

Editorial

This issue of the Nova Scotia Medical Bulletin has been entirely devoted to the affairs and proceedings of The Medical Society of Nova Scotia.

Your Editorial Board has taken this step in the interest of The Society and to emphasize the importance of the changes which have come into effect since the Annual Meeting at Halifax in September.

The new Constitution of The Society is now operative, and the office of a full-time permanent Executive Secretary has been filled. We congratulate Doctor C. J. W. Beckwith on his appointment to this position, and feel that The Society is indeed fortunate to have obtained the services of a man who has already proved his ability in the affairs of medicine in this Province. Under the new Constitution we also welcome the decision to create a Chairman of the Executive Committee, and congratulate Doctor A. G. MacLeod on this appointment.

The Medical Society of Nova Scotia is an ancient and honourable body, founded in 1854 and incorporated in 1861. During the ensuing years it is perhaps not unfair to state that its annual meetings have been more famous for their social graces gently flavoured by scientific papers, than for the wisdom their deliberations and decisions on the business of The Society.

But times have changed. Threatened by the forces of Government and by the rapidly changing face of medicine, The Medical Society of Nova Scotia, representing organised medicine in this province, has perforce a most solemn and important duty to perform if it is to lead the profession and develop for the people of our Province the type of medical practice which it believes to be right. It is to efficiently fulfill this task that the present changes in The Society have been made.

It is hoped that the Annual Meetings of The Society will now become a truly representative parliament for the intelligent discussion and solution of the many problems which confront us, and that local branch Societies, by prior discussion and briefing, will be in a position to give considered opinions rather than the dangerous snap decisions from an almost empty hall which have been such an embarrassing feature of our previous meetings.

On the wall of the new office quarters of The Society, placed at our disposal through the goodwill of the Dalhousie University Medical School now hangs this quotation:

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

Let each one of us therefore strive to make our Medical Society the dignified, and effective mouth-piece of our profession in Nova Scotia which is its proper function.

The appointment of Doctor C. J. W. Beckwith to the Secretaryship of The Society has of necessity involved changes in the Editorial Board of the Bulletin.

The mantle of Editor-in-Chief has now fallen onto the shoulders of Doctor H. C. Still. Doctor W. K. House and Doctor J. L. Fairweather are Associate Editors.

We should like to express our admiration for the hard work and excellent standard which Doctor Beckwith maintained during the past year, and are most happy that we shall have the benefit of his continuing advice and help in his newly created post of Managing-Editor.

Presidential Report

THE MEDICAL SOCIETY OF NOVA SCOTIA*

Robert O. Jones, M.D.

Halifax, N. S.

THIS is the first meeting of The Medical Society of Nova Scotia to be held since the new constitution was adopted. In fact, this is a sort of bastard meeting marking the transition from the old to the new constitution and making use of whichever seems to serve the immediate need best.

One clause in the new constitution is very plain however — that which states clearly and simply that one of the duties of the President is to deliver a Presidential Address. What form such an address will take, when it will be given, is not stated and it seems that one has to make these decisions without guidance.

In times past, it has been customary to give the Presidential Address at the Annual Dinner — an address generally squeezed in between the giving out of golf prizes, the remarks of visiting dignitaries and the principle speaker of the evening. Given the wit and oratorical ability of a Reid or a Cochrane, this has been at times, highly successful — in fact, successful to the point where unintentionally, the President has stolen the honors from the guest star. Without these attributes, it has frequently deteriorated into just one more boring thing to get through before one gets on to the fun of the evening.

For these reasons, I decided that the Annual Dinner was not the time for the Presidential Address. In consultation with Dr. Macdonald, it seemed that the opening of the first business session was the appropriate time to fulfill the duties laid down by the constitution. Having settled the time, the next question was the content of the address. This Society in the past has been honored with a number of very fine productions highlighting matters of medical interest, both present and past, in a scholarly fashion. Were I capable of carrying on this great tradition, a few minutes at the opening of the first business session of the Organization did not seem the appropriate place. One of the more pleasant duties I have performed during the past year was to attend the meeting of the Ontario Medical Association. Here I found that the Presidential Address was a review of the Association's activities during the year, presented at one of the luncheons. (Incidentally, the guest speaker at the other luncheon was a member of our Association, Dr. H. B. Atlee who as usual, did a fine job and brought distinction to himself and to our Medical Society.) I decided that this type of review of the Society's activities was the proper function of the Presidential Address. However, when I came to do it, I found that I was anticipating the report of our Secretary and of the many efficient committees that have been working during the year and thus was not only stealing their thunder but was using a fair amount of precious time unproductively. It may be that the solution which I propose to follow, will still do this latter thing.

In the course of a year in office however, the President is bound to have some personal experiences that will shape his viewpoint on the affairs of the Society. It is such personal experience I wish to report to you today. Suc-

* September, 1956.

ceeding presidents may follow this lead or take a new course. There are those among our membership who would say that I am the last president who will be able to make such a decision. In the future, his decisions will be made for him by the awesome ogre that the new constitution committee has drawn up, the Chairman of the Executive. Be that as it may, at the moment, my hands are not tied, so what is to follow are some thoughts prompted by my experience as President during this past year on some of the important issues facing our Society.

That such issues exist, no one would doubt. Indeed, this meeting seems to have opened at a time when there are important decisions to be acted upon, decisions which have been arrived at in general meetings by the true exercise of the democratic process and which the Executive of the past year was duty-bound to enforce. Apparently, the decision which has most perturbed the membership has to do with the employment of a full-time secretary and the resultant increase in fees — a matter of \$30.00. I had outlined in detail in the memorandum accompanying the membership bills this year, the reasons for these decisions having been made. Suffice it to say here, that these steps were not taken by your present Executive but rather they simply filled in the details as directed by several annual meetings over the past four or five years. These years of discussion came to a head at the annual meeting of the Association held at the Isle Royal Hotel in Sydney, Cape Breton on September 7, 1954, when the general meeting went on record as being in favor of a full-time secretary and gave the Executive power to finalize such an arrangement. A year later on September 6, 1955, in Amherst, a special committee working on this matter was further directed to continue the search for "the most suitable medical doctor as our full-time secretary." At the same time, the committee's recommendation was accepted — "that the Society's fees should be increased to cover the cost of a full-time secretary when such an appointment was made." With these very clear directions, the Executive, acting on the advice of the two committees concerned (the full-time secretary and the committee on fees) raised the fees to \$50. annually.

There would seem to me some evidence to suggest that my view concerning a full-time secretary and the consequent increase in fees, is not shared by one hundred per cent of our membership. In passing, it might be said, that with the exception of a dozen or so letters, this evidence is rather difficult to produce and consists mainly of the rumors of the smoke-filled back room variety, or what someone said in the surgeon's room to somebody else. Against those rumors, is the recorded vote of meeting after meeting of Executive and Society, backing up these policies with overwhelming majorities. It would seem that one of the major faults of our Association is an apparent reluctance to say what we have to say in public meeting and to engage in open debate arriving at a decision which if it is the will of the majority, we will accept. Rather, we will sit home and grouch about the worthlessness of attending Medical Society meetings because "all they do is talk" and then grouch still more when those who are there doing something, do something of which we do not approve. However, there does seem to be enough smoke in these mutterings to indicate a considerable amount of fire underneath. It either should be uncovered and allowed to burn itself out or should change the direction of Society policy. As

I started to say a few moments ago, I have had several experiences this year, which make me feel that it would be a backward step if the direction of our policy were changed and we were not wholeheartedly in support of our full-time secretary.

As one of the earlier and more exciting duties of your President this year, I was invited to attend and participate in a business meeting of one of the branches. The members of this branch society are the most active and best informed of any in this Province. A member of their branch presided at the meeting at which the decision to employ a full-time secretary was finally reached, a meeting held in their own capital city. They have capable members of the Executive with a superior attendance record; members of their society are on every committee of this association and in several instances, they chair such committees. No one who has heard members of this branch in action would doubt that they have the courage to question decisions, to express their own points of view and that they have the understanding to appreciate what goes on at a business meeting. Despite all these attributes, I was astonished to find that at least a percentage of the membership of this branch was certainly not conversant with the business activities of this society over the past two years. Questions were asked that night which indicated that the asker did not know the decisions which has been taken two years previously and had been affirmed and reaffirmed at succeeding annual meetings. In the same vein, it seemed to be a big surprise to a large percentage of the membership of this branch, to learn that a new constitution had been correctly and finally adopted by the general meeting in Amherst after several hours of debate — a debate enlivened by the active and vigorous participation of representatives of this branch. I mention this experience, not to cast blame on the branch concerned but to point out to you that this confirmed me in my opinion that there was something wrong in the way we were doing business in the Nova Scotia Medical Society. Without reference to the quality of the decisions reached, if this active, interested, well-represented branch was so poorly informed of what was going on, it was obvious there was something wrong with the internal communication of our Society.

I have satisfied myself that this and previous executives have done their best with the communication media they have to work with — the circular letter, the Bulletin, and occasional appearances of officers at local meetings. I have equally satisfied myself that these are not sufficient. I feel that this is a period in our professional life when such things must not be allowed to happen. It is a time when major decisions have to be made about matters that affect the profession and affect the people of Canada vitally. Such decisions can only be made when every member of the Society knows what every other member is thinking; when he knows what the Canadian Medical Association is thinking and when he has prepared for him, in a form readily available, the experience of our professional brethren all over the world. I am convinced that this type of internal communication can only be achieved by the provision of a person who has, as his major responsibility, making sure that every member of the Nova Scotia Medical Association has this kind of knowledge.

The second experience which confirmed me on this viewpoint, was my attendance at the general council of the Canadian Medical Association this past

June. I attended this meeting as one of your representatives in company with the rest of our nominees to the general council — our Secretary, Dr. M. R. Macdonald, Dr. W. A. Hewat, Dr. A. G. MacLeod, Dr. E. F. Ross, Dr. C. B. Stewart, and our Treasurer, Dr. C. H. Young. I blush to say that this was the first time that I had the privilege of attending this council — again, something which I think speaks for the inadequacy of our medical organization in Nova Scotia.

Following roll call, business began to pop — issue after issue was raised of the greatest significance to organized medicine and to its members. A few of the things that were discussed, I shall mention later. What impressed me and from subsequent remarks, apparently impressed every member of our group, was the difference in performance between the divisions which had a full-time secretary and those two or three which did not. I think I speak for the whole group when I say that we felt that the quantity and quality of the participation of branch representatives depended directly on the presence and the quality of the full-time secretary. This was particularly to be noted in the case of the Ontario and British Columbia Divisions — without a doubt, they dominated the meeting — not I think because of their larger representation nor because they are the nasty little men with horns and tails that Maritimers commonly picture these outlanders, but because they were organized and had decided policy before they got there. They knew what their association viewpoints were and which member of their representation would speak to which point; and his remarks had been carefully prepared and documented before he ever saw Quebec. Conversation with members of these various delegations, left no doubt as to the reason for this — their secretary had seen to it, that each member knew exactly what business was coming before the Council, that he had been able to get a concerted expression of opinion from his Society as to their attitudes on these issues, that he had organized his delegation so that each member, knew what points he was to support and was provided with the necessary material to speak intelligently and tellingly when the opportunity came. He had been able to do all these things because it was his major responsibility and because he had the time to do it. The affairs of his medical division were not something that were crowded into a life already largely taken up with other duties.

We, of the Nova Scotia delegation were not even sure that the man on our right had the same opinions that we had and we certainly had no confidence when we spoke that we were speaking for our Division. If we did feel reasonably certain that we were on the right track, the contribution which we could drag out of the hat at a moment's notice was infantile compared with the highly organized presentation of these other provinces. By the end of the morning, we decided that we should adjourn as a delegation to the bar where some policy could be decided for future participation. As a result of this, I think we were a little more effective in succeeding sessions but my Baptist-formed conscience strains at the acceptance of policy which may be of vital importance to all of us and still more important to the sick of Nova Scotia depending on a hurried meeting in a bar. On one issue, I think we were all unanimous — that was, the utter necessity of a full-time secretary so that never again would the rep-

representatives of Nova Scotia medicine be in the position in which we found ourselves.

To turn briefly to some of the material discussed at the general council meeting; This has been reported in some detail in the Canadian Medical Association Journal for July 1, 1956 and will be reported in greater detail in future issues. To pick out only a few of the high spots which might prove of interest to this audience —

The next annual meeting of the Canadian Medical Association is to be held in Edmonton, June 17 to 21, 1957; to be followed by the 1958 meeting in Halifax (with the New Brunswick Division as hosts) June 15 to 19. The 1959 meetings will be another conjoint meeting with the British Medical Association in Edinburgh from July 16 to 24. This latter fact gives particular point to the activities of the income tax committee which reported that it had been announced that the income tax act would be amended to allow "the deduction of the expenses for two conventions annually in Canada" and also brought from the Minister of Finance, promise to give consideration to a geographic extension of this right. As announced in the last issue of our Bulletin, this extension has now been made, so that the words "in Canada" have been dropped from the act.

The report of the Committee on Economics as usual, was the most time-consuming and resulted in the most discussion. From this discussion came a resolution introduced by the Ontario Branch as follows — "The Canadian Medical Association affirms that radiological and clinical pathological services are physician services and not hospital care and should be so treated in any insurance plan." This seems to be a timely resolution in terms of our present situation in Nova Scotia. This Committee also recommended the establishment — in cooperation with Trans-Canada Medical plans — of the setting up of a Department of Economic Research which will concern itself with gathering information on medical economics with the analysis and assessment of statistical and other data which will be available to the medical profession across Canada. The acceptance of this recommendation lead to a resolution moved by Dr. C. B. Stewart and supported by the Nova Scotia Division, that with these new facilities, the Canadian Medical Association proceed to prepare a plan for the administration and operation of health insurance in Canada which would be satisfactory to the medical profession. In this way, we could make a positive contribution in the matter rather than sitting passively until someone else decides what we should do and then making futile criticism.

Two other announcements by the Executive were of some pertinence — the first, the setting up of a joint committee with the Canadian Psychiatric Association to consider the whole field of mental health in Canada; and secondly, the provision of a grant to the Canadian Medical Association section of Physicians and Public Service to help defray the cost of a proposed survey of salaried physicians in Canada.

I mention these things for your information but also to point out a few of the many things that our parent organization is doing for the benefit of health in Canada and for the medical profession. I reiterate the point — it seemed evident to me and, I believe, to my colleagues on the general council — that we could only play our part in these developments and derive full benefit from

them if we had a more efficient leadership than we currently have — the leadership of an experienced and capable physician willing to accept such a position as his major responsibility.

I referred earlier to the rumors which are rife concerning the dissatisfaction resulting from the raising of fees and the employment of a full-time secretary. As a matter of fact, at the moment of writing this address, 389 physicians have become members of this Society this year — there have been eight resignations and seven members have written letters indicating strong disapproval of this course. There is reason to believe that these members who have declared their feelings in the matter may not represent the full extent of disagreement. The eight resignations are made up of six physicians in full-time government service and there is one of the other two who is a full-time salaried physician. One of these physicians in his letter of resignation writes as follows — I quote because it seems to point up very well the position in which we find ourselves — “As a salaried government physician, I belong to the Professional Institute of Canada. As far as I am concerned, the Institute will serve the same function as a full-time medical secretary.” Perhaps this is so — perhaps if we want to become salaried government physicians, such bodies may serve the same purpose. But there is evidence in some of the pleas made to this Association and some of the actions of the Canadian Medical Association this very year to suggest that even this group has to turn to organized medicine for help at times. The majority of us however, feel that we are not able to render the best medical service to the people of Nova Scotia or to lead the most satisfactory lives for ourselves by becoming full-time salaried government physicians. If we wish to avoid such a step, we probably cannot rely on such organizations as this physician mentions to represent our point of view. Rather we face the necessity of taking responsibility for the development of our own thinking and setting up means of expressing our conclusions to the Government and the public generally, in a way which will be most helpful to all concerned.

One other trend runs, not so much through the resignations, but rather through the letters of protest. This is an implication that this step which has been taken is not a popular movement but rather that it is the idea of a small group and there is expressed, the fear that a secretary will become such a powerful person that he and this small group will control Nova Scotia medicine. One writer refers to a “family compact” and another says, “it may be well for those in authority to stop, look and listen before it becomes necessary for those remaining to have to carry the burden by themselves.” I must confess that I do not fully understand the reasons for this type of suspicion. Present decisions have been reached and put into effect by as democratic a process as it is possible to follow. I do believe however, that there is a defect in our administration but this defect does not come about because the officers this year or in the previous 15 years of my acquaintance with this Society have wished to assume undue authority. Rather some decisions seem dictatorial because our meetings have generally been attended by about one-quarter of the Profession of the Province and frequently about one-third of those that have attended have been more interested in golf or social activities than in the business of the Society. This seems to me then to be the big job of our new secretary—the overcoming of a general apathy except when our pocketbooks are touched, so

that we may have an active well-informed profession able to plan efficiently and to exert enough influence so that our plans have some effect to produce the best and most satisfactory type of health service for the people of Canada.

I would like to emphasize that in attempting to point out some of deficiencies in our present method of doing business, I am not casting aspersions on those presently charged with these responsibilities. In using one of our branch societies of the example of the difficulties which exist, I would again say that I would believe that this is one of the most active and best informed of any branch. The defect is not in the Society's membership but rather in the communication system we have established and in the lack of provision of leadership in organization which cannot be provided by voluntary or part-time personnel. If there is one to be blamed for the lack of an informed representation at the Council of the Canadian Medical Association, it is probably myself who should have taken the responsibility of getting the representatives together beforehand and establishing policy. I do not believe however, that this would have been a possible thing to do. If this is so, in my own case located centrally, and with my responsibilities fairly well defined from day to day, it is even more impossible when the President is located at one or the other ends of the Province and engaged in the type of practice which makes his time far more less available than mine is. It may be too, that there will be other times, when you will have presidents as inexperienced as I was and that he will not know of these responsibilities until it is too late for him to do anything about it. I also remain convinced that the organizational task is too much for a secretary who is giving only a small share of his time to the affairs of this Society. As the Treasurer of this Association and as one who had his office in the same building as the late Dr. H. G. Grant for many years, I can testify to the efforts that he put into this Association while at the same time, carrying on a job which demanded his full efforts. I can also testify to the ever-increasing task he found this as the affairs of the Society became more and more complex and time-demanding. My association with Dr. M. R. Macdonald this year, has equally made me envy his ability to give so much to this Society while at the same time, carrying what is certainly a full-time job. To Dr. Macdonald, I would like to express my very sincere appreciation for the direction and help he has given me at all times. From both of these men, I feel that this Society has received far more than it deserved but we cannot go on forever in this way. I would be very remiss if I did not express the thanks of myself and Dr. Macdonald and I believe of the whole Society to the lady who has given so much of herself over the years for the benefit of Nova Scotia medicine. I refer of course to Mrs. M. G. Currie. I can remember the time when she worked only part-time for a part-time secretary. A few years ago, we recognized that we needed her full-time. During this period, she has been a force lending to continuity in the Association and also a person who has helped directly in many ways to wit: the increased advertising in our Bulletin since she took over.

To Mrs. Currie then, to Dr. Macdonald, to our Treasurer, Dr. Young and to the rest of the Executive, I wish to express my appreciation for the responsibilities they have taken and the help they have given me throughout this year. Also to the Chairman, and the members of our many hard-working committees, Dr. E. F. Ross and his Committee to choose a secretary, Dr. Donald MacRae,

and his Committee on Health Insurance, Dr. J. F. L. Woodbury and his Maritime Medical Care Committee, our standing committees, the reports of which you will hear in the next day or so; to all of these, I know you would wish to join me in extending our thanks.

And finally, to the membership of this Society, I would like to express my thanks for making it possible for me to have had this year as your President. It is evident that there are low spots in this job and in the last few minutes I have concentrated on some of these. There are also many new experiences; many satisfactions and especially for me, a greater insight into the problems of medical care and organization which could be gained in no other way. For all of this, I thank you. I can only conclude with the hope that my successor will have as much satisfaction as I have had and that his year will prove the wisdom of the steps we have initiated during this past year.

MINUTES OF THE NEW EXECUTIVE COMMITTEE MEETING
of the
MEDICAL SOCIETY OF NOVA SCOTIA
1956-57.

A meeting of the new Executive Committee was held at the Nova Scotian Hotel, Halifax, N. S., September 7, 1956.

MEMBERS OF EXECUTIVE COMMITTEE
1956 - 1957

President - - - - -	Dr. J. R. McCleave, Digby, N. S.
Vice-President - - - - -	Dr. A. L. Murphy, Halifax, N.S.
Immediate Past President - - - - -	Dr. R. O. Jones
Chairman of Executive Committee - - - - -	Dr. A. G. MacLeod
Treasurer - - - - -	Dr. C. H. Young, Dartmouth
Secretary - - - - -	Dr. M. R. Macdonald
Executive Secretary - - - - -	Dr. C. J. W. Beckwith

Representatives from Branch Societies

- Pictou County Medical Society, Doctor C. G. Harries, New Glasgow.
- Cumberland Medical Society, Doctor David Drury, 156 Victoria Street, Amherst.
- Cape Breton Medical Society, Doctor A. W. Ormiston, 61 Tain Street, Sydney, and Doctor H. J. Martin, North Sydney.
- Lunenburg-Queens Medical Society, Doctor Samuel Marcus, Bridgewater.
- Antigonish-Guysborough Medical Society, Doctor J. A. MacCormick, Antigonish.
- Valley Medical Society, Doctor J. P. McGrath, Kentville.
- Colchester-East Hants Medical Society, Doctor P. R. Little, 893 Prince Street, Truro.
- Western Nova Scotia Medical Society, Doctor A. F. Weir, Hebron.
- Halifax Medical Society, Doctor W. A. Murray, 324 Spring Garden Road, Halifax; Doctor D. I. Rice, 324 Spring Garden Road, Halifax; Doctor N. B. Coward, 99 Oxford Street.
- Representative on Executive of The Canadian Medical Association, Doctor A. G. MacLeod, 53 King Street, Dartmouth.
- Editor-in-Chief, N. S. Medical Bulletin, Dr. H. C. Still, Halifax.

1. Annual Meeting of The Society for 1957.

Considerable discussion ensued regarding the place for the holding of the Annual Meeting for 1957. Doctor J. R. McCleave stated that the Digby Pines Hotel would provide accommodation for the meeting June 28, 29 and 30, 1957. Opinions were expressed regarding the time of year, location and also the question of whether The Canadian Medical Association "Team" could attend at this time, and accommodation for exhibitors.

Doctor D. I. Rice moved "That having generally accepted that The Society should not be bound to arrangements with The Canadian Medical Association travelling "Team," future meetings of The Society be held during the last week of June." Doctor N. B. Coward seconded. Carried.

Doctor R. O. Jones moved "That if arrangements could not be made to hold the meeting at Digby Pines the last week in June, then arrangements be made for the last week in August." Doctor A. F. Weir seconded. Carried.

Doctor J. R. McCleave suggested Doctor D. E. Lewis of Digby as Chairman of the Programme Committee.

2. Appointment of Chairmen of Standing Committees.

On motion the following Chairmen were appointed:

Committee on Programme - - -	Doctor D. E. Lewis, Digby
Committee on Public Health - -	Doctor R. A. Moreash, Berwick (including Industrial Medicine and Pharmaceuticals)
Committee on Rehabilitation - -	Doctor W. D. Stevenson, Halifax
Committee on Medical Economics -	Doctor A. L. Sutherland, Sydney
Committee on Public Relations - -	Doctor F. J. Barton, Dartmouth
Committee on Cancer - - - -	Doctor G. W. Bethune, Halifax
Committee on Post-Graduate Education	Doctor J. A. McDonald, Glace Bay
Committee on Legislation - - -	Doctor J. McD. Corston, Halifax
Committee on By-Laws - - - -	Doctor W. A. Hewat, Lunenburg
Committee on Traffic Accidents -	Doctor A. L. Murphy, Halifax
Committee on Child and Maternal Hygiene - - - - -	Doctor M. G. Tompkins, Jr., Halifax

3. Other Appointments

On motion the following appointments were made:

Executive Secretary - - - - -	Doctor C. J. W. Beckwith, Halifax
Editor of the Nova Scotia Medical Bulletin - - - - -	Doctor H. C. Still, Halifax
Managing Editor of the Nova Scotia Medical Bulletin - - - - -	Doctor C. J. W. Beckwith, Halifax

Finance Committee

Doctor M. R. Macdonald, Chairman, Halifax
 Doctor A. G. MacLeod, ex officio, Dartmouth
 Doctor C. H. Young, ex officio, Dartmouth
 Doctor A. L. Murphy, Halifax
 Doctor R. O. Jones, Halifax

Budget Committee

Doctor C. H. Young, Chairman, ex officio
 Doctor D. I. Rice, Halifax
 Doctor J. R. McCleave, Digby

Signing Officers of The Society

The Chairman of the Executive Committee, Doctor A. G. MacLeod
 Honorary Treasurer — Doctor C. H. Young
 Executive Secretary — Doctor C. J. W. Beckwith

Advisory Committee on Health Insurance

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

Representative on the Hospital Planning Committee

Doctor C. J. W. Beckwith, Halifax

On motion a **Standing Committee on Fees** was established and Doctor F. Murray Fraser of Halifax was named chairman.

