

# \*The Management of Diffuse Peritonitis of Appendiceal Origin

ERIC W. MACDONALD, M. D., F.A.C.S.  
Reserve, N.S.

**S**TRICTLY speaking there is no such condition as generalized peritonitis of appendiceal origin, as before such a state can develop these patients die. Anyone can prove this to his satisfaction by examining the abdomen in any fatal case, when it will be found that inflammation rarely extends above the umbilicus on the anterior wall. The stomach, upper jejunum and perhaps the transverse colon are distended, if the case is a late one, but these organs are not inflamed.

A ruptured appendix is by far the most frequent cause of acute diffuse peritonitis. The most serious complication is intestinal obstruction, while the most troublesome post-operative symptom is distension. Having diagnosed diffuse peritonitis it is very important that we discover the primary site of the lesion in order that we may plan our incision over this site and thus avoid unnecessary exploration, manipulation and packing.

## *Pre-Operative Preparation*

The most unfavourable sign before operation is the appearance of a very sick patient, and the next is absence of audible peristalsis. In such a case it is advisable that time be taken to get our patient in the best possible condition before operation. This can be attempted by sedatives, washing out the stomach, treating the distension and replacing body fluids with intravenous saline, glucose or plasma. Transfusions of whole blood are not indicated at this time.

## *Anaesthetic*

Having decided that the patient has a diffuse peritonitis, the choice of anaesthetic is important. Most authorities favor spinal as it allows the operation to be carried out with the least trauma, traction and packing off of the intestines. I am convinced that the insertion of numerous sponges in the abdominal cavity in such an acute condition cannot but lead to adhesions and subsequent obstruction. Trauma to the peritoneal surfaces with gauze packs, the breaking down of protective adhesions and contamination of uninfected areas increase the mortality rate regardless of the incision through which such offenses are committed. It is important that we keep the small bowel away from our operative field and this is best done through McBurney's incision, which is the choice of most, both for the location of the appendix and for subsequent drainage. Some paediatricians favor the paramedian incision in children.

## *Appendectomy*

Having made our incision, the next question is whether we shall remove the appendix or not. This calls for nice judgement and consideration of the condition of our patient. Generally speaking it depends upon the ease with which it can be accomplished and the time that is likely to be consumed.

\*Paper presented at the 89th Annual Meeting of The Medical Society of Nova Scotia, Sydney, Nova Scotia July 9, 1942.

If the operation is likely to take over an hour we should be content to drain. Certainly if we are likely to open up new spaces, cause undue exposure and require considerable traction, drainage offers the best prognosis. The mortality rate is three times greater with a median or rectus incision than with a McBurney's if the cavity is only drained. When the cause is removed the patient has a better chance to overcome the damage already wrought on the peritoneum. Nevertheless we should not feel that our surgical dexterity is inadequate if we only drain.

One reason for our operation in the first place was to remove pus. Pus itself is not so dangerous but when it is under pressure it certainly causes more absorption. Drainage allows the escape of pus which would otherwise have to be absorbed by the general circulation. Patients with peritonitis that are drained convalesce better. The only time we should be doubtful whether to drain or not is in those border line cases where there is a protective exudate rather than a true peritonitis. When the condition is diffuse we drain the primary site, the lateral gutter and the pelvis. Pus in the pelvis is best removed with a suction tube at the time we are inserting our drain. There can be no objection to removing any such accumulation in this manner. Of course, for obvious well known reasons, no attempt should be made to sponge or flush out the abdominal cavity.

Any further surgery should not be attempted unless the bugbear of these cases, namely, obstruction, seems inevitable or the large bowel is distended. Under these circumstances the insertion of a catheter into the caecum may be a life saving measure by keeping the lower ileum and large bowel decompressed. It also gives an additional channel for the administration of fluids, which some still use. It is of doubtful value in early cases to introduce fluids into the colon. If there is no distension at the time of operation caecostomy is unnecessary as the intubation of a Miller Abbott tube later can take its place.

### *Sulpha Drugs*

Any improvement in the mortality rate during recent years is credited to the sulpha drugs, notwithstanding marked advances made in the pre and post-operative care of these patients. Some use an aqueous suspension, others the powder intraperitoneally. The most logical way of giving sulphanilamide or sulfathiazol would appear to be dusting the powder in the wound or peritoneal cavity as far as possible. If McBurney's incision is used we have to be content with placing some of the powder locally and supplementing this dose by using other avenues. There is evidence that sulphanilamide used locally prevents the spread of peritonitis. In this manner a local concentration 75-100 times greater than the systemic may be obtained at the source of the infection. With the use of proper amounts of the drug absorption into the blood and tissue fluids does not exceed safe therapeutic levels. It is claimed that no injurious action to tissues exposed to the concentrated drug is seen. This direct application should naturally have a higher bacteriostatic effect than the usual blood levels. We should never use more than 15 grams of either drug, many use less. Eight percent of the weight of the patient in pounds, is the maximum dose in grams. These drugs are rapidly absorbed from peritoneal surfaces. The more delayed absorption of powdered sulfathiazol excites a marked and immediate foreign body reaction which greatly enhances the local defence mechanism. Some writers doubt if peritoneal cavity administration gives better results than other routes, while others advocate giving

sulphanilamide in .8% concentration in saline subcutaneously or intravenously in all spreading cases. Vargo states that blood levels for sulphanilamide appear to be less important for the production of local bacteriostasis than the actual concentration of the drug at the site of contamination.

#### *Post-Operation*

Upon completion of our operation the patient is returned to bed and then I believe is the critical time in our treatment. Most deaths are due to wrong post-operative care and not to poor or too late surgery. The operation should be merely an incident in our treatment and it is evident, that if we are to improve our mortality, greater attention must be paid to the physiology of the pathological condition. Our aim is to assist nature and the closer we try to help her the better for our patients and the fewer headaches for ourselves. Nature attempts to limit the spread of the infection by slowing up peristalsis and if this is not sufficient the bowel becomes kinked, adhesions form and we are then headed for obstruction. For this reason we refrain from doing anything that will stimulate the bowel.

#### *Starvation*

Our first order should be *nothing by mouth* for forty-eight to seventy-two hours, not even water. Of course, the patient wants water and needs it but it must not be given by mouth. At present all authorities are agreed upon this. Experiments would indicate that the introduction of water in the upper part of the gastro-intestinal tract in the presence of nausea and vomiting increases the loss of both fluid and electrolyte from the body. Absolute rest to the gastro-intestinal tract under these circumstances must be insisted upon.

#### *Posture*

Our second order is to see that the patient is placed in Fowler's position as soon as it is safe to do so. Very few nurses have more than a hazy notion of what this means and fewer still can fix a patient so that he will stay put and be comfortable in this position. One writer in the recent literature frowns on this posture principally because he finds nurses suspend his patients between the uplifts of a Gatch bed. He prefers to use several pillows.

#### *Adequate Sedation*

Rest both mental and physical is of prime importance. For this sedatives are necessary and should be given by the clock at stated intervals, being supplemented if necessary, in order to allay restlessness and apprehension. Relatives and friends should be excluded as much as possible.

Children should be kept in a near stupor for several days and all visitors away. By doing so treatment is much facilitated, the child being relaxed and quiet instead of thrashing about, trying to pull out the nasal tube and hindering the administration of fluids. Adequate sedation enforces rest which is very beneficial. After the first twenty-four or forty-eight hours the dose of our sedatives should be gradually diminished.

#### *Vomiting—Gas Pains—Removal of Drains*

If vomiting continues past the post-anaesthetic stage we must not hesitate to employ gastric suction by means of any of the well known nasal tubes. If our surgery has been done with gentleness, dispatch and no undue exposure of the field and the patient is treated as above, there should not be any marked

distension. However, there are bound to be some cases where distension plays a prominent and very worrisome part. Nevertheless we must refrain from ordering those drugs which stimulate peristalsis and from enemas. Soapsud enemas given to a healthy adult will cause gas to form as can be clearly seen in an X-ray examination. It requires a keen surgical sense to know when it is safe to order an enema. All too often the downfall of the patient dates from one casually ordered. Generally speaking, there should be no need for one for several days at least. None of these patients ever die from constipation, provided no obstruction is present. Most relapses are caused, in addition to enemas by premature catharsis and too early removal of drains. No one would think of ordering laxatives previous to operation. Why then should they be considered post-operatively? Happily the old third day treatment by calomel and salines is past although the principal is still held by some that the bowels must be opened at this time even if repeated enemas are necessary. Enemas are the nurses' favorite trick for the relief of pain, but the practice is much abused. When peristalsis is restored and food is being taken the bowels will move. It is remarkable how often patients have spontaneous bowel movement if left alone.

Many are against too early removal of drains and leave them from five to seven days, or until the temperature is normal, as they claim early removal allows residual abscesses to form. The drain to the pelvis should be removed last, all being removed gradually. Personally, I often feel that abscess formation is a good prognostic sign that nature is fighting on our side. Of course, abscesses must be recognized and drained at the proper time.

#### *Distension*

Mild cases of distension are relieved by gastric suction along with hot stupes to the abdomen or the use of a hot air cradle and the insertion of a rectal tube at intervals. Burping must be discouraged. The nurse should encourage her patient to pass flatus per rectum. Most gas is swallowed. The Levine tube or any of the other well known suction tubes helps prevent it. Once distension is marked, treatment is by gastric suction, which empties the stomach and duodenum; and by the continuous administration of oxygen, which is the latest treatment for gas in the small bowel. If possible, the tube should be passed before distension becomes troublesome. The danger of constant distension is that it decreases the blood and plasma volumes, as well as the blood chlorides. The breathing of pure oxygen removes nitrogen from the lungs, from the blood, and from the lumen of the intestines where in distension it forms the largest volume of gas present. As oxygen is used up by the tissues its volume is much less than the nitrogen it displaces. The inhalation of oxygen for twenty-four to thirty-six hours at a time is harmless for patients with anoxia, (as shown by increased pulse rate and variations in the volume of the individual beats). However, it should be discontinued as soon as the patient shows evidence of improvement. The most reliable sign of successful oxygen therapy is a gradual and steady decline in the pulse rate. The inhalation of pure oxygen accomplishes its result by preventing the entrance of atmospheric nitrogen into the lungs. The result is that the nitrogen in the blood and tissues is rapidly exhaled. The resulting fall in the partial pressure of this gas in the blood not only prevents its diffusion from the blood into the intestines, but at the same time accelerates its diffusion from the intestines into the blood. There is also some difference in the volume of hydrogen in the intestines, but it is not marked.

