

## The NOVA SCOTIA MEDICAL BULLETIN

EDITOR-IN-CHIEF

Dr. J. F. Filbee

MANAGING EDITOR

Dr. C. J. W. Beckwith

ASSOCIATE EDITORS

Dr. R. B. Nichols

Dr. W. A. Taylor

Dr. S. C. Robinson

Dr. W. A. Condy

Dr. G. R. Langley

CORRESPONDING MEMBERS—SECRETARIES OF BRANCH SOCIETIES

## Editorial

### Communication

As in the days of the Pony Express, 'the Mail must go through' — and in the present day going through is fairly certain as far as the addressee's mail box. Today's problem is of getting the mail past that point and into the ken of the reader. It was a pleasure to read that Washington University is planning to translate social science into English — not, as in mediaeval days from the latin of the scholar but from the jargon (who said gobbledygook?) of the specialists who are so intent on being precise that no-one else can understand them. Examples of this come to each one of us almost daily, and as with those on Ko-Ko's little list "they'd none of them be missed".

Sometimes one feels that the pressures and trends affecting both organized medicine and the practitioner himself are also failing to pass the 'Mail — Brain Barrier' so that we are at risk of being swept up in developments that we least expect. It is the duty of our Medical Society to watch for and interpret these changes as they come, influencing them for the benefit both of the Doctor and his patients where possible, and finally making all this clear to the physicians of this Province. We believe that the Society is doing most of these jobs well, but there is always room for improvement in that last stage, the job of communication. Accordingly we are delighted that Dr. Gosse is to write a President's page, which will appear in the Bulletin monthly, or at least as often as seems to be needed. The first edition is on another page of this issue, and it will be a broadsheet for us to keep up to date with the news. After all, the strength of the Society is in its membership, and particularly in those of the members who take an active interest.

To all our members then, we say: —

Read the Bulletin. The current issue is on the Annual Meeting 1963.

Read especially the President's page.

Do not neglect the C.M.A. Journal, there's a lot of essential information in it, and we do not reprint it.

Go to your Branch Society meetings — and take part.

Join that clique that runs Medicine in this Province, the present members want you, and they want your help.

J. F. F.

# THE MEDICAL SOCIETY OF NOVA SCOTIA

NOVA SCOTIA DIVISION  
OF  
THE CANADIAN MEDICAL ASSOCIATION  
MEMBERS OF EXECUTIVE COMMITTEE

## OFFICERS

PRESIDENT - - - - -	C. L. Gosse
PRESIDENT-ELECT - - - - -	T. W. Gorman
IMMEDIATE PAST-PRESIDENT - - - - -	D. F. Macdonald
CHAIRMAN EXECUTIVE COMMITTEE - - - - -	L. C. Steeves
VICE-CHAIRMAN EXECUTIVE - - - - -	J. F. L. Woodbury
HONORARY TREASURER - - - - -	J. F. Boudreau
EXECUTIVE SECRETARY - - - - -	C. J. W. Beckwith

## BRANCH SOCIETY REPRESENTATIVES

ANTIGONISH-GUYSBOROUGH - - - - -	J. E. MacDonell
CAPE BRETON - - - - -	D. H. MacKenzie, A. L. Sutherland
COLCHESTER-EAST HANTS - - - - -	B. D. Karrell
CUMBERLAND - - - - -	J. C. Murray
HALIFAX - - - - -	H. I. MacGregor, K. M. Grant, R. O. Jones
INVERNESS-VICTORIA - - - - -	H. A. Ratchford
LUNENBURG-QUEENS - - - - -	A. J. M. Griffiths
PICTOU COUNTY - - - - -	C. B. Smith
VALLEY - - - - -	J. A. Smith
WESTERN COUNTIES - - - - -	R. P. Belliveau

## OBSERVERS

REPRESENTATIVE TO C.M.A. EXECUTIVE COMMITTEE - - - - -	D. I. Rice
CHAIRMAN PUBLIC RELATIONS COMMITTEE - - - - -	S. C. Robinson
CHAIRMAN MEDICAL ECONOMICS COMMITTEE - - - - -	G. M. Saunders

## CHAIRMEN OF STANDING COMMITTEES

COMMITTEE	CHAIRMAN	COMMITTEE	CHAIRMAN
ARCHIVES - - -	H. L. Scammell	MEDICAL EDUCATION	D. C. Cantelope
BY-LAWS - - -	J. E. Hiltz	MEMBERSHIP - - -	J. A. Myrden
CANCER - - -	J. E. Stapleton	NUTRITION - - -	K. P. Smith
CHILD HEALTH - - -	R. S. Grant	PHARMACY - - -	J. E. MacDonell
CIVIL DISASTER - - -	S. B. Bird	PHYSICAL EDUCATION & RECREATION - - -	J. M. Williston
DISCIPLINE - - -	R. F. Ross	PUBLIC HEALTH - - -	W. I. Bent
EDITORIAL BOARD (Editor) - - -	J. F. Fllibe	PUBLIC RELATIONS - - -	S. C. Robinson
FEES - - -	H. E. Still	REHABILITATION - - -	G. J. H. Colwell
FINANCE (Hon. Treas.) - - -	J. F. Boudreau	RESOLUTIONS - - -	J. F. L. Woodbury
HEALTH INSURANCE - - -	D. K. MacKenzie	SPECIAL RESEARCH - - -	A. A. Giffin
INSURANCE - - -	J. W. Merritt	Specialist Register - - -	F. J. Barton
LEGISLATION & ETHICS - - -	H. K. Hall	TRAFFIC ACCIDENTS - - -	H. H. Tucker
MATERNAL & PERINATAL HEALTH - - -	D. F. Smith	W. C. B. LIAISON - - -	A. W. Titus
MEDICAL ECONOMICS - - -	G. M. Saunders		

## BRANCH SOCIETIES

	PRESIDENT	SECRETARY
ANTIGONISH-GUYSBOROUGH - - -	A. E. Dunphy	J. A. George
CAPE BRETON - - -	G. MacDonald	P. J. Gouthro
COLCHESTER-EAST HANTS - - -	C. C. Giffin	K. B. Shephard
CUMBERLAND - - -	D. C. Brown	J. A. Y. McCully
HALIFAX - - -	R. O. Jones	G. J. H. Colwell
INVERNESS VICTORIA - - -	H. A. Ratchford	W. MacIsaac
LUNENBURG-QUEENS - - -	F. W. Prince	W. I. Bent
PICTOU COUNTY - - -	L. M. Sproull	J. K. Grieves
VALLEY MEDICAL - - -	P. Kinsman	E. G. Vaughan
WESTERN COUNTIES - - -	A. F. C. Scott	G. D. Belliveau

# The President's Page

An informed membership is an interested and active membership. With this belief, our Officers and Executive Committee plan to make an extra effort during the coming year to disseminate details of the activities of the Society to all members. As a step in this direction, I am initiating this page in the Bulletin which will be used monthly or as the situation demands, to give additional information to you as individual members.

At the beginning of a new year one reflects on the fact that another excellent annual meeting has passed. A delightful spot, a hard working President and his charming wife all combined to bring sunshine to a somewhat foggy atmosphere. The attendance was about the average of other years and I am sure that everyone enjoyed themselves to the fullest.

The experiment of an extra day with the days business and two days clinical and social activities interspersed was a questionable success. Many felt the meeting was a day too long and with that I am inclined to agree. The last day fizzled to a poor half day, and the attendance dropped to a baker's dozen. On this occasion, the Executive had to adjourn its meeting in order to make a showing at an excellent clinical session, with a well informed guest speaker.

The business meetings were perhaps better attended than usual, ranging between thirty and sixty members. The discussions were usually lively and when they did become dull, Dean Jim Reid was always there to toss in a fire cracker. The two days of business sessions were advantageous.

Next September we move to Keltic — another wonderful place for a meeting. There is much to be done in the meantime. How we do it may well determine the character of medical practice in this province for many years and may also bear heavily on our own future way of life. At Yarmouth the Minister of Health introduced the subject of a health insurance programme for Nova Scotia. Some of the Officers and some members of the Special Research Committee met with the Minister the morning following his announcement and heard more details of his plan. The meeting was harmonious, the discussion was frank and all ended warmly.

It is now up to your Executive Committee to be completely prepared and to have its views and principles crystallized into a plan — a fair plan — which we must be willing to offer as accepted and approved by the medical profession. Our principles are well-known to ourselves, but perhaps not so well known to government. These principles are well founded. It is up to the membership to insist that these principles be incorporated into any government sponsored plan.

The Special Research Committee, chaired by Dr. Audley Giffin, I am certain will keep the Executive Committee supplied with all the necessary information. The workings of plans in other provinces are continuously being channelled to us through the Canadian Medical Association secretariat. Most important, however, all this information must be funnelled to the Branch Societies. The Officers, and representatives to the Executive Committee must become knowledgeable in every aspect of health insurance plans and be prepared to give explanations at Branch Society meetings. The Branch Societies must be the mainstay of the Medical Society. The Branch Societies

must determine the policy of the Medical Society as a whole. To this end Branch Societies have the responsibility of meeting frequently and actively and to promptly advise the office of the Executive Secretary of their opinions and decisions. Continuous co-operation and an open line of communication much be maintained between each Branch Secretary and the Executive Secretary of The Medical Society of Nova Scotia in order that this necessary and close liaison be further developed.

A few days ago some of your Officers had an opportunity to meet informally at lunch with the Minister of Health for Saskatchewan. We met partially out of curiosity with the idea of seeking the viewpoint of the government of Saskatchewan. I think it is fair to say that we were impressed with the sincerity and political ability of the Minister. We did not argue with his views. We were there primarily to ask questions. Many details of the Saskatchewan episode were discussed and we finally concluded that the difference between the doctors and the government might be explained simply on the basis of a difference in philosophy between the C.C.F. way of life and that of the majority of Canadians. I think I can safely say that the Saskatchewan plan is a travesty on our mode of living and on acceptable medical practice, a plan which very few Nova Scotians would wish to accept.

While at this time I have dealt largely with the possible advent of Medical Services Insurance, there are many other items of business for the coming year. The development of our relationship with Maritime Medical Care, the question of a Council within The Medical Society of Nova Scotia, a building to house not only the Medical Society but Maritime Medical Care and the many para-medical groups, the development of a Specialist Register and the delay in the establishment of a cancer registry approved by government some time ago, are only some of the many items for consideration by your Executive in the ensuing months.

You will be kept well informed of all aspects of our deliberations and we ask that you as members give your close co-operation, your critical analyses and your helpful advice.

We are all fortunate in again having Dr. Lea Steeves as Chairman of the Executive Committee. Dr. Steeves has, at the time of writing, been appointed a full professor at Dalhousie. We extend to him our warmest congratulations.

CLARENCE L. GOSSE, M.D.  
President.

## NOTICE

The Schedule of Fees for the Medical Society of Nova Scotia, dated June 1963, has been distributed to all members and to those insurance companies on our mailing list. The Schedule was effective as of July 1, 1963.

## Transactions

## 6TH REGULAR MEETING, EXECUTIVE COMMITTEE

Braemar Lodge, June 30, 1963

6RE—1 The Chairman, Dr. L. C. Steeves, convened the meeting at 10:00 A.M.

Present were:

**Officers:**

President	— Dr. D. F. Macdonald
President-Elect	— Dr. C. L. Gosse
Chairman, Executive	— Dr. L. C. Steeves
Vice-Chairman, Executive	— Dr. J. E. H. Miller
Honorary-Treasurer	— Dr. J. F. Boudreau
Editor, Nova Scotia Medical Bulletin	— Dr. J. F. Filbee
Executive Secretary	— Dr. C. J. W. Beckwith

**Representatives from Branch Societies:**

Antigonish-Guysborough	— Dr. T. W. Gorman
Cape Breton	— Dr. D. H. MacKenzie
Colchester-East Hants	— No representative present
Cumberland	— Dr. J. C. Murray
Halifax	— Dr. R. O. Jones
Inverness-Victoria	— No representative present
Lunenburg-Queens	— Dr. A. J. M. Griffiths
Pictou	— Dr. C. B. Smith
Valley	— Dr. J. A. Smith
Western Nova Scotia	— Dr. W. F. Mason

6RE 2—1. **Business out of the Minutes of the 5th Regular Meeting, May 11, 1963.**

(a) "Rules and Regulations" for three Sections within the Society had been received.

(b) Dr. R. O. Jones was appointed as representative to the Board of Examiners for Social Service Workers.

(c) The pamphlet "Information for Patients" published and distributed to physicians by the Society for physicians' offices was referred to the Committee on Public Relations for review prior to republication.

(d) Request for corresponding member to C.M.A. Special Committee on Relative Value Fee Schedule. It was agreed that the Chairman of the Committee on Fees be so appointed.

**2. Correspondence.**

6RE 3—(a) The Executive Secretary had written to the Registered Nurses' Association of Nova Scotia, expressing the concern of this Society about the shortage of nurses and offering any possible assistance. The reply was presented to the Executive and further developments are expected.

6RE 4—(b) A letter from M.M.C. Inc., requested the Society to name representatives to a "Study Committee." It was moved and seconded

"THAT The Society appoint the Chairman of the Executive (Alternate, Vice-Chairman), the Executive Secretary, the President, Past-President and President-Elect as a 'Study Committee' for liaison with a committee from M.M.C. Inc."

CARRIED.

6RE 5—(c) A letter from Dr. H. W. Schwartz was received. Dr. Schwartz had been nominated by the N.S. Division to senior membership in the Canadian Medical Association. He had received the honor at the annual meeting in Toronto. Dr. Schwartz' letter expressed his appreciation to the Society for his nomination.

6RE 6—(d) A letter from the Executive Secretary of the New Brunswick Medical Society, which inquired about a Benevolent Fund for doctors had been acknowledged. There is no such fund in Nova Scotia.

6RE 7—(e) A letter from the Nova Scotia Barristers' Society invited the Society to name representatives to a committee resulted in the following resolution:

"THAT A Committee be set up with legal representatives to study:

1. Immediate problems of medicine and law.
2. To consider the possibility of a provincial medico legal society." CARRIED.

6RE 8—(f) A communication from the Department of Health (Nova Scotia) re increase in the incidence of venereal disease and requesting co-operation of the members in its management was received and referred to the annual meeting.

### 3. New Business.

6RE 9—(a) An application from ten members of the Society for recognition of a Section for Urology within the Society was, on motion, approved pending submission of Rules and Regulations for the Section.

6RE 10—(b) It was regularly moved and seconded  
"THAT The Committee on Legislation and Ethics be asked to review the Medical Act with special reference to disciplinary, illegal and unethical behavior".  
CARRIED.

6RE 11—The meeting was recessed for lunch at 12:15 P.M.

The 6th Regular Executive Meeting was reconvened at 2:00 P.M.

### Other Business.

6RE 12—Copies of "The Alberta Medical Plan" as presented to the C.M.A. annual meeting by Dr. L. C. Grisdale were distributed and discussed.

6RE 13—4. On motion the Executive Committee adjourned and a meeting of the Committee on Fees was convened. Dr. J. E. H. Miller, Chairman of the Committee on Fees, chaired this meeting.

6RE 14—Three communications from M.M.C. Inc. were considered, as well as a letter from the Nova Scotia Society of Internal Medicine and one from a member of the Society.

6RE 15—Dr. Miller stated that the 1963 Schedule had been distributed to all members of the Society and that one complimentary copy had been sent to insurance companies on the Society's mailing list. Extra copies of the Schedule are available at \$3.00 per copy.

6RE 16—The Committee on Fees, having completed its business was, on motion, adjourned.

6RE 17—5. The Chairman of the Executive Committee reconvened the 6th Regular meeting of the Executive Committee.

The Chairman announced that

6RE 18—(a) The meeting of the Committee on Committees would take place on Thursday, July 4 at 8:00 A.M.

6RE 19—(b) The first meeting of the new Executive (1963-1964) would convene on Friday, July 5 at 8:00 A.M.

6RE 20—On motion the 6th and final regular meeting of the Executive (1962-1963) was adjourned at 3:40 P.M.

C.J.W.B.

## Transactions

ANNUAL MEETING, EXECUTIVE COMMITTEE 1962-63

Sunday, June 30th

Braemar Lodge, Yarmouth County, N. S.

AE 1—The Annual Meeting of the Executive Committee was convened by the Chairman Dr. L. C. Steeves at 4.00 p.m. Sunday, June 30th, at Braemar Lodge, Yarmouth Co.

Present were:

Dr. D. F. Macdonald	— President
Dr. C. L. Gosse	— President Elect
Dr. R. F. Ross	— Past President
Dr. L. C. Steeves	— Chairman, Executive
Dr. J. E. H. Miller	— Vice " "
Dr. J. F. Boudreau	— Honorary Treasurer
Dr. J. F. Filbee	— Editor, N.S. Medical Bulletin
Dr. C. J. W. Beckwith	— Executive, Secretary

## Representatives:

Antigonish Guysborough	— Dr. T. W. Gorman, Antigonish
Cape Breton	— Dr. D. H. MacKenzie, Sydney
Colchester East Hants	— not represented
Cumberland	— Dr. J. C. Murray, Springhill
Halifax	— Dr. F. J. Barton, Dartmouth
	— Dr. K. M. Grant, Halifax
	— Dr. R. O. Jones, Halifax
Inverness Victoria	— not represented
Lunenburg Queens	— Dr. A. J. M. Griffiths, Liverpool
Pictou	— Dr. C. B. Smith, Pictou
Valley	— Dr. J. A. Smith, Windsor
Western	— Dr. C. K. Fuller, Yarmouth

## Observers:

C.M.A. Executive, Representative	— Dr. D. I. Rice
C.M.A. President	— Dr. W. W. Wigle

**AE 2**—The Chairman welcomed Dr. W. W. Wigle, President of Canadian Medical Association.

**AE 3**—The Minutes of the Annual Executive Committee Meeting (May 20, 1962) were on motion approved as distributed.

**AE 4**—Arising from these minutes was the suggestion that The Medical Society of Nova Scotia arrange to entertain the members of the graduating class in Medicine.