On motion a **Standing Committee on Civil Disaster** was established and Doctor W. K. House of Halifax was appointed chairman.

Representative to Nova Scotia Division, Canadian Cancer Society

Doctor W. R. C. Tupper, Halifax

Medical Advisory Board to Lay Organizations

Doctor B. F. Miller, Chairman, Halifax

Representative on the Board of Governors, V.O.N. (Canada)

Doctor D. M. Cochrane, River Hebert

Representative on Cogswell Library

Doctor A. W. Titus, Halifax

4. Representatives to Advisory Committees dealing with Federal-Provincial Health Grants

Professional Training Grant	-	Doctor C. B. Stewart, Halifax
Mental Health Grant	- - -	Doctor R. O. Jones, Halifax
V. D. Control Grant	- - -	Doctor W. A. Hewat, Lunenburg
Crippled Children's Grant	- - -	Doctor B. F. Miller, Halifax
Cancer Control Grant	- - -	Doctor G. W. Bethune, Halifax
General Public Health Grant	- - -	Doctor J. R. Maeneil, Glace Bay
Tuberculosis Control Grant	- - -	Doctor W. I. Bent, Bridgewater
Medical Rehabilitation	- - -	Doctor A. W. Titus, Halifax
Maternal and Child Hygiene	- - -	Doctor M. G. Tompkins, Jr., Halifax
Radiology Grant	- - -	Doctor H. R. Corbett, Sydney
Public Health Research Grant	- - -	Doctor R. C. Dickson, Halifax
Laboratory Grant	- - -	Doctor A. W. Ormiston, Sydney

5. Brief from Canadian Society of Optometrists.

Mr. J. J. Mulrooney, Halifax, Optometrist and Mr. Higgins, Managing Director of the Canadian Association of Optometrists, appeared before the meeting concerning the brief previously submitted. He made a plea for doctors and Maritime Medical Care Incorporated to recognize the services of optometrists for payment under Maritime Medical Care Incorporated contracts.

Considerable discussion ensued but no final conclusions were reached.

6. Letter from the Nova Scotia Society for Crippled Children.

The letter from Doctor G. B. Wiswell, Medical Director of the Nova Scotia Society for Crippled Children, was referred from the previous Executive meeting to obtain further information. Mr. D. Roney, Secretary of the Society, appeared before the meeting and outlined the aims and objectives of the Crippled Children's Society, for which approval of The Medical Society was sought.

(See p 26)

After considerable discussion it was moved by Doctor A. W. Ormiston "That the 'form' letter be returned to Doctor Wiswell with the suggestion that it be redrafted in a more definitive manner and be resubmitted to the Executive Committee for reconsideration." Seconded by Doctor W. A. Murray. Carried.

7. Preparation of Budget.

The Budget Committee comprising Doctors C. H. Young, J. R. McCleave and D. I. Rice were asked to withdraw and prepare an interim budget. This was done and was approved as submitted.

September 7, 1956.

Dr. A. G. MacLeod,
Chairman of the Executive Committee,
The Medical Society of Nova Scotia.

Dear Sir:

I beg to submit the report of the Budget Committee on expected revenue and expenditures for the year 1956-57 and as such constitutes an interim budget.

Revenue

Membership Fees after deduction amounts paid to The Canadian Medical Association.....	\$19,250.00
Profit on operation of the Bulletin.....	1,500.00
Profit from Annual Meeting.....	2,000.00
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	\$22,750.00

Expenditures

Salaries and wages.....	\$14,900.00
Travelling Expenses.....	2,000.00
Telephone and Telegraphs.....	160.00
Office expense and stationery.....	300.00
Auditing Fees.....	125.00
Bank Charges.....	25.00
Sundry Expenses.....	1,500.00
Contribution to Dalhousie Post-Graduate Committee.....	1,750.00
Capital Expenditures for Office Equipment.....	1,000.00
	<hr/>
	\$21,760.00

All of which is respectfully submitted.

(Sgd.) J. R. McCleave, M.D., President
D. I. Rice, M.D.
C. H. Young, M.D., Treasurer, Chairman

8. Office Space.

It was moved by Doctor W. A. Murray "That the Dean of Medicine be asked for additional office space in the Dalhousie Public Health Clinic." Seconded by Doctor C. G. Harries. Carried.

9. Office Furniture and Equipment.

Doctor Beckwith spoke regarding the need for purchase of office furnishings and equipment including a voice writing machine, etc.

Moved by Doctor A. W. Ormiston "That the purchase of new equipment for the office of the Secretary of The Society be investigated as to price and necessity and that a report on this expenditure be made, and that it be approved as essential before purchase by the Finance Committee." Seconded by Doctor S. Marcus. Carried.

10. Editorial Policy of the Nova Scotia Medical Bulletin

The Executive Secretary inquired regarding the responsibility for the Editorial Policy of the Bulletin.

Doctor R. O. Jones moved "That the Editorial Board give thought to the policy and expansion of the Bulletin and report at the next Executive meeting." Doctor W. A. Murray seconded. Carried.

11. Letter from Doctor W. A. Hewat

Doctor S. Marcus read a letter from Doctor W. A. Hewat, Lunenburg, setting forth his impressions on the meeting of the General Council of The Canadian Medical Association in Quebec. As this letter is to be published in the Nova Scotia Medical Bulletin in September there was no indication for further action.

On motion the meeting adjourned.

M. R. MACDONALD,
Secretary

Minutes of the Retiring Executive of The Medical Society of Nova Scotia 1955 – 1956

THE Annual Meeting of the Executive of The Medical Society of Nova Scotia was held at the Nova Scotian Hotel, Halifax, N. S., September 4, 1956, at 9.00 a.m., also on September 5 and September 6, 1956.

The President, Doctor R. O. Jones, called the meeting to order.

Present were: Doctor R. O. Jones, Halifax, President.
Doctor J. R. McCleave, Digby, First Vice-President.
Doctor A. L. Murphy, Halifax, Second Vice-President.
Doctor C. H. Young, Dartmouth, Treasurer.
Doctor M. R. Macdonald, Halifax, Secretary.
Doctor C. L. Gosse, Halifax)
Doctor D. I. Rice, Halifax) Halifax Medical Society
Doctor A. W. Ormiston, Sydney, Cape Breton Medical Society.
Doctor H. J. Martin, Sydney Mines, Cape Breton Medical Society.
Doctor C. G. Harries, New Glasgow, Pictou County Medical Society.
Doctor P. R. Little, Truro, Colchester-East Hants Medical Society.
Doctor David Drury, Amherst, Cumberland Medical Society.
Doctor J. P. McGrath, Kentville, Valley Medical Society.
Doctor Samuel Marcus, Bridgewater, Lunenburg-Queens Medical Society.
Doctor A. F. Weir, Hebron Western Counties Medical Society.
Doctor A. G. MacLeod, Dartmouth General Practitioners Association.
Doctor C. J. W. Beckwith, Halifax, Editor, Nova Scotia Medical Bulletin.
Doctor A. D. Kelly, General Secretary, The Canadian Medical Association.
Absent was the representative of the Antigonish-Guysborough Medical Society.

1. The Minutes of the Executive Meeting held March 7, 1956, were adopted.

2. The Minutes of the Executive Meeting held September 6 and 7, 1955, were adopted.

3. Gradation of Membership Fees:

The Secretary presented the following gradation of fees for different classi-

fications of membership, as authorized at the last Executive meeting. The conjoint membership fee is \$75, \$20 of which goes to The Canadian Medical Association, \$5 for the post-graduate levy and \$50 to The Medical Society of Nova Scotia.

FEE CLASSIFICATION

	C.M.A.	N. S. Division
Ordinary member.....	\$20.00	\$55.00
1st year in practice (to end of year of license).....	5.00	Nil (Constitution)
2nd year in practice.....	10.00	30.00
Taking post-graduate courses.....	5.00	Nil (Constitution)
Taking post-graduate courses outside of Canada....	12.00	
Husband and wife, in practice		
Husband.....	20.00	55.00
Wife.....	10.00	30.00
Senior Members, N. S. Division.....	Nil	Nil
Senior Members, N. S. Division.....	4.00	Nil
New members joining after July 1st.....	10.00	30.00
Non-resident members, outside Canada.....	2.00	30.00
Retired physicians.....	4.00	30.00
Internes (including Journal).....	3.00	
Post-graduate students (if they wish to receive the Journals, otherwise no charge).....	5.00	Nil
Members-at-large, including medical officers in the Armed Forces (complimentary membership if in Armed Forces serving outside of Canada)....	20.00	\$55.00

Doctor C. G. Harries moved "That the fee for retired physicians for membership in the Nova Scotia Division be \$10 instead of \$30, and to include the \$4 fee of The Canadian Medical Association." Doctor A. G. MacLeod seconded. Carried.

Doctor A. L. Murphy suggested that the Secretary and the Treasurer define "Retired Physicians" in connection with the fee schedule.

Doctor M. R. Macdonald moved "That the fee classification as amended be adopted." Doctor A. F. Weir seconded. Carried.

4. Pottier Royal Commission on Cape Breton Hospital

The President reported on the results of the mail ballot taken of the Executive members regarding petitioning of the proper authorities to broaden the scope of the Royal Commission dealing with the Cape Breton County Hospital to include all mental hospitals in Nova Scotia. As the mail ballot was in the affirmative the President reported that he and the Chairman of the Committee on Public Health met with the Premier and Minister of Health presenting the following petition to them.

Halifax, N. S., August 28, 1956.

Doctor M. R. Macdonald,
Secretary, Nova Scotia Medical Society,
Victoria General Hospital,
Halifax, N. S.

Dear Doctor Macdonald:

Re: Submission to Minister of Health and Premier,
Re: County Homes and Hospitals in Nova Scotia

I enclose a copy of the brief prepared by Doctor John Wickwire, Chairman of the Committee on Public Health of The Medical Society of Nova Scotia and myself for submission to the Minister of Health and the Premier of Nova Scotia.

We met with these gentlemen on Monday, August 20, and presented this submission. I find it a little difficult to express clearly just what the outcome of this was and my difficulty is a little increased by a telephone conversation with Mr. Hicks on that same evening. However, I think that the following points would cover the results of our discussion:

1. We were sympathetically received and our submission was listened to with interest and real concern.

2. There is no doubt that the Government is aware of the very unhappy situation in these institutions and in due course, will proceed with further investigation and a formulation of plans to improve the present situation.

3. Your representatives presented the problem which faces many practitioners in Nova Scotia, namely, the care of the chronically ill who do not need hospitalization in an active treatment centre as well as the problem of the chronic psychiatric patient. We stated that we felt the physicians in Nova Scotia wanted some sort of institution where such patients could be looked after and where one could honestly assure patient and relatives that he would get a good standard of care and we did not feel that such was the case in the current county hospital. The Premier and Minister of Health recognized the validity of this statement and signified their willingness to give it earnest consideration and their feelings that in some way, this situation had to be improved.

4. Your representatives did not doubt that the Government representatives whom we discussed this problem with were cognizant of it, were sincerely interested and intended to do their best to improve the situation.

The only doubt which remained in our minds was the speed with which the problem would be tackled. Apparently, further steps will depend on the results of the present Commission investigating the Cape Breton County Hospital and when this report will be received, is indefinite.

We would therefore recommend that The Medical Society of Nova Scotia keep alerted to this problem and if there are not developments in the not too distant future, that further representations be made.

We were assured that we would hear further from the Government concerning their plans for further developments in these areas and that we would be consulted before any definite decisions were reached.

We would recommend that the incoming Public Health Committee be alerted to this situation and if these communications are not forthcoming in a reasonable time, that further approaches to the Government be made.

All of which is respectfully submitted,

John C. Wickwire, M.D.,
Chairman, Committee on Public Health,
Nova Scotia Division, C.M.A.

Robert O. Jones, M.D.,
President, Nova Scotia Division,
Canadian Medical Association.

Since a definite decision on this matter has as yet not been made, Doctor C. L. Gosse moved and Doctor J. R. McCleave seconded a motion "That this important report be received and passed on to the incoming Committee on Public Health for any indicated action after a review of the Pottier Report." Carried.

Memo to: The Government of Nova Scotia

From: The Nova Scotia Division of the Canadian Medical Association.

RE: County homes and hospitals in the Provinces

The Membership of the Nova Scotia Division of The Canadian Medical Association has been deeply disturbed by the newspaper accounts of the testimony presented before the Royal Commission under Judge Pottier appointed to inquire into conditions at the Cape Breton County Hospital.

We believe that our concern reflects the concern of the people of Nova Scotia and would point out that in our own practices, we have observed an increasing worry and distrust in our patients in the mental health services of the Province as a result of these investigations. We realize that newspaper accounts of conditions in the hospital are not proven and we would stress that we are not attempting to pass judgment on this evidence before the Royal Commission has made its report. However, we would point out that many of the accusations that have been made, accord with conditions as reported in the published reports of a number of independent investigations over the past twelve years. Thus, we would believe that whatever the findings of the Pottier Commission, the whole mental health situation as it pertains to the care of the chronically mentally ill in Nova Scotia, merits wide investigation and that such investigation should include all institutions in the Province rendering such care. We would also respectfully suggest that such a study be carried out by an independent group which has as part of its membership, suitable professional persons with a knowledge of the needs in this field and of the various solutions that have been attempted for better or worse in other areas on this continent.

Before documenting our reasons for these statements, we would like to affirm our belief that the conditions which we refer to are not the responsibility of any particular physician who happens to be in attendance at any particular institution. It is our belief that by and large, provision for such medical attention has been completely inadequate both in terms of remuneration and in the provisions for supervision or consultation with psychiatrically trained practitioners. This has been well stated by Doctor C. B. Stewart, the Director of the Health Survey in Nova Scotia as follows: "A local physician is named as medical officer but he has no psychiatric training. He is usually inadequately paid even to provide good basic medical care for the physical ailments of the patients let alone the psychiatric care." (Report on the Survey of Health Facilities and Services in Nova Scotia, 1950.) It is our belief that, by and large, these institutions have received better medical care than they deserved from their financial outlay.

We also realize that the Provincial Government apparently has no direct legal responsibility or control over these institutions. Nevertheless, we believe that they have a moral responsibility to see that the citizens of Nova Scotia receive adequate medical care. The Provincial Department of Health has taken the responsibility of appointing an inspector of these institutions and of categorizing and grading them as "A", "B", and "C" and passing certain regulations regarding the admission of patients to these institutions. It is disturbing to realize that the one now under consideration apparently represents one of the better institutions in the Province. Since a step has been taken by the Department to assume some limited responsibility we feel that it should go much further. Also a large amount of mental

health grants which are administered by the Provincial Government has been spent in these institutions. If such public funds are to be expended in this way, then we certainly feel that the Provincial Government should assume responsibility for supervision and the setting of standards in the recipient institutions.

Finally, at this particular period of our history, a hospital insurance plan has been put forward, which specifically excludes the mentally ill because they are already a responsibility of the Provincial Government. Since about 75 per cent of the hospitalized mentally ill in Nova Scotia are cared for in these municipal institutions, the statement that the Provincial Government is assuming responsibility for the care of the mentally ill is not true in this Province. However, this apparently is to be used by the Federal Government as a reason for not assuming responsibility in this field and unless some change is made, one can picture the municipal institutions going on with no adequate control and the chronically mentally ill remaining the most neglected and poorly treated of the sick of this Province. In support of the above position, many members of our Association could quote personal experiences. However, personal experience is apt to be filled with error and bias and we would prefer to simply call your attention to the reports submitted by independent commissions appointed by various Government agencies over the last twelve years. The reports of these various investigations are of such a quality that they need no more than quoting to emphasize the seriousness of this problem. In the Dawson Report of 1944, the following statement is made: "They (the county homes) violate every principle of sound institutional management, mental hospital procedure and social welfare practice that has been established in the last half century." (Dawson, R. McG. Report of the Royal Commission on Provincial Development and Rehabilitation, 1944). In 1948, for probably the only time in recent history, the patients in these institutions were examined by a properly qualified psychiatrist. It might be noted that at this time, there were 1,718 patients classified as insane in the county hospitals and Doctor Prosser reported that of the group that were classified as insane, an average 4.2 per cent had regained sanity. Quotations from this report by a psychiatrist from the Department of Health conveys the picture vividly and accurately. "Segregation is not carried out in an adequate way in any of the county institutions. Firstly, there is no one in the vicinity with adequate training and knowledge to lay down and apply standard of segregation; secondly, for reasons based on economics, psychotic patients are frequently discharged from the hospital and readmitted to the home after reaching the age where they are able to draw old age pensions."

The term "hospital" as applied to these institutions or sections of them is a misconception and a misnomer, as none of them have any attributes of a hospital as regards accommodations, staff or equipment and are therefore hospitals in name only. They are merely places for corralling, feeding and retaining people who are suffering from mental illness. Patients are collected in large wards to facilitate "keeping an eye" on relatively large groups with minimum staff. A noisy patient is removed to the cells; the institutions are overcrowded almost without exceptions; the institutional buildings, (except three) are in the nature of fire traps.

"The visiting doctor for the most part, visits the institutions only when called to see a special case suffering from some type of organic illness. Superintendents are interested in their work and doing their best but — the nursing staff is untrained and relatively illiterate male and female practical nurses." Doctor Prosser goes on to state: "It may be argued that all the patients in these institutions have illnesses of a chronic nature and have received treatment in other institutions or would not benefit from treatment. There is however, no such thing as a mentally ill patient who would not benefit from some form of good sound psychotherapeutic measures, even though they consist only of assurance and an attempt to develop an atmosphere of hopefulness and cheer."

The picture is not overdrawn when it is stated that in many of these institutions there is a terrifying atmosphere of hopelessness, mixed with Hogarthian and bedlam, where patients,

male and female, of all types and ages, are penned day after day, week after week, month after month, endlessly staring at blank walls and ugly surroundings." (Prosser, R. R. Report on the county homes and hospitals of Nova Scotia, 1948).

While we are aware that there have been some improvements in some of the conditions described by Doctor Prosser, it would be our feeling that these have largely been in the nature of the provision of two or three very modern buildings and some slight improvement in the nursing staff. Even with the new buildings however, the system is overcrowded and we do not believe that significant changes have been made in the staff situation especially from the medical angle. This viewpoint is further confirmed by the section on the county homes and hospitals in Nova Scotia in Doctor Stewart's Health Survey of 1950. Doctor Stewart, in his report concludes with the following paragraph: "At present it is possible for an individual to be placed in a county home without any review of the case ever being made. For example, one girl of 18 years was sent to a county home 20 years ago, and only recently when she was 38 years old, was there a review of her case. No records were available to show the reason for her admission in the first instance. She has now been discharged."

"Some of the records of the county homes and hospitals of this Province are appalling. Clearing up this 'mess' should be one of the first duties of the Provincial Department of Health and Welfare and the municipalities."

It would thus seem that conditions very similar to those described in the published testimony before the Pottier Commission have been reported by responsible investigators over the past twelve years and that with a few minor exceptions little has been done about it. That this solution is a difficult and expensive one, we cannot doubt. Equally, we cannot doubt that it is one that must be undertaken. The exact formula for solving this problem we do not know, but we would suggest as the Dawson statement, "that the Province, following the precedent of other Canadian Provinces and the recognized practice in regard to specialized services elsewhere, should assume direct administrative responsibility for the care and treatment of all mentally ill and mentally defective persons who require institutional care."

As the initial step in such an assumption of responsibility, we would respectfully urge the widening of the present investigations to include other mental health facilities in the Province. We feel that the personnel of the Commission should be widened to include unbiased and properly qualified professional personnel. As an alternative to this (and as one which might be conducted with less publicity and less arousal of public anxiety), we would suggest a survey by some outside body with special experience in this field. For example, the Canadian Mental Health Association, The National Association for Mental Health, (U.S.A.) or the Hospital Inspection Board of the American Psychiatric Association.

All of which is respectfully submitted.

John C. Wickwire, M.D.,
Chairman, Committee on Public Health
Nova Scotia Division — C.M.A.

Robert O. Jones, M.D.,
President, Nova Scotia Division,
Canadian Medical Association.
W. R. Macdonald, M.D.
Secretary

Communications

5. Twelve (12) letters of resignation from The Society were received and accepted.
6. Eight (8) letters of protest regarding the increase in membership fees were received.
7. The following letter from Doctor R. O. Jones re fees paid by insurance companies for reports on patients was read.

Halifax, N. S. June 18, 1956.

Dear Doctor Macdonald:

The enclosed letter is self-explanatory.

I would guess that at least three or four times a month, one gets this sort of thing from insurance companies and I personally am getting tired of working for such companies for very close to nothing.

As I have said, recently the Great West Company has paid reasonable fees for these services and I think some approach should be made by our organization to get this policy accepted by all companies rather than simply by the occasional moderately beneficent one.

I would be happy to have your comments on this matter.

Yours very truly,

(Sgd.) R. O. Jones.

Halifax, N. S., June 18, 1956.

Doctor O. H. Peterson, Medical Director,
North American Life and Casualty Company,
Canadian Head Office — Medical Department,
149 Main Street, East,
Hamilton, Ontario.

Dear Doctor Peterson:

I have a request from your Company for a report on an ex-patient of mine. Mr. Sanford Charles Garber of 66 Rigby Road, Sydney, N. S.

Accompanying the form is a cheque for \$2 marked "to cover secretarial costs." I am returning form, cheque, etc. because it seems to me that some understanding should be reached between insurance companies in Canada and members of the medical profession regarding reports on patients of this kind.

Mr. Garber was a patient of mine about a year ago at the Victoria General Hospital and so to answer the form which has been sent to me, I must arrange to get his chart from the hospital record room and then go over it in order to find the answers to the question which appear on your form. This raises two issues, first, the fact that the company asks for such information with no permission being supplied the physician from the patient before such documents are released. Certainly I would not feel free to fill this form out without written permission from Mr. Garber specifically requesting that I do so.

Secondly, the question of physicians' fees; it seems to me that the fee of \$2 which your company allows for this service covers just about what it says it does, namely the time consumed by my secretary in actually filling out the form after I have gone through the record myself and dictated what she is to write. It does not seem to me that the physicians of Canada have any great responsibility to insurance companies which suggest that they should do this free.

Certainly, a person in my position gets a great many of these in a relatively short time and a considerable amount of time is consumed by them. I believe recently that the Great West Life Assurance Company, when asking for such forms, has asked the physician to render a bill for the services rendered and in my own experience has paid a reasonable fee for this on several occasions. I would suggest that this policy is one that should be adopted by all life insurance companies and it would probably need some action by the joint companies of Canada to establish it.

From my side, I am sending a copy of this letter to the Secretary of the Nova Scotia Division of The Canadian Medical Association and to the Nova Scotia Director of the Can-

adian Psychiatric Association. I would not like anything that I have said above to stand in the way of Mr. Garber being able to supply you with the information necessary to complete his business satisfactorily and I will be quite happy to fill your form out without charge if you will forward me his written permission to do the same.

In the meanwhile, however, I have decided to take this step in this matter with the hope that something can be worked out which will be more satisfactory to the practising physicians of Canada than that which currently pertains. I would be most happy to have your comments on this matter.

Yours very truly,

(Sgd.) Robert O. Jones, M.D.

The letter was referred to the Medical Economics Committee for consideration.

8. The following letter from the Deputy Minister of Health regarding representation from The Society on the Hospital Planning Committee was received.

Halifax, N. S., April 16, 1956.

Doctor M. R. Macdonald,
Secretary, Nova Scotia Medical Society,
Dalhousie Public Health Clinic,
Halifax, Nova Scotia.