The concentration of inspired oxygen should be as close to 100% as possible (tent gives about 70%) (B.L.B. mask gives 95% alveolar oxygen). The treatment of distension of the stomach with oxygen is not satisfactory; perhaps as the surface of the stomach is smaller than that of the intestines. It is always wise to deflate the stomach first before administering oxygen. Deflating the distended bowel improves the circulation and prevents spread of the infection. The Miller Abbott tube is used in severe cases to maintain decompression. Of course, it acts better if passed before the distension becomes troublesome. It is used mainly for deflation of the lower gastrointestinal tract while the Wangenstein apparatus is used when it is only necessary to deflate the upper gastrointestinal tract.

### Fluids

Although nothing is given by mouth until peristalsis has been restored, dehydration must be overcome and sufficient fluids given intravenously to overcome the simple deprivation of water by mouth, that lost by other causes plus sufficient for kidney function. The electrolytic concentration of the body fluids both extra and intracellular is maintained constantly through the retention or elimination of water. Post-operatively there is no physiologic indication for the administration of any specific fluid, if dehydration is not present. We may give 5% glucose in water in saline, or saline alone. The advantage of glucose is its caloric value while the disadvantage of saline is that oedema may develop after it has been used for several days. The maintenance of an adequate fluid and electrolytic balance is essential. If possible the patient's requirements should be accurately calculated. The patient with spreading peritonitis requires a much greater positive balance than the patient recovering from an operation of election. Normally we require six to eight grams of salt daily. As 1000 c.c. of saline contains 8.5 grams, more is not required and may be harmful unless the patient is vomiting or losing gastric and intestinal secretions by other means, then he requires salt which may then be given as saline with or without glucose. We should keep strict account of the intake and output of all fluid including vomitus, that obtained by suction and amount of urine. In addition to the water required to maintain kidney function, for evaporation and for replacement of fluid loss, the patient also requires water to restore depleted body fluids.

Water for urine 1500 c.c.

Water for vaporization 2000 c.c.

Water (saline) for replacement of fluid lost.

(Vomitus, blood, exudates, drainage, feces).

*Plus*—(in patient already dehydrated)

Water to restore depleted body fluids. (5% glucose plus saline if vomiting)  
(6% of body weight in Kgs.) (if 60 Kgs. then the amount is 3.6  
Litres Or 3600 c.c.)

The small output of urine often attributed to toxic suppression of kidney function is in reality due to dehydration. If we supply sodium and chloride ions all the other needed constituents of an ideal fluid can be supplied by the body's metabolism even if food is not allowed. If water plus sodium and chloride ions are supplied and the kidney function is adequate the proper retention of these and of material from metabolic processes will be performed with the resulting restoration of the extra cellular fluids, (blood and interstitial fluids). This means that when the urinary output is sufficient in amount the patient is usually in a state of water balance. Renal function is usually impaired in

marked dehydration and glucose is needed to correct this condition. It is best given as a 5% solution in water.

### *Transfusions*

During the first twenty-four hours post-operatively there is hemoconcentration and transfusions are not indicated but after this it is my firm belief that transfusions are the best sheet anchor we possess. Blood proteins attract and hold fluid in the blood stream. There is malnutrition of tissues and blood is certainly needed to restore and maintain all tissues in as near a normal state as possible. Certainly when blood is rapidly being depleted by sepsis, transfusions at least twice a week will do much to aid the patient's fight against the infection. This they accomplish by supplying the necessary protein requirements of the body for the repair and replacement of injured cells. In the hypoproteinemia and anaemia of convalescence, blood or plasma supplies protein which has become depleted, due to the exudation of fluid into the peritoneal cavity and reduced protein intake. This can be shown by serum protein determinations.

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# Minutes of the Executive of the Medical Society of Nova Scotia, 1942

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THE meeting of the Executive of The Society of Nova Scotia was held at the Isle Royale Hotel, Sydney, on Tuesday, July 7th, 1942, at two-thirty in the afternoon.

Present: Dr. J. G. B. Lynch, President, Drs. H. K. Macdonald, W. L. Muir, H. G. Grant, J. E. LeBlanc, A. Calder, J. S. Brean, D. F. McInnis, G. A. Dunn, J. C. Wickwire, P. S. Cochrane and Eric W. Macdonald.

The meeting was called to order by the President.

It was moved by Dr. H. K. MacDonald and seconded by Dr. W. L. Muir that the minutes of last year's meeting as published in the MEDICAL BULLETIN of July and September, 1941, be accepted as read. Carried.

The first communication was a letter from Dr. A. J. MacLachlan, Registrar, College of Physicians and Surgeons of British Columbia.

Registrar's Office,  
203 Medical Dental Building,  
Vancouver, B.C.,  
August 9th, 1941.

Dr. H. L. Scammell,  
Registrar,  
Provincial Medical Board of Nova Scotia,  
Halifax, N.S.

Dear Doctor Scammell:

We would like to know the reaction of the medical profession in your Province as to the collection by the Dominion Government of Unemployment Insurance Fees for nurses and secretaries employed in doctor's offices. We, in the Province of British Columbia, feel that these classes do not stand to benefit in any way by the Act and are merely included in order to bolster the funds for Unemployment Insurance. From our understanding, it is not applicable until 18 months have passed and then any persons losing their employment must apply to the Dominion Government Employment Agency who in their turn will try to secure employment for the unemployed but this employment does not necessarily mean employment as nurses or secretaries and they must be prepared to undertake other duties.

I have been asked by the Victoria Medical Society and doctors of the Vancouver Medical Association to ask you for your reaction to the Unemployment Insurance Act.

With kindest personal regards,

Yours faithfully,

(Sgd.) A. J. MacLachlan, M.D.,  
Registrar.

Dr. H. K. MacDonald moved that a committee of three be appointed to investigate and report to the first business session. This was seconded and carried. Dr. Lynch appointed Dr. Calder (Chairman), Dr. LeBlanc and Dr. McInnis as the committee.

The following letter from The Hon. Dr. F. R. Davis was read by the Secretary.



Halifax, N.S., September 4, 1941

Dear Doctor Grant:

Colonel E. W. Mingo, St. John's Ambulance Association, has asked me to express the appreciation of the Provincial Civilian Emergency Committee for the assistance given the St. John's Ambulance Association in supplying instructors for first aid courses throughout the Province.

The Committee greatly appreciates the efforts of the members of your Association, and can best express that by asking for continued aid throughout the coming winter.

Yours very truly,

(Sgd.) F. R. Davis,  
Chairman, Provincial Civilian  
Emergency Committee.

The Secretary advised that letters of appreciation had been received from Mrs. J. J. Roy, Mrs. T. R. Johnson, Mrs. A. K. Reid, Misses Dunbar and Mrs. C. A. Webster.

The Secretary next read a letter from Sister Marie Christine, Secretary-Treasurer of the Nova Scotia Society of Radiographers.

Halifax Infirmery, Halifax, N.S.  
June 24, 1942.

Doctor H. G. Grant,  
Secretary, Nova Scotia Medical Society,  
116 Oxford Street, Halifax, N.S.

Dear Sir:

In accordance with the Constitution of the Nova Scotia Society of Radiographers re the Election of Executive Committee, Article 21, Section (2).

"One member (Radiologist), shall be appointed annually by the Nova Scotia Medical Association."

We should be pleased if you would bring this matter to the attention of your President at your annual meeting.

Thanking you for past courtesies,

Yours sincerely,

(Sgd.) Sister Marie Christine,  
Secretary-Treasurer.

It was moved by Dr. W. L. Muir and seconded by Dr. J. S. Brean that Dr. W. M. Roy of the Halifax Infirmery be appointed as the representative of The Medical Society of Nova Scotia. Carried.

The Secretary next read a letter from Dr. T. C. Routley together with one from Dr. M. W. Thomas, Executive Secretary of the British Columbia Medical Association re a Committee on Public Relations.

184 College Street,  
Toronto 2, April 22, 1942

Dr. H. G. Grant,  
Dalhousie Public Health Clinic,  
Halifax, N.S.

#### Re Committee on Public Relations

Dear Doctor Grant:

On November 7th we wrote you as per copy enclosed. This matter was brought to the attention of the Executive Committee at its recent meeting in Ottawa and action was deferred pending replies from Divisions from which we had not yet heard.

An early reply will be very much appreciated.

Yours sincerely,

(Sgd.) T. C. Routley, General Secretary

184 College Street  
Toronto 2, Nov. 7, 1941

### TO THE SECRETARIES OF DIVISIONS

Dear Doctor:

#### Re Committee on Public Relations

Herewith enclosed you will please find a copy of a letter from the British Columbia Division, which was considered by the Executive Committee at its last meeting.

I am also enclosing a copy of the Minutes on the subject, as found in the proceedings of the Executive Committee.

It will be appreciated if your Division will give this matter the consideration which it merits, and let me have a reply at your convenience in order that, when next the Executive Committee meets, it may have the benefit of the views of the Divisions on the subject.

(Sgd.) T. C. Routley,  
General Secretary.

#### The British Columbia Medical Association

203 Medical Dental Bldg.,  
Vancouver, B.C.,  
October 6, 1941.

Dear Dr. Routley:

Arising out of a discussion which took place between the Health Insurance Committee and the Committee on Economics in this Province, a recommendation was passed to the Board of Directors of the British Columbia Division that a Special Committee should be set up, whose duty it would be to formulate a definite programme on Public Relations, having in mind the necessity of informing the people on all questions dealing with medical care, so that they may have a better understanding of the viewpoint of the profession when we attempt to interpret their needs.

The value of such an effort by the profession was very much impressed upon us in 1937, and since, by certain misunderstandings of our viewpoints, and interpretations placed upon our actions. While we realize that it is impossible to convince certain groups of our sincere approach to problems affecting the public weal, yet it is quite possible that a large section of the more intelligent members of any community might grasp our meaning when we define the standards which we attempt to protect. There will always be a certain group who will impute ulterior motive but, thank goodness that with proper understanding this might constitute a minority.

Our Board of Directors felt that any programme along this line which would be attempted might better be handled nationally and, therefore, I was instructed to forward a recommendation to the Canadian Medical Association that the establishment of a Central Committee on Public Relations be considered by the Executive and with a suggestion that branches of such a Committee might be formed in each Province.

I hope that I have not been too discursive and that my excursions into the possibilities of such a programme have not masked my meaning.