**AE 5**—It was moved and seconded:

“THAT the Society members of the Study Committee with M.M.C. be responsible for arranging entertainment and orientation of the graduating class in conjunction with M.M.C. Incorporated”. CARRIED.

**AE 6**—The Executive Secretary gave a summary of the meeting of General Council C.M.A. 1963 stating that the allotted quota of nine representatives from the Nova Scotia Division had attended. The reports to General Council had been reviewed while travelling to Toronto by train. The nine representatives and the Divisional representative to the C.M.A. Executive had breakfast meetings at 7.30 A.M. to discuss business.

**AE 7**—The Chairman then directed attention to a review of each of the reports from each of the 27 Standing Committees, 10 Special Committees and 11 representatives of the Society to other organizations.

**AE 8**—The resolutions and views of the Executive on each of these would be presented to the Annual Meeting during the discussion at the business sessions of the Annual Meeting. See Transactions, Annual Meeting, 1963).

The meeting recessed at 6.10 P.M.

**AE 9**—The Annual Meeting of the Executive was reconvened by the Chairman, Dr. L. C. Steeves on July 1st, at 9.30 A.M. Review of reports to the Annual Meeting was continued. The meeting recessed for lunch at 12.30 P.M. The meeting was reconvened at 2.15 P.M. with Dr. Steeves in the Chair.

**AE 10**—Review of reports was continued to completion.

**AE 11**—On motion the payment of honoraria and grants was approved.

**AE 12**—It was moved and seconded:

“THAT All honoraria and grants specified in the approved budget (for the current year) need not be brought forward to the Annual Meeting for second approval”. CARRIED.

**AE 13**—Under New Business the Executive Secretary referred to a request from the Canadian Arthritis and Rheumatism Society for space to exhibit at the Annual Meeting. There is an increasing interest by the paramedical groups in this matter. It was referred to the incoming Executive Committee.

**AE 14**—The President, Dr. D. F. Macdonald, provided information about details of the Annual Meeting.

**AE 15**—There being no other business, on motion, the Annual Meeting (1963) of the Executive was adjourned at 5.00 p.m.

## INDEX

## TRANSACTIONS — 110th ANNUAL MEETING

	Page
Aging, C.M.A. - - - - -	275
Adjournment - - - - -	293
Annual Meetings - - - - -	281
Archives - - - - -	290
Building - - - - -	273
Business Old and New - - - - -	282
By-Laws - - - - -	272
C.M.R.S.P. - - - - -	275
Cancer - - - - -	275
Cancer C.C.A. - - - - -	276
C.M.A. Executive, Representative to - - - - -	272
Child Health - - - - -	274
Civil Disaster - - - - -	280
Dalhousie Medical Library - - - - -	280
Discipline - - - - -	290
Editorial Board, Editor - - - - -	273
Executive, Chairman of - - - - -	271
Federal-Provincial Health Grants - - - - -	283
Fees - - - - -	281
Finance, Honorary-Treasurer - - - - -	273
Insurance - - - - -	283
Inverness-Victoria Medical Society - - - - -	271
Health Insurance - - - - -	288
Legislation and Ethics - - - - -	281
Maritime Hospital Service Association - - - - -	289
Maritime Medical Care - - - - -	290
Maternal and Perinatal Health - - - - -	274
Medical Economics - - - - -	287
Medical Education - - - - -	279
Membership - - - - -	274
Nominating Committee - - - - -	290
N. S. Tuberculosis Assoc., Representative - - - - -	284
Nursing Assistants, Board of Registration - - - - -	283
Nutrition - - - - -	275
Obituaries - - - - -	271
Pharmacy - - - - -	284
Physical Education and Recreation - - - - -	284
Post-Graduate Division Education - - - - -	280
Prepaid Plan for the Atlantic Provinces - - - - -	288
Provincial Medical Board - - - - -	283
Public Health - - - - -	280
Public Relations - - - - -	282
Rehabilitation - - - - -	288
Resolutions - - - - -	268
Salaried Physicians - - - - -	279
Special Research Committee - - - - -	289
Specialist Register - - - - -	276
Traffic Accidents - - - - -	279
Transactions 109th Annual Meeting - - - - -	271
Treasurer, Finance - - - - -	273
V.O.N. (Canada) Board of Governors - - - - -	290
W.C.B. Liaison Committee - - - - -	290





Occupation: HOUSEWIFE

Complaint: ANORECTIC, NERVOUS  
IRRITABLE, TIRED

Diagnosis: NO PHYSICAL OR  
ORGANIC DISORDER

Prescribed: NUTRITIONAL SUPPORT  
PLUS MILD SEDATIVE

**FOR NUTRITIONAL SUPPORT  
PLUS MILD SEDATION**

**Rx BEPLETE\***

VITAMIN B FACTORS WITH PHENOBARBITAL

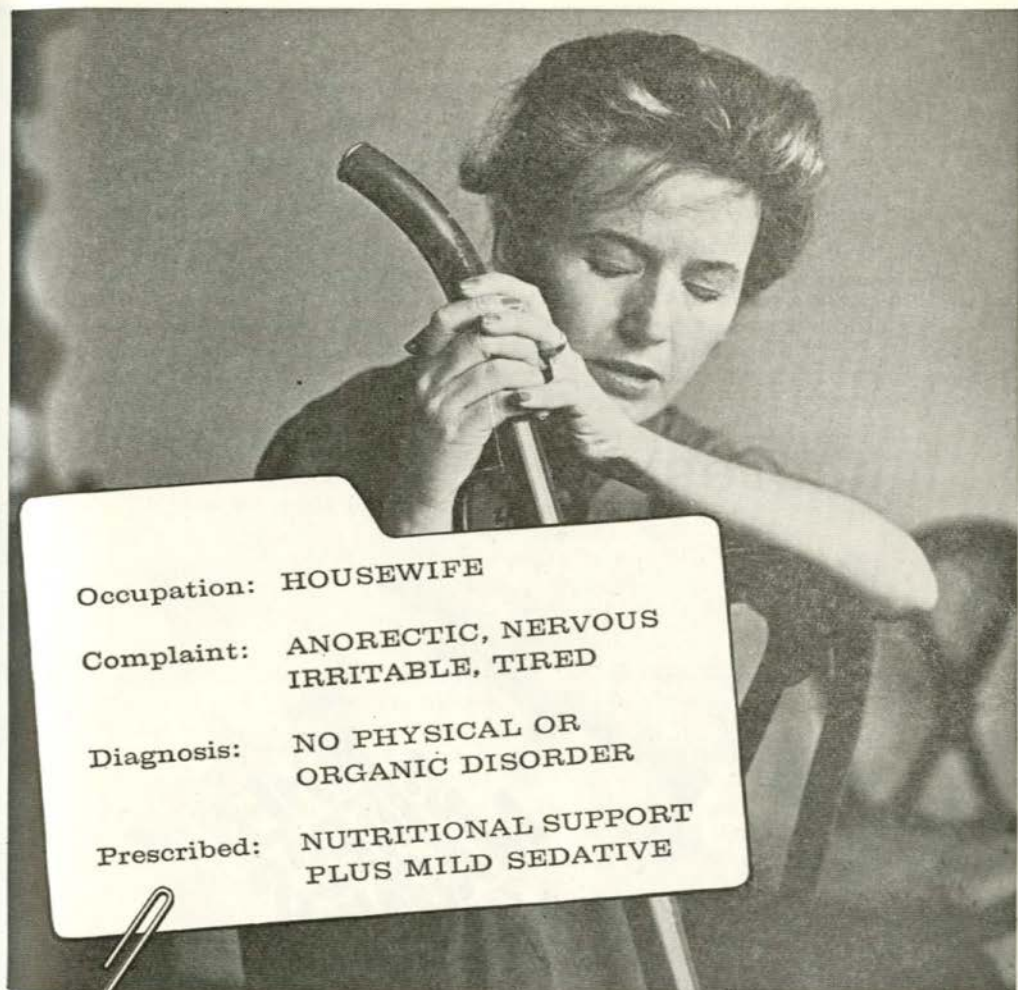
Supplied:

ELIXIR — Bottles of 16 fl. oz. and ½ Imp. gal.

TABLETS — Bottles of 100 and 1000  Controlled Drug

*Wyeth*

\*Reg. Trade Mark  
WINDSOR, ONTARIO



Occupation: HOUSEWIFE

Complaint: ANORECTIC, NERVOUS  
IRRITABLE, TIRED

Diagnosis: NO PHYSICAL OR  
ORGANIC DISORDER

Prescribed: NUTRITIONAL SUPPORT  
PLUS MILD SEDATIVE

**FOR NUTRITIONAL SUPPORT  
PLUS MILD SEDATION**

**R<sub>x</sub> BEPLETE\***

VITAMIN B FACTORS WITH PHENOBARBITAL

Supplied:

ELIXIR — Bottles of 16 fl. oz. and ½ Imp. gal.

TABLETS — Bottles of 100 and 1000  Controlled Drug


*Wyeth*

\*Reg. Trade Mark  
WINDSOR, ONTARIO


**AN AMES CLINIQUICK\*** In the diabetic—during stress of operations, febrile illnesses, and cerebrovascular or cardiovascular accidents —adrenal interference with insulin action increases insulin requirements, and also ketogenesis.<sup>1</sup> When stress exacerbates diabetes, the clinician is well advised to add testing for urine ketones with **Acetest\*** to an intensified program of **quantitative**<sup>2</sup> urine-sugar testing with **CLINITEST\***. This adds warning of stress-induced ketosis—or of the ketoacidosis of insulin insufficiency<sup>3</sup>—to complement a close watch on urine-sugar changes.

**References:** (1) Altschule, M. D.: *M. Science* 9:314, 1961. (2) Ackerman, R. F., et al.: *Diabetes* 7:398, 1958. (3) Haunz, E. A., and Cornatzer, W. E.: *Minnesota Med.* 41:836, 1958.

**FOR CLOSER CONTROL OF DIABETES**  
test for urine-SUGAR... colour-calibrated

 **clinitest\***  
*urine-sugar*

and for urine KETONES... ketone-specific

 **acetest\***  
*urine ketones*

**standardized** test for clear-cut quantitative estimation of urine-sugar. Supplied: **CLINITEST** Analysis Set and refills (bottles of 36 and boxes of 24 Sealed-in-Foil Reagent Tablets).

Also: **CLINISTIX\*** Reagent Strips—bottles of 60.

**one-drop** urine test to detect acetone and acetoacetic acid within 30 seconds. Supplied: Bottles of 100 Reagent Tablets.

Also: **KETOSTIX\*** Reagent Strips—bottles of 90.



REGISTERED TRADEMARK

CA1952

WHEN  
STRESS  
MAGNIFIES  
DIABETES

## Transactions\*

## THE MEDICAL SOCIETY OF NOVA SCOTIA

110th Annual Meeting

July 2-5, 1963

Braemar Lodge, Yarmouth County, Nova Scotia.

## First Business Session

**AM 1**—The First Business Session was convened by the President, Dr. D. F. Macdonald at 9.40 a.m. July 2nd, in the Recreational Hall, Braemar Lodge. A hearty welcome was extended to the members present. Dr. Macdonald introduced Mr. Hemeon the Mayor of Yarmouth who officially welcomed the Society to Yarmouth. Dr. Macdonald expressed the pleasure of the members in having Dr. W. W. Wible, President of C.M.A., Dr. A. D. Kelly, General Secretary, C.M.A., Dr. Guy Leadbetter, Jr., Assistant in Urology, Massachusetts General Hospital, and Dr. Lot B. Page, Assistant Physician, Massachusetts General Hospital as our distinguished guests.

**AM 2**—The Executive Secretary reported the deaths of the following members in the interval since May 8th, 1962:

Garrow, Frederick Campbell, M.D.  
 Keddy, Owen Brown, M.D.  
 Morse, Leander Rupert, M.D.  
 Peel, Hugh Robert, M.B.  
 Robbins, Welton Havelock, M.D.  
 Uhma, Czeslaw, M. D.

**AM 3**—One minute's silence was observed in tribute to these members deceased.

**AM 4**—The names of 34 applicants for membership were presented for approval.

**AM 5**—These were recommended to the Annual Meeting by the Executive Committee. On motion they were accepted as members.

**AM 6—Election of Nominating Committee.** Dr. D. F. Macdonald read the list of nominees from the Branch Societies. Some nominees were not present and substitutes were arranged. One member queried the wisdom of electing the Nominating Committee so early in the Business Sessions and he was informed that it is so constituted in the By-Laws. The Election of the nominees was declared.

**AM 7**—Dr. Macdonald announced that the meeting of the Nominating Committee would be held at 5.00 p.m. on Tuesday, July 2nd.

**Transactions of the 109th Annual Meeting, 1962.**

**AM 8**—On motion, the Transactions of the 109th Annual Meeting were approved as circulated and published in the August 1962 issue of The Nova Scotia Medical Bulletin.

**AM 9—Confirmation of Inverness-Victoria Medical Society as a Branch of The Medical Society of Nova Scotia.**

Moved and seconded that the Inverness-Victoria Medical Society be recognized as a Branch of The Medical Society of Nova Scotia. Carried.

## ANNUAL REPORTS OF COMMITTEES AND REPRESENTATIVES.

**Report of the Executive Committee, Chairman, Dr. L. C. Steeves (A.R. Page 2).**

**AM 10**—Dr. Steeves, on behalf of the members, thanked Committee Chairmen and the Society's representatives to other organizations for the work done during the year, stating that the report of each of the twenty-seven standing committees, ten special committees and the eleven representatives would be presented during the business sessions.

\*Any member, on request, will receive a copy of the "Annual Reports", 1963. The transactions arise out of these reports.

**AM 11**—He stated that the Executive Committee had recognized ten Sections within the Society during the year, pending approval of "Rules and Regulations" for each.

These Sections are:

Surgery	Ophthalmology & Otolaryngology
Internal Medicine	Pathology
Salaried Physicians	General Practice
Paediatrics	Anaesthesia
Psychiatry	Residents in Training

**AM 12**—Dr. Steeves also reported that experience indicates the need of a central committee on Annual Meetings. This Committee would have direct responsibility for arranging the Business Meetings, official functions and clinical programme in liaison with the host Branch Society. The host Branch Society would have prime responsibility for social functions in liaison with the Central Committee.

**AM 13**—Dr. Steeves moved that his report be accepted for discussion. Following discussion a motion for adoption of the report was put and carried.

**AM 14**—**Committee on Resolutions**, Chairman, Dr. L. C. Steeves (A.R. Page 2).

The report outlined the requirements of this Committee to review the resolutions from the point of view of form and wording.

**AM 15**—There were no recommendations; after discussion, a motion for adoption was carried.

**AM 16**—**C.M.A. Executive Committee**, Representative, Dr. D. I. Rice (A.R. Page 10)

Dr. Rice presented a summary of this report which included:

1. The great loss to the medical profession through the death of Dr. T. C. Routley.
2. That C.M.A. headquarters will continue to be in Toronto.
3. The terms of reference of the Special Committee on Policy appointed by the C.M.A. Executive.
4. A review of the situation in Saskatchewan.
5. A review of progress toward Medical Services Insurance in Alberta and Ontario.

The report was received for discussion and followed by a motion for adoption which was carried.

**AM 17**—**Committee on By-Laws**, Chairman, Dr. J. C. Hiltz (A.R. Page 7).

This report was presented by Dr. D. F. Denton, a member of the Committee.

It was received for discussion.

**AM 18**—Dr. D. I. Rice initiated the discussion which centred on the concept of a Council for The Medical Society of Nova Scotia, by stating that at the Annual Meeting of the Executive Committee there had been lengthy discussion relative to the principle of a Council. The Executive had directed Drs. Rice and Beckwith to prepare a resolution for consideration of the Executive which could be presented to the Annual Meeting. The resolution, as approved by the Executive, follows:—

**AM 19**—**Resolution re a Council for The Medical Society of Nova Scotia**

"WHEREAS THE MEDICAL SOCIETY OF NOVA SCOTIA is the official policy making body of the medical profession in this province;

"And WHEREAS Policy affecting the profession must be the result of adequate representation and discussion by all segments of the profession;

"And WHEREAS THE MEDICAL SOCIETY OF NOVA SCOTIA has encouraged and approved the formation of sections within the division, to stimulate further interest and activity in the affairs of the Society;

"And WHEREAS attendance at the business meetings of the Society has repeatedly been inadequate to permit this representation and discussion;

"And WHEREAS these inadequacies have been recognized by Special Committees on Annual Meetings who have presented concrete recommendations designed to correct these inadequacies;

"And WHEREAS these recommendations introduce the concept of a representative group to be known as "Council", to be broadly representative of the profession in the province, and as yet to be defined;

"And WHEREAS the concept of Council has been approved in principle by the Executive Committee, and by a majority of the Branch Societies who have discussed this concept;

"THEREFORE

1. "BE IT RESOLVED THAT this Annual Meeting accept in principle the formation of a Council of The Medical Society of Nova Scotia for the purpose of providing a more adequate forum for discussion of the business of the Society, and that this Council will be the governing body of the Society responsible for the conduct of business at the Annual Meeting.

