was requested to bring this to the attention of these Chairmen.

Medical Review Board—Nova Scotia Hospital Insurance Commission

This item had been referred by the Executive to the Health Insurance Committee for recommendations, which are as follows:—

The Committee concurs in the opinion expressed by Dr. Simms that the membership of this ad hoc Board (probably 3 members) be drawn from the Professional Technical Advisory Committee and the consultants to the Commission. It is further recommended that the Chairman and the clinical members of that Committee be given authority to nominate additional clinical practitioners representing various regions of the Province, or representing specialties not now included in the Professional Technical Advisory Committee, such as Physical Medicine, Neurology etc.

It is also recommended that all reports or recommendations of such a Medical Review Board be referred to a meeting of the full membership of the Professional Technical Advisory Committee prior to action by the Health Insurance Commission.

It is understood that expenses of members of a Medical Review Board will be covered while performing duties on behalf of the Commission.

It was regularly moved and seconded that these recommendations be adopted. After discussion the motion was carried.

Committee on Traffic Accidents Chairman—Dr. A. L. Murphy

Mr. Chairman and Members:

The Traffic Accident Committee of the Medical Society of Nova Scotia met on October 20th, 1959 to reconsider its resolution as presented at the Annual Meeting and referred back to it for reconsideration of the section regarding the obligations of a licensed physician with regard to the reporting of individuals, who, in his opinion, were, by reasons of health, unsuitable as operators of motor vehicles.

The Committee considered, as it did in drawing up the resolution, that the purpose of the brief was to press for the setting up of an Advisory Board to the Motor Vehicle Department. It was felt that when this Board was set up and began functioning, its own responsibilities and the possible responsibilities of the physician in the problem would come into sharper focus and then might be considered in more detail.

The purpose of the resolution coming from the Society was to impress on the Minister of Highways the importance of the need for such a Board.

The duties of the licensed physician, as mentioned in the Brief, was a secondary addendum. There was no intention to coerce the physician into reporting his patients to the Board, rather it was an attempt to offer him protection if he felt it was necessary to make such a report.

To remove any possible irregularity from his action, the Committee recommended that its Brief, Section B Sub-section 2, be modified to read "Advise a medical member of the Board of the Motor Vehicle Department."

The report was moved and seconded for adoption. After general discussion the motion for adoption was voted on. Carried.

The Brief and the recommendations are to be forwarded to the Minister of Highways.

The Brief and Recommendations (as amended) are as follows:—

Resolution Regarding the Responsibility of The Medical Society of Nova Scotia in the Problem of Traffic Accidents

Whereas the interest of the Medical Society of Nova Scotia extends not only to treating the ills of our people but to the prevention of them as well, and

Whereas the third greatest cause of death in our country today, ranking behind only cardiovascular disease and cancer, is the accident, and

Whereas the greatest killer of youth in our country, in every year from age five to twenty-five, is the traffic accident, and

Whereas Nova Scotia has a most efficient Motor Vehicle Department, advanced in its thinking and prepared to work with any group qualified toward a reduction of the highway accident toll, and

Whereas the greatest single factor in the production of traffic accidents lies not in highway construction, highway legislation, law enforcement or automotive construction, but in the motor vehicle driver, himself, and

Whereas this accident producing factor can often be attributed to some impairment of mental or physical health in the driver.

Be it resolved that the Medical Society of Nova Scotia assume its just responsibility in the problem of the traffic accident.

The Society therefore endorses the recommendations of its traffic accident committee, as appended, and for presentation to the Honourable Minister of Highways of the Province of Nova Scotia.

The Society will be glad to have its Traffic Accident Committee meet with the Minister or his representatives to work out details and modifications of these recommendations which may lead to their implementation

The Society believes that all deliberations on this grave problem should be prefaced by the understanding that while the operation of a motor vehicle in this province is the privilege of every citizen, it is not his unquestioned right.

Recommendations of the Traffic Accident Committee

A Board shall be set up by the Motor Vehicle Department for the purpose of examining persons whose privilege to a motor vehicle license may be questioned on a basis of health.

The Board shall consist of:

The Chief Examiner of the Motor Vehicle Department

A Medical Internist

A Psychologist

A Psychiatrist, and such other specialists as may be required to deal with individual cases.

The Board shall be located at Halifax.

Regional representatives, throughout the province, shall be appointed by the Board. Their duties shall be to examine cases referred to them in their area, by the Motor Vehicle Department; and to refer cases to the central Board when they consider such referral advisable.

The Board shall be chaired by a full-time member of the Motor Vehicle Department.

The Examiner member, or members, shall be appointed by the Department. Medical personnel shall be appointed by the Department on recommendation of the Nova Scotia Division of the Canadian Medical Association. Appointment of any other experts to the Board shall be by the department on recommendation of their official Provincial organization.

Appointment to the Board shall be for a period of not less than three years. Consultation fees shall be paid to Board Members who are not full-time employees of the Department, on a basis to be determined.

Examination by the Board of a motor vehicle operator, or applicant for a motor vehicle license, shall be carried out on request of:

(a) The operator or applicant, himself
(b) A licensed physician
(c) The Motor Vehicle Department

(a) A person who, for any reason has been refused a license by the Motor Vehicle Department, or had it revoked, may appeal to the Board. Approval of the Board does not necessarily lead to a granting or re-instatement of the license.

(b) A licensed physician may:
1. Advise a patient whose driving ability he believes to be impaired, that he should seek advice of the Board.
2. Advise a medical member of the Board of the Motor Vehicle Department of any person who, he believes, should submit for examination.

(c) The Motor Vehicle Department may call for examination of any motor vehicle operator when it has good cause to believe his driving ability is impaired.

To facilitate the function of the Board, the form having to do with the general fitness of the applicant for his first license should be developed to include more direct questions on specific diseases which might result in impaired driving ability.

Appended to these questions should be a statement, to be signed by the applicant, to this effect:

> "In the event of my developing any physical or mental disorder through the next two years, which might impair my ability to operate a motor vehicle, I hereby give permission for any qualified physician to make available to a medical representative of the Motor Vehicle department his private records or any hospital records bearing on this disorder."

This statement should be so placed that it is signed by the applicant when he signs the answers to questions on his health.

This form should be required from all applicants for renewal of licenses, every second year.

Committee on Public Relations Chairman—Dr. F. A. Dunsworth

The report recorded that several meetings which had been held which had reviewed the press and radio coverage of the Annual Meeting. Recommendations to guide news coverage of future Annual Meetings were included. Preparation had been made for separate meetings of the Committee with representatives of C.B.C. and the press. Results of these meetings were reported to have been encouraging with a better mutual appreciation of problems to be solved. The Committee regards the relations between doctor and patient as of high calibre in which individuals receiving medical services were, generally speaking, well pleased. There is considerable misunderstanding in the public mind about "organized medicine" and it is recommended that a positive approach in which constructive activities would be emphasized would be used in public relations with the public, the press, radio and T.V. The report included reference to the Canadian Press release entitled "Misuse of X-rays" in Court proceedings.

The report was regularly moved and seconded for adoption.

Discussion: The Committee, on motion, was directed to ascertain the facts concerning the press release on court proceedings and having done so take such action as was indicated. Further

Moved by Dr. D. MacD. Archibald, Seconded by Dr. A. W. Titus: "That this Executive go on record as favouring a continuing study of this problem; this to be carried out by a standing committee on Ethics to be approved by the Medical Society of Nova Scotia."

Carried.

also

Moved by Dr. D. M. MacRae, Seconded by Dr. H. J. Devereux: "That the Committee on Legislation have its terms of reference enlarged to include the duties of a Committee on Ethics. The Committee to be named the Committee on Legislation & Ethics." Carried.

The motion for adoption of the report was voted on and carried.

Report of Representative from Executive of C.M.A. Chairman—Dr. R. O. Jones

This gave general information on several subjects, all developmental. Particular attention was given to the subject of "The Canada Shipping Act."

Debate resulted in the following resolution

Moved by Dr. S. B. Bird, Seconded by Dr. W. A. Hewat: "That the Executive member of the Medical Society of Nova Scotia representing each Branch contact the physicians of his Branch and obtain their comments re the utilization of the Sick Mariners Service and any suggestions concerning the improvement of the Service. That the report be forwarded to the Secretary of the Medical Society of Nova Scotia within ten days."

Carried.

The report was regularly moved and seconded for adoption. Motion carried.

The meeting recessed at 6.45 p.m. to re-convene at 8 p.m.

The evening session of the Executive Committee of the Medical Society of Nova Scotia was convened in the East Seminar Room of the Dalhousie Public Health Clinic at 8 p.m.

Report re Number Plates for Motor Vehicles to Identify Physicians

The Secretary stated that the matter had been explored with the Motor Vehicle Department that it was possible to obtain such number plates. However, the procedure was not simple and involved additional cost and considerable responsibility would devolve on the office of the Society.

Moved by Dr. S. G. MacKenzie, Seconded by Dr. H. J. Devereux: "That the question of special number plates be put before the next Annual Meeting of the Medical Society of Nova Scotia to find out if the majority wish special identifying member plates."

Carried.

Report on Proposed Committee on Federal Provincial Health Grants

The directive from the Annual Meeting of 1959 had been acted on and discussions held with the Department of Health. The terms of reference recommended are as follows:—

(1) To review with a Committee of the Department of Health all Federal/Provincial Health Grants.

(2) To receive from the Director of Federal Health Grants information re "active" or potentially "active" Grants and to arrange for appropriate representation

(was required) on the Committee of the Society of a physician with a particular knowledge and interest in each of these particular Grants.

(3) To act as a Committee which may present, from time to time, to the Director of Federal/Provincial Health Grants the recommendations of Medicine which will assist toward the most effective utilization of the available monies in the Grants.

It is recommended that a small Committee be appointed with power to add as the occasion may arise.

The report was moved and seconded for adoption.

Carried.

On motion Dr. A. H. Shears was appointed Chairman of the Committee.

Committee on Bylaws Chairman—Dr. H. J. Devereux

Dr. Devereux said that he had planned on giving a verbal report, but due to the length of the meeting he thought it better not to do so.

There was a great deal of discussion regarding bylaws of Branch Societies. Each Branch Society had been circulated with a proposed form of bylaws on which to develop their own bylaws, but the Medical Societyof Nova Scotia had only received replies from five Branch Societies. It was thought desirable that every Branch Society should have bylaws. The meeting was unanimous in the opinion that the Bylaws of the Medical Society of Nova Scotia needed a complete review. It was therefore

Moved by Dr. H. J. Devereux
Seconded by Dr. W. A. Hewat

"That the Bylaws Committee have a meeting of the full Committee, along with legal counsel to review the entire Bylaws, including the Branch Societies in relation to the Medical Society of Nova Scotia."

Carried.

Committee on Civil Disaster Chairman—Dr. J. W. Merritt

This interim report was regularly moved and seconded for adoption.

Carried.

Committee on Legislation Chairman—Dr. D. F. Smith

This report stated that a letter had been sent to the Deputy Minister of Health offering the services of the Committee in a consultant capacity toward implementing the resolution from the Law Amendments Committee, adopted by the Legislature in 1959 pertaining to the "general regulation of the use of X-ray in the Province."

The report was regularly moved and seconded for adoption.

Carried.

Special Committee on Salaried Physicians Chairman—Dr. A. G. MacLeod

The Committee proposes to send a questionaire to all full-time salaried physicians The desirability was emphasized of having all physicians members of the Society.

The report was regularly moved and seconded for adoption.

Carried.

Committee on Public Health Chairman—Dr. T. B. Murphy

This was an interim report. Discussions with the Department of Health relative to immunization procedures are continuing. The Chairman also reported on a recent meeting of the nucleus committee of the C.M.A.

The report was regularly moved and seconded for adoption. Carried.

Interpretation of Electrocardiograms as an Insured Service under the Hospital Insurance Plan

Correspondence from the Pictou County Medical Society was presented. In summary the medical staff of the Aberdeen Hospital had informed the Hospital Insurance Commission that a certain physician, in the opinion of the Medical staff, was qualified to interpret electrocardiograms. It had been recommended that the Hospital Insurance Commission so recognize this physician. The Commission had not accepted this recommendation.

During discussion, not only this specific subject, but the principle of recognition of special qualifications was reviewed.

Moved by Dr. D. M. MacRae
Seconded by Dr. H. J. Devereux

"That the question of interpretation of E.K.G.'s be referred to the Health Insurance Committee with a directive to seek an audience with the Hospital Insurance Commission to present the views of the medical profession of Nova Scotia on the problem."

Carried.