Dear Doctor Macdonald:

As you know, the Government has set up a Planning Committee on Hospital Insurance and Diagnostic Services (Laboratory and Radiological). This committee is made up of the following: Doctor J. S. Robertson, Chairman; Mr. L. E. Peverill, Provincial Auditor; Mr. Innis MacLeod, Senior Solicitor, Department of the Attorney General, and Doctor C. B. Stewart, Consultant to the Department.

This Committee has powers to add additional members and at a recent meeting of the Committee it was recommended that we should have on the Committee a representative of the Nova Scotia Medical Society. Accordingly, it would be appreciated if you would name a member to this Committee who would be prepared to attend a meeting of the Committee on Friday, May 4th, at 10.30 a.m. in the Board Room, Seventh Floor of the Provincial Building.

I think you will appreciate that the Committee have before them rather a heavy task and we would hope that any member of your association appointed to the Committee as a representative would be prepared to carry his full share by regular attendance at meetings and by preparation so as to be able to add to the matters to be considered by the Committee since the results will affect all citizens of the Province.

With regard to expenses in connection with Committee meetings, the Committee are authorized to pay an honorarium of \$15 a day for attendance at meetings, plus out of pocket expenses.

It would be appreciated if we could be informed as to the name of your nominee previous to the meeting on May 4th.

In connection with the work of the Committee on Planning, there was a further suggestion at our recent meeting, namely, that the Committee would be prepared to receive a brief on the matter of Hospital Insurance and Diagnostic Services (Laboratory and Radiological) from the Nova Scotia Medical Association. It is hoped that a dead-line for the submission

of such briefs would be October 30, 1956. However, we would hope that briefs would be made available to the Committee before this date.

Your early attention to the foregoing would be appreciated.

Yours very truly,

(Sgd.) J. S. Robertson, M.D., D.P.H.,
Chairman, Planning Committee
Hospital Insurance and Diagnostic Services.

The President reported that Doctor D. M. MacRae, Chairman of the Advisory Committee on Health Insurance had been appointed The Society's representative.

Moved by Doctor C. G. Harries "That Doctor D. M. MacRae be reappointed to this position on the Hospital Planning Committee subject to the approval of the incoming Executive." Seconded by Doctor H. J. Martin. Carried.

9. The Secretary read the following letters from the North American Life Assurance Company regarding the Group Life Insurance Plan.

Halifax, N. S., May 22, 1956.

Doctor M. R. Macdonald,
Secretary, The Medical Society of Nova Scotia,
Victoria General Hospital,
Halifax, N. S.

Dear Doctor Macdonald:

As you will recall, we did a great deal of work on the list of members of The Medical Society of Nova Scotia who were eligible for membership in the plan last Fall. At that time 173 members were insured representing approximately 43 per cent of those eligible. At that time, you were advised if the enrolment was less than 60 per cent on the policy anniversary date, we would require that the contract be reformed to require evidence of all new entrants, with the 60 per cent enrolment being replaced by the requirement of a minimum of 100 lives. At this rate, it certainly does not appear that the 60 per cent enrolment will be reached by July 1st.

Head Office has made up an amendment providing for evidence of health for all new entrants and changing the eligibility requirements from 60 per cent to 100 lives. Remembering that all late entrants must provide evidence in any case, they feel that you will be able to get the amendment signed without any great difficulty.

If the enrolment is less than 60 per cent on July 1st, they have advised me that we will require the signing of the enclosed amendment to maintain the policy in force and that with the assurance that all future entrants will provide evidence of health, it will be possible to increase the bonus from 20 per cent to 30 per cent with no change in rates. The 30 per cent bonus would be guaranteed for one year from July 1st, 1956 and would not be convertible.

Our representative, Gordon Robertson, has advised you of the foregoing and as a result of your meeting, I am to-day writing Head Office asking them if they will consider amending the anniversary date of the contract from July 1st to October 1st and also if they would be willing to defer the change in the eligibility requirements until October 1st which would allow you more time to discuss this matter with your executives.

I will advise you of the reply as soon as it is received.

Sincerely,

(Sgd.) D. O. Robertson,
Branch Manager.

Amendment A

In consideration of the request of The Medical Society of Nova Scotia, Group Life Policy No. NG-261 is hereby revised and amended effective on the 1st day of July, 1956 as follows:

1. In the paragraph entitled "Effective date" on the Face of the Policy Change "60 per cent" to "100 in number."

2. Section 1 (a)

Delete the final paragraph in its entirety and replace with the following:
"An eligible Member shall become assured hereunder if he has completed a written application for assurance and the Company has received the required premium for such assurance, on the date on which such conditions are fulfilled, provided that the assurance shall not take effect except upon submission of evidence of insurability satisfactory to the Company."

3. Section 2

Delete the words "25 in number or less than 60 per cent" and replace with the words "100 in number."

Dated at Toronto this the 8th day of May, 1956.

(Sgd.) W. B. Anderson, President.

The Medical Society of Nova Scotia hereby requests and concurs in this revision and amendment.

Toronto 1, Ontario, June 13, 1956.

Medical Society of Nova Scotia,
Halifax, Nova Scotia.

Dear Sirs:

Re: Group Policy NG-261

As you are aware section 2 of the Master Policy issued to your Society, provides that the policy may be cancelled by North American Life Assurance Company if, on any premium due date, the number of Members assured should be less than 60 per cent of the Members then eligible. This was a necessary condition to allow satisfactory underwriting of a plan where newly eligible Members would be accepted for insurance without evidence of insurability. It appears at this time that the enrolment under the policy is somewhat less than 60 per cent of those Members eligible. Furthermore it appears unlikely that the percentage participating will be increased by July 1, 1956 to at least 60 per cent.

Our normal procedure in such an event would be to require evidence of insurability of all applicants for insurance under the policy, regardless of the date on which they first became eligible to apply. Because of the short time remaining before the anniversary date, we are proposing to renew your policy on July 1, 1956, under its present terms, reserving the right to decline any new applications made on or after October 1, 1956, unless such applications are accompanied by satisfactory evidence of insurability.

In anticipation of a satisfactory solution to the problem of low enrolment, I am pleased to advise you that the bonus being granted under your policy will be increased from 20 per cent to 30 per cent of the contract benefits as from July 1, 1956. This increased bonus will

remain in effect for one year and thereafter until further notice to the society. As was the case with the previous 20 per cent bonus no part of the new bonus will be eligible for conversion in accordance with section 6 of your master policy.

Mr. D. O. Robertson, our manager for Nova Scotia, will be in contact with you regarding the details of this renewal. Any questions which arise should be directed to his attention and, I am sure, will receive immediate consideration.

Yours very truly,

(Sgd.) F. E. Smith,
Assistant Actuary,
Group Administration.

On motion this matter was referred to the general meeting. (See p. 90).

10. The following letter from Doctor G. B. Wiswell, Medical Director of The Crippled Children's Society was read:

Halifax, N. S., July 31, 1956.

Doctor M. R. Macdonald,
Secretary, Nova Scotia Medical Society,
Victoria General Hospital,
Halifax, Nova Scotia.

Dear Doctor Macdonald:

This Society is proposing to send the enclosed letter to the practising physicians and surgeons of this Province.

We are requesting the approval of The Nova Scotia Medical Society for this project. May we expect an early decision?

With many thanks,

Yours sincerely,

(Sgd.) G. B. Wiswell, M.D.,
Medical Director, Central Registry.

Halifax, N. S., July 31, 1956.

Dear Doctor:

This is a plan which will help every child in this province who has a handicap of any kind.

The disabilities which may prevent a child from getting an education or eventually earning a living include the following:

Cerebral Palsy
Poliomyelitis
Birth Injuries
Congenital Defects
Club Foot
Coeliac Disease
Diabetes
Deafness
Blindness
Fibrocystic Disease
Eye Disease

Nephrosis and Nephritis
Mental Defects
Rheumatic Fever
Collagen Diseases
Rheumatoid Arthritis
Speech Defects
Tuberculosis
Diseases of the Muscles
Brain and Cord Infections
Cleft Palate
Heart Disease

etc., etc.

There are no accurate records of all the children with these diseases. The Nova Scotia Society for the Care of Crippled Children is organizing a Central Registry for all the handicapped children from birth to twenty years.

The objects of the Registry are:

1. To find all the children who may or may not need help either now or later.
2. To arrange the medical and surgical assistance which can deal best with the handicap at the patient's home, or at the Rehabilitation Centre here, at the request of the family physician only.
3. To arrange treatment as needed now and in the future, when the family physician calls for it, so that these children cannot be forgotten.

This programme will not cost the patient or the parents anything. There are funds available to pay for consultation clinics, treatment at home, at the Rehabilitation Centre, or at any hospital desired, if necessary. Transportation can be arranged. We cannot help you unless you ask us to do so.

We are attaching a stamped addressed envelope for your convenience, so that you can tell us the number of handicapped children known to you. We shall then forward the forms to be completed by you. A sample form is enclosed.

This project has the approval of the Nova Scotia Medical Society. We are anxious therefore to hear from you as soon as possible.

Yours sincerely,

Gordon B. Wiswell, M.D.,
Medical Director
Central Registry.

Moved by Doctor A. W. Ormiston "That this letter be tabled until further information be received from Doctor Wiswell or The Crippled Children's Society and that it be considered again at the first meeting of the incoming Executive." Seconded by Doctor A. G. MacLeod. Carried.

11. Post-Graduate Funds from The Canadian Medical Association

The Secretary reported that a cheque in the amount of \$982 was received from The Canadian Medical Association for post-graduate activities.

Moved by Doctor C. L. Gosse "That this Executive recommend that The Canadian Medical Association grant for post-graduate education be given to the Dalhousie Post-Graduate Committee as was done last year and that this motion be forwarded to the general meeting for approval." Seconded by Doctor S. Marcus. Carried.

A report on the activities of the Dalhousie Post-Graduate Committee for 1955-56 was submitted by Doctor C. B. Stewart. (See p 343) On motion this report was received.

12. The Medical-Press Code of Co-operation which was submitted by The Canadian Medical Association Public Relations Secretary for approval was tabled.

The Secretary read the report of the Nova Scotia Committee on Public Relations, which also recommended adoption of this Medical-Press Code.

Doctor M. R. Macdonald moved "That the Report of the Public Relations Committee of The Medical Society of Nova Scotia be adopted." Doctor A. W. Ormiston seconded. Carried.

The Executive approved of the adoption of the Medical-Press Code of Co-operation.

13. A letter from Doctor A. D. Kelly regarding the formation of a Civil Disaster Committee was read. This letter was referred to the incoming Executive for consideration.

14. A letter from the General Secretary of The Canadian Medical Association regarding the use of individual provincial schedules of fees or a federal schedule in dealing with various departments of the Federal Government was read. As this matter had been referred to the Medical Economics Committee, the letter was tabled.

14A. A letter from Mr. Frank Wellard, Secretary, The Atlantic Branch of The Canadian Public Health Association, regarding the holding of their annual meeting in Kentville, November 7, 8 and 8, 1956, was received.

15. The report of Maritime Medical Care Incorporated for the fiscal year ending December 31, 1955, was tabled.

16. Specimen copies of The Group Disability Insurance Plan were tabled.

17. A copy of the Medical Register, Provincial Medical Board for 1956 was tabled.

18. A copy of the National Health Grants Programme Reference Manual was tabled.

18A. A letter and brief were read from the Managing Director of The Canadian Association of Optometrists. On motion this correspondence was referred to the incoming Executive.

Reports of Special and Standing Committees

19. Committee on Full-time Secretary

The President introduced Doctor E. F. Ross, Chairman of this Committee, and lauded Doctor Ross for his work for The Society during the past year.

Doctor Ross gave a verbal report on the activities of his Committee in the search for a full-time Secretary. He reported that Doctor C. J. W. Beckwith of Halifax was interested in the position. He submitted a proposed contract containing the terms of agreement with Doctor Beckwith. After considerable discussion, Mr. J. A. Walker, Q.C., was called into the meeting to clarify several legal points. It was decided that the proposed contract should be amended so that it could be terminated because of financial inability of The Society to pay for the services of a full-time Secretary, or for other Considerable discussion continued at two later sessions.

Doctor P. R. Little moved "That The Society employ Doctor C. J. W. Beckwith as a full-time Secretary at a salary of \$11,000 a year, plus a pension, and that he have permission to work at the Naval Hospital and Dalhousie University. Doctor C. L. Gosse seconded. Carried.

Doctor C. J. W. Beckwith agreed to accept the appointment in accordance with terms of this motion.

20. Advisory Committee on Health Insurance

Doctor D. M. MacRae, Chairman of this Committee, presented the following report.

The first meeting of this Committee consisting of Doctors F. J. Barton, H. E. Christie, H. J. Devereux, H. F. McKay and D. M. MacRae was held on September 21, 1955. Doctor R. O. Jones called the meeting to order. Doctor D. M. MacRae was elected chairman, and Doctors N. H. Gosse and C. B. Stewart were appointed additional members.

Doctor Jones said a letter had been sent to the Hon. Geoffrey Stevens offering the services of the committee in an advisory capacity. After a discussion of our terms of reference and the general subject of health insurance, it was felt that the committee should at first act on a fact finding basis.

On September 28th a letter was received from Doctor J. S. Robertson, Deputy Minister of Health, saying that the Minister would be pleased to have the advice of this committee when the time became opportune. Your chairman then had several informal meetings with Doctor Robertson who said that the Provincial Department of Health was not considering any action on health insurance until the Dominion-Provincial Conference in October, 1955. Following the conference it was felt that no consideration would be given to a comprehensive health insurance scheme. However, the conference did turn the problem of health insurance over to a sub-committee to work out an agenda for a meeting to review it at provincial ministerial level.

A second meeting of the advisory committee was held on December 2, 1955. Doctor N. H. Gosse, who had recently returned from an executive meeting of The Canadian Medical Association, gave his impressions on the present status of Health Insurance. He felt that the federal government would take no action to implement a national health insurance plan for some considerable time, but that it would attempt to introduce some form of hospital insurance in the near future.

Doctor H. J. Devereux, en route home from a meeting of The Canadian Medical Association Committee of Economics, reviewed some of their discussions on Health Insurance. Doctor C. B. Stewart presented some facts and statistics that would be considered in any provincial hospital service plan.

The utilization programme of the Laboratory and Radiological Services Grant was considered, and it was felt that we should arrange meetings with representatives of the Pathologists and the Association of Radiologists so we would be conversant with their problems in case the government called on our committee for advice regarding this plan. It was decided (1) that the Halifax area members along with Doctors Fraser and Woodbury of the Halifax Medical Society Advisory Committee would represent our Committee at these meetings.

(2) To offer the services of the Medical Advisory Committee to the Nova Scotia Government to help in formulating any plan of Hospital Insurance and diagnostic laboratory and radiological services.

(3) The committee recommends to the executive that, if and when the Nova Scotia Government proposes a hospital insurance and diagnostic labora-

tory and radiological plan, The Medical Society of Nova Scotia should be ready to co-operate and advise with respect to its operation.

On December 15, 1955, a meeting was held with Doctors H. C. Read and J. Gray, Pathologists, and Doctors F. J. Barton, F. M. Fraser, N. H. Gosse, J. F. L. Woodbury, and D. M. MacRae. We were told that the proposed laboratory services plan should improve the quality of laboratory service through the province and at less cost to the patients. There was no criticism of any aspects of the plan at that time.

On January 11, 1956, a meeting was held with Doctor J. S. Manchester representing the Nova Scotia Association of Radiologists and Doctors F. J. Barton, F. M. Fraser, N. H. Gosse, J. F. L. Woodbury and D. M. MacRae. Doctor Manchester said that their group had met on two occasions with government representatives to discuss a plan to provide radiological services to the people of Nova Scotia. At that time the Radiologists were planning to prepare a brief. They felt that the Advisory Committee could not be of any help then, but they wished to discuss the problem at some later date.

On May 29th and 30th Doctors H. J. Devereux, H. F. McKay and D. M. MacRae attended a meeting of the Canadian Medical Care Conference in Saint John, N. B.

On July 26th the enclosed letter and questionnaire was sent to the Presidents of the Branch Societies. The Committee plans to hold another meeting before the Annual Meeting of The Medical Society of Nova Scotia.

Doctor F. J. Barton	Doctor H. F. McKay
Doctor H. E. Christie	Doctor C. B. Stewart
Doctor H. J. Devereux	Doctor N. H. Gosse
Doctor D. M. MacRae, Chairman	

On motion this report was adopted.

Attached to the report was the following brief which Doctor MacRae suggested should be presented to the Hospital Planning Committee. This brief was discussed and approved and it was recommended that it be sent to the general meeting for consideration.

Brief to the Planning Committee on Hospital Insurance and Diagnostic Services

In accordance with the request of the Planning Committee on Health Insurance of the Nova Scotia Government, The Medical Society of Nova Scotia presents the following brief as being representative of the thinking of the medical profession. We wish to thank the Planning Committee for the privilege of naming a representative on the committee and for the opportunity to present this brief. We also wish to reaffirm the offer of the services of our committee on Health Insurance. Since the proposed plan includes some medical services, we feel it is important there shall be adequate consultation with the medical profession, particularly on this aspect of the Plan. The Medical Society of Nova Scotia will present its views under three headings: (A) Administration, (B) Diagnostic Services, (C) Hospitalization Insurance.

Administration

(1) The Medical Society of Nova Scotia endorses the principle of The Canadian Medical Association that all health programmes which are subsidized by government funds should be administered under the authority of an independent non-political commission, representative of those giving and those receiving the services.

(2) The number of commissioners should be not less than three and not more than five and should include one from the nominations made by the Nova Scotia Hospital Association and one from nominations made by The Medical Society of Nova Scotia.

(3) Since the commission will be largely concerned with the provision and utilization of both hospital care and diagnostic medical services, The Medical Society of Nova Scotia feels the commission should employ as managing director, a medical doctor preferably with the following qualifications: (a) graduated at least ten years; (b) adequate experience in clinical practice and medical administration; (c) in good standing with The Medical Society of Nova Scotia.

(4) The executive officer should supervise the administration of the programme on behalf of the commission.

(5) Careful consideration should be given to making use of existing non-profit organizations. It is specifically recommended that the agency for medical services should be the Maritime Medical Care.

(6) The Medical Society of Nova Scotia would continue to offer its services in an advisory and consultative capacity to the commission.

Diagnostic Services

The Medical Society of Nova Scotia wishes to emphasize that diagnostic services are medical services whether performed in or out of hospital. Radiology and clinical pathology are specialties in medicine and have the same academic standing with regard to the Royal College of Physicians and Surgeons of Canada as any other specialty in Medicine and Surgery. The following paragraphs present some of our views on Diagnostic Services:

(1) It is the aim of the radiologists and clinical pathologists of Nova Scotia to provide all residents of Nova Scotia with as complete and as high a standard of medical service as possible. The Medical Society of Nova Scotia recommends that payment for services be on a fee-for-service basis for radiology and, insofar as this is possible, for clinical pathology. The tariff of The Medical Society of Nova Scotia shall be the basis for fee-for-service payment and the physician shall be paid directly for all professional services by the agency employed by the commission. There may be special circumstances such as sparsely settled areas, etc., when it will be necessary to consider remuneration in addition to the fee for service.

(2) Diagnostic services shall be available to patients out of hospital. This should receive careful consideration and not be instituted until there are sufficient trained personnel to provide the desired standard of service.

(3) Since some of the proposed services are now performed by physicians in private radiological and clinical pathological practice and in offices of other medical practitioners, these services shall be included in any insurance plan.

(4) It is our understanding that the Nova Scotia Association of Radiologists through The Medical Society of Nova Scotia is willing to assume responsibility for setting up standards to ensure the quality and accuracy of diagnostic radiology as practised in Nova Scotia. This we would endorse.

(5) The Medical Society of Nova Scotia is willing to assist in designing measures to control the utilization of the services in any way possible, but it feels some coinsurance will be necessary, again taking care to see that no hardship would be imposed upon the medically indigent.

(6) The administration shall be by a commission as mentioned. We do not believe that medical services should be administered by a hospital commission. Nevertheless, for practical purposes and as a temporary measure only, the above may be necessary during the transition period.

Hospitalization Insurance

The medical profession is interested in hospitalization because doctors are responsible for the care of their patients while in hospital as well as out, and the profession also shares the responsibility with the administrators and the superintendents of nurses for the day to day operation of the hospitals. Accordingly The Medical Society of Nova Scotia recommends that:

(1) Hospitalization Insurance shall be available to all residents of Nova Scotia for general ward care. The latter shall include nursing care as required, meals, and special diets, the use of operating and case rooms, including anaesthetic supplies and equipments, blood and plasma, surgical dressings and casts, formulary drugs, etc.

(2) Such insurance shall be applicable to semi-private and private wards, with additional payment for such accommodation.

(3) Persons receiving the benefits of such insurance shall co-operate in the clinical training of medical students, nurses, technicians, etc.

(4) Medical functions of the hospital shall be delegated to the medical staff.

(5) The medical staff shall be organized so that, insofar as possible, it will fulfil the requirements of Hospital Accreditation.

(6) There shall be a joint conference for liaison between the governing board of the hospital and the medical staff.

(7) Part of the duties of the medical staff would be to assist in the control of admission and length of stay in hospital.

(8) Physician services are not part of hospital services and shall not be treated as such.

(9) In an effort to control over-utilization of hospital service, a deterrent of some principle of co-insurance shall apply to hospital admissions. Care should be taken to see that no hardship would be imposed upon the medically indigent.

(10) Adequate financial provision should be made initially to permit high quality hospital services, and the budget should be adjusted periodically according to need. Any subsidized scheme shall ensure that the patient will receive the increasing benefits associated with the advancement of medical science by providing for research, teaching, adequate physical facilities and properly qualified personnel. A specified portion of the budget should be set aside for these purposes.

21. Committee studying the Relationship between The Medical Society of Nova Scotia and Maritime Medical Care, Incorporated.

Doctor J. F. L. Woodbury, Chairman of the Committee, presented his report. (See p. 344).

22. Committee on Annual Meeting.

The Secretary gave a verbal report on the many factors influencing the time and place of an Annual Meeting. An invitation was received from the Manager of Digby Pines for the 1957 meeting, but it was doubtful if accommodation for exhibits could be arranged.

Doctor C. L. Gosse moved "That the selection of a place for the next Annual Meeting be left to the incoming Executive." Doctor P. R. Little seconded. Carried. (See p 11)

23. Treasurer's Report.

Doctor C. H. Young presented the Treasurer's Report and the Auditors Report. On motion these reports were passed to the general meeting. (See p 351)

24. Report of the Society's Representative on The Canadian Medical Association Executive.

Doctor A. G. MacLeod, Executive member of The Canadian Medical Association, gave a verbal report on Canadian Medical Association activities. On motion this report was accepted.

25. Legislative Committee.

The Secretary reported that the Chairman, Doctor J. McD. Corston, stated that his committee had nothing to report.

26. Cancer Committee.

The following report from the Chairman, Doctor W. R. C. Tupper, was

adopted with the recommendations that it be passed to the general meeting.
Carried.

Report for the year 1955-56 of your representative to the Nova Scotia Division of the Canadian Cancer Society.

The Nova Scotia Division of the Canadian Cancer Society has continued to serve the needs of the people of Nova Scotia in the more public and humane
Carried.

Report for the year 1955-56 of your representative to the Nova Scotia Division of the Canadian Cancer Society.

The Nova Scotia Division of the Canadian Cancer Society has continued to serve the needs of the people of Nova Scotia in the more public and humane aspects of malignancy. The following is a report on the activities of that Society as observed by your representative on its directorate during the year 1955-56.

1. Late in 1955 it was brought to the attention of The Society that a travelling grant would be most helpful to personnel of the Nova Scotia Tumour Clinic to enable them to attend and benefit from certain conferences and meetings held outside our country. In 1955 \$500 was made available for this purpose and later in 1956 \$750 was granted from the Society. To date four men have made use of this grant and have returned with valuable information to the Tumour Clinic and hospital. It is expected that this grant will continue on an annual basis.

2. In 1956 this Society advanced over \$17,000 for fundamental cancer research and fellowships. This amount represents about a quarter of the Divisional income for the year.

The grants made by National Cancer Institute for research in Nova Scotia in 1956 are as follows:

- A. Physical chemical configuration and biological activity of enzyme in normal and tumourous cells: \$3,345
 - B. Studies of epidermal chemical carcinogenesis: \$7,932
 - C. Endocrine study in advanced carcinoma of the breast with special reference to hypophysectomy: \$7,500
3. Transportation of patients to the Nova Scotia Tumour Clinic and the Victoria General Hospital.