2. "BE IT FURTHER RESOLVED THAT the matter of adequate representation on Council be further studied and defined following consultation with Branch Societies, with a view to a notice of motion amending by-laws being published in the Medical Bulletin at least four months prior to the next Annual Meeting (September 1964). The final decision on acceptance or rejection of a Council would be determined by vote at that meeting."

\*\*\*\*\*

AM 20—During the ensuing discussion the following resolution was presented:

Moved by Dr. A. A. Giffin, Seconded by Dr. T. W. Gorman

"THAT the principle of setting up a Council (for The Medical Society of Nova Scotia) be referred to the Branch Societies for their study and recommendations".  
Carried.

The report of the Committee on By-Laws was then adopted as amended.

AM 21—As the Agenda for the 1st Business Session had not been completed it was agreed to continue with it after the coffee break. The members were requested to visit the exhibitors.

### Second Business Session

July 2nd, 1963

AM 22—The President, Dr. D. F. Macdonald reconvened the meeting at 11.30 a.m. and proceeded with the Agenda. The presentation of Annual Reports was continued.

Editorial Board, Editor, Dr. J. F. Filbee (A. R. Page 5).

AM 23—Dr. Filbee, as Editor-in-Chief, presented this report. There were three recommendations:—

mM 24—1. All members are again requested to submit articles for publication.

2. Each Branch Society and Section is asked to appoint an interested member as Corresponding Member of the Editorial Board, with particular emphasis on the "Personal Interest Notes" which are suffering from lack of sustenance from the grass roots.

3. The Editorial Board must have power to make such changes as will strengthen the Bulletin, both financially and otherwise. It is understood that major changes will require the assent of the Executive Committee.

There was no discussion and motion for adoption of this report was carried.

Special Committee on Building Chairman, Dr. C. L. Gosse (A.R. Page 111).

AM 25—Dr. Gosse stated that enquiries, with a view to obtaining space in the Spring Garden Road redevelopment area, have been made during the year and such continue. It is anticipated that it will be at least six months before the City has completed assembling the land for this project. The Committee will continue to study the project.

A motion for adoption of the report was carried.

Committee on Finance, Hon. Treasurer, Dr. J. F. Boudreau (A.R. Page 55).

AM 26—This report included commentary on meetings of the Finance Committee, which had held monthly meetings, and the auditors' statement. The auditors' statement (H. R.

Doane & Co.) showed that the Society had experienced a sound and successful year (January 1st, 1961 - December 31st, 1962). The report was received for discussion.

**AM 27**—Dr. Boudreau stated that the Dalhousie Campaign for funds had been considered by the Finance Committee on the basis of interest in the Medical School and that the Medical Society had enjoyed space for offices in the Dalhousie Public Health Clinic for some thirty years without charge; the Finance Committee had recommended to the Executive (May 11th, 1963) that a contribution be made by the Society. The resolution from the Executive (May 11th, 1963) was:—

"THAT the Executive recommends to The Medical Society of Nova Scotia that the sum of \$10,000 be pledged to the current Dalhousie University Campaign by an annual contribution of \$2,000 over a period of five years beginning this year 1963".

**AM 28**—Discussion ensued during which it was emphasized that this contribution by the Society should not interfere with personal contributions by physicians.

The motion was moved and seconded for adoption. Carried.

**AM 29**—Dr. Boudreau also reported that the Director of the Post-Graduate Division of the Faculty of Medicine had written stating that the financial support of the Kellogg Foundation had expired. In order to maintain the budget a request had been received for the Society to consider increasing the levy on members from \$5.00 to \$10.00 per member. The Finance Committee had recommended to the Executive (May 11th, 1963) that such an increase was merited. The Executive Committee had made the following resolution:—

"THAT the recommendation of the Finance Committee to increase the post-graduate levy from \$5.00 to \$10.00 (per member) be approved and that the Executive Committee propose to the Annual Meeting (1963) that such increase be implemented starting in 1964, by including it in the membership dues of The Medical Society of Nova Scotia". Carried.

**AM 30**—Following discussion, during which Dr. Steeves, the Director of the Division, answered questions, the increased levy from \$5.00 to \$10.00 per member was approved to be effective in membership billing starting in 1964.

**AM 31**—Having answered questions, Dr. Boudreau moved adoption of this Committee report which was seconded and carried.

**Membership Committee** Chairman, Dr. J. A. Myrden (A.R. Page 67).

**AM 32**—In the absence of Dr. Myrden, Dr. Boudreau presented this report in which it was recommended that the membership application form be changed to include classifications of membership and the Sections recognized by the Society. It was further recommended that recruitment of new members be stressed by the membership, particularly at the Branch Society level.

On motion, the report was adopted.

**Committee on Maternal & Perinatal Health** Chairman, Dr. M. G. Tompkins, Jr. (A.R. Page 39).

**AM 33**—This report was presented by Dr. N. K. MacLennan, a member of the Committee. A review of the year's work, conducted during seventeen meetings of the Committee, was reviewed. A discharge form originating in British Columbia is being considered for universal use in Nova Scotia. Its effectiveness will be tried at the Halifax Infirmary and the Grace Maternity Hospital, following which the decision may be to introduce it to all hospitals in Nova Scotia.

**AM 34**—It was reported that the Obstetrical Emergency Team continues to provide a needed service.

**AM 35**—During discussion a request was made to have information provided to physicians prior to the introduction of the discharge form.

On motion the report was adopted.

**Committee on Child Health** Chairman, Dr. R. S. Grant (A.R. Page 104).

**AM 36**—Dr. Grant presented the second annual report of his Committee. Several meetings had been held during which a proposed programme for erythroblastosis had been discussed. This programme is sponsored by The Medical Society of Nova Scotia and supported by Federal-Provincial Health Grants. It is planned to have a central advisory

committee under the chairmanship of Dr. Bruce Morton, identified as "The Neonatal Jaundice Advisory Centre". This Committee will be available to advise re management of such cases and to maintain information on each.

Following discussion a motion for adoption of the report was carried.

**AM 37**—At 12.15 p.m. the agenda of the first business session was completed and that of the second business session started.

**Representative to C.M.A. Committee on Aging**, Dr. A. A. MacDonald (A.R. Page 30).

**AM 38**—The report was presented by Dr. B. Trask. It was noted that the C.M.A. had requested a representative to attend a meeting of this recently formed Committee. Dr. MacDonald had attended.

**AM 39**—The objectives of the Committee were outlined.

**AM 40**—The report was, on motion adopted.

(N.B. The first meeting of the Executive (1963-1964) authorized a divisional Committee on Aging, Chairman Dr. A. A. MacDonald).

**Representative to Trusteeship Committee, C.M.R.S.P.**, Dr. C. H. Young (A.R. Page 22).

**AM 41**—Dr. Young presented this report which included the current standings of the Common Stock Fund, Canadian Medical Equity Fund and the Insured Annuity Fund.

**AM 42**—The summary from the report follows:

C.M.R.S.P. continues to enjoy increasing confidence of the profession as a means of establishing retirement income. The Total Market Value of the Common Stock Fund attained \$13,394,000.00 as of February 28, 1963. It was agreed that the present arrangements with the Royal Trust for managing the Fund continue until a Total Market Value of \$20,000,000.00 had been reached. At that time certain arrangements under consideration would become effective and could represent a further benefit to participants.

**AM 43**—More favourable annuity rates announced by the National Life Assurance Company of Canada represent a benefit of approximately 12% from the basic guaranteed rate and this benefit has been extended to those participants already retired.

**AM 44**—The C.M.E.F. continues to satisfy the needs of a certain portion of the membership.

**AM 45**—Participation in C.M.R.S.P. from this Division as of December 31st, 1962 totalled 120 members. All members are encouraged to make inquiries and participate.

On motion the report was adopted.

**Committee on Nutrition** Chairman, Dr. W. A. Cochrane (A.R. Page 61)

**AM 46**—In Dr. Cochrane's absence Dr. Beckwith presented this report. It was accepted for discussion. The two recommendations were considered separately and adopted.

1. "That The Medical Society of Nova Scotia support the preparation of a report form for Scurvy that could be distributed to all the membership to record the incidence of Scurvy in the province of Nova Scotia.

2. The members of The Medical Society of Nova Scotia emphasize to their Nova Scotian patients the hazards of obesity and encourage dietary restriction where necessary, but also encourage their patients to avoid food fads for weight reduction."

A motion for adoption of the report was carried.

**Committee on Cancer** Chairman, Dr. J. E. Stapleton (A.R. Page 18).

**AM 47**—Dr. Stapleton presented the report giving a summary and the following recommendations:

1. Resolution: "That the Cancer Committee of The Medical Society of Nova Scotia emphasize the need for a hostel for ambulatory cancer patients as reported in the brief of The Medical Society of Nova Scotia to the Royal Commission on Health Services (paras. 142 and 145) and commends the action of the Halifax Unit of the Canadian Cancer Society in investigating the means whereby such a hostel may be established."



2. Asks the Executive to ascertain what road blocks exist in the way of establishing the Cancer Registry and what needs to be done to clear the way for the Registry.
3. Each physician, through personal example and individual participation in educational programmes, provide the leadership necessary for a successful effort in public education.
4. Further, this Division is asked that it approach the Provincial Government and urge the Government to study the problem of cigarette smoking with a view to declaring the habit a public health problem and plan to execute the steps necessary for the control of this hazard.

The report was received for discussion.

**AM 48—Recommendation No. 1** was approved.

**AM 49—Recommendation No. 2.** There was considerable discussion. Some members expressed objection to the education programme being based on "fear" and expressed the hope that a more positive approach could be made. This recommendation was on motion adopted.

**AM 50—Recommendation No. 3.** This recommendation also resulted in much discussion. Dr. J. S. Robertson, Deputy Minister of Health, offered to meet with the Executive Committee to discuss the motion. On motion recommendation No. 3 was adopted.

**AM 51—Recommendation No. 4.** A resolution from the Annual Meeting of the Executive was introduced to the effect that this recommendation be amended to include paragraph 201 of the C.M.A. Report of the Committee on Cancer to General Council 1963, namely: "It is recommended that each Provincial Department of Health give public recognition to the problem and assist with programmes related to dangers of smoking, through advice, provision of educational material and evaluation of results of such programmes, and that the Provincial Divisions of the Canadian Medical Association offer their assistance to the Provincial Health Departments in programmes relating to smoking and health."

Recommendation No. 4 as amended was approved. A motion for adoption of the whole report as amended was carried.

**Representative to N. S. Division, Canadian Cancer Society, Dr. J. E. Stapleton** (A.R. Page 41).

**AM 52—**Dr. Stapleton reviewed the work of the Society emphasizing the financial contribution to research through the National Cancer Institute, the education programme and the welfare services extended to patients with cancer.

**AM 53—**During discussion, Dr. J. S. Robertson stated that his Department would appreciate receiving news relative to education about cancer. Dr. Stapleton invited the members to inform him of any suggestions relative to the programme of the Nova Scotia Division.

The report on motion was adopted.

**AM 54—**The President adjourned the 2nd Business Session at 12.30 for lunch with the agreement that the agenda of the 2nd Business Session would continue when the meeting reconvened.

**AM 55—**The President reconvened the meeting at 3 p.m. and continued the agenda.

**Special Committee on Specialist Register** Chairman, Dr. F. J. Barton (A.R.

Page 25).

**AM 56—**Dr. Barton as Chairman of this Committee presented the report stating the Committee had explored during the past year all aspects of the Specialist Register proposal.

**AM 57—**The following recommendations were made:

1. "That a Specialist Register be instituted at the earliest possible date to satisfy the requirements of M.M.C. and other insuring bodies that have an immediate need for such a Register.
2. That the Register or List of Specialists would be made up on recommendation of a committee of The Medical Society of Nova Scotia, set up for the purpose, in collaboration with the Provincial Medical Board who would be asked to arrange for the publishing of the list.

---

**CONNAUGHT**

---

# POLIO VACCINES

The following products for the prevention of poliomyelitis are prepared and supplied by the Connaught Medical Research Laboratories:—

## SALK VACCINE AND ITS COMBINATIONS

For basic protection against poliomyelitis in all age groups particularly in children under one year of age.

## LIVE ORAL (SABIN) - TRIVALENT

For use in community programs in areas with a risk of poliomyelitis and for incorporation in routine immunization programs following an initial course of Salk vaccine.

The concentration of virus per dose in sucrose syrup is as follows:

Type 1	-	1,000,000 ( $10^{6.0}$ )
Type 2	-	100,000 ( $10^{5.0}$ )
Type 3	-	300,000 ( $10^{5.5}$ )

The Laboratories are not permitted at this time to distribute oral polio vaccine to private physicians for office use.



## CONNAUGHT MEDICAL RESEARCH LABORATORIES

University of Toronto  
Toronto 4, Canada

**for prompt induction**



**and sound sleep  
throughout the night**

# "TWIN-BARB"

NOW IN CAPSULES

## THE DUAL-ACTION HYPNOTIC

"TWIN-BARB" provides dual action for restful sleep. Two active ingredients combine to provide prompt action and sound uninterrupted sleep of about eight hours duration. *Pentobarbital* provides rapid induction while *butobarbital* complements this action with a sedative effect of intermediate intensity and duration. These barbiturates are ordinarily eliminated in less than 8 hours, "hang-over" rarely occurs.

**Dosage:** One capsule before retiring.

**Warning:** May be habit forming. **Precautions:** Barbiturate preparations should be used with caution in the presence of moderate to severe hepatic or renal disease. Allergic reactions (e.g., skin rash) and systemic disturbances are rare.

*Bottles of 100 capsules, coloured green and φ marked.*

Each capsule contains:  
Pentobarbital sodium 65 mg. (1 gr.)  
Butobarbital . . . . . 50 mg. (3/4 gr.)



3. That those who would qualify for the Specialist Register would be as follows:—

(a) Those having certification or Fellowship in the Royal College of Physicians and Surgeons of Canada or the equivalent, as determined by a suitable committee appointed by The Medical Society of Nova Scotia to institute this service. The word 'equivalent' here is intended to mean evidence of having passed a satisfactory specialty examination in another country and evidence that the candidate has completed adequate training to qualify him to sit the Royal College examination in Canada.

(b) Those practising specialists who qualify by recognition of their fellow physicians and in the opinion of the Credentials Committee appointed by The Medical Society of Nova Scotia for the purpose of assessing such practising specialists. Applications from this group would be accepted up to one year after the official starting date of the Specialist Register. Applications would **not** be accepted from the doctors in this group who had graduated after 1948."

**AM 58**—During discussion, Dr. Barton answered several questions. On motion the report was adopted.

**Committee on Traffic Accidents** Chairman, Dr. A. L. Murphy (A.R. Page 43).

**AM 59**—Dr. F. J. Barton, a member of the Committee, presented the report. Reference was made to a research project "The Correlation of Nova Scotia Police Reports on Motor Vehicle Accidents with Corresponding Hospital Records of their Victims", stating that the study is not completed but that analysis and conclusions will be done.

Out of the report the following recommendations were made:

1. "That this Society approve an approach to the Attorney General of Nova Scotia to seek his support in an effort to have the breathalyzer test admitted as evidence.

2. That the Society seek to have legislation introduced which will require seat belts in all Nova Scotia cars.

3. That the Society proceed to initiate discussions to improve ambulance services in this Province."

**AM 60**—Each recommendation was discussed and approved. During discussion of recommendation No. 1 reference was made to an extended debate during C.M.A. General Council 1963 when the subject of breathalyzer tests had been introduced.

A motion for adoption of the report was carried.

**AM 61**—A report from the Medical Advisory Committee on Driver Licensing was received for information. It was noted that regional representatives to this Committee have not been appointed from the Cape Breton, Inverness-Victoria and Western Medical Societies.

**Committee on Salaried Physicians** Chairman, Dr. J. S. Robertson (A.R.

Page 115).

**AM 62**—This report stated that a Section for Salaried Physicians had been set up within the Society.

On motion the report was adopted.

**Committee on Medical Education** Chairman, Dr. D. C. Cantelope (A.R.

Page 17).

**AM 63**—This Committee had studied the problem of Medical Education as it relates to the profession as a whole. The following recommendations were made:

1. "We urge you to consider it as an obligation to your profession to take an active interest in this growing problem of Medical Education.

2. A more active part should be played by individual doctors in the recruiting of new medical students. Here in the Maritimes there is a shortage of doctors. We should be pointing out the advantages and satisfactions of our profession to promising high school students, urging and enticing them to become doctors.

3. We recommend to each of you personally that you should not develop the notion that your education is complete, but plan and pace yourself continually to enlarge your medical knowledge. This matter of medical education is often a personal thing. Dr. Lea Steeves who is Director of Post-Graduate Medi-

icine at Dalhousie University, can set up the finest kind of Refresher Courses. Unless you decide that at a certain time you will appear to take these courses, no good will be derived from it.