Correspondence re Total Disability Pension—Department of Welfare

A physician's letter had outlined certain difficulties encountered in dealing with a patient's application for total Disability Pension. The reply was as follows:—

Dear Doctor:—

Your letter of July 16th was received in this office on July 20th and the delay in replying is due to making enquiries. I have discussed it with Dr. A. W. Titus, who is a member of the Medical Review Board repesenting the Province of Nova Scotia. The other member of the Medical Review Board is Dr. J. F. L. Woodbury, representing the Federal Government.

The actual procedure for total Disability pension is as follows:—

The individual requests and fills out an application for Disability Pension. The completed form is sent to the Department of Welfare. The Department of Welfare then sends to the individual a medical form to be completed by a physician, which, if filled out by a physician, is at the individual's expense. At this juncture, a physician on medical grounds may think that the individual is not eligible for Disability Pension; if such be his opinion, then he has the privilege of not completing the form, of so stating on the form, or he may complete the form. The medical form, if completed, is returned to the Department of Welfare, following which a social welfare worker from the Department visits the patient IN HIS HOME and reports in writing.

These forms are then reviewed by the Medical Review Board. It is to be noted that it is on the basis of these reports that the Medical Review Board decides whether to (a) accept, (b) reject, (c) defer, or (e) recommend attempt at rehabilitation. If there is any doubt resulting from this review, the Board has the authority to call on the services of an independent consultant, (a specialist in any particular field) at the expense of the Department of Welfare, or arrangements may be made for the patient to come to Halifax for furtheir examination, without expense to the individual.

On the basis of all this accumulated evidence, the Board will make its decision. It is important to recognize that *employability is not a factor* in a Board decision. Pension is recommended or not recommended on purely medical grounds. It is obvious, then, that the Review Board uses its discretion on the basis of evidence submitted to it, and, in so doing, must assume that the evidence is factual. If the evidence from the several sources coincides and is not contradictory, a clear-cut decision can be made. If on the other hand, any of the several reports were to differ, further evidence obviously is required.

I trust the foregoing information may be of assistance to you. I am very sure that the Review Board is making a most sincere effort to discharge its duties in a fair and unbiased manner

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

Dr. Titus was asked to discuss the subject. He outlined the difficulties encountered by the Medical Review Board in assessing the applicants' forms and stated his belief that:—

(1) The medical forms should be completed by a physician in all cases.
(2) Physicians should take particular care to enter positive findings when completing the form.
(3) There should be some way of having the Department pay the physicians for examination and completion of the report.

The communications, on motion, were received. It was agreed that representations to Government for payment would be reviewed at the next meeting of the Executive Committee.

C.M.A. Cancer Refresher Course—Final Report

This report from the Post-Graduate Division of the Faculty of Medicine, Dalhousie, is addressed to the Committee on Cancer of the Canadian Medical Association in reference to a pilot Refresher Course in Cancer conducted during the Fall of 1958 and the Spring of 1959 in Nova Scotia.

The Executive Committee regarded it to be a very comprehensive report and recommended that each member of the Executive review it at a meeting of his Branch Society.

Further it was

Moved by
Dr. W. A. Hewat
Seconded by
Dr. S. G. MacKenzie

"That the Executive goes on record to express their appreciation of the lectures given by the speakers in the Cancer Refresher Courses, and hopes that the meetings will continue."

Carried.

Resolutions from Branch Societies

The Cape Breton Medical Society protested some items of coverage of the Annual Meeting. This resolution had been discussed along with the report of the Committee on Public Relations. The Executive thought that implementation of the recommendations would avoid similar incidents.

The following resolutions had been received from the Valley Medical Society.

(1) **Re Medical Policy Committee**

"That the name 'Political Action Committee' be changed to 'Medical Policy Committee', and that its membership be increased to 9 with the appointment of the representative of the Valley Medical Society to the Executive Committee of the Medical Society of Nova Scotia as its Chairman."

After discussion it was

Moved by
Dr. S. G. MacKenzie
Seconded by
Dr. W. A. Hewat

"That the Executive endorse the Valley Medical Society suggestion re The Medical Policy Committee and to recommend it to other Branches of Nova Scotia Medical Society for their consideration and possible implementation." Carried.

(2) **Re Automobile Insurance**

"That our member to the Executive Committee of the Medical Society of Nova Scotia take up at the Executive Committee Meeting on October 26th the matter of Group Automobile Insurance. That this should be investigated by the Medical Society of Nova Scotia as a means of reducing the ever-increasing costs of this production."

After discussion it was

Moved by
Dr. A. W. Titus
Seconded by
Dr. D. M. MacRae

"That the present Committee on Group Disability Insurance enlarge its terms of reference to include an investigation of the feasibility of our Society undertaking Group Automobile Insurance and report at next Executive Meeting of the Society."

Carried.

(3) **Re Drugs and Biologicals under the Hospital Insurance Plan**

"That the Valley Medical Society go on record as being opposed to the adoption of any formulary or approved list of drugs by any central authority whatsoever. Furthermore each Branch Society and the Medical Society of Nova Scotia are urged to record similar opposition."

(4) This resoution in effect criticized the editing of Minutes of Branch Societies prior to publication in the Bulletin. The motion included that "these minutes either appear in their entirety or not at all."

The Executive Secretary explained the problem and the steps which had been taken to overcome it. He recognized the necessity of each Branch Society having knowledge of what the others were doing, but doubted the wisdom of using the Bulletin as the vehicle for these minutes. He suggested that the office could stencil the Minutes and send them to the Secretary of each Branch Society.

After discussion it was

Moved by Dr. H F. Sutherland Seconded by Dr. H. J. Devereux	"That the Minutes of Branch Society Meetings need not be published in the Nova Scotia Medical Bulletin, but be distributed in their entirety to the different Branch Secretaries The office of the Medical Society will provide this service, if so desired."

Carried.

Communication from the Nova Scotia Division of the Canadian Arthritis & Rheumatism Society

The following letter addressed to the Executive Secretary was presented.

Dear Dr. Beckwith:

re: Travelling Consultation Service Proposal

In the past nine years the Canadian Arthritis & Rheumatism Society's Nova Scotia Division program has consisted in the granting of two Fellowships for Specialist training in this field to Nova Scotians; the setting up of Mobile Physiotherapy Units in Halifax, Dartmouth, Pictou Co., and Cape Breton County, and a program of providing information on recent advances to Physicians through the Bulletin of the Rheumatic Diseases, and through physicians to their patients by means of handbooks given out by the doctor.

The Society wishes to improve the facilities available for the treatment of patients by the family physician throughout the Province. In attempting to plan the further program which would be most helpful to physicians and their patients, we have considered setting up a Travelling Consulting Service. This would be a service similar to that provided by various other organizations operating in the Province. We would start out by offering it to the local branch of the Medical Society of Nova Scotia in the area chosen, and we would consult the medical profession as to the form they would wish it to take.

I request that you bring this matter before the Executive Committee of the Medical Society of Nova Scotia, for its consideration of endorsement of the principle involved.

I would remark that the intention is that there shall be no public announcement that the Service is on its way to town on a certain date; that only patients referred by their family physician would be seen, that they would be seen by appointment made in advance and that they would not be seen again without further definite referral by their own doctor.

Thank you in advance for bringing this matter to the attention of the Society,

I am,

Yours sincerely,

(signed) John F. L. Woodbury, M.D.,
Medical Director.

(signed) G. J. H. Colwell, M.D., Chairman,
Medical Advisory Committee.

It was moved by Dr. Hewat, seconded by Dr. Devereux that the principle of a Travelling Consultation Service as outlined, be endorsed. Motion carried.

Revision of C.M.A. Statement of Policy on Health Insurance

This communication from the office of the Canadian Medical Association had been distributed to the members prior to the meeting. It was recognized that the statements were the result of Committee work and not final. Because the developmental nature of the subject and the desirability of having the opinion of members relative to it, it was

Moved by
Dr. H. J. Devereux
Seconded by
Dr. D. M. MacRae

"That the Statement of C.M.A. Policy be distributed to the Branch Societies for study and if necessary special meeting of the Branch Societies be called for this purpose. It is imperative that the reports of these studies be in the hands of the Executive Secretary before November 15, 1959."

Carried.

Proposed Letter to Physicians re Observation of Schedule of Fees

This letter prepared by the Executive Secretary was approved by the Executive Committee to be sent to all practising physicians in Nova Scotia.

Request for Membership Committee

The Secretary made a verbal request that a Membership Committee be appointed to deal with that subject in all its aspects. After explanation and discussion it was

Moved by
Dr. H. J. Devereux
Seconded by
Dr. D. M. MacRae

That a Membership Committee be named bv the Chairman."

Carried.

Branch Society Meetings

The Chairman stated that it is advantageous, whenever possible, that the Executive Secretary and/or himself should attend Branch Society Meetings. Experience has shown that dates for a Branch Society meeting are made without knowledge of other Branch Society meeting dates. This recently has resulted in three Branch Societies in different parts of the Province calling meetings either on the same day or so close to one another that it was impossible to attend them. The suggestion was made, so as to avoid this occurrence, that each Branch Society name the date for its next meeting at the time of the current meeting. If the information were incorporated in the Minutes the Executive Secretary would have this information and be able to inform Branches of any clash in dates.

Mrs. Currie's Retirement

The Chairman asked what the Executive Committee wished to do in recognition of Mrs. Currie's retirement and her service to the Society; that he would welcome some guidance as to what form it should take. It was agreed that this be worked out between the Secretary and the Finance Committee.

On motion the meeting adjourned at 11:30 p.m.

C.J.W.B.

Recurrent Ventricular Tachycardia as the Chief Manifestation of Myocarditis of Unknown Etiology. Herman, R. H., Scripter, L. J. and Mattingly, T. W. Am. Heart J., 57: 829, 1959.

The case is reported of a 19 year old white male with progressive myocarditis over a ten month period, which was characterized by frequent recurrences of ventricular tachycardia. The greatest value of this article is its extensive review of the literature of myocarditis of unusual etiology or unknown etiology presenting in the same fashion as their patient.

L.C.S.

MARITIME MEDICAL CARE INCORPORATED

F. MURRAY FRASER, M.D., C.M., PRESIDENT

It has been suggested that a review of the year's activities of the Corporation would be welcome by the profession at this time. Obviously, it is impossible to quote figures until the Auditors' Annual Statement has been received but certain forecasts can be made which, within the foreseeable future, might come true.

At the Annual Meeting in April, Mr. J. Noble Foster, of S. Cunard & Co., Limited, was made a member of the Board of Directors. His long experience and knowledge of business methods and his sage advice are a great asset to our deliberations.

Dr. D. R. Davies of Oxford replaced Dr. Hugh Christie of Amherst, whose term of office on the Board of Directors had expired.

At this meeting it was agreed to implement the 1958 Schedule of Fees of the Medical Society of Nova Scotia, as of July 1st.

Opportunity was taken at this time to revise certain features of the Participating Physicians' and Subscribers' contracts, of which the most important are probably the following:—

(1) The definition of a "Specialist" now reads—"A participating physician who has been certificated in a specialty and is registered with the Royal College of Physicians and Surgeons of Canada, or who has equivalent status as accepted and determined by the Board of Directors of Maritime Medical Care, Incorporated."

This has enabled the Board to grant specialist status during 1959 to several doctors.

(2) All physicians have the privilege of extra-billing, specialists at all times and general physicians, when, in the opinion of the attending physician, an excessive amount of service has been demanded by the subscriber, or the physician's account has been reduced by the Corporation for this reason. This does NOT permit extra-billing for pro-ration.

(3) The Corporation will not be liable for accounts not submitted within six months of the date on which services were rendered.

Waiting Periods

(4) Re refractions, the qualifying word "Specialist" has been deleted and the section now reads, "Refractions to be allowed by the Corporation only when done by a participating physician and only once every two years." A ten-month waiting period applies.

It is to be appreciated that where refraction is necessary more often as a result of disease, upon submission of an explanation by the physician, the Medical Director may use his discretion in the interpretation of this rule.

(5) The waiting period for confinements has been reduced from ten to nine months, providing both parents have been subscribers for that period.

(6) Providing it can be established with reasonable certainty that conception has taken place one month after signing of the contract, the Corporation accepts responsibility for abortions, miscarriages and premature deliveries.

(7) The waiting period for tonsillectomy and surgical procedures relative to hernia (except strangulated hernia), diagnostic dilatation and curettage, plastic surgery of vagina and female perineum, including electrocauterization of the cervix, reduced from two years to six months. There is no waiting period for strangulated herniae.

(8) The period of enrolling a newborn child is increased from fifteen to thirty days.