Kindest personal regards,

Sincerely,

(Sgd.) M. W. Thomas,  
Executive Secretary

Extract from Minutes of Meeting of the Executive Committee held in Ottawa,  
October 22, 23, 24, 1941

#### Central Committee on Public Relations

The British Columbia Division recommends that this Executive Committee consider the advisability of establishing in the Association a Central Committee on Public Relations with the suggestion that branches of such a Committee might be formed in the Divisions. The duty of this committee would be to formulate a definite program on Public Relations, having in mind the necessity

of informing the people on all questions dealing with medical care, so that they may have better understanding of the viewpoint of the profession when we attempt to interpret their needs.

In this connection, it was the feeling of some members of the Executive Committee that more use might be made of the press across Canada by our organization.

The opinion was expressed that this idea should be thoroughly canvassed in the nine Divisions and that the letter from British Columbia might be used as a basis in communicating with the Divisions.

It was agreed that this be done and that the Divisions be requested to reply so that the matter may be reconsidered at the next meeting of the Executive Committee.

Dr. H. K. MacDonald stated that he could well recall the matter being discussed at the Ottawa meeting, but nothing had been done. It had not been on the agenda for the Jasper meeting and he was sure that it had not been discussed.

Dr. Grant: "I think it is a good idea with Health Insurance on the way. The Canadian Medical Association should have a publicity department to let the public know just what we are doing."

Dr. A. Calder moved that a committee of three be appointed to deal with this matter, and that Dr. Routley be notified that we are in sympathy with this move, and also ask him for further advice. This was seconded by Dr. H. K. MacDonald and carried.

Dr. Lynch appointed Dr. P. S. Cochrane as chairman of the committee of three with power to choose the other two members of the committee.

The Secretary then read a letter from Dr. Routley re a Section of Gastro-Enterology.

184 College Street, Toronto 2,  
April 22, 1942.

Dr. H. G. Grant,  
Dalhousie Public Health Clinic  
Halifax, N.S.

**Re Section of Gastro-Enterology**

Dear Doctor Grant:

On November 10th we wrote you as per copy enclosed. The replies received from the different Divisions were brought to the attention of the Executive Committee at its meeting in Ottawa recently. Action was deferred until the next meeting of the Committee in order that replies might be received from those Divisions who have not yet expressed an opinion with regard to establishing a Section of Gastro-Enterology in the Canadian Medical Association.

An early reply will be very much appreciated.

Yours sincerely,

(Sgd.) T. C. Routley,  
General Secretary

184 College Street, Toronto 2,  
November 10, 1941.

**TO THE SECRETARIES OF DIVISIONS**

Dear Doctor:

**Re Section of Gastro-Enterology**

At the last meeting of the Executive Committee of the C.M.A. a recommendation was received from eighteen members interested in the subject of gastro-enterology, that a Section of Gastro-Enterology be formed in the Association.

Before reaching a decision in the matter, the Executive Committee would like to know how many members would be interested in the establishment of such a section; and it was duly moved, seconded and agreed that the General Secretary be instructed to consult the Divisions as to the extent of the interest in the establishment of a Section of Gastro-enterology; and also that the matter be given some publicity in the Journal.

It would be appreciated if you would let me have such information as you may be able to obtain from your Division with reference to this matter.

Thanking you, I am,

Yours sincerely,

(Sgd.) T. C. Routley,  
General Secretary.

Dr. H. K. MacDonald stated that it was definitely decided at the meeting of the Canadian Medical Association Executive in April in Ottawa not to establish a Section on Gastro-Enterology. It was moved that the letter be filed.

The next communication was a letter from Dr. G. S. Fahrni, Chairman of the Membership Committee, which was a report of the Membership Committee to the General Council of the Canadian Medical Association.

### Re Membership Committee

Report of the Membership Committee to the General Council of the Canadian Medical Association

April 29, 1942.

Dr. T. C. Routley,  
General Secretary,  
Canadian Medical Association,  
184 College Street,  
Toronto, Ontario.

Dear Doctor Routley:

On behalf of the Committee on Membership I beg to make the following report:

*Personnel* of this Committee consists of, in addition to the Chairman, one physician from each province, as follows:

Prince Edward Island.....	Dr. W. J. McMillan, Charlottetown
Nova Scotia.....	Dr. H. G. Grant, Halifax
New Brunswick.....	Dr. A. S. Kirkland, Saint John
Quebec.....	Dr. Leon Gerin-Lajoie, Montreal
Ontario.....	Dr. Harris McPhedran, Toronto
Manitoba.....	Dr. W. G. Beaton, Winnipeg
Saskatchewan.....	Dr. J. A. Valens, Saskatoon
Alberta.....	Dr. George R Johnson, Calgary
British Columbia.....	Dr. M. W. Thomas, Vancouver
Chairman.....	Dr. Gordon S. Fahrni, Winnipeg

Your special Committee on Membership last year submitted a report to the Annual Meeting of Council, but so far as I am able to learn no action was taken to implement the recommendations. Your Committee of this year are of the opinion that there are several recommendations of importance in the report which should be brought before the General Council again this year and accordingly I am including them in this report.

There has been all too little interest in membership in the Canadian Medical Association by far too many of our profession and it is with a view to enquiring into this situation in the hope that something constructive may be offered that this report is submitted.

It is difficult to assess the different factors which account for this indifference to membership but we think we may place near the top in this category the regrettable failure on the part of many of us to appreciate our responsibility as units of organized medicine.

It is not our purpose to go at length into this whole question at this time but we would suggest that a standing committee on membership might well serve a useful function and, over a period of years, do a great deal in breaking down the barriers, imaginary or otherwise, which seem to have existed.

We are particularly interested in getting the younger men enrolled as members and can think of no better time to start than the present. It is suggested that the time to enroll into membership the graduate in medicine, is when he grows out of the activities of the student body. If he enters hospital internship, or takes other forms of graduate training or goes into practice, some provision should be made to take him into the fold, so to speak, so that he will feel truly a part of the medical profession. There is too great a tendency for these young graduates to feel themselves outside the fold and alone in the world, and, as the years slip by, habits of isolation develop and sometimes bitterness and as they become increasingly independent, the spirit of individualism predominates. They have never learned the pleasure of friendly and instructive intercourse with fellow physicians, seen at its best at medical meetings, nor have they felt the sense of satisfaction that comes from a little effort in the direction of advancing the common interest and usefulness of the whole profession.

It is our opinion that if we can take these young men into our organization when they leave the student body, we are making at least a good beginning in introducing them to the responsibilities of organized medicine and giving them an opportunity of periodically meeting their fellow practitioners in a social way as well as in the study of scientific subjects. In order to bring this about it would seem reasonable to have some special provision for dues for these recent graduates who can hardly be expected to pay the membership fee during their intern years and this membership without fee might be carried to their first year in practice, then half fee for the second and third year and full fee thereafter. The graduating class should be addressed each year by some authority on organized medicine. It is probably unnecessary to state that the advantage of membership should be a greater factor than the reduction of fees. It is recommended that this arrangement should be made retroactive to the beginning of the war for the following reasons: Many of our young medical men have joined the forces since 1939. Some of these had been in practice only a year or so and many have gone into the services on graduation or from internships.

Surely these doctors should all be members of the Canadian Medical Association and we should accept them in our stride as a war measure. It would strengthen our position during the war and fortify us to meet post-war problems.

Before any conclusive action is taken it would of course be necessary to get the reaction of the Divisions and it would seem equitable to infer that some consideration in reduction of fees for recent graduates would be considered by them for Divisional Membership, as our constitution now demands membership in the Divisions as a preliminary step to their recommendation for Canadian Medical membership.

The matter of Divisional cooperation in any plan such as suggested is complicated by the arrangement, legislative and otherwise, with the College of Physicians and Surgeons in some of the Divisions. This applies to the three Western Provinces, British Columbia, Alberta and Saskatchewan.

Two provinces, Ontario and Manitoba, already have a reduced fee schedule for recent graduates.

We think we may note that more and more the Canadian Medical Association is depending on the Divisions for membership, all of which no doubt is as it should be, but it does suggest that our advancement depends a great deal on the activity and capabilities of the Divisions.

Our membership represents only a little over 50% of the physicians in Canada. We have suffered from this in that our efforts at Parliament Hill do not carry as much weight as they would if our membership was closer to 100%. This is particularly noticeable from the point of view of our French Canadian membership, which, as you know is very low, and for the past year the Executive has considered this problem at each of their meetings and through the good offices of our French-speaking colleagues on the Executive, Dr. Gerin-Lajoie and Dr. Veniot, an attempt has been made to contact and enrol a higher percentage of the French-speaking physicians of Quebec, but with very little success so far.

The ideal, of course, would be to have 100% membership across the country. This is true in one province only, viz. Alberta, and here a single fee is paid for membership in the College of Physicians and Surgeons, Canadian Medical Association, and Alberta Division of the Canadian Medical Association.

During the past year the Ontario Division has taken a forward step and have agreed to have a common membership fee for the Canadian Medical Association and the Ontario Division. In other words a physician cannot be a member of one of these associations alone. The fee has been fixed at \$15.00.

The Chairman has interviewed members of the four Western Provinces on this question and I am happy to say that the Saskatchewan Division has already taken preliminary action in the hope of arranging for a consolidated fee. We would respectfully suggest that all Divisions, not having a consolidated membership fee should be approached with this object in view.

#### SUMMARY

It is recommended:

- (1) That the work of this committee be continued.
- (2) That an address to each graduating class be given by an authority on organized medicine.
- (3) That graduates since 1939, now in the armed forces, be enrolled into some special form of membership for the duration of the war.
- (4) That some form of recognition be given these new members periodically. It is suggested that some communication on Canadian Medical problems be sent to them at least once or twice a year.
- (5) That each Division not having a consolidated fee, be approached in the hope that some arrangement might be made whereby a membership in the Division is contingent on a membership in the Canadian Medical Association. (The reverse of this being literally true at present)

All of which is respectfully submitted,

Yours sincerely,

(Sgd.) G. S. Fahrni,  
Chairman.

After some discussion Dr. Eric Macdonald moved that we write the Provincial Medical Board setting forth our views asking them to consider the proposition of requiring every practitioner taking out an annual license, and that the fee include membership in the Canadian Medical Association and the Medical Society of Nova Scotia, as is now done in three of the Western Provinces. This was seconded by Dr. Brean and carried.

The next letter was from Dr. H. L. Scammell, Provincial Medical Board Registrar.

Halifax, N.S., May 19, 1942.

Dr. H. G. Grant,  
Secretary, Nova Scotia Medical Society,  
Halifax, N.S.

Dear Dr. Grant:

At the forthcoming annual meeting of the Society it will be in order to nominate six members to the Provincial Medical Board for the period 1942-1945.

Yours truly,

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

It was moved that this letter be filed.