4. More advantage should be taken of Dalhousie Medical Library where an excellent service of mailing items of medical interest has been set up. The Chief Librarian will be pleased to attempt to answer any questions or supply any medical text or journal to the doctors in Nova Scotia.

5. Every effort should be made to support the campaign for funds currently being put on by Dalhousie University. This expansion in great measure depends on the donations received from individuals.

6. Some thought should be given to providing, in co-operation with the Medical School, a locum tenens for practitioners who wish to attend Refresher Courses but cannot make suitable arrangements for their practices during their absence."

Each recommendation was discussed and on motion the report was adopted.

**Special Committee on Post-Graduate Education** Director, Dr. L. C. Steeves (A.R. Page 15).

**AM 64**—Dr. Steeves presented this report which outlined the activities of the Post-Graduate Division. To summarize:

**AM 65**—While the number of post-graduate events in Nova Scotia during the academic year 1962-63 have declined slightly, attendance and interest remained at their usual level. There is a favourable trend toward more active presentation and discussion than on lectures.

**AM 66**—**Recommendations.**

1. "More regional courses should be developed throughout Nova Scotia.

2. Increased financial support of post-graduate activities by the medical profession itself is required in order to justify approaches to non-medical bodies for financial contributions."

**AM 67**—In reiteration to recommendation No. 2 it was noted that the Annual Meeting had authorized an increase in the levy from \$5.00 to \$10.00 per member.

A motion for adoption of the report was carried.

**AM 68**—The agenda for the 3rd Business Session was started at 3.30 p.m.

**Representative, Dalhousie Medical Library, Dr. H. C. Still (A.R. Page 37).**

**AM 69**—Dr. Still stated that the Library continues to function in a satisfactory manner. The availability of the Medical Library services to practising doctors of the Atlantic Provinces was emphasized and it is hoped that members of the Medical Society will take full advantage of this valuable facility.

A motion for adoption of this report was carried.

**Committee on Civil Disaster** Chairman, Dr. S. B. Bird (A.R. Page 96).

**AM 70**—This committee had met on five occasions during the past year. It had met in Halifax along with representatives from other health organizations at the request of the Provincial Government to form an advisory board in emergency health matters.

**AM 71**—An appendix to the report gave details of the Provincial Emergency Health Services for the year.

**AM 72**—It was recommended:

"The Committee on Civil Disaster urges the doctors of Nova Scotia to volunteer their services to their local Civil Defence Organization where there is one. In areas where none exists, members of The Medical Society of Nova Scotia are accordingly urged to recommend the formation of a Civil Defence Organization to the appropriate municipal authority."

A motion for adoption of this report was carried.

**Committee on Public Relations** Chairman, Dr. S. C. Robinson (A.R. Page 38).

**AM 73**—This report was presented by the Executive Secretary in Dr. Robinson's absence.

**AM 74**—A Key-Man Organization had been set up for rapid communication across the Province should the need arise.

**AM 75**—It was proposed that The Medical Society of Nova Scotia pamphlet "Information for Patients" be re-published for the use of members in their offices, being made available for distribution through the Executive Secretary's office. The Executive Committee

had recommended that the pamphlet be reviewed prior to re-publication. This was accepted on an amendment.

A motion for adoption of the report as amended was carried.

**Committee on Annual Meetings** Chairman, Dr. L. S. Allen (A.R. Page 47).

**AM 76**—The report of the year's work included a review of the opinions of Branch Societies relative to locale and time for Annual Meetings and gave the opinion of factors for and against the Annual Meeting in May and September. Included in the report was the action taken by the Executive Committee (December, 1962) initiating the study of a Council for The Medical Society.

**AM 77**—Six recommendations were presented, each being discussed separately:

1. That the 1964 Annual Meeting be held at Keltic Lodge from September 14th to 17th inclusive. This date has been booked, with the approval of the Executive. Adopted.
2. That the 1965 Annual Meeting be held in Halifax at the time of the Dalhousie Refresher Course. This date has also been approved by the Executive. This will be a business meeting only as the C.M.A. meets in Halifax in 1965, the host Society to be the Prince Edward Island Medical Society. Adopted.
3. That the time and place of the 1966 Annual Meeting be decided this fall. Adopted.
4. That the place of the meeting be on a rotation basis as in the past. Adopted.
5. That the principle of making reservations for the Annual Meeting at least three years in advance be adopted. Adopted.
6. In conclusion we would like to recommend a definite time to hold our Annual Meetings each year. It would not appear that a unanimous time agreeable to all concerned could be proposed and with this fact in mind, and considering the various pros and cons, this Committee recommends that the Annual Meetings be held the second week in September.

On motion recommendation No. 6 was deleted.

On motion the report as amended was adopted.

**Committee on Legislation & Ethics** Chairman, Dr. D. F. Smith (A.R. Page 12).

**AM 78**—The report which reviewed several matters dealt with during the year, was presented for discussion by the Executive Secretary.

**AM 79**—There were no recommendations.

On motion, the report was adopted.

**Committee on Fees** Chairman, Dr. J. E. H. Miller (A.R. Page 73).

**AM 80**—The report, presented by Dr. Miller reviewed the development of the Schedule of Fees 1963 which has been published and circulated to members and insurance companies.

**AM 81**—The Committee made four recommendations, each of which was discussed. The fifth recommendation was presented during the discussion and adopted. The recommendations as amended on motion, are:

1. Items in the Fee Schedule of The Medical Society of Nova Scotia should only be raised or lowered after consultation with representatives of the groups concerned.
2. The single schedule of fees should be followed as far as possible in relation to procedures.
3. Any change in principle or general format recommended by the Committee on Fees should be approved by the Executive of The Medical Society of Nova Scotia prior to implementation.
4. In the event of unresolved disagreement between the Committee on Fees and a group within the Society about a particular fee, the final decision is to be made by the Executive Committee.
5. That the Standing Committee on Fees be available for and deal with recommendations from any individual physician or groups of physicians regarding additions, revisions or deletions in the Schedule as printed, through regular meetings (of the Committee) as indicated, to maintain a current Schedule of Fees.

**AM 82**—These adopted recommendations are accepted as the terms of reference for the Committee on Fees.

A motion for adoption of the report was carried.

#### **New Business**

**AM 83**—(a) **Re Medico-Legal Committee.**

The Executive Secretary reported that a letter from the Nova Scotia Barristers' Society had been considered at the 6th regular meeting of the Executive. This letter had resulted from a telephone conversation and invited the Medical Society to name representatives to meet with representatives of the Legal Society. The following resolution from the Executive Committee was presented for discussion and action:

**AM 84**—"THAT a Committee be set up to meet with legal representatives to study:

I. Immediate problems of medicine and law

II. To consider the possibility of a provincial medico-legal society."

After discussion, on motion this resolution was adopted.

(b) **Re election of Nominating Committee.**

**AM 85**—During the 1st Business Session, when the Branch nominees to the Nominating Committee had been elected, some so nominated were not present at the business session and replacement nominations had been made. It was Moved by Dr. C. H. Young, Seconded by Dr. H. J. Devereux

"THAT Chapter IX Section 2, subsection (a) of the By-Laws (1962) of The Medical Society of Nova Scotia be amended to read — ' . . . . and provided that the person so nominated be registered and in attendance at the Annual Meeting, he shall be declared elected to membership on the Nominating Committee."

**AM 86**—During discussion it was moved and seconded that this be referred to the Committee on Resolutions.

The 3rd Business Session was adjourned at 5:00 p.m. with its agenda completed.

#### **Fourth Business Session**

**Wednesday, July 3rd, 1963**

**AM 87**—The President, Dr. D. F. Macdonald called the meeting to order at 9.45 a.m. He welcomed Dr. A. D. Kelly, General Secretary of the Canadian Medical Association. Annual Reports of Committees and Representatives were continued.

**Committee on Rehabilitation** Chairman, Dr. G. J. H. Colwell (A.R. Page 51).

**AM 88**—Dr. Woodbury presented the report for discussion. The background leading up to each of four recommendations was given. The recommendations are as follows:

(a) That letters go from The Medical Society of Nova Scotia to the Board of Directors of the Halifax Children's Hospital, the Provincial Department of Health, the Nova Scotia Rehabilitation Council and the Nova Scotia Hospital Insurance Commission pointing out the existence of unmet medical needs in regard to hare-lip and cleft palate patients and expressing our concern and interest that the future plans of these organizations should take into consideration provision of space and staff for a special clinic.

On motion this was adopted.

(b) That The Medical Society of Nova Scotia inform the Department of Health of our concern about the long waiting period for artificial limbs, the fact that the facilities of the D.V.A. cannot cope with the combined D.V.A., W.C.B., and civilian demand, and we ask them to give this project (i.e. training of prosthetists and arthrotists) high priority.

Adopted.

(c) That our Society should request the Provincial Department of Health to take advantage of the clauses in the Vocational Rehabilitation of Disabled Persons Agreement, regarding remuneration for professional services rendered to vocational rehabilitation candidates.

Adopted.

(d) We suggest that The Medical Society of Nova Scotia strongly recommend to the Government of Nova Scotia and the Workmen's Compensation Board that comprehensive rehabilitation services and facilities be fully utilized on the recommendation of the attending physician and that such utilization not be arbitrarily limited, especially on the sole basis of cost.

Adopted.

AM 89—It was noted that a School of Physiotherapy at Dalhousie University would commence operation this fall, and situated in the Dalhousie Public Health Clinic.

AM 90—Moved that this report, including recommendations, be adopted. Carried.

**Board of Registration, Certified Nursing Assistants Representative, Dr.**

C. J. W. Beekwith (A.R. Page 24).

AM 91—This report was received mainly for information. There are now five schools for Nursing Assistants in the province, namely:

1. Halifax Infirmary School of Nursing Assistants.
2. Saint Martha's Hospital School of Nursing Assistants.
3. Camp Hill Hospital School of Nursing Assistants.
4. Nova Scotia Sanatorium School of Nursing Assistants.
5. Nova Scotia Hospital School of Nursing Assistants.

AM 92—An application has been received from New Waterford Consolidated Hospital to institute a School for Nursing Assistants.

AM 93—1,726 are now registered with the Board as Certified Nursing Assistants.

A motion for adoption of this report was carried.

**Committee on Insurance** Chairman, Dr. A. J. Brady (A.R. Page 31).

AM 94—Dr. Brady presented his report giving specific details of a group insurance to cover office overhead expenses. Mutual of Omaha is the carrier.

AM 95—Report in summary:

The Medical Society now has available for members in good standing:

- (a) Group Life Insurance (235 members participating)
- (b) Group Disability Insurance (340 members participating)
- (c) Group Insurance to cover office overhead expenses.

AM 96—The Committee recommends that members of the Society take advantage of these Group Insurance Plans.

After discussion a motion for adoption of the report was carried.

**Special Committee on Federal-Provincial Health Grants** Chairman, Dr. C. J.

W. Beekwith (A.R. Page 66).

AM 97—The report reviewed the current standing of the nine Federal-Provincial Health Grants and indicated which advisory committees had met.

AM 98—During discussion a request was made to inform the Executive of the representatives from the Society on the advisory committees.

A motion for adoption was carried.

**Provincial Medical Board, Representative, Dr. L. A. MacLeod** (A.R. Page 54).

AM 99—Dr. MacLeod as one of the Society representatives to the Provincial Medical Board presented the report that 104 physicians had been registered during the year. Of these 34 were graduates of Dalhousie University, 15 from other Canadian Universities and 55 were graduates of non-Canadian Universities. Of these 18 had entered general practice in Nova Scotia, 18 had entered specialty practice, 15 were taking graduate training, 17 military service and 36 registered to take advantage of reciprocity with the General Medical Council.

AM 100—812 physicians on the Register are resident in Nova Scotia.

AM 101—A number of complaints had been dealt with by the Committee on Discipline.

AM 102—The Provincial Medical Board is prepared to distribute and maintain a register of physicians who qualify for the Specialist Register providing the Medical Society prepares and submits a list of specialists in the various fields of medical practice for inclusion in the register.



After discussion a motion for adoption of the report was carried.

**Committee on Pharmacy** Chairman, Dr. J. E. MacDonell (A.R. Page 95).  
**AM 103**—Opinions of Branch Societies had been sought as to the feasibility of "marking the names of the drugs of all duly dispensed prescriptions on the container". No reply communications had been received. The problem of identification of medicines had been considered at the C.M.A. Committee on Pharmacy.

**AM 104**—In the ensuing discussion, Dr. T. W. Gorman supported the importance of this matter and Dr. A. D. Kelly referred to action taken in Saskatchewan. It was considered desirable to take further action on this subject.

On motion the report was adopted.

**Committee on Public Health** Chairman, Dr. S. D. Dunn (A.R. Page 14).  
**AM 105**—Dr. Beckwith presented this report. On the recommendation of the Executive, the recent circular to physicians focusing attention on the recent marked increase in venereal disease, was to be included.

Motion for adoption of the report was carried.

**Committee on Physical Education & Recreation** Chairman, Dr. J. M. Williston (A.R. Page 28).

**AM 106**—The report gave the background of the development of this subject. Representatives had attended a two-day meeting in December 1962 which had been sponsored by the Physical Fitness Office, Department of Education. In March 1963 the Chairman had attended a joint meeting of the C.M.A. Committee and the National Committee on Health, Physical Education and Recreation. At that meeting the following subjects had been discussed:

1. Attitude of the medical profession and public to sports.
2. A uniform medical examination form.
3. Place of the doctor in the sports programme.
4. Required participation in sports.
5. Diets for athletes.
6. Alcohol and smoking.

**AM 107**—The Chairman stated his Committee would be active during the ensuing year. After discussion, a motion for adoption was carried.

**Medical Advisory Board, N. S. Tuberculosis Association** Representative, Dr. R. L. Aikens (A.R. Page 105).

**AM 108**—Dr. Beckwith presented the report for discussion. The report made reference to the tuberculin testing programme, to the major concern expressed about the continuing high morbidity, both in the number of new cases diagnosed as well as the number of re-activations occurring. There are approximately 13,000 patients on the Tuberculosis Register in Nova Scotia. Concern was expressed about the trend to treat active tuberculosis at home rather than in a sanatorium.

**AM 109**—It was noted that two bursaries are available each year - one to a third-year medical student and one to a post-graduate student or a practising physician.

**AM 110**—The following recommendation was made:

"It is felt that the Nova Scotia Tuberculosis Association is working hard in the interests of TB patients and the control of this disease. The support of practising physicians is essential to future success. It is recommended that The Medical Society of Nova Scotia continue to support this Association in every way possible."

**AM 111**—During discussion a motion that the statement (A.R. 440) "It was agreed that it is highly desirable that all patients with active tuberculosis should have a period of sanatorium treatment, especially those with pulmonary tuberculosis" be amended by deleting the words "especially those with pulmonary tuberculosis" was carried.

A motion for adoption of the report, as amended, was carried.

**New Business**

NEW

# Creamalin<sup>®</sup>

ANTACID TABLETS

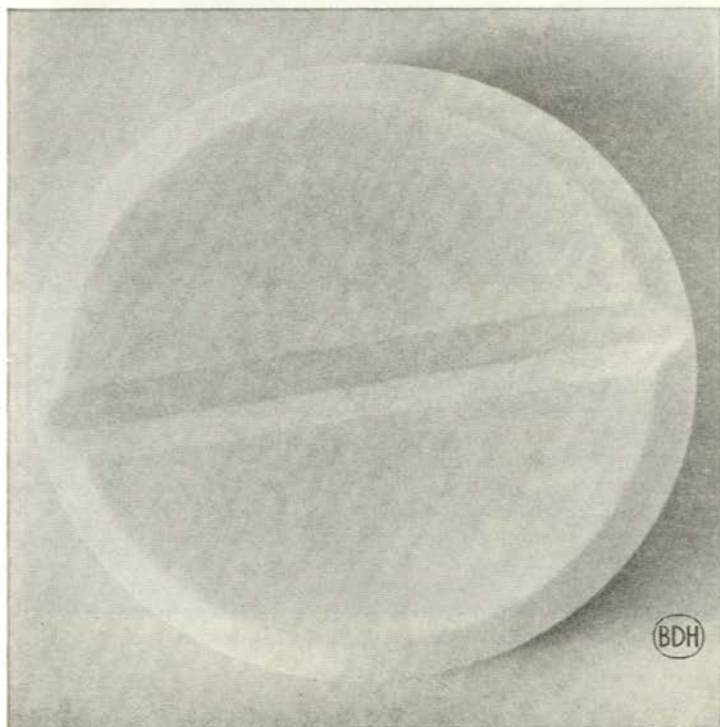
## BASIC THERAPY FOR HYPERACIDITY AND UNCOMPLICATED PEPTIC ULCER

Creamalin tablets provide rapid and sustained high acid-combining power. Neither chalky, nor gritty, Creamalin tablets are readily accepted by patients, avoid acid rebound, constipation and systemic effects.

**DESCRIPTION:** Each mint-flavoured tablet contains 320 mg. polymerized aluminum hydroxide-hexitol complex, with 75 mg. magnesium hydroxide.

**SUPPLY:** Bottles of 50, 100, 200 and 1,000.

*Winthrop*  
LABORATORIES  
AURORA ONTARIO



BDH

a trusted friend



PENICILLIN G.  
AMMONIUM

In terms of Reliability, Efficiency, and Convenience, P.G.A. Oral Penicillin G. Ammonium, is unsurpassed. After 10 years P.G.A. is still the most economical form in which Penicillin can be prescribed in treatment of the majority of infections.