(9) Age limit of "dependents" is raised from eighteen to nineteen years.

During the year, certain items in the Schedule of Fees came up for review and have been referred to the Committee on Fees of the Medical Society of Nova Scotia for study.

A committee representing the internists met with the Executive of Maritime Medical Care to discuss the consultation fee for referred cases. They pointed out that the Schedule of Fees allows $25.00 for the consultation and report (P.24-F.12) plus extra for E.C.G. (P.25-F.30) plus extra for fluoroscopy. The Executive of Maritime Medical Care Inc. adopted the view that a fee of $25.00 must be inclusive of these items since, in a referred case, they are necessary for diagnosis, the privilege of extra billing exists, and funds are not as yet sufficient to do otherwise.

Recently a survey of the whole profession was conducted to see how many doctors were willing to serve on the Central Medical Taxing Committee. Of replies received, 119 physicians agreed to do so and 23 refused. It is hoped that meetings of this Committee can be dated well in advance to enable as many members of the profession as possible to participate, and thus gain an insight into the workings of that Committee. An attempt is being made to stimulate the formation of Regional Taxing Committees for each Branch of the Medical Society so that when a doctor's account is questioned it will go firstly, to the Medical Director, then to the Central Taxing Committee, thence, if necessary, to the Regional Taxing Committee and finally, if the doctor is still dissatisfied, to the Executive. It has been suggested that Executive Committees of the Branch Societies should act as the Regional Taxing Committees. The Corporation is anxious to make use of these Committees as soon as established.

In the Spring, a comprehensive review of the administrative and internal organization of the Corporation was received from Messrs. Wason and Richardson (Actuaries of the Maritime Life Assurance Company) and subsequently, a further review on principles, policies, finances, etc. was carried out by Mr. D. R. J. George of Wm. Mercer and Company, Montreal. Mr. George has since been engaged as Consultant Actuary to the Corporation. More recently, our new Auditors, Messrs. Peat, Marwick, Mitchell and Company, have presented to your Board of Directors an interim report, pointing out areas where reorganization will, in the long run, reduce administrative cost and increase efficiency. Consequently, your Board of Directors has authorized the employment of the Management Control Department of Peat, Marwick, Mitchell & Company to implement the recommendations of these previous surveys, and they will commence operations in January 1960. As a result of these changes, it is hoped to obtain more statistical data, enabling the Corporation to place its premiums on an actuarial basis, to "experience-rate" groups and communities and to make, in general, a financially-sound corporation. As a step in this direction, a reserve fund, in a separate banking account, to be used only on Executive authority, has already been instituted, consisting of 2% of subscribers, monthly premiums. This averages approximately $5,000.00 per

month. In addition, a Finance Committee has been established to review continually our investments and make the best possible use of temporarily-surplus funds. It has been shown that, in the past, considerable sums of investment interest have been lost to the Corporation through neglect of this principle.

A microfilming unit has been purchased to maintain a photographic record of all correspondence in the least possible storage space, which, under present circumstances, is at a premium.

As a result of the increase in subscribers' rates in July, 1959, and the ill-timed emphasis on the Health Security Plan, certain numbers of subscribers have been lost and a certain number have transferred from the Comprehensive Plan to the Health Security Plan. The loss, numbering approximately one thousand, was chiefly among the individual contracts, where the increase in rates was greatest; but it is gratifying to note that many who transferred to the Health Security Plan have since resumed their comprehensive coverage. Some unfavourable comment re the increase in rates was noted in letters to the press, though editorially the increase was supported. Your Executive, members of the Administration, the Chairman of the Executive Committee of the Medical Society of Nova Scotia and the Executive Secretary met with representatives of the National Research Council and Halifax-Dartmouth and District Labour Council, two relatively large, critical and vocal groups, and explained, apparently to the satisfaction of all, the necessity for the increase in subscriber rates, and thus, in our opinion, prevented any large-scale withdrawals of those subscribers. In addition, as an effort in public relations, a series of one-minute "spots" or television was undertaken in September and, according to our information, was favourably received by the public.

The Federal Civil Service Medical Services Plan has been awarded to a group of Commercial Insurance Companies. The importance of this contract to the prepaid medical service plans was stressed last year in my Annual Report, but the majority of members of T.C.M.P. felt that the terms of service, as issued by the Government, were such that we were unable to tender on the contract. The revised terms of this plan are, as yet, unknown to T.C. M.P., but it is known to be voluntary, contributory and of the "indemnity" type, and it is proposed to come into effect July 1st, 1960. As the income of Maritime Medical Care Inc. from all branches of Civil Service amounts to approximately three-quarters of a million dollars, the loss of any large number of these subscriber groups will have a very serious financial effect. It, therefore, behooves each participating physician to point out continually to his patients the superiority of a "service" over an "indemnity" plan. We would also emphasize the importance of each participating physician charging private patients and third party carriers of medical services the full schedule fee of the Medical Society of Nova Scotia, or of explaining individually to his patients the reason for his reduced fees should such occasions arise. A recent letter from the Executive Committee of the Medical Society of Nova Scotia emphasizes the importance of this, and the success or failure of Maritime Medical Care Inc. in the future, may, to a large extent, depend on adherence by our participating physicians to this principle.

It would appear as a result of the questionaire which went out to selected groups of patients during the past year, that a few doctors are still "padding" their accounts. Proof of this is very difficult to obtain, but where it is obtained, disciplinary action is being vigorously taken. In an attempt to weed out

transgressors, a single copy of the income of individual doctors from Maritime Medical Care Incorporated is reviewed quarterly by the Executive and where it appears to be excessive in view of the type of practice, volume, number of associates, etc., his monthly cards are subsequently very carefully scrutinized. It is being considered that in such cases a "spot check" on his patients might be made by the Medical Director, and indeed, a "spot check" on all of us might be made from time to time. Other suggestions for supervision are being considered and it is hoped to reduce such "padding" to a minimum.

In an effort to bring prepaid medical services within the reach of that large body of citizens who are old age pensioners or are indigent, chronically ill and uninsurable, conversations have been held with Provincial Government authorities and we are in the process of producing statistics, at Government request, so that further discussion may ensue on a factual basis. The ever-present danger of Government control where Government financial assistance is involved, will not be neglected nor will any final action be taken without reference to the profession through the Medical Society.

Close liaison has been maintained with the Medical Society throughout the year and the Chairman of the Executive Committee, Dr. D. I. Rice, and the Executive Secretary, Dr. C. J. W. Beckwith, have been faithful observers at all Executive and Board meetings.

The Nova Scotia Medical Bulletin has placed an appropriate amount of space at the disposal of the Corporation in each issue, which it is expected the Medical Director will use to discuss problems and items of current interest.

One problem is that of recognition by the Corporation of services rendered by dentists doing oral surgery. Representation has already been made for payment of these services by the Corporation, which has had to refuse such as contrary to our Constitution and Bylaws. Maritime Medical Care Inc. is purely a medical plan and has never included dental services, but it is now recognized that, in certain circumstances, particularly in accident cases, dental surgeons with specialized training are being asked by doctors more and more frequently to deal with the maxillo-facial aspects of the injury, and the anomaly exists that the dental surgeon has to charge the patient privately while the assistant, a doctor, is paid by the Corporation. This undoubtedly results in misunderstanding on the patient's part and produces poor public relations. Your Corporation feels that the Society should discuss this and either confirm the Corporation in its interpretation of the Bylaws or move an amendment to them providing payment to dental surgeons under certain circumstances with proper safeguards.

It is anticipated that the Corporation will close the financial year, December 31, 1959, with a moderate profit due to the increased subscriber premiums and the absence of any prolonged epidemics during the year, and that, as a corollary, it may within the foreseeable future, be able to pro-rate at 90% instead of the present 85%.

Mr. D. C. Macneill, the General Manager, has resigned because of ill-health. Mr. Macneill joined the Corporation at its inception and has been a tremendous influence in its success and growth.

With the assistance of the Personnel Department of our Auditors, Peat, Marwick, Mitchell & Company, a successor will be appointed.

With Best Wishes to you all for 1960.

EQUIPPING OUR CHILDREN TO MEET COMMUNITY RESPONSIBILITIES

DR. MILTON J. E. SENN.*

Citizenship in a democratic society provides many rights and privileges for the individual and his family. But there are also obligations which each citizen must assume. Foremost of these is the need to develop a feeling of responsibility for the nurturence and improvement of that society. A citizen who is a parent shows further his awareness of this obligation when he fosters in his children high ethical and moral values and a sense of responsibility for meeting the civic and social needs of their community.

The development of responsibility in children is a common topic for discussion by parents when they meet with educators and other professional persons to discuss issues on child rearing. The range of parental questions goes all the way from how to make children responsible for their individual acts, to how to help them develop feelings of responsibility for their acts as members of groups in their community. Although parents seem to ask for precepts and rules for guiding their children, and methods of admonishing them to become responsible, it does not take long to convince them that the only way to develop feelings of responsibility (and concern about one's society) is to provide children with opportunities for a gradual development of these feelings within each child.

Trying to make children responsible by holding them accountable for their acts, such as making a child do his homework if he is to be promoted in school, is a way parents have of explaining what the world expects of people. How effective this method of habit-training is in inculcating a real sense of self-responsibility is not clear. It certainly makes parents feel that they are being responsible because the struggle which always accompanies such training practices is taken as proof that they are acting as good parents should.

A child may dutifully carry out tasks assigned him, but this does not automatically make him a responsible person. It does not imply that he really feels responsible for his acts. A child may obediently practice his music lessons, clean the basement, rake leaves and do any number of useful tasks which benefit the family, but unless he senses the importance of his part in family affairs, he is not learning responsibility. A member of a gang of delinquents may be a highly responsible member of his gang; he carries out orders of the chief, is loyal to his pals and carries out every order assigned him. But this is not properly placed responsibility because it is anti-social in motivation. The juvenile delinquent who "goes straight," has been known on occasion to channel his responsibility in more constructive areas, such as those which benefit a community. The responsibility we crave for our children is not the kind which can be imposed from outside; it is not a mantle to be worn dutifully in order to give an appearance which will please somebody, or which will help cover up something we care not to expose and prefer to avoid. Making a child perform responsibly may be one way of illustrating what we mean by giving him examples of how one should act. But the real, personally-held responsibility we want our children to develop grows slowly within one's self.

(*The John Stewart Memorial Lecture for 1959, delivered by Dr. Milton J. E. Senn, Professor of Paediatrics and Psychiatry, Yale University; Director, Yale Child Study Center, New Haven, Connecticut, U.S.A.)

Dalhousie Refresher Course, Halifax. October 28th, 1959.

It is the kind he experiences first through the ministrations of others who show their feeling of responsibility for him from infancy onward. Thus it happens that parents teach responsibilities in a very meaningful way without being aware of it, and a child learns without consciously knowing what it is that he is learning. Responsibility is not only a conscious acceptance of account-ability for one's acts; it involves even more an unconscious built-in mechanism for spontaneity in sensing what is expected of one. The ability to learn feelingly through experiences with people implies that the nature of the child is such that he is receptive to teaching; and it also implies that there are persons around him who, over a span of years, are capable of showing him how they carry the responsibility of mature adults as parents, teachers, physicians, nurses, religious educators and all others who help him grow up. Letting children have a say in what to do, how and when to do it, makes them feel a part of an enterprise, and this will motivate them to carry responsibilities. They will not then feel coerced. In the last analysis, responsibility is taken and used only as one feels like it.

What we are interested in then, are the developmental characteristics of children which make them amenable to learning basic attitudes of responsibility, the specific responsibilities which are appropriate for children at different levels of growth and development (lest we expect too much or too little from them), and the proper climate and environment for such learning.

Let us first look at the nature of the child, and those parts of him which make it possible to learn about the take-and-give of responsibility. I say take-and-give, rather than the usual sequence of give-and-take, because the former is the real sequence in which a child begins to develop that state of maturity called responsibility. There is first a need to take from others, to see that the responsibility to one's self is fulfilled. This is not as selfish as it sounds. Biologically the infant is a dependent, ego-centric organism who must use every device at his command to get others to fulfill their responsibility to him as they feed him, keep him warm and free from pain. As his mother and nurses provide the care he needs to survive, he feels satisfied and secure, and at 6 weeks of age, or before, he may express the pleasure he feels by smiling socially for the first time. It is a smile of approval for what society, in the form of the mother, has done for him. She has met her own needs of responsible sharing, and finds this pleasurable, and is inclined to continue to give of herself to her baby. It is this receiving of love from an e ternal source, this taking of something from someone else who provides it generously and responsibly, that permits the internal development of love, and responsible giving in the infant. Much of early child development is a demonstration of how external attitudes and feelings become internalized sources of these traits and emotions, and of the slow incorporation of the social demands into the personality of the growing child as he first makes certain demands of his own and has his own basic needs satisfied.