For the past five years the Nova Scotia Divisions has been assisting with transportation costs of cancer patients from all parts of the province to enable them to take advantage of treatment and check-ups. Each year costs in this programme were increasing and finally in June of this year the Government of Nova Scotia agreed that it was prepared to absorb the costs of transportation of cancer patients if the Society would undertake to administer the programme. This was agreed to and as of July 15, 1956, the Government of Nova Scotia will absorb the costs of transportation of cancer patients to the Nova Scotia Clinic and the Victoria General Hospital. The administration costs of this programme will be borne by the Society. In brief, the programme is as follows:

A. The division will administer the project and bear the costs of administration.

B. A means test will be provided, and all patients with incomes less than \$3,500 will be eligible for transportation aid;

C. The different units of the Society throughout the province will advance the money to the patients, and they in turn will be reimbursed on a quarterly basis. If a patient resides in a locality in which there is no unit from the Cancer Society, then it is felt that a neighbouring unit would handle the situation or this patient will go directly to the Tumour Clinic and arrangements will be made for reimbursement of his transportation costs.

D. Transportation will include train or bus fare, but will not include meals. If a taxi to or from train or bus is required this will be included.

4. For many years the Society has been asked to establish a hostel for ambulatory patients attending Clinic or the Victoria General Hospital. Up to the present time there have not been sufficient funds available for such a project and all that could be done was to direct the time and energies of the volunteer workers to the clinic and hospital to make the patients waiting time as pleasant as possible. Arrangements are now under way on the part of the Cancer Society, to set up such a hostel, for which of course they will have to solicit funds. It is understood that under its charter the Society may not own and administer such a property though through its Women's Auxiliary it could make important contributions to its success. That detail will have to be worked out. This will mean a considerable outlay of money, but it is hoped that once it is proved that the hostel is fulfilling a worthwhile need, aid from the government will be forthcoming.

5. Other welfare services provided by the Cancer Society include boarding and nursing home care in special cases, provision of opiates, home visits, house-keeping services, free cancer dressings, provision of sick room supplies and equipment, visiting nurses, provision of invalid foods, Christmas boxes, rehabilitation and entertainment. The cost of this worthwhile programme in 1955 was \$22,789. The number of volunteer workers was 1,531.

6. The Education Programme.

This and its research effort are the real reason for existence of the Canadian Cancer Society, though as in so many things welfare crowds the picture because of the emotional appeal. The education programme of the Society is very carefully supervised, and all material used is first approved by a medical advisory committee, both national and provincial. In this programme an endeavour is made to reach the people of Nova Scotia through schools, industry, newspapers, radio, television, etc. In school, text books are made available by the Department of Education to be distributed each October to Biology classes in all provincial high schools. Contests involving essays, scrapbooks and posters have been carried out with excellent results. In Nova Scotia

there are 40,000 members belonging to the Cancer Society. Twice each year these members receive a Nova Scotia newsletter which keeps them in touch with the latest developments in research, treatment, and the work of the Society.

7. The income for the year 1956 for this Society will be approximately \$75,000. The following budget has been arranged.

General Overhead.....	\$ 9,000
Research and Fellowships.....	15,663
Nova Scotia Tumour Clinic.....	750
Education.....	18,000
Welfare.....	20,000
Campaign (partly educational).....	4,500
National Office.....	2,685
	<hr/>
	\$70,598
Unanticipated.....	1,402
Current reserve.....	1,500
	<hr/>
	\$73,500

Respectfully submitted,
(Sgd.) Carl Tupper.

27. Committee on Public Health.

The following report was received from Doctor J. C. Wickwire, Chairman.

Liverpool, N. S., August 29, 1956.

Doctor M. R. Macdonald,
Secretary, Nova Scotia Medical Society,
Victoria General Hospital,
Halifax, N. S.

Dear Doctor Macdonald:

Enclosed are the minutes from the meeting in March, also a copy of Doctor Jones brief as presented to the Premier and the Minister of Health, August 20, 1956.

There seems to be nothing I can add to these very complete reports of both meetings. I hope they may serve as my report as chairman of this Committee.

Yours very truly,
(Sgd.) J. C. Wickwire.

Poliomyelitis Immunization Programme in Nova Scotia.

A meeting was held in the Board Room at the Provincial Building, Halifax, on Friday, March 16, 1956, under the chairmanship of Doctor J. S. Robertson, Deputy Minister, Department of Public Health. The following were in attendance:

- Miss Phyllis J. Lyttle, R.N.....Superintendent of Public Health Nursing Service
- Doctor John Wickwire.....The Medical Society of Nova Scotia
- Doctor Roy Moreash.....The Medical Society of Nova Scotia
- Doctor D. J. Mackenzie.....Director, Public Health Laboratories
- Doctor C. E. VanRooyen.....Associate Director, Division of Laboratories
- Doctor Allan R. Morton
- Doctor E. M. Fogo
- Doctor H. B. Colford
- Doctor G. M. Smith
- Doctor W. I. Bent
- Doctor J. J. Stanton
- Doctor J. R. Cameron
- Doctor J. R. O'Regan
- Doctor V. K. RideoutDivision Medical Health Officers
- Doctor G. G. SimmsAssistant Deputy Minister
- Doctor E. L. Eagles.....Director, Child and Maternal Health and Communicable Disease Control.

} Halifax City Health Department

Doctor C. E. Kinley and Doctor Henry Reardon were unavoidably absent.
 Doctor D. G. McCurdy was also unable to be present.

Doctor J. S. Robertson informed the group that 280,521 c.c. of vaccine would be made available at an early date. Of this amount about 17,431 c.c. should be provided for booster doses to those who had received vaccine in 1954 and 1955.

It was decided after some discussion that two doses of vaccine were to be given a month apart. The starting date for vaccination to be chosen later, as soon as the vaccine is available, probably some time between April 9 and 15.

It was decided to withhold sufficient vaccine to give a booster dose about seven months after the second dose to those who receive their first vaccination in 1956. Approximately 263,090 c.c. of vaccine will be available for those receiving their first vaccination in 1956. This is sufficient vaccine for 87,696 individuals.

- 192,825 c.c. vaccine will be distributed as soon as available.
- 87,696 c.c. vaccine will be held for the third or booster doses.

280,521

The following is a list of the approximate numbers of children previously receiving the vaccine:

Division	1955
Fundy.....	1,896
Western.....	1,372
Northumberland.....	1,396
Cape Breton North and South.....	4,448
Lunenburg-Queens.....	1,071
Cobequid.....	1,512
Atlantic.....	2,240
Halifax City (including 1954).....	3,496
	17,431

It was decided to offer the vaccine to children in the Primary to Grade VI group. Because of the size of the job to be done in the next two months and our desire to use all the vaccine possible, it was pointed out that clinics must be organized, and that the help of community groups and the physicians was a necessity. It is felt that the only way possible to get the job of immunization done in the time available is to hold immunization clinics in connection with specific grades in school.

Community groups will be asked to assist and arrange with the physicians to do the immunization. Vaccine, supplies, and the services of the Public Health Nurses will be provided free by the Department of Public Health. It is suggested that the parents be asked to pay the physicians doing the immunization a reduced fee on the understanding that any parents unable to pay this fee have their children immunized free of charge.

As soon as sufficient vaccine is available, it will be released to the medical profession for use with their private patients. At present the vaccine is supplied in 6.0 c.c. vials and it was felt that too much wastage might result if the vaccine were released to the profession at this time.

Following is an estimate of the school population in group, Primary to Grade VI:

SCHOOL POPULATION

Primary to Grade VI

Atlantic.....	12,500
Western.....	9,697
Cape Breton North and South.....	28,829
Lunenburg-Queens.....	7,018
Fundy.....	11,713
Cobequid.....	11,073
Northumberland.....	11,751
Halifax City.....	12,162
	<hr/>
	104,743
Approximate number who received vaccine in 1954 and 1955.....	17,431
	<hr/>
Approximate number who might receive vaccine in 1956.....	87,312
Estimated population 5 to 14 years.....	139,000

It was felt that vaccine should be offered to pregnant women, if possible. It is understood that children in institutions will be immunized. As soon as vaccine is available, it should be made available to children in the pre-school age group.

A decision was made by the group that public health nurses should be allowed to do immunizations in isolated areas of the province under the supervision of the Divisional Medical Health Officer and after consultation and agreement with the medical practitioners serving the area concerned. Doctor

J. S. Robertson promised to seek the advice of the Attorney-General as to the legal status of the public health nurse in such cases.

A request form to be signed by parents was approved. It was asked that an explanatory letter to parents be prepared to accompany this request form. A special request form will be prepared for those children who need only booster doses of vaccine.

(Doctor Jones' brief is given under the Pottier Royal Commission on Cape Breton Hospital.)

Moved by Doctor S. Marcus "That this report be received." Seconded by Doctor A. G. MacLeod. Carried.

28. Cogswell Library and Medical Museum.

No report was received on the activities of this Committee.

29. Medical Economics Committee.

Doctor H. J. Devereux, Chairman, presented the following report.

Sydney, N. S., August 24, 1956.

Doctor M. R. Macdonald,
Secretary Nova Scotia Medical Society,
Halifax, N. S.

Dear Doctor Macdonald:

Herewith is the annual report of the Committee on Economics for the year 1955-56.

Your chairman attended both meetings of Committee on Economics (C.M.A.) in Toronto held on December 1st, 2nd, 1955, and April 13th, 14th, 1956. The following is a resume of the proceedings:

(A) D.V.A. Schedule of Fees:

The Committee finally succeeded in having the fees raised for home, office, night, Sunday and emergency calls; the new fees have been published in the Bulletin. Continued pressure has been kept up to have the entire D.V.A. schedule modernized and we are now at the point where D.V.A. is prepared to recommend to the Treasury Board that doctors performing services for eligible D.V.A. patients be remunerated on the basis of their own provincial tariff of medical fees. Two stipulations accompany this offer:

(1) That the provincial tariffs remain stabilized for a period of two or three years insofar as they relate to D.V.A. work and (2) that we define exactly the meaning of a first visit calling for a detailed history and examination and identified in the tariffs by a fee greater than that which applies to subsequent visits.

We respectfully suggest to the Executive that they accept this offer.

(B) Sickness Reports for Industry:

The committee discussed this matter and drew up a sample report for circulation to industrial groups. This matter has now been turned over to the committee on Industrial Medicine.

(C) Research Bureau on Medical Economics:

This bureau will be an information research centre, it will gather and analyze data from voluntary plans and furnish this information to the medical profession. This matter was in a state of flux in April, 1956, but I understand that The C.M.A. and T.C.M.P. have now agreed to go ahead in this matter.

(D) Canadian Association of Optometrists:

The Optometrists have requested that they be paid by the voluntary plans for refractions. The committee was sympathetic to their request, but felt that if optometrists participate in service plans, then other ancillary services would want the same privileges, and they would be difficult to exclude. It was finally decided that the matter be turned over to the Canadian Ophthalmological Society for their consideration.

(E) Federal and Provincial Health Proposals:

This matter is still unsettled and I think will be more adequately reported by the committee on Health Insurance. There was, however, in our committee general agreement that the medical profession should take a greater interest in hospital care, and should insist on having medical representation on matters pertaining to hospital care and diagnostic services in negotiations with Government. The attitude of the profession should be that we are offering the Government essential service and advice, rather than that we are protecting our interests.

The Medical Economics Committee held a meeting in Halifax, March 7, 1956, all members being present. The following items were discussed:

(A) The Welfare Contract:

The surplus is steadily being decreased, and at the present rate it will be exhausted early in 1957. For example the surplus on January 15, 1955, was \$27,482.15 and on July 1st, 1956 was \$10,194.73. The only change made in the contract this year was in the distribution of the \$50 surgical fee; it was broken down into \$10 for anaesthetist, \$10 for assistant and \$30 for surgeon.

(B) D.V.A. Schedule of fees

Our opinion has been already given.

(C) Payment of Assistants' Fees

This was referred to the Tariff Committee for further study.

(D) Insurance Fees:

It is the feeling of the committee that Insurance Companies should be made cognizant of the fact we have a schedule of fees, which they should follow.

(E) Workmen's Compensation Board Fees

Your committee suggested that the Executive have the Workmen's Compensation Board Committee meet with the Board and attempt to have their schedule of fees brought up to a realistic basis.

(F) Proposed Hospital Insurance Plan:

Doctor Graham Simms, Assistant Deputy Minister of Health, gave the committee a

detailed report on the Federal Health Grants and the Hospital Insurance Plan. This item will be covered by the Committee on Health Insurance.

Your chairman representing the Economics Committee attended the Canadian Medical Care Conference in Saint John, June 1, 1956, and gave a paper on "The Check-Off System in Cape Breton."

In conclusion I wish to thank all the members of the Committee, Doctor Graham Simms and Mr. Dave Macneill for their help throughout the year.

Respectfully submitted

(Sgd.) H. J. Devereux,

Chairman of Committee on Medical Economics

On motion the report was adopted.

30. **Workmen's Compensation Board Committee.**

Doctor J. V. Graham, Chairman, submitted the following report.

Halifax, N. S., July 28, 1956

Doctor R. O. Jones, President
The Medical Society of Nova Scotia
Dalhousie Public Health Clinic
University Ave,
Halifax, N. S.

Dear Sir:

I beg to submit report of the Workmen's Compensation Board Committee.

Under date of March 12 I was requested by the Secretary of The Society to arrange a meeting of the members of the Committee with the Workmen's Compensation Board in an attempt to have the Board increase their schedule of fees. A meeting therefore was arranged with the Board in the office of the Chairman at 3.00 p.m. on April 5. All members of the Committee were notified of the meeting.

Doctor H. B. Whitman of Westville attended the meeting and had a conference with me before meeting the Compensation Board. I am enclosing copy from minutes of this meeting.

The Board gave the Committee a courteous and apparently sympathetic hearing and stressed the fact that any schedule of fees was only a guide and that it was their purpose to depart from the schedule when any unusual circumstances justified such departure and was brought clearly to their attention.

Respectfully submitted,

(Sgd.) Judson V. Graham,
Chairman, The Workmen's Compensation Board Committee.

**Minutes of a Meeting between
The Workmen's Compensation Board of Nova Scotia
and
a Committee of The Medical Society of Nova Scotia.**

Held in the Office of the Chairman April 5, 1956 beginning at 3.00 P.M.

Present on behalf of the Board —
Frank Rowe, Q.C., Chairman
Harold Brownhill, Vice-Chairman
A. B. Campbell, C.M.O.
H. L. Scammell, Executive Assistant

Present on behalf of the Society —
Doctor J. V. Graham, Halifax, N. S.
Doctor H. B. Whitman, Westville, N. S.

The Committee recommended to the Board the following upward revisions in its scale of fees. These are noted hereunder with any relevant comments coming out of the discussion which occurred.

1. The fee for first attendance at home or plant is now \$3.00. The Committee recommends that this be raised to \$5.00.
2. The Committee suggests that the Board add a new item entitled "An emergency first call at the doctor's office." This would be a call made out of office hours. It was pointed out that the doctor might be away from his office and be called back to it at considerable inconvenience in order to take care of an emergency accident that had been brought to the office. It was suggested that the fee allowed for this be \$4.00.
3. It was recommended that the first call at the office outside of an emergency should be raised from \$2.50 to \$3.50. Some discussion ensued at this point as to how the second recommendation could be dealt with justly by the Board. It was felt that there would be occasions when the Board would have to determine in an arbitrary fashion whether or not an emergency existed. The Committee said that it appreciated this point but felt that some consideration should be given to the distinction between Items Two and Three.
4. Subsequent attendance at home — recommended raise from \$2 to \$3.
5. Subsequent attendance at office — recommended raise from \$1.75 to \$2.
6. Subsequent attendance at hospital — this is at present \$1 a visit. The Committee felt that for a limited period of say one week this should be raised to \$2 a visit and then remain at \$1 a visit up to 30 days. After the lapse of 30 days the fee for daily visits might be dealt with depending upon the circumstances of the case, it being felt that in many instances after this lapse of time a \$1 fee per visit could scarcely be justified.
7. The Committee recommended that night attendance being at 8.00 p.m. and be in effect until 8.00 a.m. On this understanding they would not recommend any change in the present fee allowed.
8. Emergency visits Sundays and Holidays — the Committee recommended that this should be raised from \$1 to \$2 extra.
9. The Committee recommended that the Board consider some improvement in the

present fee allowed where one complete attendance was all that was necessary in connection with an accident.

10. For aspirating a bursa the Committee recommended a fee of \$2 in addition to the regular office call.

11. The fee allowed for application of a plaster cast was a subject of considerable discussion. It was pointed out that there was a schedule fee laid down for the majority of cases which would include the application of plaster casts and their removal. Where this did not apply the Committee recommended that a fee ranging from \$5 to \$25 be allowed for the application of a cast depending upon the size and site of the cast. If an assistant is considered necessary, he should get 20 per cent of the fee allowed the surgeon as in operative cases.

12. The Committee recommended that the same fee be allowed for fracture of the carpus as for Colles' fracture.

13. The Committee recommended that for fractures of the os calcis or astragalus or both together, the fee be fixed without strict reference to a schedule but in keeping with the amount of work required by the attending surgeon.

14. For a fracture of the coccyx the Committee felt that the present fee for non-operative treatment was satisfactory but where operative and removal were necessary they would recommend that a fee up to \$50 be allowed depending upon the circumstances.

15. For a fracture of the femur where open operation is not required the Committee recommends a fee of \$85 to cover necessary treatment for the first three months and that after three months it be dealt with on a basis of individual visits at the office call fee.

16. The Committee recommends that the fee for all metacarpals be raised from \$10 to \$20 and in the case of Bennett's fracture that \$25 be allowed. Doctor Graham called attention to the extra work which might be necessary in dealing with a fracture of the fifth metacarpal.

17. The Committee recommended that the fee for fracture of the humerus be increased beyond \$50 and recommended \$60 as a possible figure.

18. The Committee recommended that fees allowed by schedule for fractures of the jaw, malar or nasal bones should be employed only where a surgical operation was not required to deal with the damage.

19. The Committee recommended that the fee for a fracture of the patella not involving operation should remain at \$25 but where operation was necessary it should be raised to \$85 or \$90.

20. The Committee recommended that the fee for a dislocation of the shoulder should be \$25 and that for a recurrent dislocation it should remain at \$20, it being understood that these fees apply to cases not requiring operation.

21. The Committee recommended that the fee for a dislocation of the hip joint which is now \$40 should be raised to \$75. This is a rare injury.

22. It felt that some improvement should be made in the fee for dislocation of one or more carpal bones but no specific figure was mentioned as it was felt that these were cases that required an individual estimate depending upon all the circumstances.

23. The Committee recommended that the fee for excision of a semi-lunar cartilage from the knee joint should be raised from \$75 to \$85.

24. Removal of an ordinary non-embedded foreign body from the eye it thought should be paid for at the office call rate.

The entire schedule of fees was reviewed at this meeting and it is taken for granted that any items not recommended for changes in the above Minutes were not the subject of adverse criticism by the Committee of the Society.

The Board informed the Committee that it would give careful consideration to its recommendations and that a copy of these Minutes would be sent to each member of the Committee before any decision was made.

(Sgd.) H. L. Scammell,
Executive Assistant to the Board.

Doctor A. L. Murphy moved "That the report be adopted but with the provision that the Workmen's Compensation Board be asked to use the regular schedule of fees of The Medical Society of Nova Scotia, and that the incoming Executive be directed to make this recommendation." Doctor H. J. Martin seconded. Carried.

31. Editorial Board.

Doctor C. J. W. Beckwith, Editor of the Nova Scotia Medical Bulletin, presented the following report.

Report of Editorial Committee Nova Scotia Medical Bulletin 1955 - 1956

Doctor R. O. Jones,
President, The Medical Society of Nova Scotia.

Dear Mr. President:

The Editorial Committee appointed at the Annual Meeting of The Medical Society of Nova Scotia in Amherst took over from the former committee after returning to Halifax. We wish to record our thanks to the members of that committee for their instruction, suggestions and co-operation.

Regular monthly meetings of the present committee have been held and on some occasions we have held two or more meetings in a month.

The Bulletin has been published each month but it must be stated frankly and emphatically that your committee had serious doubts on more than one occasion that publication would be possible; the reason — lack of material. Except for a very few loyal contributors, the papers from the Refresher Course, the Post-Graduate Committee and the Atlantic Branch of the Canadian Public Health Association, original contributions were very few. The dearth of contributions from members of Branch Societies causes us concern, particularly as we know that there are presentations at many of those meetings. Your Committee has no doubt that the potential of the Bulletin is great and that it can render a fine service to the profession in Nova Scotia, but to achieve this there must be available material from which well balanced monthly issues can be compiled.

Your committee therefore recommends that the incoming committee study methods of

obtaining original papers and case reports and have the authority to make such arrangements as may achieve this objective.

A determined effort was made to obtain regular news items, etc. from local societies by sending out reminders each month to local representatives. This effort was so unproductive that it was discontinued after three months.

Your committee wishes to thank Doctor M. R. Macdonald for his practical interest during the year. We also wish to express sincere appreciation to Mrs. Currie for her participation in the responsibility for the Bulletin. Indeed, if it had not been for the attitudes of these two good people your editorial committee would have been hard pressed to carry out its duties.

As members of the Editorial Committee we wish to record that the year has been a pleasant one and that, even though much remains to be accomplished, membership on this committee has been a gratifying experience.

(Sgd.) H. C. Still,
W. K. House,
C. J. W. Beckwith, Chairman.

Moved by Doctor A. L. Murphy and seconded by seconded by Doctor J. R. McCleave that this report be adopted. Carried.

32. **Pharmaceutical Committee** (now included in Public Health).

No report was received from this Committee.

33. **Committee on Tariffs.**

Doctor E. F. Ross, Chairman, presented the attached report on behalf of the Committee on Tariffs. It was decided that Doctor Ross present this report to the general meeting. (See p. 79).

34. **Committee on Maternal and Child Hygiene.**

The following report was received from Doctor M. G. Tompkins, Jr., Chairman of the Committee.

Report of the Committee on Maternal and Child Welfare

I beg to submit the following report of the Maternal and Child Welfare Committee of The Medical Society of Nova Scotia for the year 1955-56.

This committee has met on several occasions and has had correspondence with Doctor Primrose, Chairman of the Maternal and Child Welfare Committee of The Canadian Medical Association.

Of first interest is the great amount of work that has been carried out in this field over the past several years by the Advisory Committee on Maternal and Child Welfare, and by the Public Health Department of the province of Nova Scotia. Much has been done in assisting hospitals in an effort to establish minimal standards from an obstetrical and paediatric point of view.

The total amount of the Child and Maternal Health Grant available in 1955-56 \$93,378. Due to the fact that the then existing programme could not utilize all these funds, a sum in the amount of \$40,426.50 was transferred to other grants where it could be used. After this transfer was made, there was left in the grant \$52,951.50. Of this \$43,159.19 was spent on the Child and Maternal Health Programme.

A breakdown of expenditures under the grant shows that \$17,382.47 was spent on personal services, \$5,159.39 on travel, \$19,158.71 on equipment, \$763.17 on materials and sup-

plies, and \$705.45 on "other" which includes a number of miscellaneous items. The total spent, as mentioned above, was \$43,159.19.

A breakdown of the individual projects under this grant follows:

1. Training Nurses in Infant and Maternal Care — a total of \$2,725.70 was spent on this project; of this slightly over \$1,200 was spent on personal services and almost \$1,000 on travel.

2. Provision of Case-room and Nursery Equipment to hospitals — as stated above, an amount of \$19,158.71 was spent on this project.

3. Teaching of Obstetrics — This project, which is under the direction of Doctor H. B. Atlee, amounted to \$2,000, all in personal services to nurses.

4. Consultation Team on Child and Maternal Health — This project was never activated and no money was spent.

5. Division of Child and Maternal Health Services — This project accounted for \$12,703.45. Personal services accounted for something over \$9,300 and travel accounted for something over \$2,800; the balance was made up in materials and supplies and "other."

6. Assistance to Pre-Natal Clinics for instruction to pregnant women (Dalhousie Public Health Clinic) — This project, under the direction of Doctor H. B. Atlee, accounted for \$4,882.90; slightly over \$4,600 was involved in personal services by nurses and almost \$300 in materials and supplies.

7. Course in Child and Maternal Health Services at Recognized Centres for such Training — This project was concerned with the short course for Doctor E. L. Eagles. The total amount involved was \$1,488.43; this was practically all travel.