Available:  
P.G.A. 0.25 (444,250 I.U.)  
P.G.A. 0.5 (888,500 I.U.) P.G.A.  
500 (500,000 I.U.). In Bottles  
of 12 and 100 Scored Tablets.

BRITISH DRUG HOUSES  
TORONTO CANADA

PHENERGAN

PLAIN

VC

EXPECTORANT

WITH CODEINE®

NEW!

soothes local irritation  
 suppresses cough reflex  
 promotes expectoration  
 favors sleep

+

DECONGESTANT ACTION  
 (Vaso-Constrictive)

ADULTS: 1 teaspoonful every 4  
 to 6 hours

CHILDREN: ½ teaspoonful every 4  
 to 6 hours

...best types  
 of all  
 coughs

in

**P**oulenc LIMITED

8580 ESPLANADE, MONTREAL 11

**AM 112**—Based on remarks showing concern of the standards set for the education of health personnel, it was Moved by Dr. C. B. Stewart, Seconded by Dr. R. O. Jones

“THAT the Executive Committee refer to the Committee on Medical Education and/or the appropriate committee, the problem of setting standards for the education of health personnel.” Carried.

**AM 113**—The fourth Business Session was adjourned at 11.00 a.m. for coffee and to visit the exhibitors.

### Fifth Business Session

July 3rd, 1963

**AM 114**—The President, Dr. D. F. Macdonald called the meeting to order at 11.30 a.m.

**AM 115**—The presentation of Annual Reports continued.

**Committee on Medical Economics** Chairman, Dr. H. E. Christie (A.R. Page 99).

**AM 116**—The first part of this report covered the Meetings of the C.M.A. Committee on Economics which Dr. Christie had attended as Divisional Representative.

**AM 117**—The report included comments on the following:

Insurance Forms; Life Insurance and Disability Insurance while on Special Duties such as rescue work etc., Indian Affairs; Department of Veterans' Affairs; Hospital Insurance; Medical Services Insurance and Negotiations with Government; Professional Fees for Services to Indigent Persons; Professional Fees for Partially Assisted Groups; Relative Value Fee Schedule Studies; Canadian Hospital Association; and C.M.A. Statement of Policy.

1. “That a new clinical history form for life insurance underwriting (which was approved by C.M.A. General Council, 1963) be accepted and used by physicians in Nova Scotia.

2. That physicians familiarize themselves with the fine print on their life insurance and accident policies in reference to coverage while on rescue work.

3. That because of the increasing demand from employers for sickness certificates, this subject be referred to an appropriate divisional committee.

4. That a representative from Nova Scotia be appointed as corresponding member to the Special Committee studying Relative Value Fee Schedules of the Canadian Medical Association.

5. That close liaison be established between The Medical Society of Nova Scotia and the Nova Scotia Hospital Association.”

**AM 119**—Each recommendation, on motion, was approved.

**AM 120**—The second part of the report referred to the work of this Committee in Nova Scotia, which dealt with medical services for the “Welfare Group”. It was noted that the most recent agreement between government and the Medical Society under which medical services are provided was signed in 1955; that since then there have been discussions concerning the money paid for these services and that the present amount is \$1.30 per month per beneficiary, and that the funds on this basis are forwarded to M.M.C. Inc. Physicians accounts for services to the beneficiaries are forwarded to M.M.C.Inc., for payment.

**AM 121**—At present some 10,000 beneficiaries are covered by the agreement. The Annual Meeting 1962 directed this Committee to explore the possibility of extending the agreement to cover all beneficiaries identified under the Social Assistance Act thus adding approximately 16,000. The total so covered would be in the vicinity of 26,000 beneficiaries. Two meetings relative have taken place with the Minister and the Deputy Minister of Welfare. The discussions are to continue.

**AM 122**—The recommendation presented in the report is:

“The Committee further recommends that we offer a complete and comprehensive physician's service to all beneficiaries in the Welfare Group identified by government as entitled to medical services. There would be no exclusions and no section of medicine would be favoured more than another, to contribute to providing subsidized medical services and receiving payment for same.

**AM 123**—The report was received for discussion. Dr. Christie answered many questions in detail.

**AM 124**—On motion the report was adopted.

**Committee on Health Insurance** Chairman, Dr. D. McD. Archibald (A.R. Page 35).

**AM 125**—This report, presented by Dr. T. W. Gorman a member of the Committee, reviewed its work under three main headings:

1. Advisability of recommending for or against acceptance of the Maritime Hospital Service Association's Physicians' Agreement Contract for comprehensive medical services.
2. Further negotiations with the Nova Scotia Hospital Association on behalf of the Nova Scotia Association of Pathologists in their quest for full remuneration over the optimum workload of 120,000 units per annum.
3. A request from Dr. G. G. Simms of the N.S.H.I.C. to clarify status of radiologists possessing the Diploma in Medical Radiology Diagnostic (D.M.R.D.) qualification, for the purposes of assessing remuneration according to the "Formula" used by the N.S.H.I.C.

**AM 126**—The report was received for discussion, which was followed by a motion for adoption. Carried.

**Single Prepaid Plan for Atlantic Provinces** Chairman, Dr. J. F. L. Woodbury (A.R. Page 7).

**AM 127**—This report reviewed the complete background on this subject including a review of two meetings with representatives from the Medical Societies of New Brunswick, Prince Edward Island and Newfoundland during the current year.

**AM 128**—The summary of the report reads as follows:

1. "The members of your nucleus committee were not unanimous in considering it advisable to set up a Single Prepaid Medical Care Plan for the Atlantic Provinces.
2. Official statements have been received from the Medical Societies of New Brunswick and Prince Edward Island disclaiming interest in proceeding with negotiations aimed at the creation of a Single Prepaid Plan. A letter from Newfoundland Medical Society indicates continuing interest."

**AM 129**—Recommendations made were:

1. "That The Medical Society of Nova Scotia notify Maritime Medical Care, Inc., of the present status of discussions concerning the setting up of a Single Prepaid Medical Care Plan for the Atlantic Provinces.

(as amended)

2. That the Newfoundland Medical Association be advised that The Medical Society of Nova Scotia will continue to be interested in this matter.

**AM 130**—The report was received for discussion. It was agreed to delete the following words from Recommendation No. 2:

" . . . . . but can no longer take the initiative in requesting further consideration of a Single Prepaid Medical Care Plan for the Atlantic Provinces."

thereby resulting in recommendation No. 2 as above.

**AM 131**—On motion the report, as amended, was adopted.

**AM 132**—Prior to adjourning this business session, Dr. C. H. Young introduced Mr. R. Wright of the C.M.A. Department of Economics who spoke on the Canadian Medical Retirement Savings Plan.

The Fifth Business Session was adjourned at 12.45 p.m.

## Sixth Business Session

**AM 133**—The President called the meeting to order at 3.00 p.m. and asked Dr. J. O. Godden to speak on behalf of C.M.A. publications. Dr. Godden brought greetings from the C.M.A.J. and said the C.M.A. now has an official policy on advertising in their publications.

**AM 134**—The presentation of Annual Reports continued.

**Representatives to Maritime Hospital Service Association** Board of Directors, Dr. H. E. Christie and Dr. C. J. W. Beekwith (A.R. Page 63).

**AM 135**—Dr. Christie presented the report which included a summary of improved subscribers benefits; a review of recent by-laws of M.H.S.A. in relation to representation from Medical Society representatives to the Board of Directors of M.H.S.A. from each of the Medical Societies in the Atlantic Provinces and the basis for payment to physicians for services rendered.

**AM 136**—The summary follows:

"Your representatives pointed out that there were several members of The Medical Society of Nova Scotia who are interested and will continue to promote the idea of an Atlantic prepaid medical plan, but at present there seemed to be less interest, in the Provinces of New Brunswick and Prince Edward Island. The members of The Medical Society of Nova Scotia must again examine their philosophy of prepaid medical care and decide if they are going to sponsor Maritime Medical Care, their own plan alone, or both Maritime Medical Care and Blue Shield of the Maritime Hospital Service Association. The philosophy of Medical Societies sponsoring approved multiple carriers of prepaid medical services sponsoring approved multiple carriers of prepaid medical services is not foreign either in Canada or many other parts of the world."

**AM 137**—The report was received for discussion; a motion was made to defer discussion until the reports of the Special Research Committee and that from Maritime Medical Care had been considered.

**AM 138**—Following consideration of those two reports, discussion was resumed on the report of representatives to the Board of M.H.S.A.

**AM 139**—Lengthy discussion ensued during which all aspects of the foregoing summary were examined.

**AM 140**—The following resolution was presented:

"THAT The Medical Society of Nova Scotia approve Maritime Hospital Service Association as an acceptable and capable agency for selling prepaid physicians' services insurance in Nova Scotia."

**AM 141**—Discussion disclosed ambiguity in the resolution in that approval by the Medical Society of M.H.S.A. as a carrier would imply sponsorship and their approval, which the Society was not prepared to do.

**AM 142**—The motion was put to a vote and DEFEATED.

**AM 143**—A resolution from the Executive Committee was presented namely:

"THAT the Executive of The Medical Society of Nova Scotia recommend to the Annual Meeting that the Society not endorse sponsorship of M.H.S.A. comprehensive medical insurance plans at this time."

The recommendation from the Executive Committee was approved by the Annual Meeting.

On motion this report was adopted.

**Special Research Committee** Chairman, Dr. A. A. Giffin (A.R. Page 74).

**AM 144**—Dr. Giffin presented this report which outlined a draft of a prepared plan for Physicians' Services Insurance to cover all citizens of this Province. After consideration of and direction from the Annual Meeting, his Committee will proceed to finalization with the intent of it being presented to the Government of Nova Scotia by the Society.

**AM 145**—The following recommendations were individually presented and discussed:

1. "That the Special Research Committee continue, and if necessary, expand its studies with the objective of presenting a plan for Physicians' Services Insurance and Medical Services Insurance as inter-related components in Health Insurance."

**AM 146**—Dr. Jones enlarged on this by saying that the S.R.C. had the understanding that the Society should present government with a plan and not wait for the government to present a plan to us. Dr. Giffin added that Physicians' Services Insurance should cover all services rendered by the physician and might also include the cost of paramedical services, that is those under the direction of the physician.

**AM 147**—A motion for adoption of recommendation No. 1 was seconded and carried.

**AM 148**—Dr. Giffin read recommendation No. 2 and moved its adoption.

2. "That the discussions with Government, already initiated, be proceeded with to include under an up-dated agreement, all individuals identified under the Social Assistance Act."

**AM 149**—Dr. Steeves moved that this recommendation be referred to the Committee on Economics, which was seconded and carried.

Recommendation No. 3.

"That the already close liaison between Maritime Medical Care Incorporated and the S.R.C. be further developed."

**AM 150**—It was regularly moved and seconded that recommendation No. 3 be adopted. Carried.

On motion the report, as amended, was adopted. Carried.

**Report on M.M.C. Inc.**, Dr. A. A. Giffin (President M.M.C. 1962 - 63) (A.R.

Page 70).

**AM 151**—Dr. Giffin presented his report which outlined the continued growth and financial stability of M.M.C. Inc., It contained enrolment figures and stated that two new contracts, Extended Health Benefit Contract and Supplementary Hospital Benefit Contract, had been approved. There are now six individual contracts available.

**AM 152**—The report was received for discussion, following which Dr. Giffin moved the adoption of his report which was seconded and carried.

Dr. Christie moved the adoption of the report of the representatives to M.H.S.A. as amended, seconded and carried.

**AM 153**—V.O.N. Representative to Board of Governors, Dr. J. J. Stanton and W. C. B. Liaison Committee, Chairman, Dr. A. W. Titus. Both reports were received for information and moved for adoption. Committee on Archives and Committee on Discipline reports had not been received.

**AM 154**—**Report of Nominating Committee** The Chairman, Dr. D. F. Macdonald requested the President-Elect to chair the meeting while he presented this report:

**Officers**

For President	— Dr. C. L. Gosse, Halifax
President-Elect	— Dr. T. W. Gorman, Antigonish
Past President	— Dr. D. F. Macdonald, Yarmouth
Chairman, Executive	— Dr. L. C. Steeves, Halifax
Vice-Chairman Executive	— Dr. J. F. L. Woodbury, Halifax
Honorary-Treasurer	— Dr. J. F. Boudreau, Halifax

**AM 155**—The Chairman asked for other nominations. A motion that nominations cease was carried.

**AM 156**—The Chairman declared the officers elected.

**Branch Society Representatives to Executive Committee**

Antigonish-Guysborough	— Dr. J. E. MacDonell, Antigonish
	— Alternate Dr. Rolf Sers, Antigonish
Cape Breton	— Dr. D. H. MacKenzie, Sydney
	— Dr. A. L. Sutherland, Sydney
	— Alternate Dr. H. J. Martin, Sydney Mines
Colchester-East Hants	— Dr. B. D. Karrell, Truro, N. S.
	— Alternate Dr. R. C. Stewart, Stewiacke
Cumberland	— Dr. J. C. Murray, Springhill
	— Alternate Dr. G. M. Saunders, Amherst
Halifax	— Dr. K. M. Grant, Halifax
	— Alternate Dr. H. R. Phillips, Halifax



# the first fully feminine steroid molecule for cyclic control of ovulation

Norethynodrel, a steroid molecule with both progestational and estrogenic properties, is singularly appropriate for feminine use. Also appropriate to feminine physiology are certain "ENOVID effects" noted clinically in women taking the drug for long-term suspension of fertility. Characteristically, cyclic regularity is achieved, and usually the duration of menstrual flow is shortened and its volume lessened. According to Andrews and Andrews: "In 95.2% of patients on this cyclical management the volume of menstrual flow has been decreased and this has been of help in those having menorrhagia. Dysmenorrhea has been eliminated or significantly improved in 87.5% of patients where this has been present. Relief of premenstrual tension has frequently been noted." Of particular significance, "The general acceptance by women of this regimen has been excellent. Many have commented on a feeling of well being and freedom from fear of pregnancy."\*

In more than seven years ENOVID has been prescribed for nearly four million women for more than sixteen million menstrual cycles, representing more than one and a fourth million woman-years of experience. There has been no evidence of impairment of subsequent fertility and no effect, which can be attributed to the drug, on children born to women who conceived after discontinuing ENOVID therapy.

Supplied: ENOVID, tablets of 5 mg. and of 10 mg.; ENOVID-E, tablets of 2.5 mg. IMPORTANT: One half of the 5-mg. or one fourth of the 10-mg. tablet of ENOVID is not the equivalent of one tablet of ENOVID-E.

Motion picture films: "ENOVID—A Documentary of Ten Years' Research in the Service of Medicine" and "Clinical Experience with and Practical Techniques for the Use of ENOVID in Ovulation Control" are available for showing to medical societies and professional groups.

\*Andrews, W. C., and Andrews, M. C.: The Use of Progestins for Oral Contraception, Southern Med. J. 55:454-456 (May) 1962.

G. D. Searle & Co. of Canada, Limited, 249 Queen Street, East, Brampton, Ontario

SEARLE

## ENOVID / ENOVID-E

Each tablet contains:

5-mg.	10-mg.
norethynodrel .....	5 mg. 9.85 mg.
mestranol .....	0.075 mg. 0.15 mg.
	(ethynylestradiol 3-methyl ether)

Each 2.5-mg. tablet contains:

2.5-mg.	
norethynodrel .....	2.5 mg.
mestranol .....	0.1 mg.
	(ethynylestradiol 3-methyl ether)

ENOVID and ENOVID-E are exclusive products of Searle Research.



The oral anabolic for patients of all ages

# WINSTROL<sup>®</sup>

(brand of stanozolol)

## BUILDS BODY TISSUE, APPETITE AND OUTLOOK

Combining highest potency\* with outstanding tolerance in an economical oral tablet, WINSTROL stimulates appetite and promotes weight gain . . . restores a positive metabolic balance in debilitated patients. It helps to reverse the catabolic effects of concomitant corticosteroid therapy. WINSTROL rebuilds body tissue while it builds strength, confidence and a sense of well-being.

Indicated for elderly, middle aged and young patients with anorexia, asthenia, general debility, osteoporosis, arthritis, malignant disease and chronic nonmalignant disorders.

**Dosage:** *Adults:* 1 tablet t.i.d. just before or with meals;  
*young women:* from 1 tablet b.i.d. to 1 tablet t.i.d.;  
*children, 6 to 12 years:* up to 1 tablet t.i.d.;  
*children under 6 years:* ½ tablet b.i.d.

**Supply:** Scored 2 mg. tablets in bottles of 100.

Complete literature is available on request. Before prescribing Winstrol consult literature for additional dosage information, possible side effects and contraindications.

**PATIENTS LOOK BETTER . . . FEEL STRONGER—  
BECAUSE THEY ARE STRONGER**

\*Animal data



**Winthrop**  
LABORATORIES  
AURORA ONTARIO

	— Dr. R. O. Jones, Halifax
	— Alternate Dr. J. K. B. Purves, Halifax
	— Dr. H. I. MacGregor, Halifax
Inverness-Victoria	— Alternate Dr. Bruce Morton, Halifax
	— Dr. H. A. Ratchford, Cheticamp
	— Alternate Dr. W. MacIsaac, Margaree Forks
Lunenburg-Queens	— Dr. A. J. M. Griffiths, Liverpool
	— Alternate Dr. D. C. Cantelope, Lunenburg
Pictou	— Dr. C. B. Smith, Pictou
	— Alternate Dr. J. B. MacDonald, Stellarton
Valley	— Dr. J. A. Smith, Windsor
	— Alternate Dr. P. E. Kinsman, Aylesford
Western	— Dr. R. P. Belliveau, Metegan, N. S.
	— Alternate Dr. A. F. C. Scott, Yarmouth

**AM 157**—The Chairman invited other nominations. There being none, the Chairman declared the representatives and alternates to the Executive elected.