In the development of responsibility there is a dynamic interplay between society as represented by the parents first and others later, and the child. In the first years of life we do not expect an infant to be responsible; we excuse the lack of responsibility in the very young, but we hold the parents responsible. The first predisposition in the infant towards developing responsibility is when he learns to postpone gratification. As long as one needs immediate gratification, one cannot be considerate of the needs of others. When the hungry infant learns to wait for his meal until his parent can responsibly feed

him, he has taken the first step in assuming responsibility for control of his own acts. The postponement of feeding I refer to is one which "comes naturally" in the every day care by a busy mother, and does not mean a postponement deliberately established as a lesson in discipline. The difference in the two approaches is very apparent in their results; the first leads to a more or less easy receptivity by the infant, the latter ends in a struggle for power as the infant resists the delay of the meal and the mother counters determinedly with more force. The result is the feeding problem. It is as if the infant can sense the motivation of the mother and respond to it. In the history of infant feeding in our society, we have seen a swing from forced disciplining through coercive feeding, to extreme permissiveness with efforts at "total gratification," meaning unrestrained gratification, and now back to a more enforced program of infant and child care with emphasis on more discipline imposed from without. The reason for the latest trend is that it was found that "total gratification," whether of eating, sex play or any other activity does not lead to healthier personalities or to a development of better self discipline and social responsibility. One may hope that the present trend will not take us back to the equally extreme position of artificial over-control of child behaviour.

To help a child mature, an adult like the parent should give or withhold gratification in such a way that the child learns why it is reasonable. He will then realize that he lives in a world where he can't always get what he wants, and that he will have to share and give. This is not because the world is necessarily hostile or evil, but because in any group the needs of the individual must be made to conform to the needs of the total group if that body is to exist, harmoniously and effectively. Frustrations and struggles, even in early childhood, stimulate maturation. The crises of child growth and development, especially in the parent-child relationships, are not all bad. They often are focal areas around which one learns important things about one's self and about others, and from them come new steps in maturation. The loving parent, therefore, also is a demanding parent. Love without demands, and demands without love inhibit maturation and interfere with the development of responsibility.

Another period of development or readiness for the development of responsibility is in what is commonly called the preschool age, especially from 2 to 5 years. By this time the child has learned to postpone somewhat the demand for immediate gratification, and has begun to learn how to take care of his own body. This again is not a simple manoeuvre, but it is an important step, for the ability to take care of one's self is prerequisite to ability to take care of others. This starts again with control from outside, urging the child to control his own bodily functions such as toilet-training at a time when he prefers uncontrol, for the sensuous pleasure it provides. The trick is for the child to take over control and thus satisfy the outside world, yet keep feelings of great pleasure which come from bodily function, and not be so over-controlled that he suffers physically and emotionally. We have seen the neat and clean preschooler perfectly trained in cleanliness, acceptable to society, but so controlled that he is compulsively inhibited from participation in play and work with others. This is a responsibility for self which is so extreme that it prohibits responsible action in a group.

The preschool age is also recognized as that time when the child begins to be aware of himself as a social and sexual entity, first within his family and then outside of it. His sense of who he is, and what is right and wrong is

determined primarily by his family. He takes on family values, and his conscience is that of his parents and of the family. The family continues to be the most important determinant in influencing the child by representing society, and family life is the first form in which the child may experience interaction between himself and the group. Soon he is ready for such experiences outside the family. As he steps into the larger community, he will take his family's, and now his own values with him. He is not a finished product in terms of readiness to accept much responsibility. He is still in the formative stage, ready to be influenced, but also motivated to influence and to relate family with community life. The important thing to remember is that by 5 years the anlagen for development of responsibility have been laid down well or inadequately.

The school is next to the family the most natural arena where the child has chance for further fulfillment. Already in the nursery school the 3 and 4 year old shows independence and responsibility in simple routines such as dressing and undressing, putting away belongings if the dresser drawers and toy shelves are low enough. 3 year olds can follow simple directions and can learn to put some of their feelings into words instead of into screams of anger and tantrums. The grade school is even more representative of the outside world. The first-grader is eager to assume responsibility because it is a signpost of growing up. The first-grader enjoys playing with others, in larger groups and observing rules of games. He is more willing to share, and by the second grade he may be a strict disciplinarian—scolding others who do not wait for their turn, or who try to be unfair and selfish. In the second grade he is ready to share in the work-play projects like mural painting, and he can follow group instructions on the playground and in crossing the street.

The third-grader gets pleasure not only in doing things in the group but for the group, and for individual members of his family. He assumes responsibility for the larger school community, may do this more willingly than for family members within the family structure. He can handle specific school assignments more independently, and he can travel distances alone. In the fourth-grade he can work well with others outside of his own grade, and he understands the need for cooperation in activities which benefit the school as a whole, even more than his own class or his own personal self.

I might continue to enumerate in detail how grade by grade school children become more concerned about people and things outside of themselves, and how they may become interested and feel responsible for some of the activities of their city, the nation and the world. I hope I am giving you some notion of my belief that the nature of children is conducive to their development of a sense of responsibility for themselves and for others. With this has gone the implication that parents also are innately and intuitively prepared to foster such a development, not only by being responsible, but by giving children opportunities also to be responsible. Many teachers, as well as parents, have the interest and the skills needed to help the young in these matters, which extend far beyond book learning, and which are even of greater importance than acquiring knowledge. The school has always been an important means of transferring wealth of tradition from one generation to another. One of these traditions is the idea that each of us, who is of good mind, should have as a main purpose the feeling of being responsible for others who need us. Schools through their teachers should develop in the pupils those qualities and capabilities which are of value for the welfare of the commonwealth. This does

not mean that individuality be destroyed or that the individual become a tool of the community. Rather, the goal should be the training of the individual for independent acting and thinking, not for selfish gain, but for responsible service in the community.

Parents and teachers help children assume community responsibilities best when they also are participating members of their communities. I say "participating members," not just joiners. There is a standard cliché about our society that we are joiners and belongers. It is true that the impulse to join an association is strong in our civilization. No other society has as many secret fraternal orders, business men's clubs, women's clubs, PTA's, child study groups, political and reform groups and many others. While there are many reasons, altruistic and selfish, for people to form ties with others who are like-minded, it is in these associations, as Max Lerner has said, that we may "avoid the excesses both of state worship and of complete individualism. It is in them that the sense of a community comes closest to being achieved." There are numberless ways in which groups of adults in a society may work responsibly for others; to improve the education and training of the handicapped; to improve the care of the aged; to promote legislation; these are but a few. As with the best homes, the best organizations are not perfect. There are problems and difficulties, failures. But there are also successes and satisfactions. Results come, and through the processes of attaining goals the individual adult, like the child in his group experiences, develops as a person. He learns how to adapt to other kinds of persons. The capacities he developed in his home now find wider scope in the community. Members of a group working for a common cause do not engage in the work from a sense of duty. Nor are they appeasing their consciences. They are not trying to show their superiority over less fortunate people. Their goal is fulfillment of their need to serve others. Such service becomes part of their every day living; it is a fulfillment of the last stage of growth of a healthy personality. Such a parent or teacher is now even better able to help the child develop feelings of responsibility.

In the haste of our every day living, all of us seem too hurried to stop and reflect on where we are going, and why we are hurrying so. In our haste to get to the moon, are we forgetting the here-and-now of the earth, with the many problems which still are with us, the greatest of which is how we may each feel responsible for the others, whether he be of our own color, race, creed or national group? The glory of human development is that it is unending. As children must always climb higher, take on more responsibility for themselves, leave the small kindergarten for the larger class room, so the family finds the walls of even the happy home too confining. Even a circle of friends is too limited. As two writers, Benedict and Franklin, recently wrote about the happy home, "Social emotions—generosity, sympathy, and a respect for the dignity of the human spirit—generated within the family reach out from it; the social base steadily widens. People casually passed by are not moving figures, but living human beings. A bond is felt with them and in time it reaches farther to people who are distant and unseen. In all these relations there is a family quality, something parental, something brotherly." Increasingly experience is embued with social emotions. As members of the family while growing as individuals become more and more closely identified with one another, so the family even more becomes closely identified with society. Increasingly they become aware of human needs, and the feeling of need to be

responsible for one's fellow man spreads out to business and professional relationships.

I am not a religious man, in the church-going sense, yet I feel the need to draw attention now and then to the religious and ethical heritage of man's history. The historian Carl Becker summarized this heritage in his book, *New Liberties for Old*:

"To have faith in the dignity and worth of the individual man as an end in himself; to believe that it is better to be governed by persuasion than by coercion; to believe that fraternal goodwill is more worthy than a selfish and contentious spirit; to believe that in the long run all values are inseparable from the love of truth, and the disinterested search for it; to believe that knowledge and the power it confers should be used to promote the welfare and happiness of all men, rather than to serve the interests of those individuals and classes whom fortune and intelligence endow with temporary advantage—these are the values which are affirmed by the traditional democratic ideology. But they are older and more universal than democracy, and do not depend on it. They have a life of their own apart from any particular social system or type of civilization. They are the values which, since the time of Buddha and Confucius, Solomon and Zoroaster, Plato and Aristotle, Socrates and Jesus, men have commonly employed to measure the advance or the decline of civilization, the values they have celebrated in the saints and sages whom they have agreed to canonize. They are the values that readily lend themselves to rational justification, yet need no justification."

This heritage is the most powerful resource men may have who seek to live responsibly in the present world. This heritage is so different from the Russian—where the citizen is forced to be responsible; where the interests of the Party are put ahead of the common good.

This evening I have tried to view the citizen of to-morrow by looking at the child of to-day. I have tried to point out the ineffectiveness and unreality of trying to develop responsibility by the overloading of children with platitudes, theological exhortations, creeds, or with tasks which artificially are expected to make them become responsible.

I have advocated instead a spelling out of responsibility in terms and methods which have real meaning in childhood, and which allow for the ways of children and for the natural unfolding of the latent potentials which I like to believe are native in every healthy newborn human being. I have also tried to state my belief that parents and teachers most of the time have the desire and ability to show the child by precept and example how to carry responsibility, and in this way how to help him develop more fully his own potentials. Finally, I have made brief mention of the importance of the climate and environment in which children grow for enhancing or preventing feelings of accountability for their lives and for the future of their society.

SOME THOUGHTS FOR NATIONAL HEALTH WEEK

H. B. COLFORD, M.D., M.P.H.,
DIRECTOR OF MATERNAL & CHILD WELFARE,
PROVINCE OF NOVA SCOTIA,
Halifax, N. S.

The week of February 1 to February 7 has been designated Canada's Sixteenth National Health Week. This is an event which is sponsored yearly in Canada by the Health League of Canada in co-operation with Departments of Public Health and endorsed by medical associations and other non-official agencies interested in the health and welfare of the citizens of the Nation.

As Director of Maternal and Child Health for the Province of Nova Scotia, I should like, at this time, to bring to the attention of the physicians of the Province what we, in the Department of Public Health, consider to be one of the most important health problems, in our Province. Each year in Nova Scotia more than 800 infants die either at birth, shortly before birth or shortly after birth. Thus these infant deaths, together with stillbirths rank third as a cause of death in the Province, exceeded only by cancer and diseases of the circulatory system. A closer study of the infant deaths (deaths occurring within the first year) reveals that around 75% of them occur within the first month after birth (neo-natal deaths). According to our last published statistics 1957, the number of deaths from most important causes in Nova Scotia were as follows:

Diseases of the circulatory system	2293
Cancer	963
Stillbirths plus infant deaths	851
Violence, poisonings and accidents	458
All other causes	1412
Total deaths	5997

As for maternal mortality, the figures are not so striking, but the problem is none-the-less important. It has often been stated here and in other countries that maternal mortality rates have been cut down to an irreducible minimum. With this, I cannot agree, since I believe that with present-day knowledge and techniques a maternal death should rarely occur.

Our last published statistics, 1957, reveal that there were thirteen maternal deaths in Nova Scotia in that year.