The main concern at present is maternal and peri-natal mortalities. A programme to study these two facets of the problem would give a great deal of information about methods by which material and infant care could be improved in the province of Nova Scotia. The first problem, that of maternal mortality, is a relatively easy one due to the small number of maternal deaths that occur in the province from year to year. In setting up this programme we feel that all maternal deaths associated with pregnancy, regardless of the duration of the pregnancy, should be included in this maternal mortality study.

The second problem, that of peri-natal mortalities, is probably the more urgent and the more difficult of the two to undertake. The first part of the programme probably should be one of education or assistance to individual areas by means of consultation teams to help iron out any difficulties that may exist. This programme of consultation teams has been established by the Advisory Committee to the Department of Public Health, but at present it lacks the services of nursing consultants. These teams could be available to any individual on request for periods of two to three days during which discussions of local importance could be carried out.

Actually the biggest problem would be that of peri-natal mortality studies. This would be most difficult to carry out on a province-wide scale at present. To initiate it, it has been felt that a pilot study should be carried out in one of the Halifax hospitals where all still-births and peri-natal deaths could be completely studied from all aspects. This could be a very productive study, but a difficult one to institute.

The work in the field of maternal and child welfare has remained somewhat stationary in the last six months due to the resignation of the provincial director. It is hoped that in the early fall a new director will be appointed who will continue this work. It would be unfair to commit this new man to any definite programme until he has become thoroughly acquainted with the work already being done, and the problems still existing.

Respectfully submitted,

(Sgd.) M. G. Tompkins, Chairman
C. G. Harries
R. M. Ritchie.

Doctor C. G. Harries moved and Doctor S. Marcus seconded "that this report be adopted." Carried.

35. **Industrial Medical Committee** (now included in Committee on Public Health).

No report was received from this committee.

36. **Committee on Rehabilitation.**

The following report was submitted by Doctor W. D. Stevenson, Chairman.

Halifax, N. S., Sept. 1, 1956.

Doctor R. O. Jones,
President, Nova Scotia Medical Society,
Dalhousie Public Health Clinic,
Halifax, N. S.

Dear Doctor Jones:

This is the report of the Rehabilitation Committee for the year 1955-56.

The general picture of rehabilitation in the province is much more encouraging than it was a year ago. First of all the voluntary agencies have increased greatly their services to the disabled. They have employed more full time personnel for work, both in the hospitals and in field work throughout the province. Both Federal and Provincial governments through their numerous agencies have stepped up their rehabilitation activities, especially in the fields of vocational training, employment, and social service, and also through their assessment of applicants for disability pension, many of whom have been found capable of being rehabilitated.

The work of your committee has been directed mainly along the following lines. Firstly, lectures were given at High Schools to encourage students to undertake courses as physical or occupational therapists. There is some indication that an increase in requests for bursaries resulted. Secondly, much was done to encourage therapists, both graduate and in training, to practise in this province. We are pleased to announce that a second specialist in physical medicine will be arriving next month to take charge of therapy at the new rehabilitation centre. Thirdly, the major work of your committee has been in conjunction with the executive and directors of the Nova Scotia Rehabilitation Council in working toward the development of a rehabilitation centre. Numerous discussions were held with members of the Halifax City Council during the winter and arrangements were finally made for a portion of the Halifax Tuberculosis Hospital to be made available to the Council for use as a rehabilitation centre. With the enthusiastic support, both financial and otherwise by the voluntary agencies, the out-patient services were started at the new centre on August 1st of this year. Since then, official approval of the plan has been received from Ottawa, enabling the centre to receive considerable financial support for salaries and equipment through the Federal Provincial health grants. Two complete wards and balconies have been taken over and the City Council has intimated that as the programme expands more space in the hospital will be made available. Out-patients only can be assessed and treated at the present time, but it is hoped that within a few months bed space will become available for the more seriously disabled, such as some arthritics and paraplegics. It is expected that before long there will be a fully organized programme which will co-ordinate both the physical and the vocational and social aspects of rehabilitation in a way which has never before been possible in this area. The centre will assess or treat disabled persons referred by the voluntary agencies or hospitals, or by private physicians, and requests for these services should be directed to the Administrator, Rehabilitation Centre, 98-A University Avenue, Halifax, N. S. A brochure describing the

services, and charges, etc. will be distributed to the profession in the near future. It should perhaps be noted that the centre is not another physiotherapy department, but is for the difficult or problem patient, the man, woman or child with residual disability mental or physical which precludes an early return to his previous occupation.

Two men should perhaps be singled out for special recognition of the outstanding work they have done in this field. Firstly, Mr. Marshall Wilson, the President of the Nova Scotia Rehabilitation Council, and, secondly, Mr. Frank Wellard, who as Provincial co-ordinator has been most energetic and diplomatic, and who seems to have a special knack for getting things done.

Your committee would further mention that discussions with the Provincial Department of Health have led to some recognition of the need for occupational therapy in general hospitals. It is expected that the coming year will see a considerable increase in these facilities.

This programme of rehabilitation, as can be seen, is just getting nicely started. As it develops, and more facilities for training are provided, as, for example, possibly a new school of Physical and Occupational Therapy, more decentralization will then become possible with expanded facilities for these services in general hospitals throughout the province.

There are still many pressing needs. Some of these are; expanded facilities for making braces and other orthopaedic appliances, expanded physical and occupational therapy departments, especially the latter, a sheltered workshop, which is presently under consideration by the Council, and perhaps most important an increased awareness of the possibility and value of rehabilitation measures by the public, especially employers, and by the medical profession itself. It is hoped that a demonstration of some of the methods employed will be presented at the Rehabilitation Centre as the work of the centre becomes more solidly established.

Respectfully submitted,

(Sgd.) J. F. L. Woodbury,
G. J. H. Colwell,
W. D. Stevenson, Chairman.

On motion the report was adopted.

37. Committee on Traffic Accidents.

Doctor A. L. Murphy, Chairman, presented the following report.

Report of the Traffic Accident Committee

To the President, Nova Scotia Division of The Canadian Medical Association:

The work of this Committee is still in the stage of organization. In April of this year, your chairman attended a meeting of the National Committee in Montreal. His report of this highly successful gathering is appended. Commenting on this meeting in New York, Dr. John O. Moore, director of the Cornell University Crash Project, and ex-officio member of the Canadian Committee, said, "It was most stimulating to see a national medical organization so efficiently go about the problem of setting up a central research and data gathering body of work on solutions of this problem of mass disease."

Out of this meeting came a final draft of an application for creation of a corporation to be known as *The Canadian Medical Traffic Accident Research Foundation*.

In brief the objects of the Corporation are:

- (a) To co-ordinate and correlate the efforts of individuals and organized bodies, with a view to reducing death and injury from traffic accidents in Canada.
- (b) To aid in establishing and maintaining, or to establish and maintain, fundamental research activities in the field of traffic accidents.

(c) To assist in the training and education of professional and other personnel as may be required to further the objects of the Foundation.

(d) To prepare, collect, assess, and disseminate information and material relating to traffic accidents in Canada, and the causes thereof.

(e) To obtain money by way of public appeal or otherwise, and to receive grants, gifts, bequests, and donations of property, both real and personal, for the purpose of the Foundation.

(f) To assist in the establishment of facilities for the purpose of research.

(g) To make grants, to lend money or to guarantee the contracts of or otherwise assist, any corporations, societies, associations, partnerships, agencies, organizations, or individuals who are engaged in activities which, in the opinion of the Foundation, may usefully be carried on to further its objects.

With the corporation approved and the money already obtained, implementation of its many objectives will be begun, and it is expected the Nova Scotia Committee will take its place with the other groups across Canada in this very important work. To do so, it will need the understanding and help of the whole provincial profession.

Meanwhile, before the broadest efforts of the corporation get underway, the local-provincial Committees hope to proceed with the various phases of the problem which are limited to their own profession and the hospital activities over which they have influence. It is reasonable that, before any group made up largely of medical men begins offering advice or even assistance to public agencies or industrial groups, such as police, automotive and highway engineers on how to make their work more efficient and their product safer, they should first be ready to offer evidence that their own house is in order.

Your Committee believes that the care of the traffic accident victim, from the time he becomes a patient on the highway to his final discharge from hospital, is, particularly in its earlier phases, not beyond improvement; and it is our hope that in the development of plans for study of this phase of the problem we will receive the sincere support of the whole Society. In such a project, no Committee can do more than present the plan. It is the profession which must implement it.

Respectfully submitted,

(Sgd.) Arthur L. Murphy, Chairman
J. A. McDonald,
R. G. A. Wood,
T. C. C. Sodero.

Report on the Meeting of The Traffic Accident Committee of The Canadian Medical Association.

Montreal, April 21, 22, 1956.

This report is not official and has been made without reference to the minutes.

The Committee met with representatives of all Provinces except Prince Edward Island and Newfoundland present. Also present were Doctor T. C.

Routley and Doctor Lemieux, President and President-elect of The Canadian Medical Association, Doctor Arthur W. Peart, Assistant Secretary, Doctor Powers of The Medical Association of Quebec, and Doctor John Moore, Head of the Cornell University Automobile Crash Investigation. In the chair was Doctor Harold Elliott, Montreal.

The idea for the project began with a group of Montreal men, most of them but not all, physicians. The Montreal Star was interested and gave encouragement. From the first, informal discussions grew a plan to set up a foundation for the promotion of traffic accident research. While nebulous, this was unofficially endorsed by The Canadian Medical Association, The Royal College of Physicians and Surgeons, the Association of Medicine of Quebec, and the Canadian Bar Association. The Canadian Medical Association then set up a committee headed by Doctor Harold Elliott which might make the plan a reality.

At the time of this meeting, a great deal of preliminary work had been done by Doctor Elliott and his local group. A charter had been drawn up by members of the Canadian Bar Association. The Canadian Government has approved of the principle of the plan and has ruled that funds donated to the Foundation shall be tax free. Several large industries have shown interest in the endeavour and have suggested the possibility of their contributing financially. However, the Ford Motor Company of Canada has offered to assume the entire financial burden of maintaining the Foundation as envisioned.

Against this background, the meeting opened with brief reports of the divisional representatives on their activities to date. Several simply stated that they were awaiting definite instructions from the central committee, others brought forward tentative plans of their own, in embryo or in operation.

Your representative reported that no local action had been taken, pending advice of the committee. He outlined the work that had been done in Nova Scotia under the direction of the Committee on Trauma of the American College of Surgeons, of which he is chairman. He suggested that this type of work having to do with patient care, could be carried out by local groups largely on their own initiative, and without the correlated efforts of other non-medical groups which must await the further development of the plan.

This broad discussion period about work proposed or begun by the local divisions covered such topics as this: A review of the type of injury sustained locally in automobile accidents; the mechanism of these injuries as recorded by police reports; the problem of police training in the handling of accidents; the problem of alcohol and the driver; the results of a one week road block carried out in the City of Winnipeg during the Christmas holiday season as a check on the alcoholically impaired driver, and the great drop in the accident rate through the period; the submission of a new, more complete form for chauffeurs medical examinations, in Alberta; checking of the physical and psychological impairments of all persons convicted in automobile accidents; a universal form of road signs; a point system with awards for good drivers; improvements in car designs; compulsory insurance; highway improvement; the teaching of driving in high schools and whether this should be made a part of the regular curriculum.

It will be seen that up to this point discussion was general and the local

committees had ranged far in their interpretation of their duties. It was agreed that nothing of a systematic nature, or on a national basis, should be done before the setting up of the Foundation.

The objects of such a Foundation were first set out by Doctor John Moore, whose work at Cornell University has been unique in this field. They fall under three main heads:

1. The physical factors leading to the accident, i.e. with relation to the highway, the automobile, traffic laws and the driver. Here the role of medicine is rather remote, and of advisory nature.

2. The specific injuries resulting from a certain combination of circumstances. The role of medicine in this phase is more intimate. Working in co-ordination with police and other investigating bodies it can help understand the causative factors of various injuries, leading to their prevention.

3. The care of the victim. This problem is almost wholly within the medical field although there must again be co-operation with hospital administration, with these responsible for ambulance care and so on.

It was stressed by Doctor Moore (his doctorate is not a medical one) that the automobile is primarily for transportation; that its safety is a secondary problem. He said that automobile manufacturers will make changes in design toward greater safety only when convinced that these changes are worth-while. At the present time, while some of the manufacturers are interested in introducing safety features in their automobiles, others studiously avoid any suggestion, in policy or advertising, that an automobile can do any harm.

It was further stressed that the unauthorized efforts of medical men which might interfere with the work of other bodies striving toward the reduction of traffic accidents, or might be interpreted as a criticism of that work, can only lead to confusion, impaired public relations, and delay in the ultimate aims of the programme.

It was decided that the central committee should proceed with the application for the Foundation charter, to be set up under the aegis of The Canadian Medical Association, The Medical Association of Quebec, The Royal College of Physicians and Surgeons and the Canadian Bar Association. A co-ordinating officer on a part-time salary of approximately \$4,500 a year is to be sought to direct the work of the Foundation and assimilate the data from the divisions across Canada. At one of the teaching hospitals of each medical school across the country a research unit is to be set up. These will operate in a five year plan with a tentative allotment of \$10,000 per year, per unit. Each research unit using common forms, the gathering of data would work on all three points in the programme.

Meanwhile, it was agreed that the local divisions be asked to survey the purely medical aspects of traffic accidents in their areas and take such action as they see fit within their own ranks to improve patient care, under a broad directive from the central committee. This permits proceeding immediately with the third point in the programme; the putting of our medical house in order, and the development of each local group in preparation for the more extensive work to come later.

The charter calls for a Foundation set up not unlike the Canadian Cancer Institute. Its plan of action is patterned on that of Cornell University and advantage can be taken of what they have learned in the gathering of data and in relationship with other interested bodies. The Cornell study covers ten of Eastern United States.

The Canadian Foundation will be the first of its kind in the world. It will be the first scientific effort made on the national level to investigate and reduce one of the greatest pandemics we have ever known and the third powerful killer of our people.

The Montreal Press referred to the meeting as "historic." It was said that the co-ordinator of the Foundation would be accepting a post which could lead him to a Nobel Prize. It was the belief of all present that Canadian Medicine was taking a big step in its dedicated role as the protector of health.

Moved by Doctor A. L. Murphy "That this report be adopted and published in the Nova Scotia Medical Bulletin." Seconded by Doctor J. R. McCleave. Carried.

38. Historical Committee.

The following report was received from Doctor K. A. MacKenzie, Chairman.

Halifax, N. S., September 1st, 1956

Doctor M. R. Macdonald,
Secretary, Canadian Medical Association, Nova Scotia Division,
Halifax, N. S.

Herewith report of Historical Committee.

No special work was accomplished during the year. The Bulletin was fortunate in having an interesting paper on the first physicians at St. Joseph's Hospital by Doctor George H. Murphy, the only surviving member of the first staff. This paper was read at the Anniversary of the St. Joseph's Hospital and permission was given to have it published in our Bulletin.

Yours respectfully,

(Sgd.) K. A. MacKenzie,
Chairman of Committee.

39. Committee on Nursing.

The following report was received from Doctor H. F. McKay representative of the Conjoint Committee on Nursing.

New Glasgow, N. S., August 24, 1956.

Doctor R. O. Jones,
President, Nova Scotia Medical Association,
Dalhousie Public Health Clinic,
Halifax, N. S.

Dear Sir:

As Chairman of the Committee on Nursing I beg to report as follows:

A joint meeting was held with the Provincial Committee in October, 1955 and several matters were discussed with no definite action being taken.

The resolution referred to your Committee from the Valley Medical Society re nurses giving intravenous therapy was fully discussed. Some question was raised as to whether or not this would be in conflict with the Registered Nurses' Act of the Province, and this phase of the question was referred to the Registered Nurses' Association for their interpretation, and if necessary, a legal opinion was to be obtained.

The question of the Hospital's responsibility in the case of negligence was raised by the representatives of The Hospital Association.

The matter was discussed by the Executive of the Registered Nurses' Association and prior to the annual meeting of the same Association we were asked if we would be prepared to recommend instruction in intravenous therapy as part of the nurses training. Our answer was "No" as we felt that all nurses could not qualify as such therapists, but that special training of post-graduates, specially selected might be instituted in several schools of nursing.

At the annual meeting of the Registered Nurses' Association the matter was again discussed, and while we do not have a *formal* report on these discussion, *to the best of our knowledge* we believe the matter may be resolved as follows, — under certain circumstances, where a Registered Nurse has proven competent in intravenous therapy and in hospitals where internes are not available *MAY*, with the approval of the Medical Staff, the Administrator and the Governing Board and on the responsibility of the attending physician administer intravenous therapy.

Now Sir, we have no written reports supporting this statement. This report was deliberately delayed hoping that a report from the Chairman of the Provincial Joint Committee on Nursing or the Registered Nurses' Association would be available. We have however discussed the matter recently with an executive member of the Registered Nurses' Association and it is the result of this discussion that is embodied in the foregoing.

The foregoing we believe covers the activities of your Committee on Nursing during the past year.

Respectfully submitted,

(Sgd.) H. F. McKay,

Chairman, Committee on Nursing,
The Medical Society of Nova Scotia.

Reports of Representatives to Various Organizations.

40. Maritime Hospital Service Association.

The following report was received from Doctors W. E. Hirtle and H. E. Christie.

Report by your representatives on the Board of Trustees of Maritime Hospital Services Association (Blue Cross-Blue Shield).

Doctor Waldo E. Hirtle, Sackville, 1956-58.

Doctor Hugh E. Christie, Amherst, 1955-57.

To the Executive of The Medical Society of Nova Scotia:

Dear Sirs,

Your representatives attended the Annual Meeting of the Board of Trustees of the Maritime Hospital Services Association on 25-26 February, 1956.

This organization continues to be very active in the four Atlantic Provinces. It is commensurate with the various prepaid hospital and medical plans throughout the nation. It actively co-operates and send representation to the various national and international meetings and conferences, particularly the

- (1) Maritime Hospital Association
- (2) Trans-Canada Medical Plan
- (3) Canadian Council of Blue Cross
- (4) Blue Cross Commission.

The Association continues to enjoy the approval of the Blue Cross Commission.

The Association in 1955 achieved a relatively sound balance sheet position.

The schedule of fees to surgeons has been revised. New items and procedures have been added. This was done to bring their plan more in line with the present-day recommended and accepted fees, and also to offset extra billings to the subscriber.

It has been recommended, but at this time not practical, to consider benefits to the subscriber for Out-of-Hospital Services, e.g., electrocardiograms. This would mean such procedures would come under Blue Shield and therefore no longer necessarily a Hospital Service.

The Association has been actively prevailed upon by the Canadian Legion, New Brunswick Branch, to allow ex-service men to receive Blue Cross-Blue Shield benefits for themselves and dependents in D.V.A. Hospitals. So far the issue has been evaded. It was felt that this would be treading on dangerous ground.

The Association is very much interested in the administration of any Provincial Health Insurance Programme.

The Association is actively interested in research and has recently participated in association with a large Maritime Hospital in a Pilot Study on the effect of prepaid hospital and medical contracts on incidence and utilization.

Respectfully submitted,

(Sgd.) W. E. Hirtle,
Hugh E. Christie.

On motion the report was adopted.

Considerable discussion ensued on the advisability of setting up a Mediation Committee in The Society.

Moved by Doctor D. I. Rice "That the matter of establishing a Mediation Committee be referred to the Branch Societies with the suggestion that such a committee be established within each Branch Society." Seconded by Doctor S. Marcus. Carried.

Halifax, N. S., July 9, 1956.

Doctor M. R. Macdonald,
Secretary, The Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
University Avenue,
Halifax, N. S.

Dear Doctor Macdonald:

I beg to present herewith a brief report of the work of the Provincial Medical Board since the last Annual Meeting of the Society.

The Board held two regular meetings and two Executive meetings, each in November, 1955 and in May, 1956, at Halifax. All members representing your Society were present and took an active and effective part in the meetings.

Of necessity there is a considerable amount of routine business dealt with of no special interest to the profession at large, and at each meeting complaints made by members of the public against physicians are considered and disposed of as well as possible. It might be observed in this regard that the Board's powers of discipline only apply in terms laid down

by the Medical Act. Some complaints must on these grounds be turned aside as they do not constitute professional misconduct. They do now and then, however, indicate the need for a measure of better understanding between the doctor and the patient, or the doctor and the patient's relatives, on something lower than a judicial plane.

The Board has requested the Medical Council of Canada to provide an examination in the Basic Medical Sciences for graduates of Foreign Medical Schools seeking a license to practise who appear to have had deficient training in those fields.

At the November meeting the Board made a grant of \$500 to Dalhousie University to support its Post-Graduate programme in Medicine. Legislation was sought and secured to increase the annual amount of the grant up to \$1,000 a year. The customary support was given to the MacDougall Library and the Dr. John Stewart Memorial Lecture at the Annual Dalhousie Refresher Course.

In respect to the activities of Mr. J. A. Desfosses of Montreal in Nova Scotia in the summer of 1955, the Board secured a comprehensive opinion from its Solicitor as to the evidence necessary to bring an action against this person in the event of his return. A precis of this was forwarded to your Secretary and the Board bespeaks the aid of the profession in securing all possible information in such an event. Everything sent to the Registrar of the Board will be sent to the Board's solicitor for appraisal.

Respectfully submitted,

(Sgd.) A. E. Murray,

H. F. Sutherland.

43. Medical Advisory Board to Lay Organizations.

Doctor B. F. Miller reported that there was nothing brought to the attention of this Committee; hence no report.

4. President of Maritime Medical Care, Incorporated.

Doctor A. G. MacLeod was asked to present his report to the general meeting. (See p. 348).

45. Board of Governors (V.O.N. Canada)

No report was submitted.

46. Reports of Advisory Committee Representatives dealing with Federal-Provincial Health Grants.

Professional Training Grant.

Doctor C. B. Stewart presented the following report.

Halifax, N. S., August 21, 1956.

Doctor M. R. Macdonald,
Secretary, The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor Macdonald:

As representative of The Medical Society of Nova Scotia on the Advisory Committee of the Professional Training Grant, I wish to report as follows:

A meeting of this Advisory Committee was held December 1st, 1955, under the chairmanship of Doctor G. G. Simms. The members of the Committee are Reverend Sister Catherine Gerard representing the Registered Nurses' Association, Miss Jean Forbes representing the Victorian Order of Nurses, Doctor C. M. Bethune, and the representative of The Medical Society of Nova Scotia. Information was presented to the Committee concerning the Training Bursaries which are offered under the Federal-Provincial Health Grants. A certain number of these are for training of hospital nurses belonging to non-governmental hospitals. It was recommended by the Advisory Committee that two additional members be named through this Committee from the Registered Nurses' Association and the Nova Scotia Section of the Maritime Hospital Association to assist in the selection of candidates for training bursaries for the nursing staff of non-governmental hospitals.

The training grants have now been in operation for a number of years and very few changes are made in the terms under which awards are made and the Advisory Committee has relatively little work to do. No other matters were brought before the Committee during the evening.

Respectfully submitted,

(Sgd.) C. B. Stewart.

On motion this report was received.

General Public Health Grant.

Doctor J. R. Macneil submitted the following report.

The Secretary,
Nova Scotia Division, C.M.A.,

Dear Sir:

Enclosed please find copy of minutes of a meeting of the Advisory Committee General Public Health Grant held on December 14, 1955.

A second meeting, at which a full representation was hoped for, was proposed for March, 1956, but never materialized.

Respectfully submitted,

(Sgd.) J. R. Macneil.

Advisory Committee — General Public Health Grant**Minutes of Meeting of Dec. 14, 1955****V. G. Hospital, Halifax, N. S.**

Meeting was called to order at 4.30 p.m.

Present were Doctor J. R. Macneil representing the Nova Scotia Division of The Canadian Medical Association and Doctor G. G. Simms, Assistant Deputy Minister of Health.

Doctor Simms expressed regret that the other members of the Committee, Doctor M. R. Morton and Doctor A. D. MacGregor and Miss P. J. Lyttle were unable to attend.

There was a brief discussion on the terms of reference of the Committee and the order-in-council and "regulations" having to do with National Health Grants in general, with particular reference to the General Public Health Grant.

It was explained that the total amount of the General Public Health Grant was \$359,500 and that this grant was non-matching.