**Representatives from The Medical Society of Nova Scotia to the Provincial Medical Board.**

**AM 158**—The term had expired for two of our representatives. Nominations were:

Dr. D. R. Campbell, Shelburne and Dr. D. F. MacInnis, Shubenacadie.

**AM 159**—There being no other nominations these physicians were declared elected.

**Announcements**

**AM 160—Committee on Committees:** Dr. L. C. Steeves, Chairman of the Executive stated this meeting would convene at 8.00 a.m. Thursday, July 3, 1963.

**AM 161—First Meeting, New Executive Committee (1963 - 1964).** The Chairman of the Executive Committee announced that the first meeting of the Executive Committee 1963-1964 would be on Friday July 5, at 8.00 a.m. at Braemar Lodge.

**AM 162—Date and Place for Annual Meeting 1964.** The Chairman announced that the Annual Meeting 1964 (111th Annual Meeting) will take place at Keltic Lodge, Ingonish September 14 - 17, 1964.

**AM 163**—The Chairman asked if there were any items of Old Business or New Business to be presented; none were presented.

**AM 164**—The 6th and final Business Session of the 110th Annual Meeting was adjourned at 4.45 p.m.

**AM 165**—The Chairman then introduced the panel to discuss the subject "15 years of Doctor Sponsored Coverage in Nova Scotia, its Past Present and Future."

as follows:

**Moderator:** Dr. A. A. Giffin, Kentville, N. S. Past President of M.M.C.

**Panelists:**

1. Mr. Frank Rowe, Halifax, N. S. Lay Director of M.M.C.
- Subject:** Plan History and progress in medical care benefits.
2. Dr. T. B. Murphy, Antigonish, N. S. Vice-President of M.M.C.
- Subject:** What the Plan has done for Subscriber and Doctor.
3. Mr. S. P. Brannan, Halifax, N. S. General Manager of M.M.C.
- Subject:** Is a completely Comprehensive Programme possible through Prepaid Service Plan?
4. Dr. C. H. Young, Dartmouth, N. S. President of M.M.C.
- Subject:** Plan problems relating to over-service and over-utilization.  
The doctor's part in the Plan's future development.

**AM 166**—The presentations and resultant discussion were of high quality and very informative. At its conclusion, a motion of appreciation was presented which was heartily endorsed by the meeting.

\*\*\*\*\*

## Transactions

## 1ST REGULAR MEETING EXECUTIVE COMMITTEE (1963-1964)

Friday, July 5, 1963  
Braemar Lodge

IRE 1—The Chairman, Dr. L. C. Steeves, convened the meeting at 8:00 A.M. and extended a welcome to the recently elected new members as well as those re-elected.

Present were:

## Officers:

President	— Dr. C. L. Gosse
Past-President	— Dr. D. F. Macdonald
President-Elect	— Dr. T. W. Gorman
Chairman, Executive	— Dr. L. C. Steeves
Honorary-Treasurer	— Dr. J. F. Boudreau
Executive Secretary	— Dr. C. J. W. Beckwith

## Representatives from Branch Societies:

Antigonish-Guysborough	— Dr. J. E. MacDonell
Cape Breton	— Dr. D. H. MacKenzie
	— Dr. A. L. Sutherland
Colchester-East Hants	— No representative present
Cumberland	— No representative present
Halifax	— Dr. H. I. MacGregor
	— Dr. K. M. Grant
	— Dr. R. O. Jones
Inverness-Victoria	— No representative present
Lunenburg-Queens	— No representative present
Pictou	— Dr. C. B. Smith
Valley	— Dr. J. A. Smith
Western	— R. P. Belliveau

IRE 2—In response to a request from the Minister of Health, Honorable R. A. Donahoe, to have a discussion with representatives of the Society, the Executive Committee agreed that these would be the President, Dr. C. L. Gosse, Drs. R. O. Jones, C. B. Stewart and J. A. MacDonald, who are members of the Special Research Committee and the Executive Secretary, Dr. Beckwith.

IRE 3—These members met with the Minister and reported back to the Executive Committee.

IRE 4—It was agreed to review the Minutes of the 6th Regular Meeting at the 2nd Regular Executive Meeting 1963-1964.

IRE 5—The Chairman reported that the Committee on Committees had met on July 4 and asked the members to consider the recommendations.

IRE 6—1. Chairmen of Standing Committees.

Committee	Chairman	Term
Annual Meetings	Officers of M.S. of N.S.	1st
Archives	Dr. H. L. Scammell	1st
By-Laws	Dr. J. E. Hiltz	2nd
Cancer	Dr. J. E. Stapleton	3rd
Child Health	Dr. R. S. Grant	3rd
Civil Disaster	Dr. S. B. Bird	3rd
Discipline	Dr. R. F. Ross	2nd
Editorial Board	Dr. J. F. Filbee	2nd
Fees	Dr. H. C. Still	1st
Finance	Dr. J. F. Boudreau	3rd
Health Insurance	Dr. D. H. MacKenzie	1st
Insurance	Dr. J. W. Merritt	1st
Legislation and Ethics	Dr. H. K. Hall	1st
Mental and Perinatal Health	Dr. D. F. Smith	1st
Medical Economics	Dr. G. M. Saunders	1st
Medical Education	Dr. D. C. Cantelope	3rd

Membership	Dr. J. A. Myrden	2nd
Nutrition	Dr. K. P. Smith	1st
Pharmacy	Dr. J. E. MacDonell	2nd
Physical Education & Recreation	Dr. J. M. Williston	2nd
Post Graduate Education	Dr. L. C. Steeves	
Public Health	Dr. W. I. Bent	1st
Public Relations	Dr. S. C. Robinson	3rd
Rehabilitation	Dr. G. J. H. Colwell	3rd
Resolutions	Dr. J. F. L. Woodbury	1st
Special Research	Dr. A. A. Giffin	3rd
Specialist Register	Dr. F. J. Barton	2nd
Traffic Accidents	Dr. H. H. Tucker	1st
W. C. B. Liaison	Dr. A. W. Titus	3rd

## 1RE 7—2. Chairmen of Special Committees:

Committee	Chairman	Term
Building	Dr. C. L. Gosse	3rd
Federal & Provincial Health Grants	Dr. C. J. W. Beckwith	—
Liaison Committee with Barristers Society	Dr. A. J. M. Griffiths	1st

## 1RE 8—3. Representatives to other Organizations:

Organization	Representative
Canadian Cancer Society, Nova Scotia Division	— Dr. J. E. Stapleton
C.M.A. Committee on Ageing— Board of Registration,	— Dr. A. A. MacDonald
Certified Nursing Assistants	— Dr. C. J. W. Beckwith
C.M.A. Executive Committee Representative	— Dr. D. I. Rice
C.M.R.S.P. Trusteeship	— Dr. C. H. Young
Dalhousie Medical Library	— Dr. H. C. Still
N. S. Tuberculosis Ass'n.	
Medical Advisory Board	— Dr. R. L. Aikens
Provincial Medical Board	— Dr. D. F. MacInnis and — Dr. D. Robert Campbell
V.O.N. Board of Governors	— Dr. G. M. Smith

1RE 9—It was noted that under the By-Laws of Maritime Hospital Service Association and since the Society does not sponsor that organization, that M.H.S.A. has the authority to nominate a physician to the Board of Trustees for approval of the Society.

1RE 10—Each of the foregoing recommendations was endorsed. With a few exceptions it was ascertained that the physician elected would accept the office.

1RE 11—The Regular Meetings of the Executive Committee 1963-1964 were designated as follows:

2nd Regular Meeting	Saturday, September 21, 1963
3rd Regular Meeting	Saturday, December 14, 1963
4th Regular Meeting	Saturday, April 18, 1964
5th Regular Meeting	Saturday, September 12, 1964

1RE 12—The importance was emphasized of Scheduled Branch Society meetings prior to each of these dates. Each Branch representative agreed to co-operate in having his Branch Society identify the date, time and place for the Scheduled Branch Meetings.

On motion

1RE 13—(a) The Special Committee on Annual Meetings was disbanded.

1RE 14—(b) The work of the Special Committee on a Single Prepaid Plan for the Atlantic Provinces was placed under the Committee on Health Insurance.

1RE 15—(c) A Standing Committee on Annual Meetings was authorized.

1RE 16—Signing officers for the Society for 1963 are to be the Honorary-Treasurer, Chairman of the Executive Committee and the Executive Secretary.

1RE 17—There being no other business, the 1st Regular Meeting of the Executive (1963-1964) was adjourned at 1:00 P.M.

C.J.W.B.

# We Must Mend Fences\*

PRESIDENTIAL ADDRESS — 1963

D. F. MACDONALD, M.D.

Yarmouth, N. S.

Until this moment it has been a pleasure to be your President, thanks to the able assistance of the officers, executive and committee chairmen. At this point I am on my own and regret that it is one task which I am not permitted to delegate. It is in a field in which I cannot claim to be an expert, even if, an expert is only an ordinary fellow a long way from home.

There are a few words and expressions, common to discussions around the executive board, and apparently necessary to medical deliberations, which I will mention now and not repeat. They are: — Implications, Semantics, Terms of Reference, Image, Unrealistic, Impact, Connotations, the Grey Area and that very much overworked word Medicare. I will also try and get along without Silentium, Meditrating and Instant Flaking Action. As our admitting officer would say to a new patient, "If there is anything you wish that we do not have, just let me know and I will show you how to get along without it".

The pedestal on which we doctors were once placed has been listing for some time and we have helped, in the last year, to give it the final push. Blamed for the high cost of living, of being born and of dying, we would seem to be as badly off as the hypochondriac who told her doctor that he couldn't possibly give her the wrong medicine, as she had so many things wrong with her — or like the chronic complainer who, after many years of unsympathetic treatment, finally passed on and had engraved on his tombstone, "I told them I was sick".

We may be ailing a bit but we can and will recover. After all, our problems stem from our progress.

Early in my practice I attended a meeting that was almost 100% "black tie". The late Dr. Farish made mention of this and said to me "Macdonald, when the dinner jacket gives away to the sport coat, when we discard our dignity, we will lose our standing and respect". I shudder to think of him, if in practice today, answering a phone call: "that you Farish?" without the proper title. To hear the term Doctor used frequently nowadays one must tune in to Ben Casey.

Never in the history of Medicine have we been able to give our patients so much. You are all familiar with the famous painting, "The Doctor", depicting the physician sitting helplessly at the side of the dying child. They loved him. I can hardly imagine an artist of today painting a picture illustrating the current treatment which would have saved her life. Such a work of art would be banned in Boston.

---

\*Presidential Address to the Medical Society of Nova Scotia- delivered at Braemar Lodge Thursday, July 5th 1963.

I believe that individually we rate high with most of our patients, especially those with whom we have had a long association as the family doctor. As a group we are not so highly regarded, and as an association we are thought to be grasping for power, fighting to protect our interests against those of the public.

Our Dental friends are seldom told the fine details of filling or removing a tooth. The expert Watchmaker is usually able to complete the repairs without the customers advice, but we poor Doctors must take instruction gleaned from old wives tales or modern "Medicine" Avenue TV technics. Never was so little knowledge so freely and so fruitlessly imparted. We are expected to explain, in simple terms, something it took us several years in college to understand. No longer can we say "Its your Liver", though we can sometimes get off the hook by blaming a Virus. Somehow or other everyone understands all about the Viruses.

We will return to the pedestal, though a much shorter one, once we resume the role of family advisor. How often the home call reveals the cause of the illness which was puzzling in the office. Of course it takes more time, and we well know that illnesses can occur all around the clock. Although our patient may be a "40 hour weeker" and not available to us on week ends or after hours, we are expected to give him care on a 24 hour a day basis. As an emergency can arise at any hour, we must be prepared to do so too. All that is required is the cooperation of two or more doctors who will share the off hours and give care and consideration to another doctor's patients on a strictly temporary basis. It works well in some communities and should in all. Our Public Relations Committee might make a special effort to educate our patients how best to use our services so we would not have to make calls unnecessarily late in the day, or have to leave an ill patient to rush to a scared one.

Our patients expect us to be honest, reasonably competent and to be willing to refer problems which are beyond our capabilities. It really takes very little to create a good impression as I found out when one of my Chinese friends sent me a beautiful Christmas card, obviously the biggest and most expensive one he could find. Up in the right hand corner were the words "To My Sweetheart at Xmas".

We must tighten up the links in our Hospital Fences. Once upon a time our least wish was a command. Now we are commissioned by commissioners, administered by administrators, inspected by inspectors and bossed by 57 other varieties of non-medical employees. Truly the tail wags the dog. Our work is judged by PAGES LAW, which is: — the more pages the better the work. The deluge of paper work increasingly limits the time we have to spend with the sick.

It is time we took a good look at the wage scale, if you can call it that, of internes and residents. Both are essential to the successful operation of the larger hospitals, and it is considered reasonable to take on the responsibilities of marriage during or before the intern year. We should also look after the interests of the semidisabled physician and not lose the benefit of his training and experience simply because he is unable to conduct an active practice. The smaller Hospitals could use his services in many ways, and without interfering with private practice.

We must see to it that our non-medical employees are made well aware

of the confidential nature of hospital work and be trained to help make the passage from illness to health as smooth as possible. The average person is scared to death on the occasion of the first trip to hospital, and the first hour is the most important.

Training of Nurses, once largely our responsibility, has been delegated to others specially trained for that purpose. Not meaning to "Knock the Block" system, I do believe that, by seeing the patients in the ward in the morning and studying about them in the afternoon, we turned out excellent nurse, many of whom are in this room tonight. The nurse of today can manage a respirator better than take a pulse and can set up a complicated intravenous set more efficiently than rub a back. The actual nursing is being done by the less highly trained Nursing Assistants, as the R.N. is too busy writing reports to dispense much T.L.C. No longer does our nurse pop up like a jack-in-the-box at our approach. Some of the fault is our own. Our Navy friends say that a strict ship is a happy ship. Maybe we have let ours become a bit too slap-happy, and not always too careful where the slaps land. We talk of Canada's Food Rules yet our nurses in hospital find that a balanced diet means a hamburger in each hand which they have to eat on the run.

Our relations with Government are excellent and the gate in our fence swings freely, without greasing. We are fortunate in the caliber of men in public office in this Province and need not fear the obstructive tactics our colleagues in Saskatchewan are facing.

The Department of Public Health has made inroads on our private practices over the years but we realize that, without their help, our numbers would not have been able to cope with the problems involved in the control of Tuberculosis and Communicable Diseases. Through our own neglect we have let the immunization program slip from our control. We have failed to do anything constructive in the prevention of traffic accidents, we recommend seat belts, yes and padded dashes! They might prevent some injuries but not one accident. Apparently we are not impressed by the hundreds of deaths or the thousands who are injured. How about the millions of dollars in damage to vehicles and property? In the city of Toronto, in one year, where accidents involving less than \$100 need not be reported, damage of over \$45,000,000 is known. The unreported is estimated to increase this to \$60,000,000. Only this morning I read that a highway patrolman, after 8 years had to resign because he could no longer stomach the sight of mangled bodies on the highway.

Perhaps the problem of traffic accidents could best be handled by the Department of Public Health. They might be able to come up with some practical suggestions, specializing as they do in prevention. Have we done more than treat the injuries? Could we not have insisted that all vehicles be inspected once a year in addition to spot checks? Should we not make representations to the manufacturers to build safety into their products? Whatever happened to permit the "Turret" Top to turn into a thin skinned, misnamed "Hard-Top", supported by a few panes of glass? Nothing improves one's driving like being followed by a police car. We could use more of them. We doctors are not holier than thou. We cry about the terrible loss of life and limb yet most of us drive like the mill-tail-of-blazes. We are accused of protecting the impaired and incompetent driver and of issuing medical certificates without sufficient investigation. We may turn down a driver



*Controlled emotional balance through the day...*  
**unforced natural sleep through the night**

"If it (meprobamate) is taken during the day, the patient will often be sufficiently relaxed that normal sleep will ensue without medication. On the other hand, if this is not sufficient, then the addition of one or two tablets taken 15 minutes before retiring will solve the problem of the patient who finds it difficult to fall asleep."

Borrus, J. C., The Medical Clinics of North America, March 1957.