What about morbidity in our child and maternal population? In many of the hospitals of our Province, surgical operations are still being performed each year on women injured during labour or from complications which might have been prevented by earlier or better maternal care. Cardiovascular-renal disease may also cause permanent disability following toxemia of pregnancy. It is not known exactly how many children are physically or mentally handicapped, or both, as a result of birth injury or anoxia, but the numbers are great. Much of this is preventable. Of interest, too, are the findings of the Canadian Army Medical Boards during the Second World War. According to the Official History of the Army Medical Services, Department of National Defence, there were 740,065 young men examined by the Army medical boards between the years 1941 and 1944. Of these 262,830

or 36% were rejected for medical reasons. In the year 1941, all men examined by medical boards had been previously screened by private physicians. If this had not been done, the percentage of rejections might have been considerably higher.

A little over a year ago, a maternal and perinatal mortality study was initiated in Nova Scotia, sponsored by the Medical Society of Nova Scotia, with a view to investigating the causes of these deaths, to determine whether or not the deaths were preventable, and to make recommendations for the prevention of such deaths in the future. During the first six months of the study, 101 infant deaths and 8 maternal deaths were considered. Sixty-one per cent of the infant deaths were considered to be preventable and inadequate prenatal care was a factor in 20% of the deaths. In many of the cases, there were more than one preventable factor. In the 8 maternal deaths studied, all were considered to be preventable and again inadequate prenatal care was an important factor. Studies in other provinces and countries tell a similar story.

It becomes apparent that, among other things, we need first and foremost to improve our prenatal care program. To do this on a province-wide basis requires close co-operation between physicians on the one hand and hospitals and public health agencies on the other. Much of the work in a modern prenatal care program is not purely medical, but is educational and is directed towards habits of diet, rest and activity, psychological attitude, preparation for the baby's care, etc.—i.e., all the things that help to give the mother confidence and put her at ease during pregnancy and childbirth. A doctor rarely if ever has sufficient time to do all of this, and can do *none* of it if patients do not come to him for prenatal care. Most of it can be adequately done and should be done by the public health nurse working in co-operation with the hospital and hospital nurse. Both of these nursing groups can take part in the prenatal education, the public health nurse can carry the teaching into the home, the hospital nurse can assist with the teaching in the hospital and follow through with the patient at the time of delivery. The public health nutritionist can act as consultant to both. The nurse can arrange for the patient to visit the doctor in his office or clinic. The doctor, in turn, can arrange for his patients to attend the nurse's prenatal classes. In this way, it can be assured that pregnant women will get adequate prenatal education by the nurses and adequate prenatal medical care by the doctors.

On the occasion of National Health Week we are all co-operating to support the event with flowery words and phrases. Let us continue to co-operate throughout the year with thoughts and deeds.

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

Eastern Regional Meeting

For several years those interested in the fortunes of the Royal College have felt that it would be desirable for the College to bring itself to the various broad geographical regions of Canada, rather than remain isolated and sequestered in Ottawa. As a consequence of this feeling, it has been suggested for some time that Regional Meetings be held. It was considered that such a policy would have a dual effect. Firstly, it would bring the College to the members, instead of forcing the members constantly to travel to the College; and secondly, it might stimulate an increase in interest in the affairs of the College on the part of the certificated specialists, rather than have these affairs remain exclusively the concern of the Fellows.

As a "trial run", in the direction of the implementation of this policy, the Atlantic provinces in general, and Halifax in particular, were chosen as the site for the first such Regional Meeting.

We are pleased to report that this meeting, held on October 30-31, 1959, was a complete and unqualified success. The sessions were held in the Victoria General Hospital and the Lord Nelson Hotel, and consisted of clinical presentations, scientific papers, and social functions. On both mornings, medical and surgical clinical sessions were held in various parts of the Victoria General Hospital, while the scientific papers were presented in the Nurses' Residence, both the lecture room and the auditorium being utilized. These scientific papers occupied the mornings and afternoons of both days.

On Friday, October 30th, a variety of interesting and valuable papers were presented.

Dr. E. A. G. Branch of Lancaster, N. B., reported on the results of a long-term study on the variability of the potency of antibiotic sensitivity discs. Discs obtained from most manufacturers throughout the world exhibited marked discrepancies in growth-inhibition effect. The discrepancies in batches from one manufacturer were less marked than between batches from different companies. He pointed out that the final test of efficacy of an antibiotic was the patient's response, and although there was usually a correlation with the in-vitro tests, this was not always the case.

Dr. K. C. Rodger of Saint John, N. B., followed with a résumé of the newer aspects of antibiotic therapy. He was able, on the basis of sensitivity of organisms, to group all known drugs into four main categories. (1) The Penicillin group, which are all bacteriacidal, (2) the broad spectrum group of Tetracyclines (3) the Erythromycin group and (4) the narrow spectrum group of Ristocetin, Kanamycin and Vancomycin. He then reviewed the value of these groups in the treatment of specific infections.

Dr. W. A. Cochrane of Halifax presented a paper on the use of vitamin B_6 in the treatment of 5 infants with the syndrome of infantile spasms and mental retardation beginning at 5 to 8 months of age. There was a decrease in the frequency of convulsions in all cases and an improvement in the intellect of 3 patients. Ten cases of petit mal epilepsy in older children also had a good response, exemplified by the control of seizures following vitamin B_6 therapy.

Dr. J. P. Binette and Dr. J. L. Guravich of Lancaster, N. B., described two familes, many of whose members were afflicted with familial hypercholе-

sterolaemia. These authors described the genetic implications of various types of matings on this disorder of metabolism, as observed in a study of 101 members of one family.

Dr. Ian Milne of Montreal described the experience of his group with several cases of adult endocardial fibrosis. He emphasized the distinction between this condition and endomyocardial fibroelastosis in children, and recommended that this diagnosis be considered in all cases of cardiomegaly which could not be satisfactorily explained by a diagnosis of valvular heart disease or atherosclerotic myocardial degeneration. He also indicated that many of these had, in the past, been designated as "idiopathic cardiac hypertrophy", and showed several illustrative photomicrographs.

Dr. S. J. Shane of Halifax discussed the salient features of primary pulmonary hypertension and quoted the experience of his group in four cases of this condition, which had been investigated at the Victoria General Hospital during the previous 18 months. He emphasized that the diagnosis could be made only after cardiac catheterization and indicator dilution tests and that, even then, the diagnosis was still a presumptive one. Photomicrographs were shown of the pulmonary vasculature in one case in which autopsy material was available. It was emphasized that the cause of this condition is unknown and that treatment to date has been unsatisfactory.

Dr. E. A. Petrie of Saint John described 11 cases of aberrant right subclavian artery, producing symptoms related to tracheal or oesophageal compression or both. The diagnosis, once considered, is easily established by a barium swallow which reveals a spiral indentation of the upper end of the oesophagus.

The surgical sessions were held concurrently and included several most interesting presentations.

Dr. E. P. Nonamaker of Halifax, in a paper on air cysts of the lung discussed his experience in this condition. Dr. Nonamaker kindly substituted for Dr. George F. Skinner of Saint John, who was unable to be present. He described the clinical features and pointed out that, while the developmental type may require lobectomy or pneumonectomy, the acquired variety is frequently confined to the apical segment of one or other upper lobe and can be treated by segmental resection alone. The acquired giant type of cyst can be dealt with by simple excision of the dome and plication of lung tissue to obliterate the cystic space.

Surgery of the biliary tract formed the subject of two communications. Dr. J. C. Vibert of Truro discussed the problem of biliary duct remnants in relation to continued or recurrent symptoms following cholecystectomy. He concluded, from a study of a considerable number of cases showing such symptoms, that the remnant of the cystic duct, when found at a subsequent operation and removed, could be considered as a cause of these symptoms in only a small proportion of the total.

Dr. Bentley P. Colcock, who was the guest speaker from the Lahey Clinic, Boston, drew on his own extensive experience and that of his colleagues in dealing with problems in biliary tract surgery. He described in particular the problems associated with the management and operative treatment of injuries to the common bile duct, discussing the methods used in the repair of such injuries and the results that have been achieved.

In gynaecologic surgery, Dr. H. B. Atlee of Halifax discussed the treatment of stress incontinence and described the results that he and his colleagues

had obtained following various operative procedures. Dr. M. G. Tompkins, also of Halifax, analysed the long-term results obtained in the treatment of a series of cases of carcinoma of the corpus uteri.

Following the morning sessions, a most enjoyable luncheon was held at the Lord Nelson Hotel, at which the chairman was Dr. Donald A. Thompson of Bathurst, N. B., and the speaker was Dr. John W. Scott of Edmonton, President of the College.

A combined medical and surgical session was held on the afternoon of Friday, October 30th, in which more extensive treatment of certain subjects was possible.

Dr. J. C. Richardson of the University of Toronto spoke on pitfalls in the diagnosis and treatment of cerebral arterial insufficiency. He pointed out the importance of attempting to establish an etiologic diagnosis in each case because therapy with anticoagulants or surgery might now, and certainly in the future, play a far greater part in treatment. He reviewed the signs and symptoms suggestive of internal carotid and basilar artery thrombosis and commented on the apparent success in treatment of some cases of this disorder with anticoagulants.

A clinico-pathological conference was conducted by Dr. John D. M. Hamilton, Professor of Pathology, University of Toronto, with Dr. J. W. Reid of Halifax as chairman. Drs. J. A. Gravel, of Quebec City, D. A. Thompson of Bathurst, N. B., and R. L. Aikens of Halifax were the panelists. The patient presented the problem of an apparent primary pulmonary tumor which had spread by the lymphatics to result in a picture of bilateral lung disease and death from pulmonary insufficiency. Vague abdominal symptoms led some of the panelists to the conclusion that a primary tumor was present in the upper abdomen. Dr. Hamilton clarified the matter by showing autopsy material which revealed a primary adenocarcinoma in the transverse colon with metastases to the lung. This lesion had not been demonstrated by a barium enema performed some months before death.

That evening, a reception and dinner were held in the Lord Nelson Hotel. Among the highlights were a vocal recital by the Scotia Male Quartet, which was extremely well received, and an address entitled "Scotia Breeze" by Dr. J. W. Reid, in his typical low-keyed and sardonic style. Dr. Reid's subtle though pungent wit threw his audience frequently into gales of uncontrollable laughter and, we are afraid, gently ruffled some "Upper Canada" feathers.

On Saturday morning, there were again clinical sessions starting at 8:30 A.M., followed at 10:00 A.M. by a series of scientific papers.

Dr. K. A. Baird of Lancaster, N. B., reviewed the problem of immunity and sensitivity of bacteria and their products. He outlined his method of treating certain diseases by giving very large doses of bacterial antigen-antibody.

Dr. C. B. Stewart and Dr. C. J. W. Beckwith, of Halifax, presented an interesting paper on the lack of association between hypersensitivity and immunity following B.C.G. vaccination. B.C.G. vaccination was done in over 3,000 individuals, including 417 medical students. Tuberculin tests done three months later revealed that 15.8% of the medical students were tuberculin-negative. Re-vaccination of negative cases indicated that 5% of B.C.G.-vaccinated students do not become sensitive to P.P.D. tuberculin. The question was discussed as to whether or not these persons develop immunity without hypersensitivity.

Dr. John D. M. Hamilton ably and simply reviewed the basic mechanisms known to be operative in the production of immunity, and particularly put forth a sound exposition of the concept of auto-immunity. He then described the features of several diseases which led him to the conclusion that they were produced by auto-immunity. Those diseases included chronic thyroiditis, male sterility, sympathetic ophthalmia, certain blood dyscrasias, multiple sclerosis, primary biliary cirrhosis, collagen diseases, glomerulonephritis, Addison's disease, and some cases of myocardial infarction.

Dr. W. I. Morse of Halifax presented four siblings with hypocalcemia, hyperphosphatemia and impaired vitamin B12 absorption. Two of these patients had steatorrhoea and one also had adrenal insufficiency. Identical malformations of the teeth were present in all siblings. The material in this paper represented work done in collaboration with Dr. W. A. Cochrane of Halifax.

Dr. S. R. Townsend of Montreal reviewed the megaloblastic anemias, presenting aspects of investigations in his laboratory which had led to improved methods of diagnosis. He discussed the use of vitamin B12 assays and of radioactive-cobalt-tagged vitamin B12 in clarifying the more obscure forms of this anemia.

Dr. Ian Rusted of St. John's, Newfoundland described the use of a new laboratory technique for the assessment of thyroid function. This consists in incubating the patient's erythrocytes with radioactive-tagged tri-iodothyronine for 2 or 3 hours and measuring the uptake of the tri-iodothyronine by the erythrocytes. A low percentage uptake would indicate hypothyroidism and an elevated percentage uptake would indicate hyperthyroidism. Certain disease states give a false-positive reaction.

In the surgical section, on Saturday morning, there were also several interesting and valuable communications.