The next item was a resolution from the Western Counties Medical Society.

Yarmouth, N.S., June 12, 1942.

Dr. H. G. Grant,  
Secretary N. S. Medical Society,  
Halifax, N.S.

Dear Doctor:

The enclosed resolution was unanimously passed at the Spring meeting of the Western Counties Medical Society held in Yarmouth May 27th, 1942. It has been signed by all our active members and is forwarded to you for the following purpose, namely:

That the Western Counties Medical Society of Nova Scotia wish to go on record as being one hundred per cent ready and willing to assist medically or surgically in any capacity that the national war emergency may require, according to our individual qualifications.

The original resolution has been forwarded to the Secretary of the Canadian Medical Association.

Yours very truly,  
(Sgd.) D. F. Macdonald, M.D.

Yarmouth, N.S., May 27, 1942

*Whereas* the democratic nations of the earth are engaged in a death struggle against the nations whose ideals are brute force, barbarism, and slavery.

*And whereas* Canada has declared war on these forces of evil and has pledged all its resources to fight the enemy on land, on sea, and in the air until victory is assured and universal freedom is once more established throughout the world.

*And whereas* the Department of Defence of Canada is asking for 800 doctors this year to serve with our Canadian forces,

*And whereas* a real emergency exists which will become more acute unless medical men from Coast to Coast show their willingness to serve.

Be it therefore resolved that we, as members of the Nova Scotia Western Counties Medical Society hereby go on record as being ready and willing to give our services in this national emergency according to our individual qualifications in whatever capacity the present or future crisis may require.

In token of our sincerity of purpose we as members of the above society do herewith subscribe our names;

G. W. T. Farish  
W. M. Phinney  
P. E. Belliveau  
A. M. Wilson  
J. S. Robertson  
J. H. Baldwin  
J. E. LeBlanc  
J. A. Donahoe  
J. D. Densmore  
Chas. K. Fuller  
Z. Hawkins

D. F. Macdonald  
E. A. Brassett  
W. C. O'Brien  
L. M. Morton  
S. W. Williamson  
H. J. Pothier  
F. J. Melanson  
S. J. Shane  
G. Victor Burton  
A. M. Siddall

It was moved by Dr. P. S. Cochrane and seconded by Dr. Brean that this resolution be received and passed on to the Medical Advisory Committee. Carried.

The Secretary next read a letter from Dr. Routley re membership of doctors on full time military service.

184 College Street, Toronto 2,  
June 29, 1942.

### TO SECRETARIES OF DIVISIONS

Dear Doctor:

#### Re Membership of Doctors on Full Time Military Service

Your attention is called to the following resolution passed at the recent annual meeting of the C.M.A. in Jasper Park:

"That membership in the Canadian Medical Association be extended to all Doctors on full time military service when a request for such membership is received from the Division in which the Doctor has been resident, provided that this privilege of membership without fee has already been extended by the Division making the application, it being understood that such membership shall not include the C.M.A. Journal."

Yours sincerely,

(Sgd.) T. C. Routley,  
General Secretary.

The Secretary advised that our Society had dealt with that matter in Halifax over a year ago.

The next letter read by the Secretary was from Dr. Routley re Divisional Advisory Committees.

184 College Street, Toronto 2,  
June 29, 1942.

### TO SECRETARIES OF DIVISIONS

#### Re Divisional Advisory Committees

Dear Doctor:

Acting on instructions of the Executive Committee, I bring to your attention the following resolution passed at the annual meeting in Jasper Park:

"That the Divisions be invited to establish their Divisional Advisory Committees and that we respectfully suggest to them that the Divisional representative or representatives on this Executive Committee be members of the Divisional Advisory Committee."

Yours sincerely,

(Sgd.) T. C. Routley,  
General Secretary.

It was pointed out that the Society's representative on the Executive Committee of the Canadian Medical Association was a member of the Divisional Advisory Committee.

The Secretary next read a letter from Dr. Routley re Standing Committees.

184 College Street, Toronto 2,  
June 29, 1942.

Dr. H. G. Grant,  
Dalhousie Public Health Clinic,  
Halifax, N.S.

Dr. Grant:

As you are aware it is customary for Standing Committees of the Canadian Medical Association to be composed of a Local Nucleus of seven representatives in the area where the Chairman of the Committee resides together with corresponding members from each of the Provinces. The Committee upon which we desire to have provincial representatives are as under mentioned. For your information we are appending after the name of each Committee the name of the corresponding member from your Province last year:

Committee on Archives—Dr. H. L. Seammell

Committee on Constitution & By-Laws—Dr. J. R. Corston

Committee on Economics—Dr. W. W. Patton



Committee on Credentials and Ethics—Dr. M. R. Elliott  
 Committee on Maternal Welfare—Dr. C. S. Morton  
 Committee on Medical Education—Dr. H. G. Grant  
 Committee on Nutrition—Dr. J. W. Merritt  
 Committee on Pharmacy—Dr. J. H. L. Simpson  
 Committee on Public Health—Dr. P. S. Campbell  
 Post Graduate Committee—Dr. M. G. Tompkins  
 Membership Committee—Dr. H. G. Grant  
 Committee on Industrial Medicine—Dr. J. G. B. Lynch

Would you let me have at your earliest convenience, a complete roster of Committee personnel for all of the Committees shown. As soon as we hear from you, we shall be glad to advise the Chairman of the respective Committees of the appointments which have been made.

Yours sincerely,

(Sgd.) T. C. Routley,  
 General Secretary

The Secretary advised that in the past it had been customary for the incoming President to appoint these representatives. It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that this report be adopted and that the incoming President appoint the representatives. Carried.

The Secretary advised that there have been no names sent in from the Branch Societies for honorary members.

It was moved by Dr. H. K. MacDonald and seconded by Dr. Calder that the Nominating Committee appoint a representative from the Society to the Committee on Epidemics of the Canadian Medical Association.

Legislative Committee. The Secretary advised that he had received a verbal report from Dr. J. G. MacDougall, Chairman of the Legislative Committee, that the Committee had nothing of special interest to report.

### Report of the Editorial Board Committee.

To the Medical Society of Nova Scotia:

Apart from being in existence the most noteworthy achievement of the BULLETIN during the last year was the publication of an index commencing with its first issue in 1922 and ending December 31st, 1942.

This meeting brings to a close six years of editorship and its struggles with commas, periods, the's, a's, ands, sprinkled capitals, accepting, refusing, encouraging, criticising, imploring, swearing and praying. The editors feel that they have contributed to the development of the journal and are of the opinion that the time has now arrived for other people's ideas to be given a chance and will be greatly relieved if the Society will see fit to appoint a new editorial board.

We wish to thank those who have supported the BULLETIN during our term of office and hope they will endeavour, along with many others, to make our Society publication better and better from year to year.

It is difficult to select suitable words to express our appreciation for the friendly and faithful co-operation rendered by Dr. Grant and Mrs. Currie.

Respectfully submitted,

(Sgd.) H. W. Schwartz,  
 Editor-in-chief

It was moved that this report should go before the general meeting.

### **Report of the Cancer Committee.**

Dr. H. G. Grant,

Secretary, The Medical Society of Nova Scotia,  
Halifax, N.S.

Dear Doctor:

There has not been any activity on the part of the Cancer Committee during the past year.

Yours truly,

(Sgd.) S. H. Johnston, M.D.,  
Roentgenologist.

It was moved that this report be brought before the general meeting.

### **Report of the Public Health Committee.**

To the Executive and Members of the Canadian Medical Association, Nova Scotia Division:

In the field of Public Health, during the period under review many and varied problems were presented. With the aid so generously given of many members of the Medical Profession, these were dealt with as they arose. There have been failures and successes, nevertheless at the end of the year the balance was, we believe, on the credit side.

A study of the most recently compiled statistical tables shows a general death rate slightly lower than any previously recorded, and progress in the control of the most acute communicable diseases is noticeable. There has been further decline in the mortality from Tuberculosis. Diphtheria, especially in the port of Halifax has not yet been conquered. The serious outbreak of this disease which occurred in the Autumn of 1940 was referred to in our last report. Recently, a week known as "Toxoid Week" was set apart for the purpose of distributing in more intensive fashion knowledge respecting Diphtheria control. Emphasis was placed on procedures considered useful in protecting the population as a group. The results while noticeable were not entirely satisfactory. The discoveries of science are applied slowly, consequently the medical man who realizes their worth may be discouraged by the apathy of his fellow citizens.

We are in a position to report progress in activities directed against venereal diseases. For reasons which are apparent to all health workers these are exceedingly difficult to stamp out. In our control efforts many active and willing health officers have been recruited and while the results may not have been spectacular they have been most encouraging.

A great deal of time was devoted to problems of sanitation relating to water and milk supplies and to waste disposal. We cannot overemphasize the importance of placing under suitable sanitary control those phases of water, sewage and dairying which may affect the public health. The demands made upon sanitary sections are increasing so rapidly that during the year it was exceedingly difficult to overtake all of these.

The war has thrown extra public health burdens upon this province with its open ports, through which has passed so much from so many places. The rapidly moving population has increased our worries and difficulties. War activities must go on and must not be unduly interfered with. The closest

co-operation between National Defence Forces and health workers has been maintained and the happy relationship that has existed between the two groups has helped to lighten the tasks of both.

Respectfully submitted on behalf of the Committee.

(Sgd.) P. S. Campbell, M.D.,  
Chairman.

It was moved by Dr. P. S. Cochrane that this be referred to the general meeting, and that either Dr. Campbell or one of the full-time health officers attend our executive meeting. This was seconded and carried.

### **Report of the Historical Committee**

Dr. H. G. Grant,

Secretary: The Medical Society of Nova Scotia,  
Dalhousie Clinic, Morris St.,  
Halifax, N.S.

Dear Sir:

I beg to report on behalf of the Historical Committee of the Society as follows:

During the past year no meetings of the Committee were held. An article was prepared on "The Common Household Remedies of Past Days in the Province" and published in the BULLETIN of the Society.

I would respectfully submit, that, in choosing members for this Committee in future, they be chosen from one city, town or section of the Province, since it is impossible to have meetings of any value where the members live at a distance from one another.

An attempt has been made to secure material for the Museum with some success.

Respectfully submitted,  
(Sgd.) H. L. Scammell.

It was agreed that this report be placed before the general meeting, and that it especially be referred to the Nominating Committee.

### **Report of the Workmen's Compensation Board Committee.**

To The Executive,  
Nova Scotia Division,  
Canadian Medical Association.