**SUPPLIED:**

EQUANIL 400 mg., scored white tablets—bottles of 50 and 500

WYSEALS EQUANIL 400 mg., sealed yellow tablets—200 mg., sealed pink tablets—bottles of 50 and 500

**P** Available on prescription only

**Equanil<sup>®</sup>**  
 Meprobamate, Wyeth

**Wyeth**

\* Reg. Trade Mark  
 WINDSOR, ONTARIO



## WANTED

Supervising Sanitarian — College graduate with bachelor's degree in sanitary science or related field with 3 years' experience with a public health agency concerned with environmental sanitation and housing. Salary \$5,200 per year. Apply Personnel Department, City Hall, Bangor, Maine.



designed for long-term,  
high-dosage salicylate therapy  
without gastric irritation

## "ENTROPHEN" BRAND

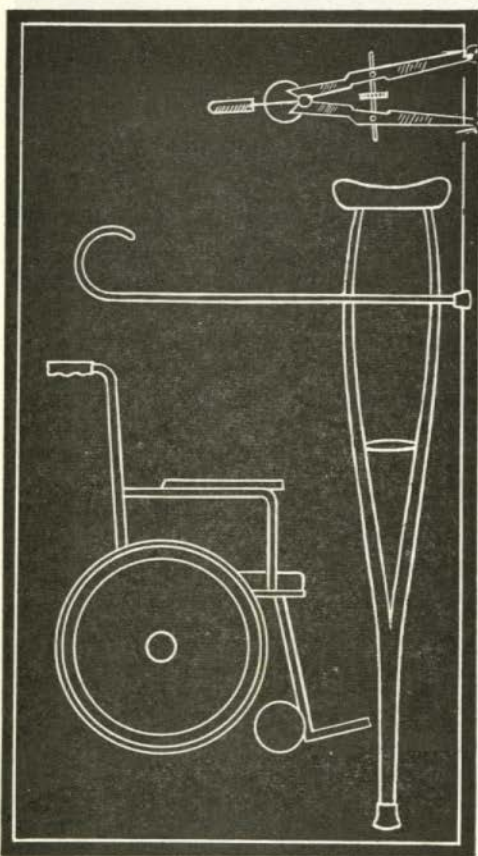
The special "Polymer 37"\* coating of "Entrophen" prevents the release of the acetylsalicylic acid in the stomach.

**DOSAGE:** One to four tablets every four hours.

Each "Polymer 37"-coated tablet contains 5 gr. of acetylsalicylic acid.

*Bottles of 100 and 500 tablets.*

\*Patented 1959



for Liability Insurance because he cannot read the big E at 7 feet **with** glasses, yet he continues to drive. We are being called upon to set a good example in other fields, why not here? We could stick close to the speed limit except on the real emergency. The Ambulance drivers might be asked to do likewise. One undertaker displayed this sign on his waggon "Drive Slowly, We can Wait".

We once had an Advisory Committee to Lay Medical Organizations. The gate in this became rusty with disuse. It might be wise to peek through the fence and keep watch on their activities, especially as their advertising too often serves to worry many into ill health who would have otherwise lived long and happily in healthy ignorance. The wonderful progress in treating Congenital Deformities, both mental and physical, must not be allowed to reach the stage where two of a kind may breed and reproduce their disabilities. We must also face the problem of the safe discharge of known sex criminals once their sentences are served.

A lot of little fences separate us as individual doctors and are in need of continual attention. We claim to be too few, to be overworked, yet closer cooperation would make for better service to our patients and a better life for ourselves.

I would like to see the time arrive when every physician in active practice would be required to conform to the standards of the College of General Practice or its equivalent. We might reach the situation described in a cartoon recently, showing two specialists at the bedside and one addressing the patient, "Dr. Smith and I would like to have your permission to call in a G.P. in consultation".

The business of Medicine takes many away from their practices, often for several days at a time. In some areas both the practice and income of the representative is protected by his colleagues. It should be in all.

If we as a profession expect to have a strong voice in future Medical Insurance Plans it is essential that we give our own Plan, Maritime Medical Care, our very strongest support. I hope that this convention has been able to convince you of that.

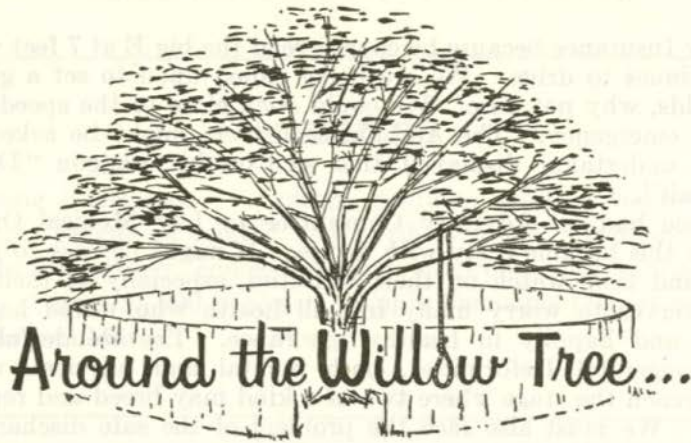
Finally, we might break down the fence that confines us to Nova Scotia, charter a couple of DC 8's and sometime hold a mid-winter Annual Meeting in Bermuda or the West Indies.

I wish to thank you all for the wonderful cooperation you have given me, especially those on the local scene who have worked hard to make this meeting a success.

---

#### EDITOR'S NOTE

We regret that considerations of space have made it necessary to hold the Hon. W. S. Kennedy Jones' address on, "Some of the Changing Aspects in Government Planning", and Dr. W. W. Wigle's "C. M. A. Presidential Address, over until next month. Ed.



### AS I SAW IT\*

**The 110th Annual Meeting of The Nova Scotia Medical Society, Braemar Lodge, July 2nd to 5th, 1963.**

The pink and blue of the lupins and the hot July sun burning off the morning mist, the call of the little sailboat out on the lake or of the warm water in the swimming hole, make one ask how anyone could spend the July 1st weekend and the rest of that week indoors attending to the business of the Society. Fortunately, many did with only short breaks for refreshment. The Executive spent the weekend first at the last regular meeting of the year and then at the Annual Meeting of the Executive to get things in order for the general meeting. The weather was excellent and most people managed to get a little bit of fresh air and perhaps a swim at some time during the weekend. The hardest working of all was undoubtedly our genial host, Dr. Doug MacDonald who throughout the week was always about from before breakfast until late at night and who seemed to have nothing on his mind more than the smooth running of the meeting and the happiness of the members. His wife, too, was tireless in her ministrations and we have to thank both the MacDonalds and the Western Counties Medical Society, who I understand now wish to be known as the Western Nova Scotia Medical Society, for a most successful convention. Braemar Lodge itself is beautifully situated on Ellenwood Lake. It has a paved road to the door, the service was quiet and excellent, the food was plentiful if sometimes on the plain side, and the accommodations were excellent. Many like myself, were envious of the well-kept gardens full of flowers which were quite two to three weeks ahead of anything further east in Nova Scotia and I caught more than one member picking himself a boutonnière. For those who sail, there were two sailboats and for the swimmers, the water was 72 degrees with water skiing optional.

### **The Sixth Regular Meeting of the Executive**

Sunday was devoted to the regular Executive Meeting. Many of the matters discussed came up again later. We were all delighted at the letter the Society has received from Dr. H. W. Schwartz thanking us for nomination, and the C.M.A. for election, as a senior member at the C.M.A.'s Annual Meeting in June. Congratulations, Dr. Schwartz and thank you for the nice letter. The application from the Urologists to form a section within the Society was

\*An on the spot but off the record report to the members.

received and approved. This makes eleven sections within the Society since they were approved a year ago and there are more to come. The salaried physicians held an organizational meeting later in the week. The ethics of advertising and other questions were referred to the Committee on Legislation and Ethics and perhaps ere long we shall see an end to the practice of doctors' cards appearing week in and week out in the local paper and also of long strings of meaningless initials on letterheads. The Executive received with interest the details of the Alberta Medical Plan and the meeting of the Committee on Fees tidied up a few points in the new fee schedule.

### **Annual Meeting of the Executive**

At this meeting committee reports to the Annual Meeting of the Society are gone over to give them a final honing before they are presented to the membership. A great deal of work is done on these reports and a lot of work in this meeting might not be obvious to the membership but makes for smoothness at the Annual Meeting. Right at the start there was a hassle over the question of a council for the Society. This gave rise to a lot of discussion later on in the general meeting. During the week we have had so many views both for and against a council, that it is clear the membership are not yet ready to say just what they want in this regard. The idea of a council came up at last year's Annual Meeting and was referred. This was gone into in detail by the Committee on Annual Meetings and by the Executive as a whole. They thought it good and sent it to the Committee on By-Laws. They have given it very much study and have made no less than three separate drafts of suitable by-laws to bring it in line with the existing constitution. At this meeting it was decided that the Society should not be asked to do more than to approve in principle the concept of forming a council, thus permitting Notice of Motion to be given in time for the next Annual Meeting. Other problems raised were mainly in the field of medical economics. It does not look as if we shall get a single pre-paid plan for the Atlantic Provinces, not this year at any rate, but Dr. Christie said that while Life Companies may not renege on policies where a doctor is injured or killed in the course of rescue work, it behooves each one of us to read the fine print on his insurance policies.

### **110th Annual Meeting**

As did the Executive, so did the Society start off with a bang with the question of a Council. The question of approval in principle was put, but it was soon abundantly clear that the Society is not yet ready to put it through, even though it would only commit us to reviewing the whole matter during the coming year, and finally vote at next year's meeting as to whether we will adopt this type of government, and in what form.

To me the most eloquent argument in favour of a Council was the extremely small number of members present at the debate (there were less than 50 people in the room, nearly half of them from Halifax). If such a Council were formed it would include somewhat less than 100 members, or about one in six of the membership, with fair representation of the branches, and as we all know that a man with a job of work to do is more likely to turn out to meetings than one who does not, I believe that this concept would increase the effective degree of democracy in our Society. For those who are wary of disenfranchisement it will surely not be hard for any member who really wants to get appointed to Council. Also, every member who attends will

continue to have his vote at General meetings of the Society, and the Council will have to report to the Annual General Meeting at which time any member can exercise his vote. Failing that any member who loses confidence in his representative to Council can vote him out at a Branch Society Meeting. There are those who believe that our Society is too small to justify a Council, and that such a body would only serve to discourage further those members who do not now go to many meetings. There is certainly something in this view, but all are agreed that the requirement is, by whatever means, to increase the number of members who participate actively in our Medical Society.

The Treasurer's Report was next, and shows that the finances of the Society are in good order, with the capital account increased by some \$5000. This is the first increase since 1959. It is recommended that "...the sum of \$10,000.00 be pledged to the current Dalhousie University campaign by an annual contribution of \$2000.00 over a period of five years". Members will recall that apart from other considerations we have been the guests of the University for the past thirty years without any charge for rent, electricity, heat, or maintenance services. The post-graduate levy is going from \$5.00 to \$10.00, much to the relief of Dr. Steeves and his Postgraduate Committee. The Kellogg grant has been discontinued as expected and they need the money badly.

The C.M.R.S.P. is also in good health, and is probably one of the best bargains that a doctor can buy today. Incidentally, this will be the subject of an article in the Bulletin shortly.

The greatest publicity value of the meeting came on Tuesday with the report of the Committee on Cancer, with its emphasis on the dangers of smoking. The room had been papered with posters and charts bringing this out all too clearly, and it was remarkable how few doctors were smoking cigarettes. Even at the end of a long session there was very little haze in the room, and I could see across the hall at the end of the Annual Ball! Perhaps the little sticker on the cigarette packages in the Coffee shop reading: "Warning, excessive use may be dangerous to health", had something to do with this new found purity. The Press got hold of it, and although Dr. MacCharles got bigger headlines with his statement from the C.M.A., it made the front page of the Herald.

It looks as if we shall at last have a Specialist register before too long, as the meeting approved the report of Dr. Barton's committee.

The pamphlet 'Information for patients' was referred to in the Public Relations report. It will need a brighter look if it is to reach the right people. Copies used by Mother to amuse the baby while they wait for their appointment are probably wasted.

Fees! This report was received with remarkably little demur. Members seem to think that the present Schedule is satisfactory, and that both Dr. Young's committee and Dr. Miller's committee have done excellent work.

Dr. Brady's committee on insurance has brought in the Overhead Expenses Insurance scheme which we have all heard about. The Society is getting a very good rate from Mutual of Omaha, but it is important for all members, even those **without** overhead expense, to return the card to the company. This will make it easier for us to get the membership requirement.

Another thing we have all been told of recently is the remarkable increase in Venereal Disease. The Public Health Committee will consider this, and

also the use of emergency tags for Diabetes, Allergy etc. — the MEDICAL-ALERT. The N.S. TB. Association also reports a rise in casefinding. This is another battle that is by no means won. We should all be on the look out for both V.D. and TB.

### Medical Economics

The last two sessions were devoted to Economic matters. Dr. Christie's Committee has worked hard, from Insurance forms—about 95% of companies now use the C.M.A. standard form — to the 'welfare group'. One interesting development is the study being done on the Relative Value Fee Schedule by the B.C. Division. The situation in Saskatchewan is still tense, and the Alberta Plan as noted before is interesting. A full report of that Plan was in the C.M.A.J. recently.

The Single Prepaid Plan in the Atlantic Provinces remains a dream. While both we and the Newfoundland Society remain interested, New Brunswick and P.E.I. are not, and M.H.S.A. do not seem to be able to come to an agreement with M.M.C. At the meeting it was not even clear that the members present all want a single Plan, and Dr. Kelly of the C.M.A. reported that a single Plan was by no means universally desired in other Provinces. This matter came up again when the question arose as to whether we should sponsor Blue Shield. There was much argument. On the face of it M. H.S.A. are doing a good and economic job. However it is feared that they could take over much of the work of M.M.C. with a risk that with monopoly their approach might change. In the event, by defeating a motion that we sponsor M.H.S.A. the Members have voted not to do so.

The Special Research Committee produced a detailed report outlining the principles for Medical Services Insurance in Nova Scotia. They are proceeding to finalise such a plan — it is to be remembered that the Society initiated this at the Annual Meeting in 1960. Dr. Giffin's excellent report on M.M.C. Inc. (1962-1963) was also adopted.

### CLINICAL SESSIONS

Three clinical programmes, in addition to the Panel discussion on M.M.C. concluded the Meeting. I had the great pleasure of many talks with Frank Rowe. He much regretted that he had not brought his swimming costume. He seemed to know most of the Members present, and good friends with all. We are fortunate to have him in M.M.C. The panel discussion needless to say went well.

The Panel on Hypertension brought some surprises for most of us. After Drs. Trask and Anderson had spoken of diastolic pressures above 90 mm as being suspect, Dr. Page from Boston remarked that Life Company statistics show that a pressure of 120/80 has a worse prognosis than 110/60! so much for the sacred cows. At all events it seems that it is changes like cardiomegaly or retinal changes that are most important in a definition. The reason for the diagnosis being important now is that at last something can be done, and the younger the better, before irreversible changes, particularly in the kidneys, take place. Perhaps ten percent of hypertension is due to renal vascular lesions, discernible on such tests as the angiogram and radio-nogram and many of these can be relieved by surgery to repair the blood supply to the offending kidney. The present view is that the kidney should

rarely be removed. There are many cases where the 'good' kidney is so damaged by hypertension that after operation it becomes the bad one, and the kidney which caused all the trouble, being protected from damage by its own feeble blood supply, becomes the patient's best. Two types of adrenal tumour which cause hypertension were also described and examples shown. These are the Phaeochromocytoma of the medulla, and the Aldosteronoma of the adrenal cortex. The value of CO<sub>2</sub> insufflation in diagnosis of these is great.

The moral seems to be that yet another 'disease' has become a symptom, and our hypertensives deserve another look in case they can be cured by surgery.

Your reporter was not able to stay for the programs on Urinary Tract Infections and on The Management of Acute and Chronic Renal Failure. Spies report that both sessions were valuable, and our thanks go to Dr. Page and Dr. Leadbetter, both from Harvard, who brought both humour and scholarship to our meetings, as well as teaching us a great deal of Medicine.

We were glad to welcome Dr. W. W. Wigle, the President of the Canadian Medical Association. I sat next him at several sessions, and enjoyed his ready wit and his down to earth comments. Significantly both he and Dr. MacDonald used as a subject the 'image' of doctors, and our need to burnish this — especially by our actions, both individual and collective.

We also welcomed Dr. A. D. Kelly, the General Secretary of the C.M.A. He spoke most interestingly on the progress that has taken place in various Provinces in the field of Medical Services Insurance. The Alberta Medical Plan appears to be the most promising development of recent years, and we are all advised to watch it in action. Thank you Dr. Wigle and Dr. Kelly for your most enjoyable talks, and thank you for being with us.

Anybody who was at the Lobster party on Wednesday night will support a vote of thanks, not only to the Western Nova Scotia Medical Society and the Lodge for finding the lobsters, but also to Bob MacLeod who came all the way from St. John's to entertain us. I don't know when I have heard doctors in better voice — even some who rarely let themselves go! Thank you Bob!

To sum up, Many will say that the 110th was one of the best Annual meetings that we have had. Our President Dr. Doug. MacDonald and his charming wife made perfect hosts, and made for themselves many new friends. Our Host Society did a fine job of all the arrangements, and you are going to have to work hard to excel them, Dr. Gosse!