Dr. G. W. Thomas of St. Anthony, Newfoundland, discussed pulmonary resection for tuberculosis and described his extensive experience with surgical treatment of pulmonary tuberculosis among the Eskimo and Indian inhabitants of Labrador and northern Newfoundland. He dealt with the indications for surgery and the various operative procedures he had employed, and gave the end-results obtained in a wide variety of cases.

Dr. R. B. Eaton of Moncton discussed the treatment of massive upper gastro-intestinal haemorrhage, outlined the indications for surgery, and described the results he had obtained by operative treatment in a series of personal cases.

Drs. F. G. Mack and H. C. Read of Halifax, in a paper entitled "Hypernephroma and Polycythaemia", discussed the significance of haematuria occurring in cases of polycythaemia, and drew attention to the need for distinguishing between simple erythrocytosis and erythraemia. They considered that, while there is an intimate causal relationship between hypernephroma and simple erythrocytosis (possibly due to the production of erythropoietin by the diseased kidney) any association between hypernephroma and erythraemia is merely coincidental. They concluded that haematuria in the presence of either type of polycythaemia is an indication for full renal investigation.

An interesting case of paraparesis in a patient with arrested tuberculous meningitis was described by Dr. H. J. Rosen of Saint John, N. B. The patient developed symptoms suggestive of transverse myelitis, but on surgical exploration of the cord at the upper level of the neurological lesion, these symp-

toms were found to be due to compression of the cord by granulation tissue, the removal of which led to complete recovery. He suggested that other patients with similar symptoms following the treatment of tuberculous meningitis might well benefit from surgical exploration.

Dr. J. A. Noble of Halifax discussed the difficult problem of low back pain and described the results he had obtained following spinal fusion in a series of selected examples of this condition.

The Saturday morning session was closed by a luncheon meeting for Fellows at the Lord Nelson Hotel, at which the speaker was again Dr. John W. Scott, President of the College. Dr. Scott concisely reviewed the progress made by the College during the past few years, emphasized the fact that a new College building has recently been completed in Ottawa, and made several predictions regarding future policies and activities of the College.

On Saturday afternoon, Dr. Edward Johnson Wayne, Regius Professor of the Practice of Medicine, University of Glasgow, the 1959 Sims Commonwealth Travelling Professor, discussed advances in the treatment of thyroid disorders. He pointed out the necessity of making a definite diagnosis before instituting therapy. He and his collaborators have set up a clinical index whereby the statistically significant physical signs and symptoms are graded from +1 or −1 to +4 or −4 and, by adding the total, the clinical diagnosis becomes so accurate that it has been possible to decrease the number of laboratory tests such as R.A.I., P.B.I., B.M.R. and cholesterol required before treatment. He then recounted the experience of his group with potassium perchlorate as compared to thiouracil derivatives in the treatment of hyperthyroidism and quoted results in general accord with those of other investigators.

Other papers included a discussion of benign tumours of the stomach by Dr. J. G. Couture of Quebec City; the diagnosis and surgical treatment of diaphragmatic hernia by Dr. R. A. MacIntosh of Fredericton; a description of the anatomy and function of the retinacular ligaments of the digits by Dr. R. A. Moreash of Berwick; and an excellent and exhaustive report by Dr. Edouard D. Gagnon of Montreal on the results obtained by his group in the use of aortic and venous grafts in the chest.

The scientific session was closed by a panel on Natural Childbirth by Drs. H. B. Atlee, Jean Lawson and I. A. Perlin.

Some of the papers presented at this meeting will appear in forthcoming issues of the Bulletin, as well as in other medical publications.

It will be clear to all readers that this meeting featured broad, intensive and detailed exposition of present-day medical and surgical thinking by a group of Royal College members who are in the forefront of medical treatment and research in Eastern Canada today, as well as by several illustrious guest speakers.

There is no doubt in the minds of those who attended these sessions that the Eastern Regional Meeting of the Royal College of Surgeons and Physicians of Canada was a thorough and unequivocal success. It appears clear, also, that the other regions of Canada will not easily equal or surpass the showing made by the Atlantic Provinces at this meeting. We believe that we have showed the rest of Canada the way, and that it should now be their task to emulate our achievement.

J. E. B.
W. A. C.
I. MacK.
S. J. S.

POST-GRADUATE MEDICAL EDUCATION

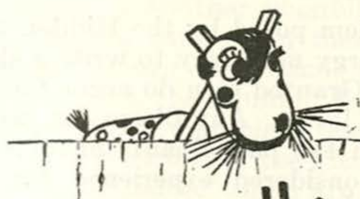
LEA C. STEEVES, M.D., DIRECTOR POST-GRADUATE DIVISION

The Dalhousie Refresher Course Committee reports a highly successful 33rd Annual Refresher Course held in Halifax between October 26th and 29th. 156 doctors registered to hear excellent presentations by six guest speakers and twenty-one local participants. A well received innovation of this year's course was the Small Group Bedside Clinics. The John Stewart Memorial Lecture was given by Dr. Milton J. E. Senn, Professor of Paediatrics and Psychiatry, Director Child Study Center, Yale University.

The Royal College of Physicians and Surgeons of Canada presented their First Regional Meeting in Halifax on October 30th and 31st. One hundred and fourteen registered for early morning clinical sessions followed by papers presented in a separate medical and surgical section on each of the two mornings. The afternoon sessions were held jointly by the two divisions. Nine visiting speakers and twenty practicing specialists from the Atlantic Provinces and eastern Quebec presented a wide variety of papers. Considerable enthusiasm was expressed toward the end of the meeting for further gatherings of this sort in the Atlantic Provices in subsequent years. The Royal College meeting and the Dalhousie Refresher Course utilized one another's guest speakers to the mutual benefit of both meetings.

The Director of the Post-Graduate Division of the Faculty of Medicine, Dalhousie University reports growing interest among the profession in the "Regional Courses" co-sponsored by local Medical Society or Hospital Staff groups and the Post-Graduate Division. A very successful series of six meetings was held in Charlottetown during September and October, by the Prince Edward Island Chapter of the College of General Practice with the cooperation of the Prince Edward Island Medical Society and the Post-Graduate Division of Dalhousie. Three courses were held in Nova Scotia during November and early December; one sponsored by the Lunenburg-Queens Medical Society, a second by the Antigonish-Guysboro Medical Society, and a third by the Blanchard Fraser Memorial Hospital Staff. Arrangements are being completed with the staff of the Yarmouth hospital to conduct a course for the West Nova Scotia Medical Society, and with the Pictou County Medical Society and the Staff of the Aberdeen Hospital for a course there, in March and April of 1960.

A program of short courses in special topics, offered in Halifax by the Post-Graduate Division and by the Departmental Staffs of the hospitals concerned, continues during the Spring of 1960 with a Course in Psychiatry emphasizing the problems in general practice, February 1st, 2nd, and 3rd. The Week in Medicine held annually at the Victoria General Hospital for the past eight years, will not be given in 1960. Those interested in Post-Graduate activity at the time planned for this course, are reminded of the annual Scientific Session of the College of General Practice of Canada, to be held in Montreal the week commencing February 29th. The Week in Surgery is being arranged for April 4th to 8th inclusive. Registration will be restricted in order to permit of a thoroughly clinical approach, with supervised surgical experience for the participants. A combined Week in Obstetrics and Paediatrics is planned by these two departments of the University, between May 24th and May 27th, also with a restricted registration to permit of an intensive clinical experience.



Hay For Hobby Horses

Second Thoughts on First Birthdays

The first year of "Hay for Hobby Horses" has gone. By and large it was enjoyable to write, though frustrating because the gap between an idea and its partial realization is immense even for an incurable optimist. This is inescapable. A column like this is done under the pressure of other work often the day before the editorial deadline. Settling on a theme is easy enough but its elaboration into a balanced exposition is rarely complete. Even a Grubstreet, working without patron or credentials, dislikes having his brain-child appear in public at a disadvantage. But there never seems to be time or patience enough for the polishing and fitting that is necessary for good work.

The easy part of art is conception. Even the process of incubation is pleasant enough. We dream away about the mighty work we are creating, while we filter odds and ends of material through our heads. In science the next step is illumination which often comes unbidden like a voice from the unknown. After illumination the soul-shrivelling labor of verification begins. Here many would-be artists and scientists fail. My friend and mentor W. J. A. told of wrestling with a knotty problem for months and suddenly awaking one morning knowing the answer. It took over 9 months of pitiless labor to prove that the "Excelsior" that appeared in his head that fine June morning was the long-sought answer. After the first rapture of a new idea has abated it is most difficult to return to the partly-finished theme. The item has to be written when the Muse is on you or it is unlikely to get done. I have a number of incompleted papers lying about that would be child's play for someone else to polish up but I avoid them like the plague. A psychological handicap develops that increases month by month as the paper accumulates dust on the back of the desk. It requires a tremendous effort of will to take out the work sheet of a once exciting and attractive idea and try once again.

In writing a light-weight effort like "Hay" nothing so lofty is involved but the steps are the same. This column attempts at crystallized conversation. It is usually a monologue but if I become more skilful it may become a dialogue. I had been incubating something on the guile on the advertising world for some time. The Hidden Persuaders of the pharmaceutical companies had been a source of irritation to me for some time. The necessary stimulus came one evening when Bill Cochrane professed to admire the men in the grey flannel suits. "They are a useful and enviable lot" said Bill. This was all I needed. We had a brief argument with very little passion or pyrotechnics but the spark had been supplied. The next morning "Hail Hapless Puppet" wrote itself in close to its final form in less than 30 minutes. This was easy. It was better than most because it was spontaneous. "Hapless Puppet" is a caricature, but although it exaggerates it does not inten-

tionally distort the outlines of the present problem posed by the Hidden Persuaders. No one would spend the time and energy necessary to write a short essay on any subject unless he cared about it. Granted men do argue for the sake of argument but it is on a very superficial level. Any discussion worth listening to is fundamentally a debate in which the participants have made themselves ready by formal preparation or considered experience for the rational support of a point of view.

These are the basic ingredients for "Hay", a subject topical enough to be of interest to others, a genuine concern for the problem on the part of the writer and worthy opponent to try your point of view on. Some interesting changes take place in the genesis of this column. The titles are important for an arresting label for your product is worth a good deal. Some ideas are only incompletely realized in the pages that appear in response to them. "A Flavoring of Characters" (Sept.), the contribution of the innovator and reformer to the life of an institution, deserves more than I had to give. Perhaps one of the senior author-philosophers in our medical community will take it up and complete it.

I am a bit abashed at my churlish tone in the December column on the subject of Christmas cards. We value our friends and hope none think us ungrateful (to them personally) because "Hay" lashes out at the Christmas card industry. An interesting metamorphosis took place during the gestation of the December column. I was irritated and exasperated because life was turned upside down by the pre-Christmas rush. The initial title was "The Evisceration of Saint Nicholas". My wife cut across this harsh mood when she remarked that he who complains too much taints Christmas also. The grim theme was discarded and a reminiscence about boyhood appeared in its place. My wife, as usual, is right. Criticism is only justified by its constructive aspects. High rage and wrathful condemnation have some entertainment value but are hardly worth the effort. So in future "Hay" will not appear in an envenomed form.

When the man of ideas ("an egg head") complains that he can find no one to talk to—he refers to the increasing scarcity of "conversationalists" i.e., broadly educated people who have time to talk. My readers may rest a little easier if I denounce myself, communist-fashion, before I can be accused. I am not yet educated . . . and judging by the speed at which the years are slipping away I will not complete the process. Education i.e., the acquisition of moral insights and the distillation of wisdom from intellectual knowledge (or experience) is not primarily dependent on book learning or on contact with educational machinery. I don't want to get into a discussion on the attributes of an educated man at this time. However, next time I see Gordon Sinclair I might get mad enough to do just that.

Ideally, "Hay for Hobby Horses" would be crystallized conversation with the few minor embellishments that no author can resist. The problem remains where to mine this precious intellectual ore. The sand of "small-talk" and the clay of "shop talk" clog the flumes and the washing pans designed to settle out the golden flakes of wisdom. Each of us has a few friends who can produce real conversation when stung into activity on a subject of interest to them. Conversation, the synthesis of a new intellectual fabric, requires previous accumulation of and selection among the ideas and knowledge of others. It rarely exists without an active, almost a voracious, reading habit. It also requires leisure, or at least equanimity in the absence of leisure.

There is another possibility. If we had enough "Letters to the Editor" "Hay" could survive on these. Brother Timothy could be referee and adjudicator among the clamor and spleen of the aroused physicians of this fair province. In the Alumni Association Bulletin of the College of Physicians and Surgeons, Columbia, I read a plaintive note entitled Please Write!