As Chairman of the Workmen's Compensation Board Committee I have nothing special to report. During the year, as you know, the Workmen's Compensation Board notified the members of the profession that all bills had to be rendered within three months of the time when treatment had ceased. This, I might say, was looked upon as being unfair by some members of the profession, and I took occasion to interview Mr. Rowe, the Chairman. I have a copy of his letter which I will read and which clarifies the situation.

The members of the Committee did not meet at any time as there was no indication for such.

Respectfully submitted,  
(Sgd.) H. K. MacDonald,  
Chairman.

Workmens Compensation Board of Nova Scotia,  
Halifax, N.S., June 29, 1942.

Dr. H. K. MacDonald,  
37 South Park Street,  
Halifax, N.S.

Dear Dr. MacDonald:

With reference to payment of doctors' accounts submitted to the Workmen's Compensation Board more than three months after the services covered by these accounts are rendered, I wish to confirm what I have stated to you on the several occasions on which you have discussed this matter with us. This is not a rule or regulation of the Board which the Board may change as easily as it may make; it is a statutory provision which is absolutely binding on the Board.

Employers, who are notified of all payments made, complained that excessive charges were being made for doctors' services and that accounts held for a year could not be properly checked by them as in most cases the injured workmen had then left their employ. It was urged that three months was ample time to give for the purpose of rendering accounts and this was apparently the view accepted by the Legislature.

I can only add that so far as the members of the Board are concerned we felt that we had no reason to oppose the change.

Yours very truly,

(Sgd.) F. Rowe,  
Chairman.

Dr. MacDonald advised that Mr. Rowe was to address the Society at the luncheon on Wednesday and moved the adoption of his report. It was agreed that this report should be placed before the general meeting.

#### **Report of the Medical Museum Committee.**

Dr. H. G. Grant, Secretary,  
Medical Society of Nova Scotia.

Dear Dr. Grant:

Your committee regrets to report that no contributions have been made to the Museum during the year.

(Sgd.) K. A. MacKenzie,  
Chairman

It was agreed that this report should also be referred to the general meeting.

#### **Report of the Cogswell Library Committee.**

Report of the Medical Library for the year 1941-42.

During the course of the fiscal year 1941-42 the following expenditures were made. The receipts from the Cogswell Library Fund amounted to \$185.00.

Subscriptions to current journals and purchase of back files . . . .	\$1,015.40
Purchase of books . . . . .	655.25
Cost of binding . . . . .	276.43
Incidentals . . . . .	291.04
Librarians' salaries . . . . .	1,494.71

\$3,732.83

Several new subscriptions to periodicals were entered during the year including Psychosomatic Medicine, War Medicine, Proceedings of the Royal Society of London, Mental Hygiene, British Journal of Medical Psychology,

Diseases of the Nervous System, United States Naval Medical Bulletin and Venereal Disease Information.

The number of books purchased totalled 109; 72 gifts were received. The J. G. MacDougall Library, instituted by the Provincial Medical Board, is being housed and cared for in the Dalhousie Medical Library; 20 books now comprise this collection. An effort has been made not only to maintain the binding of all current journals but also to complete important back files. In all 280 volumes were bound.

The library continues to be used frequently by medical officers in the various services. The average number of daily readers in the library during one term was 40. The total circulation for the year was 4118. The out-of-town loans numbered 162.

J. R. Corston,  
Chairman

It is agreed that this report should be referred to the general meeting.

#### **Report of the Medical Economics Committee.**

Dr. Grant stated that Dr. Corston had asked him to tell the Executive he regretted he could not be present, and that he had nothing special to report.

#### **Report of the Narcotic Drug Committee.**

This report was not received until after the meetings were over, and consequently did not come before the Executive.

To The President,  
Medical Society of Nova Scotia

Dear Sir:

The Committee on Narcotic Drugs for 1941-42 consisting of Drs. Burris, Holland and Woodbury reports as follows:

Little of note has been brought to the attention of the committee during the year. Our suggestion that the operation of the Narcotic Drug Act be modified by regulation in such a way as to permit the repetition of a simple cough mixture without the necessity for a signed prescription is now in force in some areas. The amount of narcotic in many of these prescriptions is so small as to be of no use to an addict. The inconvenience to the out of town patient and the physician are out of all proportion to the amount of drug involved.

Some publicity has been given the regulations governing Radio Continuity issued by the Station Relations Division of The Canadian Broadcasting Corporation. Physicians have been asked to report cases where they believe the practice is abused by sellers of proprietary medicines.

Your committee has discussed the possible abuse of benzedrine preparations but our limited inquiry does not seem to indicate that any great amount is improperly used by the public. Discussion of this matter is suggested for the annual meeting.

We believe the Narcotic Drug Act is well administered and that physicians and druggists give full co-operation. Complaints have been heard that the police insist on excessive penalties against druggists who make small technical

breaches of the at without any real intent to do wrong. Such men usually cannot afford to fight such action through the courts and have to submit.

Respectfully,

(Sgd.) C. W. Holland,

Chairman

### Report of the Industrial Medicine Committee.

Mr. Chairman and Gentlemen:

Your Committee on Industrial Medicine beg to make a report on the study of this topic in Nova Scotia.

First, your Committee did not meet as a body but individually they had talks on the subject matter. Second, we find that the division of industrial medicine is definitely marked in Nova Scotia as to disease and accident. The industrial accident situation in the Province is well looked after, particularly by the larger industries who have medical and nursing staffs and First Aid equipment ready for the use of their employees and in many instances carry on treatment from the time of the accident until complete recovery takes place. The medical end of the supervision has not really broken ground as yet. This should be divided into three main classes:

- (1) Physical examination of workers before and after employment.
- (2) Supervision of hygiene and working conditions.
- (3) Special examination for the diagnosis and control of disease.

Regarding Section 1, the great benefit not only to industry but to the community at large is very essential for our future comforts because if some condition out of the normal is found, these people are recommended to consult their doctors.

The re-examination of employees would be of great benefit not only to the employees but also to the employer because in time employees may arrive at a stage where they will not be physically fit to carry on the arduous work that they began with, and if the physical reasons were found for this, other work that these people could carry on should be obtained for them in the service of the same employer and without any reduction in wages.

In regard to Section 2, in certain industries in the Province to-day the working conditions are being canvassed and in some cases supervised by medical officers with beneficial results to the employees, and we, your Committee, think that this should be extended.

In regard to Section 3, as to special examination, we think that this would be a great help at no cost to the employees and it might benefit the employees' families and certainly would be an advantage to industry at large.

Therefore, your Committee wish to suggest that a thorough canvass of the employment situation in Nova Scotia be made in conjunction with the Nova Scotia Branch of the Canadian Manufacturers Association to see if some method cannot be worked out which will benefit the people of the Province.

All of which is respectfully submitted,

(Sgd.) J. G. B. Lynch

S. W. Williamson

H. K. MacDonald

Dr. H. K. MacDonald stated that as this was a very important report it should be read before the general meeting.

## Report of the Representative on the Executive of the Canadian Medical Association

To The Executive,  
Nova Scotia Division,  
Canadian Medical Association.

As your representative on the Executive of the Canadian Medical Association I beg leave to report as follows.

Since my appointment in July of 1941 I have attended three executive meetings, in Ottawa in October 1941, in Ottawa in April 1942, and in Jasper Park Lodge, Jasper, June 12, 1942. These meetings were all well attended, and I was impressed with the seriousness which they considered the various matters which came before them on the agenda. Three things stood out prominently, and have been discussed at each of the executive meetings, namely, the war, proposed Health Legislation, and membership in the Canadian Medical Association. These are only three of many that were discussed by the Executive. The meetings usually last for two days, and are intensely interesting. The Canadian Medical Association, as you are aware, has been, is, and will continue to play an important part in the war effort. As you know, a questionnaire was issued in 1939, and the second questionnaire at the request of the Government was issued in 1942, with replies as follows—4,658 medical men replied, 871 over fifty years of age replied, 305 ready to enlist at once, and 566 ready to respond in from one to three months, all subject to Provincial Advisory Committee.

At our meeting in Jasper the Minister of National Defence requested the Executive of the Canadian Medical Association to appoint a committee of five to join with a committee representative of the six war services. The suggested committee to be known as the National Committee on Procurement and Assignment Board. This, the Executive, even in view of the fact that the duties of the Committee were not defined, readily agreed to. The Minister was most profuse in his thanks and acknowledged the co-operation which the Canadian Medical Association have been giving the war services.

Regarding Health Legislation this matter has been discussed at all the Executive meetings, and I am firmly convinced that it is the wish of the Federal Government, and this will be a Federal measure, to do everything to satisfy the profession. For example, I could enlarge on that. At our meeting in Ottawa in October 1941, the Department of Pensions and National Health, the Minister, his Deputy, and a number of other members of the profession who were connected with that particular branch devoted a whole day to us. The Minister asked that a committee of seven be appointed to be at the call of the Government, or the Government to be on call by the committee of seven. The Canadian Medical Association were so much impressed that they agreed to pay the expenses to these meetings, all with the idea of suggesting or eventually getting it a Federal measure, provided the legislation is passed that it will be suitable to the profession and to the Government.

So far as membership is concerned it is always a live topic. Up until recently the Canadian Medical Association only represented 52% of the Profession in Canada, but at the last meeting of the Executive in Jasper over two thousand names were added as members of the Canadian Medical Association, these all being members of the various services. This increased our membership so that at the present time it represents about 72%.

I had the opportunity, and it was a pleasure, to represent our Secretary at the Secretary's meeting at Jasper. Each Province was represented, and each in turn told the set-up of medicine in each of the Provinces. Alberta is the only Province that has what might be termed compulsory fees. The Alberta Secretary objected to the term "compulsory" but after all that was what it really amounted to.

Respectfully submitted,

(Sgd.) H. K. MacDonald,

Representative, Executive, Nova Scotia Division,  
Canadian Medical Association.

It was agreed that this report should be presented at the annual meeting.

Dr. Grant said he would like to make a couple of comments. "The Government say they are going to do everything to satisfy the medical profession, but I am thoroughly satisfied they will not. The most important thing about Health Insurance to the doctors is to what income groups will it apply and what will the remuneration of the doctor be. The Canadian Medical Association has not yet defined the amount which they think the doctor should receive. I would like to ask Dr. MacDonald how they got the membership up. We should have a committee appointed by the President to draw up a provincial schedule of professional fees; something should be done right away."

#### **Report of the Provincial Medical Board.**

Dr. H. G. Grant,

Secretary, Medical Society of Nova Scotia,  
Halifax, N.S.