Details, with respect to nature and expenditures, were discussed in regard to the projects under the grant:

- (1) Individual Hygiene.
- (2) Public Health Nursing Education Course.
- (3) Post-graduate training of Medical Health Officers.
- (4) Laboratory for examination of Milk and Water — Kentville.
- (5) Division of Dental Hygiene.
- (6) Assistance to Public Health Field Services.
- (7) Nutrition Division.
- (8) Training for Sanitary Engineer.
- (9) Training for Public Health Nurses.
- (10) Training for Sanitary Inspectors.
- (11) Mobile Arthritis Unit.
- (12) Department of Preventive Medicine, Victoria General Hospital.
- (13) Course in Hospital Organization and Management.
- (14) Training Dental Hygienists.
- (15) Central Office.
- (16) Poliomyelitis Clinics.
- (17) Purchase of Health Education Material.

The total amount of the grant was reduced by a transfer of \$23,000.

Balance unapproved, as of November 30, 1955, was \$2,237.

While there were no particular points of difference with respect to either individual projects or the grant as a whole, it was felt by Doctor Macneil that the scope of the grant was so wide that consideration should be given to having

advisory committees on individual aspects of the grant, as Dental Services, Nutrition, etc. It was decided that this would be given active consideration before the next meeting.

(Sgd.) G. Graham Simms, M.D., D.P.H.,
Assistant Deputy Minister.

On motion the report was received.

Medical Rehabilitation Grant.

Doctor A. W. Titus submitted the following report.

Halifax, N. S., August 20, 1956.

Doctor R. O. Jones,
President, The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor Jones:

As representative of The Medical Society of Nova Scotia to the advisory committee of the Nova Scotia Government on rehabilitation health grants I beg to submit the following report on the year's activities.

There were two meetings of the committee held. The first on December 5, 1955, in the Board Room of the Victoria General Hospital. Doctor Graham Simms acted as temporary chairman until later in the evening when Mr. Frank Wellard of Halifax, N. S. was duly elected chairman of the advisory committee with power to call meetings whenever he felt necessary. The following were present at the meeting: F. G. Barrett, Doctor J. F. L. Woodbury, Doctor C. J. W. Beckwith, Mr. D. E. Curran, Mr. L. T. Hancock, Mr. F. G. Wellard, Doctor G. G. Simms and myself.

Doctor Simms briefly described the order-in-council under which the Medical Rehabilitation Grant is established and the provisions it makes for rehabilitation services on both a sharing and non-sharing basis. There is a base line amount which the federal government will pay outright each year on the basis of rehabilitation services provided before the grant came into effect. Services being provided from this grant include equipment and personnel services for the physiotherapy department of the Victoria General Hospital and equipment and personnel services for rehabilitation assessment. The balance available from the grant for the year 1955-56 is about \$27,585. This amount would be more than used up in providing further services and equipment for a proposed rehabilitation centre to be established. This proposed rehabilitation centre, after discussion with the City of Halifax officials, has since been established in part of the Tuberculosis Hospital and will in all probability be expanded as time goes on. Our project of personnel and equipment for this centre had to be submitted to Ottawa for approval before funds would be made available from the Federal Government. This project was in process of preparation at the time of this meeting and in final form it was approved by this committee at a later meeting of the committee held in May, 1956. The project of expenses for this year is as follows:

	PER YEAR	1956-57
1 Psychiatrist (part time)	\$ 3,000	\$ 2,250
1 Physiotherapist (full time)	3,000	2,250
1 Occupational Therapist (full time)	2,640	1,980
1 Speech Therapist (1/3 time)	1,067	600
1 Social Worker (full time)	3,540	2,655
1 Rehabilitation Officer and Administrator	3,600	2,700
1 Psychologist (full time)	3,180	2,385
	<hr/>	<hr/>
	\$ 20,027	\$ 14,820
Travel — Social Workers	\$ 1,500.00	
Equipment — Physiotherapy	4,622.50	
— Occupational Therapy	1,451.75	
— Medical Examination	1,198.46	
— Administrative	3,167.50	
— Psychological	542.87	
	<hr/>	
	\$12,483.08	
Total expenses for remainder of year	\$27,503.08	

These expenses as projected were approved and the rehabilitation centre went into operation in June of this year. True it is on a modified scale for now but it is a start.

A similar project to the above for Crippled Children's Rehabilitation in the amount of \$10,887.29 was submitted and according to a recent press report an amount of \$11,300 has been granted by Ottawa for this work as well.

In addition, we were notified that at the moment we have five physiotherapists in training for the use of the rehabilitation centre. They will be ready for services in a few months time.

Another outcome of these meetings was an assurance by Doctor Simms that any expenditures from grant funds for projects advanced by voluntary agencies and hospitals would be brought before this committee for approval. It was felt this system would centralize things and prevent overlapping of service which would occur if several agencies were all doing the same thing as in individual efforts.

It is felt by your representative on this medical advisory committee on rehabilitation grants that much progress was made during the year and that adequate use of the grants is being made. There is much need of further sources of income for this work and on this will depend the expansion of the modest rehabilitation centre and services established during this past year at the Halifax Tuberculosis Hospital. There is difficulty too, in finding trained personnel such as physiotherapists, occupational therapists, speech therapists, prosthetic appliance workers, etc. This type of work is of necessity a long term project and an expensive one, but as your representative this year I feel much was accomplished and if future support and careful planning are carried out this programme of medical rehabilitation should form an important part of the medical life of the province and be of use to all practitioners in the province for the benefit of their patients referred to it for rehabilitation.

This report is respectfully submitted.

(Sgd.) A. W. Titus,

Representative on Advisory Committee on
Medical Rehabilitation Grants.

On motion this report was received.

Tuberculosis Control Grant.

Doctor W. I. Bent submitted the following report.

Box 230, Bridgewater, N. S., June 11, 1956.

Doctor M. R. Macdonald,
Secretary, The Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
University Avenue,
Halifax, N. S.

Dear Doctor Macdonald:

Re: Committee Reports.
Your letter June 7, 1956.

As representative of The Medical Society of Nova Scotia I attended a meeting of the Advisory Committee on the Tuberculosis Control Grant which was held at the Victoria General Hospital on November 30, 1955. Enclosed please find copy of minutes.

I may say that some time ago I forwarded another copy of these minutes to Doctor R. O. Jones.

Yours very truly,
(Sgd.) W. I. Bent.

**Minutes, First Meeting:
Advisory Committee on TB Control Grant
Victoria General Hospital.**

November 30, 1955.

Meeting came to order with Doctor G. G. Simms in the chair.

Present were: Doctor W. I. Bent, Mr. R. E. Richetts, Doctor R. L. Aikens, Mr. F. Barrett, Doctor G. Kloss and Doctor C. J. W. Beckwith.

The reason for the establishment of the Advisory Committee and the functions of the committee were indicated by the Chairman. The terms of this grant were also set forth.

All sub-projects were discussed and passed upon, as follows: 602-6-5. Mobile X-Ray Unit.

It was recommended that, as only some 7 per cent are Tb. positive in the 12-16 year age group and as there is a wide-spread High School Tb. Survey programme, the lower age limit for the Mobile X-Ray Unit Programme should be 16. This would release the Unit for more work among the adult population.

- | | | |
|-----------------------|-----------------------------------------|------------|
| 602-6-6. | Travelling Surgical and Diagnostic Team | — Approved |
| 602-6-8. | Assistance to Roseway Hospital | — Approved |
| 602-6-10. | Streptomycin, P.A.S., I.N.H. | — Approved |
| 602-6-12. | Assistance to Point Edward Hospital | — Approved |
| 602-6-13. | Assistance to Nova Scotia Sanatorium | — Approved |
| 602-6-18 to 602-6-26. | Rehabilitation. | |

(1) Mr. Barrett brought up the matter of a *summer school for workers in the field of rehabilitation of the tuberculous*. Mr. Barrett's idea was "sparked" by a letter from Mr. F. J. Baker, Director of Rehabilitation with the New Brunswick Tuberculosis Association, asking for collaboration in the effort. Mr. Barrett had in mind having the Maritime School of Social Work put on the course. This was approved, in principle, by the Committee.

(2) Mr. Barrett also put forward a proposal for *Special Services for Maximum Benefit Cases*. It was suggested that, at the Halifax Tuberculosis Hospital a special ward be established for maximum benefit cases, that is, those long-term cases, positive sputum and unsatisfactory home, for whom there was nothing further that could be done along medical lines. Such patients would be allowed considerably more freedom than usual; the prime objective would be to keep the men contented through organized activities of an "entertaining and therapeutic nature." It was hoped that it would be possible for these patients to perform some financially remunerative work.

Along the same lines, Mr. Barrett proposed that the Department of Public Health should designate one of the Cape Breton Units as a "Home" for such cases. He pointed out that a recent survey indicated that there are now more than enough male patients in these units to fill a "Home." It was suggested that the Sydney Unit should be chosen for this purpose.

In Halifax, it was considered that an occupational therapist was necessary. Similarly, in Cape Breton, an occupational therapist, working with a Rehabilitation Supervisor, should look after the rehabilitation progress in the Sydney "Home."

The above was approved in principle.

602-6-30. Admission Chest X-Rays — General Hospitals.

There was some considerable discussion on this aspect of the programme. It was pointed out by the chairman that, grant funds permitting, it was contemplated that one or two additional units would be purchased this fiscal year.

602-6-32. Tuberculous Equipment — Supplies for Hospitals.

This project, and also the general laboratory aspects of the grant, were discussed by the chairman.

There being no further business, the meeting was adjourned.

(Sgd.) G. Graham Simms, M.D., D.P.H.
Assistant Deputy Minister.

On motion the report was received.

Mental Health Grant.

Doctor J. F. Nicholson submitted the following report which was received on motion.

Report of the Advisory Committee.

Re: Mental Health Grants

This Committee met early in the year and considered the allocation of funds for the coming year.

As in the past, a large percentage of the total grant was allocated but again, due to chiefly lack of personnel, a considerable proportion of these allocations will probably not be spent.

(Sgd.) J. F. Nicholson, M.D.

Venereal Disease Control Grant.

Doctor W. A. Hewat submitted the following report which on motion was received.

REPORT OF COMMITTEE ON V.D. CONTROL

Although the problem of Venereal Disease Control has been greatly lessened by the introduction of the antibiotics it has not been entirely eliminated. There are some districts which seem to defy its eradication and in other districts which are apparently free, cases will occur in unexpected places. These are most frequently discovered by blood donor clinics and routine hospital blood tests.

The widespread and frequent use of blood tests is of course the only satisfactory way of detecting the presence of syphilis and the examination of all vaginal and urethral discharges is necessary to detect low grade chronic gonorrhoeal infections.

Once a positive case has been detected co-operation between the practising physician and Public Health Officers is necessary to discover the contacts and to institute treatment. At present there is a wide gap between the number of positive laboratory reports and the number of cases officially reported to Public Health Officers. As long as this condition continues there can be no effective V.D. Control.

The Department of Public Health is willing to supply the necessary drugs for the treatment of indigents and pay for the examination of contacts. The physicians on their part should be willing to send in confidential reports of cases so that possible contacts may be dealt with and more effective control made possible.

Respectfully submitted,

(Sgd.) W. A. Hewat, M.D.

Crippled Children's Report.

No report was received.

Cancer Control Grant.

Maternal and Child Welfare Grant.

The following report was presented by Doctor C. G. Harries and on motion was received.

New Glasgow, N. S., August 10, 1956.

Doctor M. R. Macdonald, Secretary,
Nova Scotia Medical Society,
Halifax, N. S.

Dear Doctor:

I am enclosing a copy of the report of the committee on Child and Maternal Health, as drafted by the chairman of this group, M. G. Tompkins, M.D. Included are such items

as expenditure of monies provided by the grant, and problems of investigation that have not been carried out on a provincial level as yet. I am submitting this copy as my report as your representative on this committee.

Respectfully,

(Sgd.) C. G. Harries.

(Doctor Tompkins' Report has already been given see p. 316.)

Radiology

The following report was submitted by Doctor H. R. Corbett and on motion was received.

Report of the Committee Representative Radiological and Laboratory Services Grant

The final meeting of the Joint Consultation Committee on Laboratory and Radiological Services was held in Halifax on October 27th, 1955, and your representative attended this meeting.

The Director of Laboratory and Radiological Services, Doctor O. C. MacIntosh, presented an outline of events dealing with the progress made in the establishment of Laboratory Diagnostic Services. Your other representative, Doctor Read (Laboratory) attended this assembly, and is better prepared to furnish a report concerning his sectional activities.

In January your representative was informed by Doctor O. C. MacIntosh that it had been considered advisable to further implement the Advisory Committee on Roentgenological Services of the Laboratory and Radiological Grant. In this respect the Advisory Committee of X-Ray Services will, in the future, have representatives from the Hospital Association and the Nova Scotia Association of Radiologists, who will sit, generally speaking, separately from the Advisory Committee on Laboratory Services.

As Roentgenological representative of The Medical Society of Nova Scotia on the former combined Laboratory and X-Ray Committee, the undersigned was directed to sit in the future, with the newly formed Advisory Committee on Roentgenological Services.

A special meeting of the Nova Scotia Association of Radiologists was held in New Glasgow on February 24th, attended by the undersigned. As most of the agenda at this meeting dealt with the internal policies of the N.S.A.R., no formal report was forwarded to the Secretary of The Medical Society of Nova Scotia. However, in a communication with Doctor M. R. Macdonald following this meeting, it was pointed out that the interests of the parent body (The Medical Society of Nova Scotia) were protected and no infringements or policies at variance with our established code of ethics were considered.

It is an axiom that "larger bodies move slowly" and this applies to the administrative policies of the Administrative Committee. Considerable groundwork has been covered under the very capable direction of Doctor O. C. MacIntosh. Definite progress has been made in the Laboratory Diagnostic Service Section.

The Radiological Section activities have been directed toward the gathering of important statistical information, such as case coverage, cost analysis of radiological examinations, etc. It is obvious that this survey is time consuming but very necessary for information of policy.

No meeting of the newly formed Radiological Committee has been called to date.

We appreciate your continued co-operation to carry out our duties in an efficient manner.

(Sgd.) H. R. Corbett,

Representative, The Medical Society of Nova Scotia
Diagnostic (Rad.) Services Grant.

Sydney, C. B.
June 18th, 1956.

Sydney, N. S., July 2, 1956.

APPENDIX

Re: Radiological Grants Committee.

Kindly consider this report as an appendix to report issued by me of recent date.

Your representative attended a meeting held in Doctor Graham Simms' office, called by Doctor O. C. MacIntosh for June 28th.

Representatives of the Nova Scotia Division of the Maritime Hospital Association included Mr. Dickie of the Colchester County Hospital, Truro, Mr. Silversides, Administrator Children's Hospital, Halifax; Doctor S. R. Johnston represented the Nova Scotia Association of Radiologists and the meeting was presided over by Doctor O. C. MacIntosh, Director Radiological and Laboratory Services, Department of Public Health.

This was the first meeting of the separate Radiological Grants Committee (see previous report of Division Radiological and Laboratory groups) and Doctor MacIntosh presented a resume of his activities to date.

The discussion that ensued was informative and no final statements of policy were made. The chief topics of conversation centered on the possibility of a "unit system" following along the lines of the present tentative policy for laboratory examination, for adoption as a basis for radiological examinations. Doctor MacIntosh has carried out exhaustive studies of costs of radiological procedures and stated that some practical method, satisfactory to radiologists and hospital boards should be formulated, if and when, the Provincial Government officially accepts the Diagnostic Services Grant.

(Sgd.) H. R. Corbett,

Representative, The Medical Society of Nova Scotia.

Laboratory Grant.

The following report was submitted by Doctor H. C. Read. On motion this report was received, but with the proviso that it be passed on the general meeting so that opportunity for amendment or further recommendations would be available.

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

Dear Sir:

Report of Representative on Advisory Committee

Federal Laboratory and Radiological Services Grant

As one of the representatives of The Medical Society of Nova Scotia on the Advisory Committee on the Laboratory and Radiological Services Grant, I beg to submit the following report.

I will first outline briefly the nature and purpose of this grant and of this committee. The story begins in 1953 when the Federal Government established a National Health Grant termed The Laboratory and Radiological Services Grant, and offered it to the Provinces (with of course a fair number of provisos). Portions of the Grant are on a matching basis and portions are on a non-matching basis. In 1954, our Provincial Department of Public Health decided to utilize portions of this Federal Grant and so their first step was to establish within that Department a Division of Laboratory and Radiological Services with Doctor O. C. MacIntosh as Director. The latter was authorized to form an Advisory Committee with representation from the medical profession and the Hospital Association to assist in

the planning and implementation of a programme. The Medical Society of Nova Scotia was requested to appoint two representatives and so at the Annual Meeting in September, 1954, Doctor H. R. Corbett and myself were appointed as your representatives on this Committee. The purpose of the Federal Grant is to assist the Provinces in the development of more extensive radiological and laboratory services, so that these specialized services are more readily available to every medical practitioner. It should be noted that the prime purpose is not to provide cheaper or free services, as some would appear to think, but that the prime purpose is to provide high quality, more widely distributed services. It should also be appreciated by the profession that although the total Federal Grant potentially available to this Province is quite sizeable, yet only a fraction of this can be utilized at the present at least because our Provincial Department of Public Health considers that it cannot budget at the moment for much if any of the matching portions of the Grant. Consequently, the planning of a programme revolved mainly around the utilization of non-matching portions of the Federal Grant, such funds being available chiefly for training and equipment projects. It is also to be noted that the receipt of this grant or any portion of same was conditional on the Province first having their proposed programme of utilization approved by the Federal Department of Health and Welfare.

ACTIVITIES OF THE COMMITTEE

The first meeting of this committee was called by the Provincial Director of Laboratory and Radiological Services on January 24th, 1955. At this meeting the members were informed regarding the nature of the Federal Grant and of the Provincial relationship to same. The pertinent points in this regard have been outlined above. The Director then informed the members of the Province's decision to concentrate on laboratory services only for the present because of the greater deficiency in this service throughout the Province in comparison with radiological service. He then outlined in general terms, the Department's preliminary thoughts regarding a programme for the development, integration, extension and standardization of laboratory services throughout the Province. This tentative programme envisioned government-owned central and branch laboratories working with and assisting regional approved voluntary hospitals, so as to provide laboratory services to the entire Province. We were also informed that a "unit system" for recording and assessing laboratory services and costs had been adopted, the system adopted being a slight modification of that system adopted by the Dominion Bureau of Statistics. It was intimated that considerable detail would have to be worked out and probably many changes in the proposals made before a programme could be evolved which would receive Federal approval.

At this point I would like to emphasize that this was the full extent of your representative's information at the time of our Medical Society's Annual meeting in September, 1955. I submitted no report to The Society at that time because I understood my terms of reference to be that of a "technical" Advisor from the profession to the Government. Opportunities to act as such had not arisen up to that time and so I merely reported verbally to the Secretary of The Medical Society that I had no report because only one meeting had been held and that the whole problem was in its early preliminary discussion phase. It has subsequently been suggested by some of my colleagues that one of my responsibilities is that of "club reporter" to The Society. Although this point re terms of reference has never been clarified, yet I had decided to assume this role in this report.

Early in October, 1955, I was surprised to receive a letter addressed to all members of the Committee, from the Provincial Director, in which we were informed that a programme had been evolved which after some changes had received Federal approval. Later in that month the second (and last to date) meeting of the committee was called; at this meeting, the Federal approved plan was reviewed and it was announced that implementation of this programme was planned for the next Government fiscal year, beginning April 1st, 1956.

In march of this year, all members of the profession received notification from the Department of Public Health regarding the implementation of this programme, effective April 1st. This notification contained an outline of the present programme with future plans and a summary of the changes of particular interest to practising physicians. Also enclosed was a list of laboratory tests with corresponding unit values and a list of free public health laboratory services. I trust that all are familiar with this correspondence, but if not I would suggest that you study same. In this report I can only outline a few main points.

(1) One of the major steps to date has been the introduction of a so-called "unit system" for laboratory charges and accounting. This is considered to facilitate standardization and, more importantly, to facilitate cost-accounting. Since all services are to be rendered or sold at cost, the cost figure placed on the unit can be raised or lowered as indicated by the experience. At the moment the cost figure of forty-five cents has been placed on the unit, but this will be subject to revision from time to time in the future.

(2) Note that the laboratories are rendering services at cost only to referring agents, namely, institutions and medical practitioners. It is recommended that these agents charge the public cost plus $33\frac{1}{3}$ per cent. This mark-up is considered justifiable in order to defray the accounting costs and losses through uncollected accounts of these agents.

(3) In so far as the integration of laboratories is concerned, all government-owned laboratories are naturally under the new programme but only voluntary Class A type hospital laboratories are being encouraged to participate in the programme at present. At a later date it is anticipated that smaller hospital laboratories will be incorporated in the plan so that a well integrated and standardized system of laboratory services will eventuate throughout the Province.

(4) Note that emphasis is being placed for the moment on the development of existing facilities. Only one new government branch laboratory is in the process of development, namely, in the City of Sydney.

(5) Note that future plans include the development of postal services and possibly the extension of so-called "free services."

(6) An undesirable feature is to be noted in respect to the central laboratories in that there are no special facilities available for the collection of blood specimens from patients with the result that such collection must remain the responsibility of the attending physician.

COMMENTS.

1. I wish to first point out that the name of the committee to which I belong as representative of The Medical Society has been changed. Within the administrative plan of the new laboratory programme there are now two committees. The original committee, with representation from the medical profession and hospital association, is now called the "Joint Consultation Committee." The second committee is called the "Consultant Advisory Committee" and comprises the directors of the various Clinio-Pathological Services and certain other administrative personnel. It is to be noted that I am also a member of this latter committee in my capacity as Director of the Division of Haematology. I do not consider this dual role to be a satisfactory one because it does not leave one in a free unbiased position.

2. The relatively minor participation of your representatives in the formulation and implementation of this programme has been intimated and has now to be emphasized and commented upon. Such limited opportunity for the medical profession to participate in the formulation of a health programme as exemplified in this instance cannot be condoned. We, as a medical profession, must fight for greater recognition and participation in provincial health programmes.

3. Two existing regulations pertaining to government owned laboratories which, as your representative, I opposed, should be mentioned.

(a) The billing of doctors for laboratory services performed on their patients. This means that the doctor who continues his single method of accounting and billing is chargeable under our code of ethics for fee-splitting. Consequently he is forced to establish dual accounting and billing, which, to the busy doctor, is untenable.

(b) The lack of facilities for the collection of blood specimens from patients, with the responsibility being placed upon the attending physician, is most undesirable and impractical.

4. One might well ask the question as to whether or not the present plan fulfils the purpose or purposes of the Federal Grant. If I may quote from the Order-in-Council you can be your own judge. "This grant has been provided to assist the Provinces in developing more extensive X-Ray and other diagnostic services and improved laboratory services as an aid to the physician in diagnosis. Much has already been done under the Hospital Construction Grant to develop more adequate hospital facilities and under other grants to extend the diagnostic and laboratory facilities Canada's doctors require to serve their patients effectively. This new Grant, however, makes possible an expanded programme for the setting up of modern diagnostic facilities. The capacity of Canada's hospitals has been expanded. It now has become necessary to give them more help in establishing X-Ray and other diagnostic services under medically competent personnel. Health authorities recognize the importance of providing this specialized service to medical practitioners so that he can better serve the people under his care. In this way citizens of all parts of Canada may have more ready access to the high quality of medical care now available in the larger cities. Since these specialized facilities are relatively expensive to establish and of a very technical nature they cannot easily be provided by the practising physician himself. Through this Grant it will be possible to set up services where needed in hospitals and health centres to meet the requirements of doctors and patients in the areas concerned. By improving the facilities now available to private practitioners for the diagnosis of illness outside of hospital, this Grant is expected to reduce the need for additional hospital accommodation. By making laboratory and X-Ray facilities and services more widely available in outlying areas it will cut down the time and money spent by patients travelling to the larger medical centres. It will also encourage a more equitable distribution of medical personnel throughout Canada."

From this you can see (a) that the prime purpose of the Federal Grant is to extend the diagnostic facilities into areas where there are little or none to date, and (b) that the prime purpose is not to subsidize existing facilities so as to reduce the cost to the people. It is incomprehensible that the latter would be a major purpose in view of the fact that the cost of these services represent such a small percentage of the overall cost of medical care to our people. Nevertheless, our present government programme is, rightly or wrongly, highlighting this aspect. A natural consequence is use of funds and loss of revenue, both of which might well be utilized in the development of, or expansion and improvement of, facilities and personnel in any given area.

It is also to be noted that Federal Policy is not to interfere with existing facilities of good standard but to geographically extend facilities. However, under our present Government programme, existing private facilities must close down and voluntary hospital laboratories are forced to participate if they are geographically related to a government-owned laboratory.