> "The editors of the P&S Bulletin are anxious to hear from our readers, if, indeed there are any. We have decided to re-establish the "Mail Box" which once was a part of this Bulletin. So, please write in and tell us what you think of the articles we are publishing and the way they are being handled."

Why has the Letter to the Editor fallen into disuse? It would be not completely frivolous to say that the intellectual tone of a community is reflected in the quality of its "Letters to the Editor". The pages of the N. S. Medical Bulletin for the past year have not been entirely barren in this regard. A charming letter from Max. Braes appeared in the September issue. Dr. Braes honors this column by paying it the tribute of the close attention of a man of such obvious scholarship. I invite Dr. Braes and other of like kidney to contribute directly to "Hay" from time to time on any topic congenial to them. Judging from his charming contribution to the Edinburgh miscellany, Earl Pollett has been fitted by natural endowment and experience for a part in this enterprise.

It is unlikely that anyone will offer to take this infant "Hay" out of my charge. The self-imposed task of finding 1000-1200 words of stimulating conversation each month promises to remain mine until I default. However, if there is anyone so foolhardy I invite him into the arena. The wages are recreation and the not inconsiderable satisfaction of trying to pin an idea down and clothe it in decent language.

Yours, in expectation

BROTHER TIMOTHY

GENERAL MANAGER

Applications are invited for the position of General Manager of a Prepaid Medical Service Plan with offices located in Halifax, N. S. This position requires a person of proven managerial ability and one who will be capable of developing future policy of the association. Remuneration will be commensurate with the qualifications of the applicant.

Applications, which will be held in strictest confidence, should give full particulars of education, experience, reference, etc., and be addressed to:

PEAT, MARWICK, MITCHELL & CO.
12 Duke Street,
Halifax, Nova Scotia.

PERSONAL INTEREST NOTES

Mrs. Muriel G. Currie retired from the office staff of The Medical Society of Nova Scotia on December 31, 1959. During many years of service, she had held the position of Assistant Secretary and had done a great deal of work with the Nova Scotia Medical Bulletin. To many members she has been the alter ego of the Society itself. All appreciate her many contributions and extend sincere good wishes for enjoyment of the leisure which is to be hers.

In recognition of the occasion the Chairman of the Executive Committee, Dr. D. I. Rice, made a presentation of two most attractive travelling cases on behalf of the Society. Present were Dr. S. J. Shane, Editor of the Bulletin, Dr. Beckwith, Executive Secretary, Mrs. Morgan of the office staff and Miss Lena Lovatt, who replaces Mrs. Currie. Dr. W. A. Hewat, President, was unavoidably absent due to road conditions.

Antigonish-Guysborough Medical Society

Dr. A. J. M. Griffiths, radiologist at St. Martha's Hospital, Antigonish for the past two years, has recently left to take up residence in Liverpool, N. S. He was tendered a farewell party by the medical staff of the Hospital, at the home of Dr. J. McCormick, Antigonish, where a presentation was made by Dr. E. Dunphy, President of the local medical society.

Dr. Joseph Schwartz, New Waterford, has recently accepted the appointment as radiologist at St. Martha's Hospital, Antigonish, to replace Dr. Giffiths. Dr. Schwartz has recently been certified in radiology, having graduated from Lausanne University, Switzerland, B.Sc. from Mount A., one years' research at Dalhousie, and then to Europe for medical studies. He interned at the Royal Victoria Hospital, Montreal, and Boston, New York, and Great Britain, completing his interne training at the Jewish General Hospital in Montreal.

Cape Breton Medical Society

Dr. W. W. Patton, one of our honorary members at Glace Bay has recently given up active practice.

Dr. S. Shulman has taken up the practice of orthopedic surgery in Sydney. He was born in South Africa some 47 years ago, having been educated in the universities of Cape Town, and Liverpool, England, graduating in medicine from Liverpool University in 1934. Post graduate training in England and Scotland ending in the F.R.C.S. (Ed.). Service during the First World War in the R.A.F. Medical Branch. After the War, practiced as orthopedic surgeon about 9 years in South Africa. Since September, 1958, he has been on the staff of Dalhousie Medical School as instructor in anatomy.

Halifax Medical Society

December 9, 1959—Second Regular Meeting of Halifax Medical Society at the Halifax Infirmary. The clinical presentation was "Diagnosis and Treatment of Cancer of the Head and Neck" presented by Drs. J. A. Myrden and M. T. Casey.

The Halifax Infirmary Board of Directors have recently awarded the contract for construction of the new 331-bed addition to the hospital to the

J. L. Guay, Limited of Montreal. This will bring the total capacity of the hospital to 481 beds, but the present hospital's capacity will be reduced from 223 to 150 for which it was originally designed. It is also to include an operating suite, an out-patient department, and various administrative offices. Date for turning of the first sod was on Jan. 11, 1960 by His Grace Archbishop Berry.

Dr. and Mrs. N. Barrie Coward, Oxford Street, have returned home after a trip to Toronto, where Dr. Coward attended an Alumni Meeting for the Hospital for Sick Children.

Dr. C. H. Young, who for the past year and one half has been engaged in post graduate studies at Sunnybrook D.V.A. Hospital in Toronto, has returned to Dartmouth after having received certification in Internal Medicine.

Dr. William Robertson, Dartmouth recently left for a three month trip to Scotland.

Lunenburg-Queens Medical Society

Dr. A. J. M. Griffiths, who has recently moved to the South Shore from Antigonish (see above), residing in Liverpool, will be radiologist to the Roseway Hospital, Shelburne, the Queen's General of Liverpool, the Dawson Memorial of Bridgewater, and possibly the Fisherman's Hospital of Lunenburg.

Pictou County Medical Society

Dr. John K. Grieves, Leeds, England, arrived in Halifax on the R.M.S. Newfoundland to take up practice in New Glasgow.

Valley Medical Society

Dr. H. R. Roby, Windsor, and Dr. E. M. Curtis, Truro, recently attended a week's refresher course in radiology at the University of Minnesota, Minneapolis.

Dr. M. R. Elliott, Wolfville, who recently resigned as Chairman of the Board of Governors of Acadia University (see Nova Scotia Medical Bulletin —September 1959, Page 365) was recently tendered a dinner by Acadia University on his retirement both from the university and from active, medical practice. The meeting, chaired by Dr. R. S. Longley, Vice-President of the University and Town Mayor, was attended by more than 400, including representatives of the Valley Medical Society, Alumni, Staff, and friends. Dr. Elliott, 75, began practice in Wolfville in 1912, following graduation from Harvard Medical School, after having received a B.A. from Acadia in 1908. He has been a Director of the Nova Scotia Training School since 1927, and for the past 30 years, has been a member of the Provincial Medical Examining Board. On March 7, 1956, he was made an honorary member of the Medical Society of Nova Scotia, and is also a past president of the Valley Medical Society. He helped found the Eastern Kings Memorial Hospital and was granted an honorary doctorate of laws degree by Acadia University in 1948. He has one son and one daughter.

Western Nova Scotia Medical Society

Dr. and Mrs. L. M. Morton, Yarmouth, are spending the winter in Florida and California.

Dr. and Mrs. J. O. Hunter, South Ohio, have returned from a trip to New York.

A hospital construction contract for one million, five hundred thousand dollars, has recently been awarded in Yarmouth to the Kenney Construction Company.

University

Dr. E. A. Moffatt, a Dalhousie graduate (1951), a consultant in the section of Anaesthesiology of the Mayo Clinic, was given an award from the Edward John Noble Foundation of New York City for "excellence in the field of anaesthesiology in cardiac surgery." The award was made during the 35th Annual Meeting of the Alumni of the Mayo Foundation in Rochester in October.

Friday, December 4, 1959: the Dalhousie Medical Ball was held at the Lord Nelson Hotel, Halifax, one of the highlights being the crowning of the Queen (Miss Elizabeth Cogswell) by Dean C. B. Stewart.

Dr. E. A. Nugent, recently returned to his home in Toronto, after having spent a year on the staff of the Department of Surgery at both the University and Victoria General Hospital.

Births

Dr. and Mrs. E. Graham Bligh (A. Jean Milner), a daughter, Kathy Diane, Grace Maternity Hospital, Halifax, December 28, 1959. A sister for Karen.

Dr. and Mrs. Charles Brennan (Maura Jamieson), a son, Jamie, The Greater Niagara Falls, General Hospital, December 15, 1959. A brother for Michael.

Dr. and Mrs. Malcolm Bruce (Neva Eisner), a daughter, Grace Maternity Hospital, Halifax, December 18, 1959.

Dr. & Mrs. J. C. Crosbie (Martha Harlow), a son, Stephen Harlow, Grace Hospital, St. John's, Newfoundland, December 30, 1959.

Dr. and Mrs. David Fraser, a daughter, Karen Lynn, Grace Maternity Hospital, December 4, 1959.

Dr. and Mrs. Crampton H. Helms (Ruth Seaman), a son, Thomas Seaman, Winston-Salem North Carolina, December 7, 1959.

Dr. and Mrs. Anthony Scott, a son on November 23, 1959, Yarmouth General Hospital.

Dr. and Mrs. William F. Shaw, a daughter, Debra Ann, Grace Maternity Hospital, Halifax, December 14, 1959.

Marriages

January 5, 1960—Dr. Frederick Gerard Dolan, Halifax (formerly of Sydney— and Greta Dorothy Sutherland, Halifax, (formerly of Amherst).

Congratulations

To Dr. Freeman O'Neil, Sydney, on his recent membership emeritus in Canadian Public Health Association, Nova Scotia Branch, at the group's Annual Convention held at the Cornwallis Inn, Kentville. As Medical Officer for the last 58 years, he is the Dean of Canadian Medical Health Officers.

To Dr. Harold L. Scammell, Halifax, on his appointment as Executive Director of the Alcoholism Research Commission for Nova Scotia. Since 1952, Dr. Scammell has been an executive assistant to the Workmen's Compensation Board of Nova Scotia, and will assume his new duties early in 1960.

Recently honored by the most venerable order of the Hospital of St. John of Jerusalem were Dr. Joseph Earle Hiltz, Kentville, admitted to be an officer brother; Drs. F. J. Granville, Stellarton, and Dr. T. J. Hanrahan, Truro: "special thanks for valuable and gratuitous services"; the latter also receiving an honorary life membership. The Order's service bar, representing 17 years efficient service in the St. John Ambulance Brigade was also presented to Brother C. B. Weld, Halifax.

Coming Meetings

February 10, 1960: Halifax Medical Society—4th Regular Meeting—Halifax Children's Hospital.

February 29, March 1, 2, 3, 1960: Scientific Assembly—4th Annual—College of General Practice of Canada—The Queen Elizabeth Hotel, Montreal.

February 29 to March 3, 1960: Sectional Meeting—American College of Surgeons. Surgeons, nurses and related medical personnel are invited to attend a four-day comprehensive sectional meeting, in Boston. The Headquarters will be at the Statler Hilton and Sheraton Plaza Hotels.

May 31-June 2, 1960: Canadian Public Health Association—48th Annual Meeting, Halifax, N. S.

June 13-17, 1960: Canadian Medical Association—93rd Annual Meeting—Banff, Alberta.

June 27, 28, 29, 1960: The Medical Society of Nova Scotia—107th Annual Meeting, White Point Beach, N. S.

Obituary

Dr. F. J. Hebb, 56, of Vancouver, and formerly of Halifax and Liverpool, died on December 2, 1959. Born in Halifax, educated at City Schools and Kings Collegiate, Windsor, and Dalhousie Medical School (Class of 1932), he practiced in Liverpool before moving to Vancouver some 22 years ago, where he was on the staff of the University of British Columbia.

Dr. Arthur H. Mercer, 40, died in Las Vegas, Nevada on November 22, 1959. Born in Vancouver, B.C., he was the son of the late Prof. Mercer of Dalhousie University, having been educated in the Halifax Schools and Dalhousie University (Class of 1944). He did post graduate work in pathology in Montreal and London, England. He practiced his specialty in several centres in Western Canada and the United States, moving to Las Vegas early in 1959 as Pathologist for Southern Nevada. He was buried in Nova Scotia.

Prof. Raymond Jackson Bean, died at Laconia, New Hampshire, on November 24, 1959. He was Professor of Histology & Embryology at Dalhousie Medical School from 1923 to 1952. He is survived by his wife, also a former member of Medical School Staff, and one daughter.