Dear Sir:

I beg to submit a brief report summarizing the activities of the Provincial Medical Board for the past year:

In March, 1942 Dr. M. J. Carney of Halifax, whose term had expired, was re-appointed by the Government for another period of three years.

Two complaints of unethical conduct, lodged by registered physicians against other registered physicians in this province, were inquired into and dealt with by the Board. In one instance the difficulties at issue were resolved by the physician complained of leaving the province. In the other instance, the President and Secretary of your Society, feeling that the situation could be improved considerably by efforts at organization in the community, undertook to bring the parties together. The Board is deferring action in this case to await the results of this effort.

The Board has placed its library on a solid foundation and already a goodly number of volumes are available to medical students and physicians generally. These volumes are placed in the Dalhousie Medical Library. The Board proposes to supplement this library on every possible occasion as its funds permit.

The annual meeting of the Board was held in November, 1941, and the regular spring meeting in May 1942. In the interval between these meetings action by the Federal Government in regard to speeding up the course in medicine in order that a greater number of medical men might be more quickly available for the services was taken. It became at once apparent that the Medical Act would have to be modified slightly in order to make this legally



possible. At the last Session of the House a bill was introduced by the Minister of Health empowering the Board to accept a period of less than five years medical study for licensure. At the present time the period of medical study has only been shortened by four months. The Amendment to the Act maintains only as long as hostilities last, and it is limited to graduates of medical schools in Canada. The Amendment further becomes law only by proclamation so that, in the event of hostilities ceasing before January 1st, 1943, when the first class in this group is expected to graduate, it will never come into operation. The Legislative Committee of the Board saw no reason to oppose this Bill and the members of the Board unanimously by letter expressed their approval.

At its last meeting the question of the admission to advanced standing in the study of medicine of alien students was given consideration. The Board has not yet been formally presented with any credentials from such students seeking admission to advanced standing in our local medical school.

The usual conjoint examinations were carried out with Dalhousie University. An unusually large amount of routine correspondence and business has been dealt with throughout the year.

Respectfully submitted,

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

It was agreed that this report should be presented at the general meeting.

The financial statement of the Society was next presented by the Treasurer, Dr. W. L. Muir.

#### FINANCIAL STATEMENT

The Medical Society of Nova Scotia  
Year Ending December 31, 1941.

##### RECEIPTS

January 2, 1941 Cash on Hand.....		\$3,293.95
Subscriptions.....		3,900.53
MEDICAL BULLETIN.....		2,150.12
Interest on Savings Bank.....		6.78
		<hr/>
		\$9,351.38

##### DISBURSEMENTS

Sundry Expenses.....		\$ 395.93
Canadian Medical Association.....		2,038.00
MEDICAL BULLETIN.....		2,433.26
Salaries.....		1,800.00
Cash on Hand December 31, 1941		
Current Account.....	\$1,321.40	
Savings Bank.....	1,362.79	2,684.19
		<hr/>
		\$9,351.38

##### PROFIT AND LOSS STATEMENT

Subscriptions.....		\$1,862.53
Interest on Savings Bank.....		6.78
		<hr/>
		\$1,869.31
Less:		
Sundry Expenses.....	\$ 395.93	
MEDICAL BULLETIN.....	283.14	
Salaries.....	1,800.00	2,479.07
Net Loss for year.....		\$ 609.76

## COGSWELL LIBRARY FUND

## The Medical Society of Nova Scotia

Year Ending December 31, 1941

## RECEIPTS

January 2, 1941 Cash on Hand.....	\$ 94.49
Income from Investments.....	140.63
Interest on Savings Bank.....	.76
	\$ 235.88

## DISBURSEMENTS

Dalhousie University.....	\$ 180.00
Cash on Hand December 31, 1941.....	55.88
	\$ 235.88

It was moved by Dr. Muir and seconded by Dr. H. K. MacDonald that this report be adopted. Carried.

Dr. Eric Macdonald moved that the customary honoraria to the Treasurer, the Secretary, the Clerical Secretary and Editorial Board be granted. This was seconded by Dr. P. S. Cochran and carried.

**Report of the Secretary**

The report of the Secretary for the year ending December 31, 1941.

The President, Executive and Members of  
The Medical Society of Nova Scotia:

In spite of the uncertainty and anxiety caused by the war The Medical Society of Nova Scotia has had quite an active year.

The semi-annual meeting of the Executive, made up chiefly of members resident in Halifax was held during March. Dr. A. B. Campbell presided. The chief business was preparation for the annual meeting. Following the reading of a letter from Dr. T. C. Routely, the General Secretary of the Canadian Medical Association, dealing with the status of enlisted physicians it was agreed that all members of The Medical Society who had joined the armed forces and had discontinued private practice, be exempted from the payment of fees for the duration of the war.

The regular annual meeting was held at the "Cornwallis Inn" on July 9th and 10th. The members of the Valley Medical Society were hosts. The meeting was a complete success. The scientific papers were of exceptional merit and the social side of the gathering was well taken care of. The contributions from the visitors were from Dr. G. S. Fahrni of Winnipeg, Dr. R. R. Fitzgerald of Montreal and Dr. J. H. Geddes of London, Ontario. From our own Society papers were given by Dr. A. R. Morton of Halifax, Dr. T. A. Lebbetter of Yarmouth and Dr. A. F. Miller, Dr. V. D. Schaffner and Dr. J. E. Hiltz of the staff of the Provincial Sanatorium. All gave valuable and well prepared papers.

*Membership.* The membership for 1941 remains practically the same as 1940. In 1940 there were 310 members; 17 of these were members of the armed forces. In 1941 the total is 308; 40 of these were in the armed forces. In 1940 only 1 member belonged to The Medical Society of Nova Scotia alone, and in 1941, 2.

*The Gerald Burns Memorial Fund.* In November there was established the Gerald Burns Memorial Fund to provide comforts for members of the profession who are now serving overseas. The Secretary was asked to act as Treasurer. The response has been most gratifying and many generous contributions have been received from all parts of the Province. An interim report was published in the June edition.

(Note: the following list of obituaries was not read until the general meeting, as the members always stand while it is being read.)

**Obituary.** The following members passed away during the year.

*George Wellington Brown, M.D.*, University of New York, 1893, died at Shelburne, January 3rd, at the age of seventy-seven.

*Smith Layton Walker, M.D.*, Bellevue Hospital Medical College, 1890, died at Pictou, January 8th, at the age of seventy-seven.

*Frank Charles Lavers, M.D.*, Queen's University, 1891, died at New Ross, January 16th, at the age of seventy-six.

*Foster Fitch Eaton, M.D.*, University of New York, 1889, died at Truro, January 17th, at the age of seventy-eight.

*John Lachlan McIsaac, M.D.*, Baltimore Medical College, 1907, died at Antigonish, March 24th, at the age of seventy-one.

*William Hazen Embree, M.D.*, Dalhousie, 1938, lost at sea during May, at the age of thirty-two.

*Robert William Maclellan, M.D.*, Dalhousie, 1938, died at Halifax, May 6th, at the age of twenty-six.

*John Bell, M.D.*, McGill University, 1898, died at New Glasgow, May 27th, at the age of sixty-five.

*Thomas Ives Byrne, M.D.*, Bellevue Hospital Medical College, 1894, died at Yarmouth, May 29th, at the age of sixty-seven.

*Kenneth Grant Mahabir, M.D.*, Dalhousie Medical School, 1916, died at Halifax, May 28th, at the age of fifty-one.

*Edward Payson Atkinson, M.D.*, Dalhousie Medical School, 1899, died at Springhill, July 23rd, at the age of seventy-six.

*Murdoch Alexander Macaulay, M.D.*, Dalhousie Medical School, 1904, died at Halifax, July 31st, at the age of sixty-one.

*Herbert Huntington Banks, M.D.*, Harvard, 1889, died at Barrington Passage, August 5th, at the age of seventy-five.

*Charles Clifford Archibald, M.D.*, Dalhousie Medical School, 1902, died at Truro, September 6th, at the age of sixty-three.

*William Roderick Dunbar, M.D.*, McGill University, 1897, died at New Glasgow, September 12th, at the age of seventy-one.

*Alexander Ross, M.D.*, Dalhousie Medical School, 1896, died at Westville, August 27th, at the age of eighty.

*John Wier, M.D.*, died at Ottawa, August 13th, at the age of eighty-four.

*Oliver Fletcher Best, M.D.*, New York, 1889, died at Florida in August at the age of seventy-nine.

*Gerald Ross Burns, M.D.*, Dalhousie Medical School, 1925, died at Debert, November 16th, at the age of thirty-nine.

*Charles Ashton Webster, M.D.*, New York, 1886, died at Yarmouth, November 22nd, at the age of seventy-seven.

*Robert Faulkner O'Brien, M.D.*, Jefferson Medical College, 1895, died at Halifax, November 29th, at the age of seventy-four.

*Donald John Macdonald, M.D.*, McGill, 1897, died at Halifax, December 19th, at the age of sixty-eight.

*Avery Fillis Buckley, M.D.*, Dalhousie Medical School, 1898, died at Kitchener, Ontario, December 21st, at the age of eighty-five.

*Donald Thomas MacPhail, M.D.*, Philadelphia, 1896, died at Purdy Station, N.Y., December 16th, at the age of seventy.

Sincerely yours,

(Sgd.) H. G. Grant

It was agreed that this report should be presented at the annual meeting.

It was decided that the Secretary prepare a list of the firms advertising in the *MEDICAL BULLETIN* for publication in the Bulletin for the benefit of the doctors.

Dr. Eric Macdonald moved that the members to the Council of the Canadian Medical Association be re-appointed and that the importance of attending the Council meetings, which are held once a year, be impressed upon them. This was seconded by Dr. P. S. Cochrane, and carried.

It was moved by Dr. LeBlanc, seconded and carried that Dr. H. K. MacDonald be the representative on the Executive Committee of the Canadian Medical Association for the year 1943 with Dr. Lynch as alternate.

It was moved by Dr. P. S. Cochrane and seconded by Dr. Calder that Dr. Lynch be the representative on the Nominating Committee of the Canadian Medical Association for the year 1943. Carried.

It was moved by Dr. P. S. Cochrane and seconded by Dr. LeBlanc that Dr. J. R. Corston as Chairman, Dr. H. K. MacDonald and Dr. W. L. Muir form the nucleus of the Divisional Medical Advisory Committee with power to appoint representatives from each Branch Society. Carried.

Dr. Lynch read the following telegram from Dr. Routley—"President Archer will attend your meeting. I am detained Ottawa on military duties. President has very important announcement for your meeting and it is most essential he meet Divisional Advisory Committee Chairman. Sorry cannot be with you. Best greetings to you all."