Finally, it is quite apparent that the billing of doctors and the lack of blood specimen taking facilities, at least in the central laboratories, cannot be approved as forward steps in the development of improved laboratory services to the physicians and to the people, even though, to the present programme, they represent "cost-saving" steps.

In summary then, I can say that I believe our Government's intentions to be good but

that I am unable to comprehend the purpose underlying the present programme's "cost-saving" policies. From experience I know that high quality laboratory service is dependent upon high quality personnel, both technical and professional. All of the best equipment in the world is not the prime factor. Well qualified personnel do not, and should not be expected to, come cheaply. Money and more money is essential to the development of a widely-available laboratory service of high quality which this Province needs and should have. This is what the Federal Grant purposes to help provide.

5. This programme must also be considered in the light of The Canadian Medical Association's Statement of Policies and Principles on Health Insurance of Canada. Quotation of only two of these will make the discrepancies self-evident:

(a) In the statement of policy dated June, 1955 — "The provision of Medical Services under any plan of Health Insurance should be undertaken only by qualified and licensed physicians."

(b) A resolution passed by the C.M.A. Executive Committee at the 89th Annual Meeting, June, 1956 — "The Canadian Medical Association affirms that radiological and clinical pathological services are physicians services and not hospital care and should be so treated in any insurance plan."

RECOMMENDATIONS

1. That the terms of reference of The Medical Society's representative on the renamed Joint Consultation Committee on Laboratory and Radiological Services Grant be clearly delineated.

2. That "yours truly" not be re-appointed to this committee, even if such were to be considered, because of my dual role as previously mentioned. A member of the "Advisory Committee to the Minister of Health on Health Insurance" would, in my opinion, be a desirable representative.

3. That The Society express their wishes regarding the billing system and regarding the lack of blood collection facilities in the present laboratory programme.

4. That referral be made to our Society's "Advisory Committee to the Minister of Health on Health Insurance" to (a) study the discrepancies between this provincial plan and C.M.A. policies and its implications on future health plans, and to (b) fight for greater representation and more active participation in health programmes on some "Joint Commission" basis.

All of which is respectfully submitted.

(Sgd.) Harold C. Read.

August 20, 1956.

A letter addressed to Doctor C. L. Gosse from Mr. D. F. Hunter, Accountant with the Division of Laboratories, was read and directed it be given to the representative dealing with Laboratory Grant.

Public Health Research.

No report was received.

47. **Statement of Membership for 1955 and up to September 1, 1956****Nova Scotia Division**

	1955	1956
Ordinary members	438	318
Senior and Honorary Members	32	28
1st year in practice	27	16
2nd year in practice	0	9
Post-graduate students	7	19
Total	504	390

Canadian Medical Association

	1955	1956
Ordinary members	424	313
Senior (C.M.A.)	8	9
Senior (N. S. Division only)	17	10
1st year in practice	26	16
2nd year in practice	0	9
Post-graduate students	7	20
Total	482	377

48. **New Members.**

The following new members were admitted to membership on motion.

T. A. Anderson, Halifax	James N. Lyons, Halifax
Willis M. Archibald, Toronto	John E. MacDonell, Antigonish
Otto Bruchschwaiger, Glace Bay	Elmer A. MacKenzie, Ship Harbour
Robert C. Dickson, Halifax	K. Ross Parker, Halifax
Jack L. Fairweather, Dartmouth	Andre F. Pasquet, Halifax
John S. T. Goldie, Whycomagh	Frederick W. Prince, Bridgewater
J. Douglas Hines, Middleton	John H. Quigley, Halifax
Richard H. James, Halifax	A. Stirling Robbins, Lockeport
Philip B. Jardine, Sheet Harbour	Vernon W. Sobey, Halifax
C. Edwin Kinley, Halifax	Derek H. Spark, Clark's Harbour
Roderick C. Sutherland, Halifax	E. Garth Vaughan, Halifax
M. G. Tompkins, Jr., Halifax	D. A. Weir, Dartmouth

49. **Deceased Members.**

The following members died since the last Annual Meeting. It was recommended that these names be read at the general meeting.

Alexander Gordon Nutlay, died at Boston, Mass. September 3, 1955, at the age of 54.

Charles Bruce Trites, M.D., McGill 1899, died at Bridgewater, N. S., November 7, 1955, at the age of 78.

Lawrence Bernard Wilfred Braine, M.D., Dalhousie 1900, died at Glen Margaret, N. S., February 9, 1956, at the age of 76.

Monson James Wardrope, M.D., Dalhousie 1899, died at Springhill, N. S., February 19, 1956, at the age of 86.

Lewis Thomas, M.D., Dalhousie 1901, died at Halifax, N. S., March 2, 1956, at the age of 82.

William Alexander MacKay, M.D., Bell Hospital Medical College 1895, died at Thorburn, N. S., March 17, 1956, at the age of 90.

Bruce Corbett Archibald, M.D., died at Ottawa, Ontario, August 6, 1956, at the age of 57.

50. Expense Accounts.

The Secretary's expense account for attendance at The Canadian Medical Association meeting which was the Nova Scotia portion of the pooling arrangement with C.M.A. was approved.

Expense accounts submitted by Doctor J. F. L. Woodbury (Chairman of the Committee on M.M.C.) and Doctor H. J. Devereux (Chairman of the Medical Economics Committee) for attendance at the Medical Care Conference in Saint John, N. B. were approved.

Doctor A. G. MacLeod moved "That in future no expense accounts of this nature be paid unless attendance at such meetings have been previously authorized by the Society." Doctor J. P. McGrath seconded. Carried.

New Business.

51. Annual Meeting of the C.M.A. in Halifax, 1956.

The Secretary read correspondence from Doctor A. D. Kelly and Doctor F. L. Whitehead re this matter. It was recommended that this matter be discussed by the incoming Executive at their first meeting.

52. Car Emblems.

The Secretary reported that the supply of car emblems was practically exhausted. The question of ordering new emblems containing the new crest of The Society was discussed and it was decided to refer it to the general meeting.

53. Senior Membership.

A letter from Doctor T. C. C. Sodero, Secretary of the Colchester-East Hants Medical Society, recommending Doctor S. G. MacKenzie, Sr., for Senior Membership was read. It was agreed that this be passed on to the incoming Executive.

54. Scrolls for Senior Membership, The Medical Society of Nova Scotia.

It was agreed that scrolls or certificates of Senior Membership in our Society be obtained.

On motion the meeting adjourned.

MINUTES OF THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF NOVA SCOTIA, SEPTEMBER 5, 6, 7, 1956.

Doctor R. O. Jones, President of The Society, was chairman and opened the meeting by delivering the Presidential Address, as printed in the Bulletin.

Mayor L. A. Kitz extended a welcome to the members on behalf of the City of Halifax.

1. Minutes of Previous Meeting.

Doctor D. I. Rice moved "That the minutes of the last annual meeting, as published in the Nova Scotia Medical Bulletin be adopted." Doctor D. F. Smith seconded. Carried.

2. Appointment of the Nominating Committee.

The Chairman read the section of the Constitution dealing with this subject.

The following members and alternates were nominated by the Branch Societies:

Halifax Medical Society — Doctor C. L. Gosse.

Cape Breton Medical Society — Doctor H. F. Sutherland, Doctor J. A. McDonald, alternate.

Colchester-East Hants Medical Society — Doctor P. R. Little, Doctor H. R. Peel, alternate.

Pictou County Medical Society — Doctor H. B. Whitman, Doctor L. M. Sproull, alternate.

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

Western Counties Medical Society — Doctor L. M. Morton, Doctor P. E. Belliveau, alternate.

As there were no nominees from the Lunenburg-Queens, Antigonish-Guysborough and Cumberland Medical Societies, the Chairman asked for nominations from the floor. Doctors A. W. Titus, David Drury and W. W. Bennett were nominated.

On motion, the Nominating Committee was then declared elected and Thursday, September 6, 1956, at 9.00 a.m. was the time designated for the meeting of this Committee.

3. Post-Graduate Education Funds from C.M.A.

The Secretary reported that the sum of \$982 was received from The Canadian Medical Association by the Nova Scotia Division for post-graduate activities. He reported that subject to the approval of the general meeting, the Executive recommended that these funds be turned over to the Dalhousie Post-Graduate Committee.

Doctor M. G. Tompkins, Jr., moved "That these funds be turned over to the Dalhousie Post-Graduate Committee." Doctor W. G. Colwell seconded. Carried.

4. Report on Activities of Dalhousie Post-Graduate Committee.

Doctor C. B. Stewart reported on the activities of the Dalhousie Post-Graduate Committee for the past year.

Halifax, N. S., 29th August, 1956.

Doctor M. R. Macdonald,
Secretary, The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor Macdonald:

I am enclosing the financial statements for the Department of Post-Graduate Medicine at Dalhousie University for 1955-56 and 1956-57. I have just obtained the figures for 1956-57 from the University office following the auditing of the books.

All monies obtained from The Medical Society of Nova Scotia and from other bodies who have made grants for Post-Graduate education, have been placed in a separate fund and are used exclusively for Post-Graduate medical training.

The programme was maintained for three years by the W. K. Kellogg Foundation. In 1954-55 their grant was reduced to \$15,000 per annum and the University agreed to obtain additional funds totalling \$3,000. In 1955-56 the Kellogg grant was \$12,000 and the University had to obtain \$6,000. The coming year the Kellogg grant will be \$6,000 and the University will have to obtain \$12,000. In 1957-58 there will be no grant from the Kellogg Foundation.

A few unexpected sources of income have been available for this programme, particularly the grant of The Canadian Medical Association through The Medical Society of Nova Scotia of \$959, and the grant from the College of General Practice of \$2,000 in 1955-56 and again in 1956-57. The income from registration fees has also increased. The decentralized courses held in several centres in Nova Scotia have been almost completely self-supporting from registration fees. The one-week courses in Halifax have also been supported to a considerable degree from registration fees. Since these programmes are limited to relatively small numbers of the medical profession or to a limited geographic area, it is believed desirable that these programmes do maintain themselves. The general budget will be used for more expensive programmes throughout the four provinces.

Because of the larger income in 1955-56 we started the year 1956-57 with a balance of \$7,050.77 on hand. I had at first intended to propose to the Provincial Medical Societies that the levy per member be only \$3 per year in 1956-57 rather than the \$5 per member which had already been agreed upon. It would be possible to operate the programme this year with a levy of this amount. However, it is realized that the sum of \$5 has been already collected from members of The Medical Society of Nova Scotia. Furthermore, we will be dipping into the reserve fund of \$7,050 even if the levy of \$5 is fully collected, and the year will end with an estimated surplus of only \$5,290. Since the Kellogg grant of \$6,000 will not be forthcoming next year this total surplus will be used up to replace that grant. It is therefore requested that The Medical Society of Nova Scotia pay to Dalhousie University Post-Graduate Department a sum of \$5 per member for the maintenance of this Post-Graduate training programme in 1956-57.

This Post-Graduate programme has been the subject of many complimentary remarks across Canada and the University is sincerely thankful to The Medical Society of Nova Scotia and the other Provincial Medical Societies for the financial support which has enabled this programme to continue as the support from the Kellogg Foundation is reduced.

Yours truly,
(Sgd.) C. B. Stewart.

5. **Report of the Committee studying the relationship of The Medical Society of Nova Scotia and Maritime Medical Care Incorporated.**

Doctor J. F. L. Woodbury presented the following report and it was agreed that each section should be dealt with separately.

The Committee has met on numerous occasions and has devoted a great deal of thought to the problems engendered by the present methods employed by the Corporation. It has solicited submission of Briefs by Branches of The Medical Society of Nova Scotia, by organizations of General Practitioners, and of various Specialist Groups, as well as by individuals. A number of such Briefs have been received, and in addition the Committee has met with the Executive Staff of the Corporation, and with present and past Presidents of Maritime Medical Care. The Committee recommends to those who have submitted Briefs that these be passed to the Board of Directors of Maritime Medical Care, and also that they be published in the Nova Scotia Medical Bulletin.

Maritime Medical Care Incorporated at present consists of a House of Delegates from which Directors are elected. These medical members add to their number three non-medical persons to complete the Board of Directors of the Corporation, and the Board of Directors in turn selects its own Executive Committee. In the recent past the House of Delegates has not been kept informed of the progress of Board of Directors' meetings or Executive meetings. There have been few meetings of the Board of Directors in any case. Attending the Annual Meeting of the House of Delegates is a frustrating experience which fosters the opinion that this Body is not intended to be an important working part of the Corporation. This Committee concludes that the House of Delegates as presently constituted is an impotent and redundant Body, yet it is the one representing The Medical Society of Nova Scotia.

The recommendations of this Committee will be reported in sections, and as I conclude the reading of each section I shall ask the Chairman to present a motion for the adoption of that section to the meeting.

Section I — Corporate Structure.

The Committee recommends that the necessary steps be taken to bring The Medical Society of Nova Scotia into effective contact with Maritime Medical Care by —

(1) Combining the functions of the House of Delegates and the Board of Directors, and increasing the number of Directors to 14, of whom 11 are medical and 3 non-medical persons;

(2) Each Branch Society electing one member to the new Board of Directors, except that the larger Branches be represented approximately proportionally to their membership;

(3) The elected medical members of the Board of Directors choosing 3 non-medical members to be added to their number;

(4) Each Branch giving the most thoughtful consideration to the quality of its appointee, and impressing upon him the importance of his task, and of reporting the deliberations of the Corporation to his Branch. (This is fundamental).

(5) The rules governing the Corporation requiring at least quarterly meetings of the Board of Directors, so that this Body can fully understand, and where indicated modify, the policy of the Corporation.

Doctor J. F. L. Woodbury moved — "That Section I be adopted."

Doctor H. B. Whitman seconded

Carried.

Section II — Economic Considerations.

(1) While it is politic to offer complete coverage of medical fees by the Corporation, this has proved impractical. Statements by the Corporation implying that the doctor will

be remunerated in full and adequately have been misleading and should no longer be presented to the public.

- (2) Extra billing should be the privilege of all participating physicians.
- (3) The Corporation should make payment for services of physicians only.

(4) The Fee Schedule of The Medical Society of Nova Scotia should be reconstituted, not as a minimum Fee Schedule but as a scale representing average charges to person of average means, for services requiring average skill and responsibility. The new scale should serve Maritime Medical Care as a Schedule of Fees.

(5) By accepting the pro-rating of doctors accounts the medical profession has subsidized Maritime Medical Care since its inception. A new Schedule of Subscriber premiums should be formulated, so that the subscriber, who benefits from the convenience of prepayment, pays the cost of administration.

Considerable discussion ensued on Section II, Clause II.

Doctor J. F. L. Woodbury moved "That Section II, Clause II be adopted." Carried. Doctor D. M. MacRae seconded.

Doctor J. F. L. Woodbury moved "That Section II, Clause III be adopted." Carried. Doctor F. J. Barton seconded.

Doctor J. F. L. Woodbury moved "That Section II, Clause IV be adopted." Doctor M. C. Tompkins, Jr., seconded. Carried.

Doctor J. F. L. Woodbury moved "That Section II, Clause V be adopted." Doctor M. G. Tompkins, Jr., seconded. Carried.

After considerable discussion in this clause Doctor D. M. MacRae moved an amendment "That a new schedule of subscriber premiums be formulated, so that Maritime Medical Care, Inc. would be able to pay participating physicians 90 per cent of their accounts." Doctor D. I. Rice seconded. Carried.

Section III — Recommendations to the Board of Directors.

It should be the immediate duty of the Board of Directors to study the grievances of the various groups of medical practitioners in this Province, as presented in Briefs to this Committee and as they may be presented to the Board in future. Several points urgently requiring consideration are as follows:

(A) There is no shortage of allegations of some degree of mismanagement of the Corporation, but it is difficult for this Committee to get facts which would warrant advising any action within the Corporate structure. The Committee therefore recommends that a firm of business consultants be employed by the Corporation to investigate its entire methods of procedure, and to report to the Board of Directors on its findings. It should be emphasized that this should not be merely an audit of the books, but a detailed investigation of the methods employed in selling policies, the methods of keeping statistics, office practices, improvement of relations between the Corporation and the participating physician, the financial stability of the Corporation, and the actuarial soundness of the policies which it sells to subscribers.

Doctor J. F. L. Woodbury moved "That Section III, Clause "A" be adopted." Doctor J. W. Merritt seconded. Carried.

(B) Each practitioner should be given the opportunity of serving on the Taxing Committee, and a system of rotation of presenting this opportunity to physicians should be worked out.

Doctor J. F. L. Woodbury moved "That Section III, Clause "B" be adopted." Doctor H. C. Still seconded. Carried.

(C) While some specialist groups receive remuneration for a consultation and for subsequent visits, others do not, the policy should be made uniform.

Doctor J. F. L. Woodbury moved "That Section III, Clause "C" be adopted." Doctor W. G. Colwell seconded. Carried.

Section IV

Until the recommendations embodied in Section III have been carried out to the satisfaction of The Medical Society of Nova Scotia, a new building to house Maritime Medical Care should not be considered.

Doctor J. F. L. Woodbury moved "That Section IV be adopted." Doctor H. J. Devereux seconded. Carried.

Section V.

The following points are commended to the immediate attention of the Committee on Tariffs of The Medical Society of Nova Scotia and the Board of Directors of the Corporation. They arise from the Briefs submitted by various General Practitioner and Specialist Groups:

- (1) The fee for obstetrics appears too low.
- (2) Separate provision should be made for remunerating physicians for the care of the new-born.
- (3) Repeat consultations within one month should be paid for.
- (4) The internist is inadequately compensated for the quality of professional services rendered.
- (5) General surgical fees are thought to be too low in relation to those specified for surgical sub-specialties.

(6) Provincial Scales of Fees will be studied by Governments when setting up standards of payment for physicians under compulsory Health Insurance plan, and this should be borne in mind by all practitioners.

The suggestions contained in Section V were discussed.

Respectfully submitted,

(Sgd.) W. A. Hewat, D. F. Macdonald, J. A. McDonald, J. W. Merritt,
John F. L. Woodbury, Chairman.

Doctor J. F. L. Woodbury moved "That the complete report as amended be adopted." Doctor H. J. Devereux seconded. Carried.

6. Report of Member on Advisory Committee Dealing with Radiology Grant.

Doctor H. R. Corbett, Society Representative on this Advisory Committee, read his report. On motion this report was adopted. (This report is given in the Executive Minutes on page 334).

7. Report of Members on Advisory Committee Dealing with Laboratory Grant.

Doctor H. R. Corbett, in the absence of Doctor H. C. Read, the Society's Representative on this Advisory Committee, read Doctor Read's report. (This report is given in the Executive Minutes, but the Recommendations are repeated below See p. 335).

The Chairman noted that this report had been discussed in the Executive Committee meeting and the report had been accepted with the proviso that it be read at the general meeting to provide opportunity for deletions or additions. He also noted that there were four recommendations and ruled that each be dealt with separately.

Recommendation I. That the terms of reference of The Medical Society's representative on the renamed Joint Consultation Committee on Laboratory and Radiological Services Grant be clearly delineated.

On motion this was adopted.

Recommendation II. That "yours truly" not be re-appointed to this committee, even if such were to be considered, because of my dual role as previously mentioned. A member of the "Advisory Committee to the Minister of Health on Health Insurance," would, in my opinion, be a desirable representative.

On motion this recommendation was passed to the incoming Executive for consideration.

Recommendation III. That the Society express their wishes regarding the billing system and regarding the lack of blood collection facilities in the present laboratory programme.

Doctor H. R. Corbett moved — "That this recommendation be adopted." Doctor W. A. Murray seconded. Carried.

Recommendation IV. That referral be made to our Society's "Advisory Committee to the Minister of Health on Health Insurance" to (a) study the discrepancies between this provincial plan and C.M.A. policies and its implications on future health plans, and to (b) fight for greater representation and more active participation in health programmes on some "Joint Commission" basis.

On motion this recommendation was adopted.

Doctor H. R. Corbett moved "That the report of Doctor Read dealing with the Laboratory Grant be adopted, and sent to the proper authorities." Doctor D. M. Cochrane seconded. Carried.

8. Doctor D. M. MacRae presented the report of the **Advisory Committee on Health Insurance** including a proposed brief that is to be presented to the Hospital Planning Committee. (This report and brief are given in the Executive Minutes on page 29).

In regard to the brief it was agreed that each section, dealing with Administration, Diagnostic Services and Hospital Services, be dealt with separately.

Dr. D. M. MacRae moved "That this report, including the brief, be adopted." Doctor H. J. Devereux seconded. Carried.

9. Report of the Committee on Traffic Accidents.

This report was presented by Doctor A. L. Murphy, Chairman of the Committee. (This report is given in the Executive Minutes on page 319).

10. Report of the Committee on Tariffs.

The Report of the Committee on Tariffs, as circulated to the membership was presented by Doctor E. F. Ross. Doctor Ross discussed the activities of the Committee in compiling this report and explained various portions of it.

Doctor A. G. MacLeod moved "That the word 'Minimum' be dropped from the title and that it be called simply a Scale of Fees." Doctor J. S. Manchester seconded. Carried.

Doctor H. J. Martin moved "That a specialist be defined as a doctor who practices a specialty particularly and does not engage in general practice." Doctor J. F. Cantwell seconded. Carried.

Doctor H. C. Still moved "That the motion of Doctor H. J. Martin be reconsidered." Doctor D. R. S. Howell seconded. Carried.

On reconsideration Doctor Martin agreed to change his motion to read: "That a specialist be defined as a doctor who practises a specialty exclusively, being qualified either by certification or its equivalent."

This motion was seconded by Doctor C. H. Reardon. Carried.

Doctor H. J. Devereux moved "That this motion be referred to the Executive Committee for further study." Doctor W. A. Murray seconded. Carried.

Doctor A. L. Sutherland moved "That this schedule of fees be adopted and be used for one year and then be reconsidered." Doctor R. A. Moreash seconded. Carried.

Doctor A. M. Marshall moved "That a committee be formed to study and formulate a schedule of fees satisfactory to The Medical Society of Nova Scotia and Maritime Medical Care Incorporated." Doctor C. L. Gosse seconded. Motion defeated.

Doctor F. Murray Fraser moved "That a Standing Committee on Fees representing all branches of the medical profession be appointed to establish an equitable schedule of fees, to review this schedule annually, to receive representation from groups or individuals at that time, with power to set a schedule and alter it according to the cost of living index or other circumstances." Doctor A. M. Marshall seconded. Carried.

1. Report of the President of Maritime Medical Care Inc.

Doctor A. G. MacLeod presented the following report.

President's Interim Report to The Medical Society of Nova Scotia.

Mr. Chairman and Gentlemen:

It is a pleasure to report to you on the operation of your Corporation for the first six months of 1956.

Enrolment:

We are happy to relate that enrolment during the period grew by almost 4,000. This

is an increase of 1,000 more than for the same period last year. Our retention figures remain about the same.

Claims:

Financially, our claims cost in 1956 have been up. All plans have experienced what is known as "creeping utilization" that is; our subscribers are using the benefits provided a little more each year. We have met a similar situation but to a more marked degree in our early years so, as a result, our claims are extremely high. The House of Delegates at their last meeting instructed the Board of Directors to study this problem and to implement an increase in subscriber fees at the most opportune moment.

This study has been completed but due to the pending increase in Fee Schedule of this Society it was deemed advisable to wait to see what action you took on this Schedule in order that our monthly rates could be geared as closely as possible to this Schedule.

Rates and Costs:

At the last meeting of our Executive Committee a report was presented showing our present rates, present costs and what the rates would be on the new proposed Schedule. While most of us believe that the subscriber rates should be increased, we hesitate to think what could happen to our enrolment if we charged each group what they actually cost. We do believe that each of us should receive a fair compensation for our services.

For example:

The single rate is	\$2.20	Actual cost	\$2.12	Under the new Schedule,	\$2.31
Married rate (couple only)	\$4.20	" "	\$4.58	" " "	\$4.99
Married rate plus one child	\$5.20	" "	\$5.32	" " "	\$5.80
Married plus two or more dependents	\$6.20	Actual cost	\$8.96	" " "	\$9.76

These figures do not provide any provision for a reserve. In any rate increase, the first to cancel his coverage is the potentially good subscriber who makes a few demands on the service while the person who is taking more out of the plan than he is paying in will by all means remain with us. This is the problem your Board of Directors must study and act upon on the conclusion of this meeting.