PROFESSOR R. J. BEAN
An Appreciation

The news of Dr. Ray Bean's death, which occurred recently at Laconia, New Hampshire, will bring regret to all his old friends here—and in parti-

cular those associated with him in his earlier years as Professor of Histology at Dalhousie.

Ray Bean came as a New Englander to New Scotland and for many years seemed more of a Nova Scotian than the rest of us. In the later years of Dr. Hattie's deanship he, as secretary of the faculty, became to Dr. Hattie what Dr. Hattie had been to John Stewart. At that time—towards the end of the 1920's—he persuaded the faculty to set up the first critical examination of its workings that had to that time been essayed. Since Ray then knew more about our departments than we did ourselves, and since his acquaintanceship with the student body and knowledge of the problems of the students then attending the school were unique, he headed this endeavor. As a result of a whole winter's deliberations under his chairmanship, very considerable changes were made for the better. He urged almost singlehandedly a more comprehensive rotation of internes at the hospitals, and for years worked these rotations out. For some time after Dean Grant's appointment he was the latter's right bower, and a tower of strength to him. Ray's latter years were marked by a personal tragedy that in the end, robbed him of his gifts, but for ten years he was perhaps the most important and forward-looking member of our faculty.

H. B. A.

DR. VICTOR OWEN MADER

An Appreciation

Although in poor health his death came as a distinct shock to his family and his many friends on the 25th of October, 1959. He was born on the 20th of April, 1901 at Halifax, N. S. His father was Dr. Anthony I. Mader and his mother was Eva Waddell before her marriage. He is survived by his wife Anna Helen (Cameron) whom he married in 1929, a brother, Dr. Ivan Mader, Pompton Lakes, New Jersey, and a sister, Doctor Eva Mader MacDonald of Toronto. He has two daughters, both married, Cecily, now Mrs. Robert Becker of Montreal, and Madeline, Mrs. Gordon Chisholm of Vancouver, and two grandchildren.

He received his early education in Halifax Schools and studied medicine at McGill, graduating in 1923. He studied in Europe and returned to practice in Halifax in 1924, specializing in surgery up to the time of his death. He was a thoracic surgeon as well as a plastic surgeon, being head of the Department of Thoracic Surgery at the Victoria General Hospital and the D.V.A. Hospital at Camp Hill, and he rendered great service in thoracic surgery at the Halifax Tuberculosis Hospital. He became a Fellow of the Royal College of Surgeons of Canada (by examination) in 1937, and served the Royal College for two terms from 1949 to 1957 as a member of the Executive Council. Amongst other memberships he was a member of the International Society of Surgeons, a Fellow of the American Society of Thoracic Surgeons, and a member of the Association of Clinical Surgeons of Canada.

He served well his King and country in time of war. He was an active member in the non-permanent militia before the war; at the outbreak of World War II in September, 1939 he went into service as a Lieutenant-Colonel R.C.A.M.C.; in June, 1940 he reverted to the rank of Major and proceeded overseas with No. 21 Holding Unit, then served with No. 4 Field Ambulance, Armored Division; then commanded No. 9 Field Ambulance;

then No. 2 Light Field Ambulance. On the 16th of October, 1943, he assumed command of No. 7 Canadian General Hospital and took it to France in the latter part of June, 1944. This was the first Canadian General Hospital to operate in France, and I believe it served with great distinction. He remained in command with the rank of a full Colonel right through the campaign of North West Europe, returning to England in February, 1945 from Neijmegan. During the static period in England he spent considerable time in thoracic surgery with that team of brilliant British thoracic surgeons, Price Thomas, Roberts, Nelson, Brock and Sellors, and spent a year in plastic surgery with that world famous surgeon, Sir Harold Gillies. He returned to active practice of medicine in the fall of 1945.

Yet he found time to be active in fishing, hunting, revolver shooting, gardening. Above all he loved sailing and he was a Corinthian yachtsman. He was a first class aviator particularly in the 1920's and 30's. He flew with Gordon MacGregor, now head of T.C.A. from Halifax to Edmonton, Alberta, and followed the railway system from Toronto West. That was a spectacular feat. He was a noted Bible student. He was a Thirty Second degree Mason of the Ancient and Accepted Scottish Rite. To his memory we pay our warmest tributes. To his family we extend our sincerest sympathies.

How can a man be judged at the set of sun
By his accomplishments, by laurels won?
Must he be measured by this world's success,
Or in the simple terms of happiness?
Though man is often judged by his estate,
And sometimes for the deeds which made him great,
'Tis better still, when life has taken toll,
To be beloved for grandeur of the soul.

T. M. S.

SYMPATHY

The Nova Scotia Medical Bulletin extends sympathy to Dr. Basil Coady, Halifax on the death of his sister, Mrs. Marjorie (Robert) Kimball on December 6, 1959.

To Dr. Lewis Kristal, New Waterford, on the death of his mother, Mrs. Tilly Kristal, 84, recently.

To Dr. and Mrs. James F. Ross (Betty Douglas), Halifax on the sudden death of their 3½ month old son, John Douglas Ross on January 4, 1960.

ABSTRACTS

The Vectorcardiogram and Electrocardiogram Before and After Valvulotomy for Pulmonic Stenosis. Kahn, M., Bleifer, S., Grishman, A., and Donoso, E.: Am. Heart J.: 58: 327, 1959.

The author studied twelve patients with severe pulmonic stenosis. Preoperatively, neither the level of right ventricular systolic pressure nor the systolic gradient across the pulmonic valve, correlated closely with the components of the electrocardiogram. Following surgery, changes in the electrocardiogram and vectorcardiogram in any given case accurately reflected changes in the right ventricular load. This suggests that serial cardiographic studies postoperatively provide a readily available method for evaluating the results of pulmonic valvulotomy.

L.C.S.

Phonocardiography in Atrial Septal Defect: Correlation Between Hemodynamics and Phonocardiographic Findings. Dimond, E. G., Benchimol, A.: Am. Heart J.: 58: 343, 1959.

A correlation between auscultatory and phonocardiographic studies in 32 patients with secundum type A.S.D. demonstrated a consistently present low grade systolic ejection murmur, 14 instances of low frequency atrial diastolic murmur, 9 instances of pulmonary diastolic, and a constantly present split first and second sound. The split of the second sound was fixed in only 9 instances however.

L.C.S.

The "Precordial Catch" a Syndrome of Anterior Chest Pain. Miller, A. J. and Texadore, T. A.: Ann. Int. M., 51: 461, 1959.

The authors report from Chicago a series of twenty-eight office patients complaining of severe sharp pain occurring at rest, or during mild activity, located near the cardiac apex, and lasting from one-half to five minutes. It is aggravated by deep inspiration. It is often associated with poor posture, and improvement of posture may ease it. It is important to differentiate this syndrome from anterior chest pains of organic significance.

L.C.S.

INFECTIOUS DISEASES—NOVA SCOTIA

Reported Summary for the Month of October, 1959

	NOVA SCOTIA				CANADA	
	1959		1958		1959	1958
	C	D	C	D	C	C
Brucellosis (Undulant fever) (044)	0	0	0	0	14	0
Diarrhoea of newborn, epidemic (764)	0	0	0	0	13	0
Diphtheria (055)	0	0	0	0	2	13
Dysentery:						
(a) Amoebic (046)	0	0	0	0	0	0
(b) Bacillary (045)	0	0	0	0	211	0
(c) Unspecified (048)	0	0	0	0	42	0
Encephalitis, infectious (082.0)	0	0	0	0	5	2
Food Poisoning:						
(a) Staphylococcus intoxication (049.0)	0	0	0	0	0	0
(b) Salmonella infections (042.1)	0	0	0	0	0	0
(c) Unspecified (049.2)	0	0	0	0	149	0
Hepatitis, infectious (including serum hepatitis) (092, N998.5)	53	0	119	0	340	0
Meningitis, viral or aseptic (080.2, 082.1)						
(a) due to polio virus	0	0	0	0	0	0
(b) due to Coxsackie virus	0	0	0	0	0	0
(c) due to ECHO virus	0	0	0	0	0	0
(d) other and unspecified	2	0	0	0	199	0
Meningococcal infections (057)	0	0	2	1	16	24
Pemphigus neonatorum (Impetigo of the newborn) (766)	0	0	0	0	1	0
Pertussis (Whooping Cough) (056)	14	0	19	0	863	653
Poliomyelitis, paralytic (080.0, 080.1)	2	0	0	0	519	15
Scarlet Fever & Streptococcal Sore Throat (050, 051)	169	0	206	0	1302	1429
Tuberculosis:						
(a) Pulmonary (001, 002)	15	0	13	4	485	318
(b) Other and unspecified (003-019)	2	0	0	0	106	28
Typhoid and Paratyphoid Fever (040,041)	0	0	0	0	39	10
Venereal diseases						
(a) Gonorrhoea— Ophthalmia neonatorum (033)	0	0	0	0	0	0
All other forms (030-032, 034)	39	0	25	0	1521	1322
(b) Syphilis— Acquired—primary (021.0, 021.1)	1	0	0	0	0	0
—secondary (021.2, 021.3)	0	0	0	0	0	0
—latent (028)	0	0	0	0	0	0
—tertiary — cardiovascular (023)	0	0	0	0	0	0
— ,, — neurosyphilis (024, 026)	1	0	0	0	0	0
— ,, — other (027)	0	0	0	0	0	0
Prenatal—congenital (020)	0	0	0	0	0	0
Other and unspecified (029)	0	0	7*	1*	211*	224*
(c) Chancroid (036)	0	0	0	0	0	0
(d) Granuloma inguinale (038)	0	0	0	0	0	0
(e) Lymphogranuloma venereum (037)	0	0	0	0	0	0
Rare Diseases:						
Anthrax (062)	0	0	0	0	0	0
Botulism (049.1)	0	0	0	0	0	0
Cholera (043)	0	0	0	0	0	0
Leprosy (060)	0	0	0	0	0	0
Malaria (110-117)	0	0	0	0	0	0
Plague (058)	0	0	0	0	0	0
Pssitacosis & ornithosis (096.2)	0	0	0	0	0	0
Rabies in man (094)	0	0	0	0	0	0
Relapsing fever, louse-borne (071.0)	0	0	0	0	0	0
Rickettsial infections:						
(a) Typhus, louse-borne (100)	0	0	0	0	0	0
(b) Rocky Mountain spotted fever (104 part)	0	0	0	0	0	0
(c) Q-Fever (108 part)	0	0	0	0	0	0
(d) Other & unspecified (101-108)	0	0	0	0	0	0
Smallpox (084)	0	0	0	0	0	0
Tetanus (061)	0	0	0	0	0	0
Trichinosis (128)	0	0	0	0	0	0
Tularaemia (059)	0	0	0	0	0	0
Yellow Fever (091)	0	0	0	0	0	0

C — Cases D — Deaths

*Cases not broken down

REMARKS:

We have received a delayed report of a case of latent syphilis in the Western Division which occurred in the month of May, 1959. This brings the total cases of latent syphilis for the month of May up to 2.

We have received a delayed report of a death from non-pulmonary tuberculosis in the Western Division in the month of March.

It has been confirmed that the five cases of encephalitis in these reports to date this year were not in fact, "Encephalitis, infectious (082.0)". They should be deleted from these reports.

ABSTRACT

Long-Term Prognosis and Insurability in Coronary Heart Disease. Gubner, R. S., and Ungerleider, H. E.: Am. Heart J. 58: 436, 1959.

The authors present a thorough review of the literature covering both clinical and acturial studies, from which they derive a valuable table of mortality ratios in coronary heart disease, that is the relative number in a group succumbing from coronary disease compared to the relative number in the general population of the same age and sex dying in the same period. This indicates that mortality in the first two years after a coronary attack is from six to seven times normal, thereafter falling progressively with increasing intervals of time after the attack, to a low of $1\frac{1}{2}$ to 2 times normal mortality.

In most studies reviewed, the average experience indicates that three of five persons surviving acute infarction live a further five years, and one of three survives ten years. The average experience is somewhat better than this in Angina Pectoris. The risk of developing overt coronary disease may be multiplied several fold in the presence of various predisposing factors particularly when multiple factors are present concurrently. Among these are elevated serum cholesterol, obesity, hypertension, diabetes, strong family history of coronary disease, heavy smoking, sustained stressful personality pattern, and arcus senilis.

There are already indications that the course of coronary heart disease may be modified, and that the pattern of survival may begin to approach that of the average population by controlling some of the predisposing factors, and by application of such measures as dietary restriction of fat and prolonged anticoagulation.

The authors emphasize that long term prognosis in the individual patient with coronary heart disease is unpredictable, all the reported findings applying only to sizeable groups of patients.

L.C.S.