It was moved by Dr. Eric Macdonald and seconded by Dr. P. S. Cochrane that the following doctors be taken in as members of The Medical Society of Nova Scotia. Carried.

Dr. J. H. Baldwin, Barrington Passage  
 Dr. C. S. Bezanson, Aylesford  
 Dr. E. S. Bishop, Kentville  
 Dr. W. E. Callaghan, New Waterford  
 Dr. J. A. Donahoe, Barrington Passage  
 Dr. Elizabeth C. Eaton, Amherst

Dr. G. G. Lehv, Halifax  
 Dr. P. W. Little, Truro  
 Dr. M. R. Macdonald, Reserve Mines  
 Dr. J. W. McLellan, Sydney  
 Dr. C. S. Marshall, Halifax  
 Dr. B. W. Maxwell, Glace Bay

Dr. Howard Goldberg, Clark's Harbour	Dr. C. N. Morrison, New Waterford
Dr. P. O. Hebb, Dartmouth	Dr. R. E. Price, Amherst
Dr. W. E. Hirtle, River Hebert	Dr. D. W. Ramsay, New Glasgow
Dr. E. B. Howell, Pictou	Dr. L. W. Ryan, Parrsboro
Dr. R. O. Jones, Halifax	Dr. S. J. Shane, Yarmouth
Dr. J. Land, Glace Bay	Dr. L. M. Sproull, New Glasgow
Dr. G. J. LeBrun	Dr. J. C. Worrell, Halifax
Dr. J. C. Young, Sydney	Dr. R. A. Young, Wolfville

The President extended an invitation to the members of the Executive to be his guests at dinner at the Isle Royale Hotel.

There being no further business the meeting adjourned at 5.10 p. m.

The Medical Library wishes to obtain a copy of Gaston Labat's **REGIONAL ANESTHESIA: ITS TECHNIC AND CLINICAL APPLICATION**, published in 1922. We are willing to pay a good price, if necessary, to obtain this book, as it is now out of print.

# 89th Annual Meeting of the Medical Society of Nova Scotia, 1942

## FIRST BUSINESS MEETING

THE first general business meeting of the 89th annual meeting of The Medical Society of Nova Scotia was held at the Y.M.C.A., Sydney, N.S., on Wednesday, July 8, 1942, at 11.55 a.m.

The meeting was called to order by the President, Dr. J. G. B. Lynch.

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that the minutes of last year's meeting as published in the MEDICAL BULLETIN in July and September, 1941, be accepted as read. Carried.

The President advised that all the various items that were dealt with by the Executive would be published in the BULLETIN and that only the most important matters would be brought up at the present meeting.

There was no unfinished business.

The communications had all been read at the Executive meeting and there was nothing of importance to be considered at the business meeting.

The reports of the various standing committees had been dealt with by the Executive, but there were a number which were referred to the general meeting.

The report of the Workmen's Compensation Board, as published in the Executive minutes, was read by the Chairman, Dr. H. K. MacDonald.

Dr. J. B. Reid thought it was impossible for bills to be in by three months time and moved that the Legislative Committee appointed by The Medical Society of Nova Scotia take this matter up with the proper department of the Government to see if the three months time limit could not be extended back to the original period of one year. This was seconded by Dr. W. G. J. Poirier and carried.

Regarding the report of the Medical Museum Committee the President stated there must be quite a number of men in the province who have something that would be valuable to the museum.

With reference to the report of the Library Committee the President pointed out that the Library is for the use of the men in the Province of Nova Scotia and he was sorry to say that not enough men have been making use of it. If there is any book the medical men wish they can write in for it and it will be forwarded.

The report of the Industrial Medicine Committee, as published in the Executive minutes was read by the President who moved the adoption of the report. This was seconded by Dr. P. S. Cochrane and carried.

The report of the Representative on the Executive of the Canadian Medical Association was read by Dr. H. K. MacDonald, who moved the adoption of the report. This was seconded by Dr. P. S. Cochrane and carried.

The financial report was read by the Treasurer, Dr. Muir, who moved the adoption of the report. This was seconded by Dr. P. S. Cochrane, and carried.

Dr. Lynch presented the names of the Nominating Committee, Dr. Eric W. Macdonald, Chairman, Dr. P. S. Cochrane, Dr. H. K. MacDonald, Dr. P. E. Belliveau and Dr. D. S. McCurdy.

It was agreed that the President, Dr. Lynch appoint a committee to make up a provincial schedule of fees.

It was moved that the incoming members of the Provincial Medical Board discuss with the members of the Board at the next meeting the feasibility of the registration and licensing fee to be one fee, which would be an annual licensing fee, plus the fee to The Medical Society of Nova Scotia. This was seconded by Dr. Eric Macdonald and carried.

Following is the report of the committee of three appointed at the Executive meeting to investigate and report on the letter from the Registrar of the College of Physicians and Surgeons of British Columbia, which was not read at the meeting:

Your committee appointed at the meeting of the Executive Council on Tuesday, to consider the communication from the Registrar of the British Columbia Medical Society, regarding Unemployment Insurance Dues, collected from nurses and secretaries in doctors' offices, is of the opinion, that the nursing profession should not be subject to these levies, as they are in the same class as other exempted professions. Secretaries, on the other hand, should be considered as a different category. This of course, is subject to the approval of your Society.

(Signed) A. Calder

D. F. McInnis

J. E. LeBlanc

There being no further business the meeting adjourned at 12.30 p.m.

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## SECOND BUSINESS MEETING

The second business meeting of The Medical Society of Nova Scotia was held on the morning of July 9, 1942, at the Y.M.C.A., Sydney, N.S., at 9.45 a.m.

The President stated that this was a very important session and there was some very important business to be taken up. The first was the report of the Secretary which had been left over from the day before; this report was read by the Secretary.

Dr. Eric Macdonald: "There is just one thing I would like to mention. There seems to be some misunderstanding regarding the Gerald Burns Memorial Fund. Certain of the Cape Breton doctors were asked to contribute to the Gerald Burns Memorial Fund, but the impression was that it was solely a matter coming from the Halifax Medical Society, and some members took the stand that if this were a Halifax Medical Society matter it should be borne by the Halifax men, but if a matter for The Medical Society of Nova Scotia it should be sponsored as such. I think that with all due respect to Dr. Atlee and the Halifax Medical Society that some definite statement should be made to the effect that it is an undertaking of this Society."

Dr. Lynch: "I think that there should be a motion from the floor suggesting that the Secretary get in touch with the Chairman of that Committee, Dr. Atlee, and ask him if he would make this a Provincial matter, as the doctors would only be too glad to assist."

Dr. P. S. Cochrane: "I would move that the Secretary be authorized to get in touch with Dr. Atlee and have him put a small article in the next issue of

the BULLETIN to clarify the matter." This was seconded by Dr. Tompkins and carried.

It was moved by Dr. P. S. Cochrane and seconded by Dr. McInnis that the usual honoraria to the Treasurer the Secretary and the clerical secretary and the Editorial Board be paid. Carried.

It was moved by Dr. Tompkins and seconded by Dr. Thomas that the same members as last year to the Council of the Canadian Medical Association be re-appointed for this year. Carried.

It was moved by Dr. P. S. Cochrane and seconded by Dr. A. McD. Morton that Dr. H. K. MacDonald be the representative on the Executive of the Canadian Medical Association. Carried.

It was moved by Dr. Curry and seconded by Dr. Davis that Dr. Lynch be the representative on the Nominating Committee of the Canadian Medical Association.

It was moved by Dr. McInnes and seconded by Dr. Benvie that Dr. J. R. Corston as Chairman, Dr. H. K. MacDonald and Dr. W. L. Muir form the nucleus of the Divisional Medical Advisory Committee with power to appoint representatives from each Branch Society. Carried.

The President stated that with regard to Health Insurance it was going to be important that we are able to show a schedule of fees in establishing a fee for the Province and I am going to appoint as Chairman of that Committee our Treasurer, Dr. Muir, with Dr. M. G. Tompkins of Dominion and Dr. L. M. Morton of Yarmouth as his committee."

Dr. P. S. Cochrane asked if there should not be a representative from each branch society on that committee. He moved that the three men appointed by the President be the nucleus of the committee with power to add a member from each branch society and at their convenience they meet and take up the question of adopting a more or less nominal scale of fees. This was seconded by Dr. Crummey and carried.

It was moved by Dr. Eric Macdonald that we write the Provincial Medical Board asking them to consider the proposition of requiring every practitioner taking out an annual license. We could follow the scheme, as outlined by Dr. Archer, in Alberta. This was seconded by Dr. P. S. Cochrane and carried.

It was moved by Dr. J. E. LeBlanc that the list of names, as published in the Executive minutes, be received and that they be taken in as new members of The Medical Society of Nova Scotia. This was seconded by Dr. Thomas and carried.

The next item was the report of the Nominating Committee as given below. Place of meeting in 1943: to be decided at the semi-annual executive meeting in February.

- President, Dr. W. Alan Curry, Halifax.
- 1st Vice-President, Dr. J. C. Wickwire, Liverpool.
- 2nd Vice-President, Dr. P. S. Cochrane, Wolfville.
- Treasurer, Dr. W. L. Muir, Halifax.
- Secretary, Dr. H. G. Grant, Halifax.
- Legislative Committee, Dr. K.A. MacKenzie and Dr. N. H. Gosse, Halifax.
- Editorial Committee, Dr. H. W. Schwartz, Dr. J. W. Reid and Dr. A. L. Murphy, Halifax.



Cancer Committee, Dr. S. R. Johnston and Dr. H. B. Atlee, Halifax and Dr. M. G. Tompkins, Dominion.

Public Health Committee, Dr. P. S. Campbell and Executive of the Nova Scotia Health Officers Association.

Insurance Committee, Dr. L. M. Morton, Yarmouth; Dr. L. R. Morse, Lawrencetown; Dr. J. V. Graham, Halifax.

Historical Committee, Dr. H. L. Scammell, Dr. H. W. Schwartz, Halifax, Dr. J. E. LeBlanc, West Pubnico.

Workmen's Compensation Board, Dr. H. K. MacDonald, Halifax; Dr. D. S. McCurdy, Truro; Dr. J. H. L. Simpson, Springhill; Dr. P. E. Belliveau, Meteghan; Dr. M. G. Tompkins, Dominion.

Medical Museum Committee, Dr. K. A. MacKenzie, Dr. D. J. Mackenzie, Dr. R. P. Smith, Halifax.