There are several approaches to the subject but, one which has not been discussed by your Executive Committee but which might bear some soul searching in setting up a special Fee Schedule for Maritime Medical Care. This is not an innovation as three of our contemporaries operate on such a basis and to the best of our knowledge it is a satisfactory scheme. The plans in question are: Manitoba Medical Service, Windsor Medical Services, Incorporated, Medical Services (Alberta) Incorporated.

Participating Physicians:

The number of participating physicians continues to increase, our present number being 556. One registration was recorded during the period. The philosophy of the physician is of the utmost importance to the success of a prepaid medical plan. If a doctor is a participating physician in a service benefit programme it is in the physician's own self interest to recognize first, that such a plan is not just another insurance company and second, that it is essentially his plan — the doctor's plan. It therefore seems to me that every physician should feel a sense of direct and intimate proprietorship over the medically sponsored plan that operates among his patients.

Provincial Welfare Fund:

The Provincial Welfare programme which the corporation administers upon behalf of your Society is running smoothly. Benefits under this programme were increased last year with the idea of liquidating the surplus which had accrued over the past three years. Up to June 30th, 1956, these additional benefits have used up \$8,199, leaving a surplus balance of \$10,194. At the present rate of over expenditure this surplus will be wiped out in the early months of 1957. A full report on the operation of this plan has been forwarded to your Chairman of the Committee on Economics.

Executive Committee:

Your Executive Committee has met regularly and has dealt with the matters which have been of concern to the Corporation. There is one point that I think we should bring out here in answer to rumors we have heard and that is, that the Executive Committee has "made deals" with certain groups of Specialists. Actually, nothing could be further from the truth! What has happened is, that certain groups and individuals, on occasion, have raised questions and these people have been invited to an Executive meeting to discuss their problem but no one at any time has been given special consideration. The sole purpose of having these groups come to a meeting is to explain the interpretation of our subscriber contract. It is an erroneous idea to think otherwise. We believe that the meetings with these groups have been fruitful as it is our considered opinion that the Executive Committee should be available to individual doctors and the profession as a whole when it can be of assistance.

Your Executive Committee has studied a recommendation of the House of Delegates suggesting that each Branch Society set up a small committee to work in an advisory capacity with the Medical Director and Medical Taxing Committee in the adjudication of difficult accounts which are submitted from time to time by the physicians in their respective areas. It was thought that these local committees would have a greater knowledge of local conditions and could give valuable assistance to those presently charged with the task of reviewing accounts. The number of accounts involved would be small so it would not be an onerous chore. Each Branch Society has been written asking it to discuss the matter with its membership and to let us know if, in their opinion, it has merit. If the majority of the Branches are favourable disposed, we shall carry out the programme.

Respectfully submitted,

(Sgd.) A. G. MacLeod.

On motion this report was received.

12. Report of the Nominating Committee.

Doctor R. O. Jones presented the report of the Nominating Committee as follows:

President — Doctor J. R. McCleave, Digby.

President elect — Doctor A. L. Murphy, Halifax.

Immediate Past President — Doctor R. O. Jones, Halifax.

Chairman of the Executive Committee — Doctor A. G. MacLeod,
Dartmouth.

Honorary Treasurer — Doctor C. L. Gosse, Halifax.

Doctor C. L. Gosse withdrew his name from nomination as Treasurer and nominated Doctor C. H. Young.

On motion the report as amended was adopted.

13. Report of the Committee on Medical Economics.

The Report of the Committee on Medical Economics was submitted by Doctor H. J. Devereux. (This report is given in the Executive Minutes on page 41).

On motion this report was adopted.

14. Gradation of Membership Fees.

The Membership Fee Schedule was presented and on motion was adopted. (This is given in the Executive Minutes on page 17).

15. Meeting Atlantic Branch Canadian Public Health Association.

A letter was read from the Secretary of this organization extending greetings and announcing the dates of their annual meeting as November, 1956, to be held at Kentville, N. S.

16. Deceased Members.

The list of members who died during the course of the past year was read and a period of silence was observed out of respect to their memory. (This list is given in the Executive Minutes on page 340).

17. New Members.

The new members, as given in the Executive Minutes, were admitted to membership. (See p. 340).

18. Treasurer's Report.

The Treasurer presented his report, also the Auditor's Report for the fiscal year ending December 31, 1956. He recommended that an amount of \$1,472.36 carried over from a special fund for The Canadian Medical Association meeting in 1934 be put into the current account.

In view of the holding of a Canadian Medical Association meeting in Halifax in 1958, on motion, it was decided to carry this account, as at present, until 1958.

Mr. President and Members:

I beg to submit the financial report for the year ending December 31st, 1955, as audited by H. R. Doane and Company, together with comments.

Assets.

As at December 31st, 1955, the total Assets of the Society were \$15,271.12, divided as follows:

Petty Cash Fund.....		\$	14.27
Cash on deposit, Royal Bank of Canada			
Current Account.....	\$2,590.81		
Savings Account.....	1,472.36		
			4,063.17
Bond Interest Receivable.....			93.75
Accounts Receivable — Advertisers.....			682.61
Investments — Province of Nova Scotia 3¼%, 1970.....			5,000.00
Cogswell Library Fund			
Cash on Hand, December 31st, 1955.....	203.00		
Investments.....	5,000.00		
Bond Interest Receivable.....	214.32		5,417.32
			<u>\$15,271.12</u>

This is compared with total assets as of December 31st, 1954 of \$17,904.36 and shows a reduction of \$2,633.24, which is primarily due to diminished cash on deposit in our Current Account.

Cash on deposit at the Royal Bank of Canada in a Savings Accounts has accrued down through the years as a result of depositing surplus from a Canadian Medical Association meeting during 1934 to a special account. It is inactive except for semi-annual deposits of accruing Bank Interest. I would recommend to the incoming Finance Committee that this account be closed and the balance be transferred to Current Account.

Revenue and Expenditures.

Actual expenditures for the year were in excess of revenue by \$150.73 as compared to a profit of \$539.80 for the previous year. Statements as prepared by the auditors show a different picture, viz. \$3,159.03 and \$1,721.74 for the corresponding years. This is primarily due to expenses relative to the 1954 Convention at Sydney and that for the November 1954 issue of the Bulletin being paid during 1955, in short having been set up as Accounts Payable in preparing the 1954 statement. These amounts were \$521.10 for the Bulletin and \$1,961.20 for the Convention, totalling \$2,482.30. In addition, the grant to Dalhousie Post-Graduate Committee in amount of \$903.00 appeared as a new item of expenditure. The Revenue from principal sources is compared as follows:

	1955	1954
Membership.....	\$4,411.85	\$4,378.85
Annual Convention.....	2,912.61	2,462.56
Publication of Bulletin.....	1,564.06	1,525.17

Investments.

Eastern Canada Savings and Loan Company Bonds to an amount of \$2,000 mature during December of the current year. Recommendations for re-investment of this amount by the incoming Finance Committee will be necessary.

Membership Fees.

The Conjoint Membership Fee has been increased to \$75, and of this amount we may budget for an amount of \$50 from each regular membership after satisfying commitments to The Canadian Medical Association and the Dalhousie Post-Graduate Committee.

All of which is respectfully submitted.

(Sgd.) C. H. Young, Treasurer.

AUDITOR'S REPORT

We have examined the attached Balance Sheet of The Medical Society of Nova Scotia as at December 31st, 1954 and the related statements of Income and Expenses and Receipts and Disbursements for the year ended on that date. Our examination included a general review of the accounting procedures and such tests of the accounting records and other supporting evidence as we considered necessary under the circumstances.

An amount of \$300.36 due from advertisers in the Nova Scotia Medical Bulletin as at December 31st, 1954 has not been included in the accounts and the income of the Cogswell Library Fund does not include uncashed coupons of \$125.60. Amended.

Subject to the foregoing, we report that, in our opinion, the attached Amended Balance Sheet and the statements of Income and Expenses and Receipts and Disbursement present fairly the financial position of The Medical Society of Nova Scotia as at December 31st, 1954, and the result of operations for the year ended on that date.

(Sgd.) H. R. Doane and Company,
Chartered Accountants.

Halifax, Nova Scotia.
August 16th, 1956.

**THE MEDICAL SOCIETY OF NOVA SCOTIA
AMENDED BALANCE SHEET**

December 31st, 1954

ASSETS

Petty Cash Fund.....	\$	16.20
Cash in the Royal Bank of Canada		
Current Account.....	\$	6,327.65
Savings Account.....		1,457.76
		7,785.41
Investments.....		5,000.00
Funds Represented by Cash on Deposit and Investments:		
Cogswell Library Fund.....		5,102.75
		\$ 17,904.36

LIABILITIES

Reserve for Cogswell Library Fund.....	\$	5,102.75
Surplus:		
Balance at Credit, December 31st, 1953.....	\$	11,079.87
Transferred from Statement of Income and Expenses.....		1,721.74
		12,801.61
		\$ 17,904.36

(Sgd.) Carmen H. Young, M.D.,
Treasurer.

This is the Amended Balance Sheet referred to in our report dated August 16th, 1956.

(Sgd.) H. R. Doane and Company
Chartered Accountants.

Halifax, Nova Scotia
August 16th, 1956.

**THE MEDICAL SOCIETY OF NOVA SCOTIA
COGSWELL LIBRARY FUND
AMENDED SCHEDULE OF INVESTMENTS**

December 31st, 1954

Eastern Canada Savings and Loan Company	—	4½%	1961	\$	500.00
Eastern Canada Savings and Loan Company	—	3¼%	1956		500.00
Eastern Canada Savings and Loan Company	—	3¼%	1956		500.00
Eastern Canada Savings and Loan Company	—	3¼%	1956		500.00
Eastern Canada Savings and Loan Company	—	3¼%	1956		500.00
Province of New Brunswick	—	3¼%	1958		500.00
Province of New Brunswick	—	3¼%	1958		1,000.00
Province of New Brunswick	—	3¼%	1958		1,000.00
					\$ 5,000.00

AUDITOR'S REPORT

We have examined the Attached Balance Sheet of The Medical Society of Nova Scotia as at December 31st, 1955 and the related statements of Income and Expenses and Receipts and Disbursements for the year ended on that date. Our examination included a general review of the accounting procedures and such tests of the accounting records and other supporting evidence as we considered necessary under the circumstances.

We report that, in our opinion, the attached Balance Sheet and the statements of Income and Expenses and Receipts and Disbursements present fairly the financial position of The Medical Society of Nova Scotia as at December 31st, 1955 and the results of operations for the year ended on that date.

(Sgd.) H. R. Doane and Company,
Chartered Accountants.

Halifax, Nova Scotia
August 16, 1956.

THE MEDICAL SOCIETY OF NOVA SCOTIA
BALANCE SHEET

December 31st, 1955

ASSETS

Petty Cash Fund.....		\$	14.27
Cash in the Royal Bank of Canada—			
Current Account.....	\$ 2,590.81		
Savings Account.....	11,472.36		
		\$	4,063.17
Bond Interest Receivable.....			93.75
Accounts Receivable — Advertisers.....			682.61
Investments.....			5,000.00
Cogswell Library Fund:			
Cash on Hand, December 31st, 1955.....	\$ 302.00		
Investments.....	5,000.00		
Bond Interest Receivable.....	214.32		5,417.32
		\$	15,271.12

LIABILITIES

Reserve for Cogswell Library Fund:

Balance, December 31st, 1954.....	\$ 5,102.75		
Add: Income for the year.....	314.57		
		\$	5,417.32

Surplus:

Capital Account, per Statement attached.....			3,853.80
		\$	15,271.12

(Sgd.) Carmen H. Young,
Treasurer

This is the Balance Sheet referred to in our report dated August 16th, 1956.

(Sgd.) H. R. Doane and Company,
Chartered Accountants.

Halifax, Nova Scotia,
August 16th, 1956.

**THE MEDICAL SOCIETY OF NOVA SCOTIA
STATEMENT OF CAPITAL ACCOUNT**

for the year ended December 31st, 1955

Balance at Credit, December 31st, 1954.....	\$ 12,801.61
Add: Old Outstanding Cheques written off.....	211.22
	<hr/>
	\$ 13,012.83
Deduct: Excess of Expenses Over Income for the year ended December 31st, 1955.....	3,159.03
	<hr/>
BALANCE AT CREDIT, DECEMBER 31ST, 1955.....	\$ 9,853.80

**THE MEDICAL SOCIETY OF NOVA SCOTIA
STATEMENT OF INCOME AND EXPENSES**

for the year ended December 31st, 1955

Income:

Annual Subscriptions after deducting amounts paid to The Canadian Medical Association.....	\$ 4,411.85
Net Proceeds of Conventions — 1954 and 1955.....	231.41
Net Income from Nova Scotia Medical Bulletin after deducting total cost from advertising and subscriptions.....	516.95
Sale of Car Emblems.....	58.00
Net Receipts for Group Insurance.....	91.64
Investment Income.....	187.50
Interest on Savings Account.....	14.60
	<hr/>
	\$ 5,511.95

Expenses:

Salaries.....	\$ 4,550.00
Travelling Expenses.....	1,321.87
Telephone and Telegraph.....	157.69
Office Supplies and Stationery.....	243.36
Post-Graduate Committee — Levy.....	3.00
Post-Graduate Committee — Grant.....	900.00
Accounting and Auditing Fees.....	215.00
General Practitioners Section.....	239.45
Bank Charges and Exchange on Cheques.....	38.52
Sundry Expenses.....	1,002.10
	<hr/>
	\$ 8,670.99
	<hr/>
	\$ 3,159.03

**EXCESS OF EXPENSES OVER INCOME
SCHEDULE OF INVESTMENTS**

December 31st, 1955

Province of Nova Scotia	3¼%	1970	\$ 5,000.00
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**THE MEDICAL SOCIETY OF NOVA SCOTIA
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS**

for the year ended December 31st, 1955

RECEIPTS

Cash on Hand, December 31st, 1954:

Petty Cash Fund.....	\$ 16.20	
Current Account.....	6,327.65	
Savings Account.....	1,457.76	\$ 7,801.61
Members' Annual Subscriptions to The Medical Society of Nova Scotia and The Canadian Medical Association.....		
		12,756.00
Receipts from Advertisers — The Nova Scotia Medical Bulletin.....		
		7,296.28
Convention Receipts — Amherst:		
Members' Levy.....	156.00	
Rental of Booths.....	2,600.00	
Ticket Sales and Sundry Receipts.....	1,572.50	4,328.50
		<u>4,328.50</u>
Premium on Group Insurance paid by Members.....		9,025.27
Sale of Car Emblems.....		58.00
Income from Bonds.....		93.75
Interest on Savings Account.....		14.60
Post-Graduate Levy paid by Members.....		1,312.50
Grant from The Canadian Medical Association for Post-Graduate Medical Education.....		959.00
Subscriptions to the Nova Scotia Medical Bulletin.....		9.00
Outstanding Cheques Written Off.....		211.22
		<u>\$ 43,865.73</u>

DISBURSEMENTS

Members' Fees paid to The Canadian Medical Association.....		\$ 8,344.15
Publication Costs — The Nova Scotia Medical Bulletin.....		7,470.93
Salaries.....		4,550.00
Convention Expenses:		
1954 Convention — Sydney.....	\$ 1,961.20	
1955 Convention — Amherst.....	2,135.89	4,097.09
Travelling Expenses.....		1,321.87
Premiums paid for Group Insurance.....		8,933.63
Bank Charges and Exchange on Cheques.....		38.52
Post-Graduate Committee — Members Levy.....		1,315.50
Telephone and Telegraph.....		157.69
Office Supplies and Stationery.....		243.36
Grants to Post-Graduate Committee.....		1,859.00
Accounting and Auditing Fees.....		215.00
Organization of General Practitioners Section.....		239.45
Sundry Expenses.....		1,002.10
Cash on Hand, December 31st, 1955:		
Petty Cash Fund.....	\$ 14.27	
Current Account.....	2,590.81	
Savings Account.....	1,472.36	\$ 4,077.44
		<u>\$ 43,865.73</u>

Statement of Cash Receipts and Disbursements referred to in our report dated August 16, 1956.

(Sgd.) H. R. Doane and Company,
Chartered Accountants.

**THE MEDICAL SOCIETY OF NOVA SCOTIA
STATEMENT OF INCOME AND EXPENSES
COGSWELL LIBRARY FUND**

for the year ended December 31st, 1955

Income:

Investment Income.....	\$ 318.07	
Interest on Savings Account.....	1.50	
		\$ 319.57

Expenses:

Rental of Safety Deposit Box.....	\$ 5.00	
		\$ 314.57

EXCESS OF INCOME OVER EXPENSES

**THE MEDICAL SOCIETY OF NOVA SCOTIA
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
COGSWELL LIBRARY FUND**

for the year ended December 31st, 1955

RECEIPTS

Cash on Hand, December 31st, 1954.....	\$ 102.75	
Investment Income.....	\$ 103.75	
Interest on Savings Account.....	1.50	105.25
		\$ 208.00

DISBURSEMENTS

Rental — Safety Deposit Box.....	\$ 5.00	
Cash on Hand, December 31st, 1955.....		203.00
		\$ 208.00

19. Group Life Insurance.

The Secretary reported on correspondence with the North American Life Assurance Company in regard to the Group Life Policy. He stated that since participation in this policy had dropped below the required 60 per cent, the Company proposed that the required basic number of participants be reduced to "100 lives" with the proviso that all new entrants to the plan might be required to show evidence of insurability. (See p. 24.)

On motion this proposal was agreed to.

20. The Secretary reported that Sir Geoffrey Keyne, Surgeon at St. Bartholomew's Hospital, London, would be in Halifax the week of September 10th for a series of lectures, and a welcome was extended to all practitioners to attend.

21. **Pharmaceutical Exhibits at Annual Meetings.**

Considerable discussion took place in regard to the problem of accommodation of exhibits at annual meetings, in areas other than Halifax, Sydney and Ingonish. In addition to this phase time of meeting, rotation of Branch Societies as hosts, etc., were discussed and the views of this meeting were to be passed on to the incoming Executive for consideration in setting the time and place of the Annual Meeting in 1917.

22. Doctor J. W. Reid moved "That this Society go on record as disapproving of the decision of the Courts of Ontario giving authority to Hospital Boards to go through doctors' books to determine whether doctors are fee splitting, and that a copy of this resolution be sent to the General Secretary of The Canadian Medical Association." Doctor J. C. Wickwire seconded. Carried.

23. **College of Physicians and Surgeons — Nova Scotia.**

Doctor J. C. Wickwire moved "That the incoming Executive Committee give consideration to the formation of a College of Physicians and Surgeons for Nova Scotia." Doctor W. A. Murray seconded. Carried.

24. Doctor J. W. Reid moved "That this Society ask Maritime Medical Care Incorporated to set up its own scale of fees which it will pay to participating doctors for services rendered, whether they be specialists or general practitioners." Doctor H. F. Sutherland seconded. Motion defeated.

On motion the meeting adjourned.

M. R. MACDONALD,
Secretary.

ANNUAL GOLF TOURNAMENT

The annual golf tournament was held in conjunction with the annual meeting of The Medical Society of Nova Scotia. Approximately thirty members took part in the tournament.

Doctor A. W. Titus of Halifax was low gross winner. Doctor E. P. Nonamaker of Halifax was runner-up in low gross.

Doctor W. Alan Curry of Halifax received the prize for low net. Doctor W. G. Colwell and Doctor D. R. S. Howell, both of Halifax, tied for runner-up position in low net.

Prizes were also won by Doctor L. M. Morton of Yarmouth, Doctor J. C. Wickwire of Liverpool and Doctor D. F. Smith of Halifax.

MALADIE POLITIQUE

If the founders of The Medical Society of Nova Scotia had been present at the hundred and third annual meeting they would have been an astonished group of men, proud to be associated with these present day super healers, who, with their speed and skill care for hundreds of thousands more people, but whose numbers (as judged by those present at the morning scientific sessions) is scarcely as great as on inception day. They would have been thrilled with the new crest, have smiled slyly in their beards at the sanctimonious motto and turned with obvious relief and true fellow feeling to observe the activity of a general business session. There, I'm sure, they would have seen the age old peculiar genius of the medical profession for obfuscation, peregrination and futility, burst into full flower after a century of careful horticultural effort which included, always, a generous annual application of strength giving, light shedding, odour emanating gentleman cow manure!

They would, however, have been deeply shocked at the way in which a society formed principally and frankly to protect its members from abuse from outside its ranks, has degenerated into a factional wrangle based largely on the fee schedule and specialization. This has already done the Society great harm not only by dividing the loyalty and dulling the enthusiasm of the members but has led to such long hours of childish bickering and argument that the chairman is exhausted and many sensible men stay away. It is all the more painful since this bickering is caused by one group trying to protect themselves from injury by another when they should be standing together against a common danger! The irony of the situation lies in the fact that the hottest coals in the fire are stirred by the very poker which we forged to protect ourselves from state and commercial interference, namely M.M.C. Inc., its method of remuneration by proration, and the iniquities which result therefrom. Thus we see ourselves weakened by an instrument shaped for our protection, but are as yet unwilling to open our eyes and take the simple steps necessary to correct the situation.

One would think, to hear the discussion at these meetings, that the general practitioner hated the specialist. He does not. He has a high regard and a profound respect for the specialist practising as such. He firmly believes that at the present time and in the foreseeable future the very best medical care will be brought to the bedside of the sick by the general practitioner, aided when required, by the specialist, and, as far as one can gather, this is still the official belief of organized medicine on this continent and of its medical schools; yet one sees the former countenancing and the latter instituting and supporting a medical educational system which allows specialist certification to be obtained so early in a medical career as to make such certification almost the basic qualification for general practise. This certainly applies to certification in surgery for men wishing or intending to do general practise with surgery in any hospital supporting town, and it has had the undesired effect of not only lowering the prestige of general practise (lip service notwithstanding), but of nullifying the significance of our present basic qualifying degree!

Quite naturally therefore the general practitioner does dislike to have a man carrying a specialist certificate competing with him in all fields of general

practise, but taking larger handfulls out of a common kitty (the M.M.C. pot) and so reducing his already inadequate remuneration. This is a fair and reasonable contention which intelligent men should be able to correct in fifteen minutes. In five years nothing has been done. Somewhere, somehow the Society has got M.M.C. confused either with the omnipotence of God or the benevolence of the goose with the golden eggs and nothing but absolutely nothing must be said or done that might embarrass either deity! The Society be damned.

A possible factor in the smaller attendance may have to do with the scientific aspect of the meeting. In former years it was often a Spring or Summer meeting and every effort was made to get the very top names for the papers at a season of the year when big city men might be attracted to Nova Scotia. Many will remember the famous Yarmouth meeting which had Lahey, Crile, Horrax and other famous men as drawing cards all on one programme. Today, with the meeting in the fall, close to refresher course time, and with the stepped up Dal Post. Grad. programme, the men do not feel the same urge to hear the scientific papers. Also the fall meeting, conflicting as it does with the opening of the schools, must keep many young families away.

Still another possible factor may be the increasing cost of membership in the various societies to which we belong. There is a noticeably high, wide and fancy attitude; a to hell with the cost, it comes off the income tax anyway, spirit which is akin to the lush expense account joy boy of the American industrial scene. I have a feeling that some may not find these dollars so easy come by as to be thrown away, but hesitate to say so in the presence of the wealthy lest they be thought to be mean or not doing well.

Though there is a tendency in organized medicine as in other groups and government to accumulate hoards of money for some, not very clear, future need, it is certain that the increased annual dues of The Medical Society of Nova Scotia are required not for hoarding but for the maintenance of the office under the new, full time, administrative set up. This will lead to the loss of some members, but we believe that the number will be few and will not include men who are engaged in active care of the sick.

We further believe that the Society was extremely fortunate in securing the services of Dr. Chas. Beckwith, who already has had a distinguished career in preventive medicine, in administration and in medical education, and we know that he will bring to his new post a determination to make the office a boon to the profession in Nova Scotia. We wish him every success and through him progress and good fortune for the Society in the future. We beg the members not to expect an immediate miracle. It will take a year or two to get the office organized and in the meantime let us be helpful, patient and productive.

What, any, or all of the problems may be which are effecting the enthusiastic attendance at our meeting, the Society discussed, considered and appointed a committee at the last meeting to study further and make recommendations. We await their report with interest and charity.

In the meantime, let us all resolve to attend our local branch meetings faithfully, and make up our minds to become so active, so vocal and so tough that the union, with its bosses, will never get bigger than the M.D. who carries the card — and the little black bag.

J. W. R.