Cogswell Library Committee, Dr. J. R. Corston, Dr. J. W. Merritt, Dr. C. W. Holland, Halifax.

Medical Economics Committee, Dr. J. R. Corston, Halifax; Dr. Eric W. Macdonald, Reserve.

Narcotic Drug Committee, Dr. F. V. Woodbury, Dr. C. W. Holland, Halifax, Dr. M. G. Burris, Dartmouth.

Industrial Medicine Committee, Dr. J. G. B. Lynch, Sydney, Dr. A. Calder, Glace Bay, Dr. A. B. Campbell, Bear River.

Provincial Medical Board, Drs. H. K. MacDonald, F. R. Little, J. G. MacDougall, Halifax; Dr. J. G. B. Lynch, Sydney, Dr. M. R. Elliott, Wolfville; Dr. G. A. Dunn, Pictou.

Dr. Eric Macdonald moved the adoption of this report, which was seconded by Dr. P. S. Cochrane, and carried.

Dr. Lynch stated that before handing over the reins of office to his successor he wanted to thank every member of the Society for their support and enthusiasm during the year.

Dr. Curry took over the chair and said he appreciated the honour which had been conferred upon him and would carry out his duties to the best of his ability; he had a hard man to follow as Dr. Lynch had set a high standard.

Dr. Muir stated that it was his pleasure at this juncture to extend on behalf of the members of The Medical Society of Nova Scotia their deep sense of gratitude to the President and members of the Cape Breton Medical Society, to the ladies and to the members of the entertainment committee who had worked hard to make our visit a happy one. He would like on behalf of the Medical Society of Nova Scotia to extend their heartfelt thanks.

Dr. LeBlanc stated that he did not know who selected his name for the Historical Committee, but they would try to do something for our history in the future, and throughout the year they would endeavour to get something, because we know that the present is deeply rooted in the past, and if we want to be true physicians we have to know literature.

Dr. Muir's motion was carried and Dr. Curry stated he had great pleasure in presenting to the Cape Breton Medical Society the heartfelt thanks of The Medical Society of Nova Scotia for their happy visit.

There being no further business the meeting adjourned at 10.10 a. m.

## Personal Interest Notes

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**D**R. P. D. CRYNOCK of Morgantown, West Virginia, has enlisted with the U. S. Army, and has been accepted as 1st Lieutenant of the Medical Corps, being assigned to Stark General Hospital, Charleston, South Carolina. Dr. Crynock graduated from the Dalhousie Medical School in 1935.

Dr. and Mrs. S. W. Williamson of Yarmouth, attended the wedding of their daughter, Miss Muriel, to Dr. Henry Bruce Squires of Orillia, Ontario, at Toronto, in June. They also spent some time in Providence, Rhode Island, where Dr. Williamson visited his mother.

Dr. and Mrs. H. B. Atlee of Halifax, were vacationing at South Milford during July.

Dr. T. B. Murphy of Antigonish, visited hospitals and clinics in Montreal for a couple of weeks during July. He was accompanied by Mrs. Murphy.

Dr. D. K. Murray of Liverpool, accompanied by Mrs. Murray and their two children spent two weeks at Northumberland Lodge, Toney River, during July.

Dr. and Mrs. A. M. Marshall of Halifax, and their two children returned in July from a trip to New York, Pittsburgh and Ohio. They made the trip there and back by plane, returning by way of Toronto. They visited Rev. John C. Strubel, of Ohio, Mrs. Marshall's father, who was ill. Later they attended the wedding of Mrs. Marshall's cousin in Pittsburgh.

Congratulations to Dr. and Mrs. W. K. House of Halifax, on the birth of a son, Walter Peter, on July 26th.

Dr. and Mrs. L. R. Teasdale, Charlotte, North Carolina, were in Dartmouth recently on a short vacation, visiting the former's parents, Mr. and Mrs. Lorne E. Teasdale. Dr. Teasdale graduated from the Dalhousie Medical School in 1936.

The marriage took place at Lunenburg on July 18th of Miss Christobel Irene Walters, daughter of Mr. and Mrs. John A. Walters and Dr. Douglas Charles Peter Cantelope, son of Mr. and Mrs. Peter Cantelope. Mrs. Cantelope, who before her marriage was a dietitian, received her degree of bachelor in household economics at Acadia University and took a post-graduate course at University Hospital, Edmonton. Dr. Cantelope, who received his M.D., C.M., from Dalhousie Medical School in May of this year, has entered the R.A.F. as a medical flying officer.

# Obituary

THE death of Dr. Daniel MacDonald, of Sydney, occurred on July 31st at Mabou where he had been spending part of the summer with his sister-in-law, Mrs. Alexander D. Cameron. Dr. MacDonald was born on November 8, 1862, a son of the late Mr. and Mrs. Donald MacDonald, his father being known as "Big Donald," and was the last of a large family. Dr. MacDonald graduated from Baltimore in 1892 and first practised in Baddeck, then North Sydney, where during the first world war he was a major with the R.C.A.M.C. He remained in North Sydney for a number of years and had been practising in Sydney for the last seven years, working with his son, Major A. C. MacDonald. Dr. MacDonald was a widely known medical man. He was particularly interested in clinic work, and started a health centre at Big Pond recently so that the people in the districts could get a benefit of medical science. Dr. MacDonald is survived by his wife, the former Mary McNeil, daughter of the late Hon. and Mrs. John McNeil of Mabou, one daughter, Catherine, Mrs. Gregory Amyot, wife of Dr. Amyot, Minister of Health, Victoria, B. C., and three sons, Lieutenant Donald J. MacDonald of Detroit, Major A. C. (Sandy) MacDonald, Mulgrave, and Dr. R. S. MacDonald, veterinarian, Annapolis.

The death occurred on August 1st at the Inverness County Memorial Hospital, Inverness, of Dr. Donald Laughlin MacKinnon of Truro. He had been vacationing with his wife and family at East Side Lake Ainslie, for the past few weeks, at his former home. Dr. MacKinnon was born August 15, 1873, a son of the late Mr. and Mrs. John A. MacKinnon. Dr. MacKinnon graduated from Queen's University in 1905 and began practise in Boston. He returned to Canada in 1915, and after writing the Canadian medical examinations went to Truro where he purchased the residence of the late Dr. Walker, where he had resided ever since and conducted his office. He had been a member of the medical staff of the Colchester County Hospital since its start and was a member of the Hospital Trust Fund for the past three years. He was a member of the Colchester-East Hants Medical Society, the Medical Society of Nova Scotia and the Canadian Medical Association. Throughout his entire life he took a keen interest in community affairs, always striving to better conditions in the town and in this respect did much valuable welfare work. In politics he supported the Liberal party and was selected by the party along with the late Dr. W. R. Dunbar to contest the 1928 election, losing out to the late Lieut.-Gov. F. T. Stanfield and W. A. Flemming. A true Scot, he loved to spend a holiday each year with his people around Lake Ainslie. He spoke the Gaelic fluently and loved to converse in the language. He was one of seven brothers, all of whom are graduates of Queen's University. The brothers all entered the profession, two as doctors, and five as ministers, and are the largest number of brothers to have graduated from that university. Besides his wife, the former Miss Adams, of Brentwood, he is survived by five daughters and two sons, Winnifred of Boston; Jean, Mrs. Lloyd R. Shaw, Ottawa; Alexia in Ecuador; Katherine, Mrs. Louis Pachero of Lima, Peru; Patsy, at home; Donald and Jack, at home.

One of the six brothers of the late Dr. MacKinnon, Rev. Hector MacKinnon, died recently at Lake Ainslie. The surviving five brothers are: Dr. Hugh MacKinnon, Halifax; Rev. A. D. MacKinnon, Berwick; Rev. John Y. MacKinnon, London, Ont.; Rev. Murdoch MacKinnon, Toronto;

Rev. Alexander MacKinnon, Vancouver, B. C.; and Rev. Malcolm MacKinnon, Lake Ainslie.

The funeral service was held on August 4th, from the old homestead at Lake Ainslie and was conducted by Rev. F. W. Lawrence of St. James Church, Truro, assisted by Rev. D. A. MacKinnon of Inverness, who addressed the people in Gaelic. Rev. Murray MacDonald of Lake Ainslie, led in prayer and Rev. D. C. MacPherson of Whycomagh, read the scripture.

From Truro his medical confreres were represented by Dr. D. S. McCurdy and Dr. E. M. Curtis, the nurses by Miss Verna Murray and Mrs. Vera McLean who attended the funeral.

The BULLETIN extends its sympathy to Dr. Edward DuVernet of Digby on the death of his brother, Mr. Robert Parker DuVernet of Greenville, S. C., on July 23rd.

### **A Tribute to the Late Dr. D. L. MacKinnon**

(By Dr. F. D. Charman, President of the Colchester County Hospital Medical Staff; reprinted from the *Truro News*)

The members of the medical staff of our hospital, of which the late Dr. D. L. MacKinnon was an active and valued member ever since its formation in 1926, were indeed surprised and shocked on Saturday (August 1st) to hear of his death in the Inverness Memorial Hospital, of an illness of only about one week. Leaving here a few weeks ago, in apparent good health and spirits, to spend his annual vacation at his beloved Lake Ainslie, it seemed incredible that so suddenly had illness and death overtaken him. The late Dr. MacKinnon, after his graduation from Queen's University, spent some time in Boston, where he was connected with the Boston City Hospital.

There he gained much valuable experience, which stood him in good stead in his practice here in later years.

He came to Truro shortly after the outbreak of the Great War of 1914-18, and sensing the need of hospital facilities in the town, opened up the Ainslie Hospital at West Prince Street, where for many years, much valuable medical and surgical work was done for the community.

Unfortunately for himself the financial success of the institution, as is always the case with private hospitals, did not parallel its professional success and he later sold it out to the Colchester County Hospital Trust, at I understand considerable financial loss to himself. The people of Truro owe him a great debt of gratitude for thus giving them their first real hospital, from which the present institution has grown.

Dr. MacKinnon was also, always greatly interested in the welfare of his adopted town and took the greatest interest in its problems, being ever a doughty champion of such causes as pure and plentiful water supply, sanitation, etc. His was a forceful personality and we shall all greatly miss him in our hospital work, our society meetings, and in the every day walks of life.

Many patients who owe their health and their lives to his skill and care as a surgeon will regret his untimely passing.

For himself after the hardships, disappointments and responsibilities of life and death endured by a medical man over nearly forty years of practise perhaps he might say with Stevenson;

This be the verse, you grave, for me  
Here he lies, where he longed to be  
Home is the sailor, home from sea  
And the hunter, home from the hill.