LUCIDUS

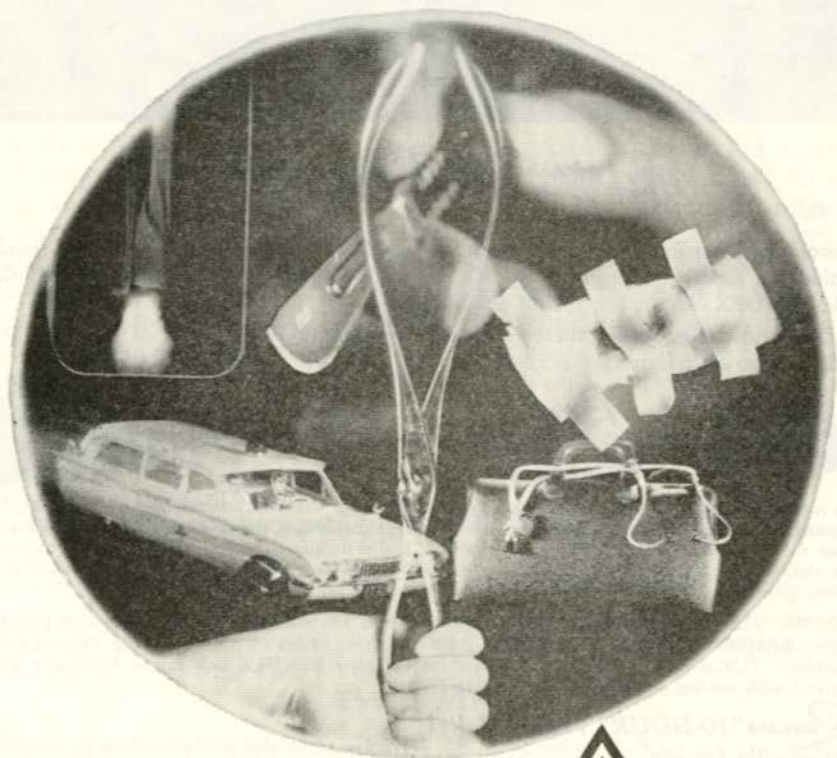
**WHEN PAIN AND FEAR OF PAIN INTERFERE WITH THE PATIENTS' COMFORT**

Fiorinal-C attacks both phases of the pain-fear-tension cycle — it increases the pain threshold and it lowers tension. Fiorinal-C is indicated in a great many painful conditions, some of which are: postoperative pain, postpartum pain, pain following trauma, arthralgia, bursitis, dysmenorrhea, pain associated with neoplasia, strains, sprains, dislocations, fractures, sinusitis, influenza, intervertebral disc syndrome, and low back pain.

**Composition** Each capsule contains — Sandoptal (Allylisobutyl barbituric acid) 50 mg., Caffeine 40 mg., Acetylsalicylic Acid 200 mg., Phenacetin 130 mg., Codeine phosphate 16 mg. ( $\frac{1}{4}$  gr.). **Average Dosage** 1 or 2 capsules at once, followed by 1 capsule every 3 to 4 hours. **Supply** Bottles of 100, 500, and 1,000 capsules.

**NEW**  
**FIORINAL-C**<sup>®</sup>  
 CAPSULES — WITH CODEINE

**RAPID SIMULTANEOUS**  
**ANALGESIC-SEDATIVE**  
**ACTION IN ALL PAIN/FEAR**  
**SITUATIONS**



**SANDOZ PHARMACEUTICALS DORVAL, P.Q.**





## master craftsmanship

Master craftsmanship, traditional with RAMSES for almost a half century, stands behind the superb quality of every RAMSES Diaphragm—both the regular and the new BENDEX, an arc-ing spring diaphragm.

Quality and design make these RAMSES Diaphragms first choice of your women patients who appreciate elegance and comfort, along with known reliability.



*Ramses*  
Flexible Cushioned  
Diaphragm

The regular RAMSES Diaphragm, suitable for most women, is constructed of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes, permitting complete freedom of motion.

RAMSES "TUK-A-WAY"\* Kit #701—Designed like a fine accessory, this complete unit contains regular RAMSES Diaphragm 50 to 95 mm., with Introducer and 3 oz. tube RAMSES Vaginal Jelly. RAMSES "TUK-A-WAY" Kit #703—The same complete BENDEX unit minus Introducer (not required with arc-ing diaphragm). Sizes 65 to 90 mm.

*Ramses "10-HOUR" Vaginal Jelly†*  
specifically for use  
with Ramses Diaphragms

*Ramses* BENDEX\*  
Flexible Cushioned  
Diaphragm



For those women who prefer or require an arc-ing type diaphragm, the new RAMSES BENDEX embodies the superior features of the regular RAMSES plus the very best hinge mechanism contained in any arc-ing diaphragm.

†Active agent, dodecaethyleneglycol monolaurate 5% in a base of long-lasting barrier effectiveness.

\*Trade-marks

JULIUS SCHMID (Canada) Ltd.  
32 Bermondsey Road, Toronto 16, Canada

# Annual Golf Tournament

Yarmouth

July 4, 1963

Having disposed of the medical affairs of state, the principal event of the annual meeting was held at the Yarmouth golf club with 38 competing doctors and 8 representatives of the exhibitors at Braemar.

An early morning deluge had finally cleared the fog of the previous two days and though the wind was blowing from the south west at around 25 knots varying combinations from duets to quintets drove off from the first tee and of those starting, for the statistically minded, 93.5% handed in their cards for 18 holes. Out of a total of 4531 recorded shots, the lowest individual net score was 61 by Dr. P. Jardine of Musquodoboit Harbour closely followed by Dr. John Stewart of Halifax with 64. Low gross for the day was a 74 by Mr. J. R. Rae for the exhibitors fortunately competing in a separate division.

The doctors divided into two, the main division above 20 handicap and the others.

Dr. Lew Morton who has been winning prizes in this event since it started over 30 years ago showed the way home once again with a net 69 in the first division and your correspondent playing with him narrowly edged out last years winner Dr. Deek Grant for the low gross trophy. At a crucial point, the 15th hole, a neighbourhood dog, carefully trained no doubt, seized Dr. Grants ball and left with large leaps away from the hole. A careful history and examination taken from the small boy who showed an apparent relationship to the dog (?) was not helpful but proceeding under the relevant rule another ball was played and Dr. Grant holed out imperturbably without loss of equanimity or strokes.

Prizes were presented at the annual banquet to those mentioned and to Dr. D. R. Campbell, low gross in the second division and Mr. V. Hinton low net for the exhibitors.

Yarmouth mementos went to Dr. R. Langdon, Dr. C. Young, Dr. M. Smith and Mr. Bryson Crowell.

It was announced at the dinner that a trophy will be awarded by Dr. Curry next year for the golfing wives and this year's sole lady entry, Dr. M. Smith will be strong contender, her score narrowly missing a prize in the open competition.

## Prize Winners

<b>1st Division</b>	Low Gross	Dr. M. J. Cassells	Yarmouth (Cup)
	Runner Up	Dr. Deek Grant	Halifax
	Low Net	Dr. L. Morton	Yarmouth
<b>2nd Division</b>	Low Net	Dr. P. Jardine	Musquodoboit Harbour (Cup)
	Runner Up	Dr. John Stewart	Halifax
	Low Gross	Dr. D. R. Campbell	Shelburne
<b>Exhibitors</b>	Low Gross	Mr. J. R. Rae	
<b>Representatives</b>	Low Net	Mr. V. Hinton	
<b>Special Prizes</b>	'Hidden Holes'	Dr. R. Langdon	
		Mr. Bryson Crowell	
	'Ladies'	Dr. M. Smith	
	Most Honest Golfer	Dr. C. Young	

M. J. CASSELLS

# Dr. John Edminston Park

## AN APPRECIATION

With the recent death of Dr. John Edminston Park, 78, after an illness of three weeks, Oxford and the surrounding rural districts, lost one of its best known and best loved citizens.

John Park was born in MacPherson Falls, Pictou County. He was educated at Pictou Academy and was graduated M.D., C.M., from McGill University in 1910. He served as Captain in the Canadian Army Medical Corps from 1914 to 1918. He practised in New Glasgow, N. S., and in Newcastle, N. B., before coming to Oxford in 1931.

He was a member of the Masonic Lodge for many years and was recently appointed District Deputy Grand Master for Cumberland County.

Dr. Park was active in the affairs of the Medical Society. He served as President of the Cumberland Medical Society and was a Senior Member of The Nova Scotia Medical Society.

He was a general practitioner — an old style country doctor. A familiar sight at the hospital, not excluding Sundays and holidays, was the arrival of Dr. Park, his car filled with patients, one of them inevitably a surgical or an obstetrical emergency. When his patients were ready for discharge he was usually waiting to drive them home. Seldom spectacular his career was rather years of consistent, dedicated service to his patients, day in night out. His exceptional availability was facilitated by a seemingly inexhaustible reserve of good-natured energy and enthusiasm. He carried on full time practice until his final illness.

The Bulletin extends its sincere sympathy to all members of his family.

J.C.M.

---

### Residency training in Otolaryngology

Applications will be received by Dr. D. M. MacRae, Professor of Otolaryngology, Faculty of Medicine, Dalhousie in C/O of Post-Graduate Division, Dalhousie University Public Health Clinic, Halifax, N. S. for the year commencing July 1st, 1964. This university sponsored program in the teaching hospitals of Halifax is approved by the Royal College of Physician and Surgeons of Canada.

## REVISED DIETARY MANUAL

### NUTRITION DIVISION, DEPT. OF PUBLIC HEALTH

The Nutrition Division of the Department of Public Health of Nova Scotia has recently distributed to all hospitals and physicians in Nova Scotia the latest edition of the Dietary Manual. The Nutrition Committee of The Medical Society of Nova Scotia was asked to review and advise the Nutrition Division regarding some of its contents. The Manual describes in detail normal nutritional requirements for children and adults, and outlines specific diets that may be used in the management and treatment of various medical conditions. It has been written particularly to assist the physician, nurse or cook, who is without the services of a professional dietitian. It therefore has great practical value for the practicing physician in a small community.

In November 1962, the first Atlantic Nutrition Conference was held in Halifax in conjunction with the Annual Dalhousie Refresher Course. Several outstanding speakers from the United States and Canada reviewed various aspects of human nutrition. The presentations were of a very practical nature and emphasized the importance of nutritional factors in the pathogenesis and therapy of disease, and the importance of nutrition in certain aspects of physiological stress, i.e. growth, pregnancy and lactation.

Concern was expressed at this time that medical education and medical practice have not kept abreast of the tremendous advances in nutritional knowledge. A recent survey on nutrition teaching in American Medical Schools indicated that there is inadequate recognition, support and attention given to this subject in the curriculum. It is likely this situation exists in Canada both in the undergraduate and post-graduate continuing education programme.

It is of interest that many of the diseases seen today are related directly or indirectly to the problem of nutrition. A simple example would be the problems of obesity, coronary artery disease, scurvy and iron deficiency in infants. It is frequently forgotten that in many disease conditions such as congestive heart failure, carcinoma, renal disease, there exists as well as the primary condition, a second condition namely malnutrition.

The Diet Manual provides in a realistic way valuable and pertinent information for both the physician and the patient. In turn it also provides to hospital institutions recent nutrition information and should allow a certain standardization in diet management throughout the Province of Nova Scotia.

The special diets that are outlined for the treatment of many diseases are available in individual book form to the physician for distribution to his patients free of charge from the local health unit. This should be of considerable assistance to the physician.

Frequently advice to patients by physicians regarding diets is often confused and unintelligible to the patient. No better example is there than the dietary outline in the treatment of obesity. Not uncommonly the physician simply comments to the patient that they should lose weight by reducing their intake of bread and butter and eating less fat. The physician is rather surprised or even disturbed to find that the patient has lost no weight on re-examination in one month's time. Diets for any disease must be clearly and simply stated and available for reference. Foods recommended must be

compatible with the economic standard of the person or family who is to use them. Certainly in such conditions as acute glomerulonephritis, diabetes mellitus, nephrosis, ulcerative colitis, allergic conditions, cardiac decompensation, etc., successful therapy depends greatly on adequate diet and clear instructions to the patient. There is little doubt that over the next few years more and specific diets will be used for the treatment of many diseases including mental illness, convulsive disorders, certain types of liver disease, skin rashes, and even certain types of speech or hearing defects. It will therefore be necessary for the physician to use more frequently the resources in his community particularly more extensive use of dietitians and nutritionists.

There is little doubt that all physicians will find the new Dietary Manual of great benefit and assistance in providing better medical care to his patients.

W. A. COCHRANE, M.D.

---

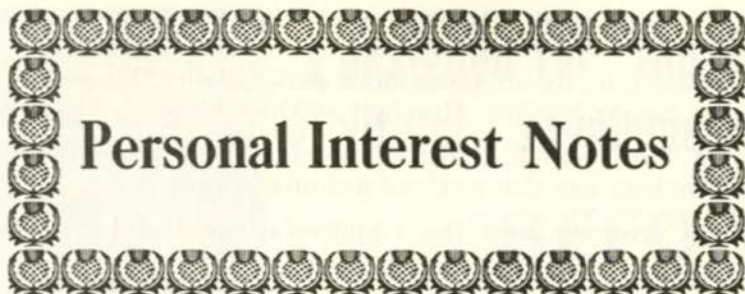
#### FROM THE BULLETIN OF FORTY YEARS AGO

The Medical Society of Nova Scotia Bulletin, July 1923

As a Society we should be more vigorous for the better enforcement of the Health Laws. Venereal Disease is doing its deadly work, and very little is being done to combat it. While much has been done to arrest the incipient case of Tuberculosis, how much has been done to prevent the spread of the disease by the advanced case? The efforts of the Provincial Board of Health to have the schools visited by County Health Nurses has been rendered more or less futile by the attitude of a great many of us, while the Public try to save money at the spigot and waste at the bung.

Public Health work should be of as much importance, and be on a par with Agriculture, Mines, Roads, Schools, etc. May I suggest the passing of a Resolution calling for more efficient Public Health work and the necessity of a Minister of Health being added to our list of Government Heads at Halifax. It is agreed that the conservation of human life and health is a matter of utmost importance to the Nation, yet we find the community very slow to grasp the idea of the common or public health as distinguished from the individual. This is especially true in regard to child conservation. The discovery and correction of physical defects through medical inspection of schools is a comparatively recent acquisition . . . . .

From the Presidential Address to the Valley Medical Society, May 29th, 1923, by Dr. W. F. Read.



## Personal Interest Notes

### UNIVERSITY

September marks the beginning of a new term. (Lately in the Press' our Dean of Medicine was given a new position when his picture was inadvertently captioned "General Manager at Simpson's until 1954").

The new School of Physiotherapy at Dalhousie under the Directorship of Dr. Arthur Shears will open on Sept. 3rd. The school will operate on the same academic year as the first three years of Medicine. The course will consist of two academic years leading to the Diploma of Physiotherapy. After the granting of the diploma a rotating internship of five months is required in approved hospitals and rehabilitation centres.

The establishment of the school at this date has been made possible through the interest, cooperation and generous assistance of the Departments of Health of the four Atlantic Provinces.

The necessity for the school has become even more urgent because of the rapidly increasing need for trained physiotherapists in the Atlantic Provinces.

### CONGRATULATIONS

Dr. R. M. MacDonald has been appointed Dean of the Faculty of Health Professions. This new faculty, which is the first of its kind in Canada is composed initially of the College of Pharmacy, The School of Nursing, and the new School of Physiotherapy. Further specialties having to do with the training of candidates for services to public health, outside the faculties of Medicine and Dentistry will be added as they develop.

Dr. MacDonald has been an associate professor of Medicine at Dalhousie since 1951. He received his M.B., Ch.B. from Edinburgh in 1939.

Doctor Lea C. Steeves, director of the post-graduate division of the Faculty of Medicine who has been appointed a full professor in Medicine.

Doctors J. G. Kaplan, Dept. of Physiology, L. B. Macpherson, Dept. of Biochemistry, and Dr. John C. Szerb, Dept. of Pharmacology, who have also been raised to the rank of full professor in their respective departments.

At Dalhousie, during this summer, Dr. A. G. W. van Brummelen, research scientist at Utrecht, Netherlands has been working with Dr. W. Josenhans on the latter's ballisto-cardiographic research. This project's aim is to make measurements of the physical impact of the blood on the arteries.

Dr. Pentti Rautaharju, a Finnish biophysicist, who has been doing research at Dalhousie has been invited to serve on a five man sub-committee on Electrocardiography of the International Society of Canada. He has lately been awarded a grant by the Medical Research Council of Canada.

Dr. Leith G. Douglas, Gold Medalist of the Class of '63, has been awarded one of the Thousand Dollar Scholarships made possible by the \$4million

dollar gift to Dalhousie, by an anonymous donor earlier this year. Dr. Douglas is at present Senior Surgical Resident at the Children's Hospital.

Dr. Donald M. Nicholson, last year's Resident at the Children's and at present Resident in Pathology has also received a similar award.

Dalhousie University and the Children's Hospital have made several changes in the organization of the Dept. of Paediatrics.

Dr. N. Barrie Coward and Dr. W. A. Cochrane who both hold the rank of Professor of Pediatrics in the university will share the responsibility for the expanded program.

Dr. Coward, who has been responsible for the development of these programs as professor of paediatrics since 1958, will continue as paediatrician-in-chief at the Grace Maternity Hospital and director of the paediatric department of the Halifax Infirmary as well as senior physician at the Children's Hospital.

Dr. Cochrane, who was appointed to the full-time staff of the university in 1958 will become head of the department of paediatrics of the Faculty of Medicine and chief physician in the department of medicine of the Children's Hospital.

"Dr. Coward and Dr. Cochrane are highly qualified specialists in the medical care of children" said Dr. Kerr in making this announcement. "The Children's Hospital and Dalhousie University are fortunate in having such a team".

#### IN THE NEWS

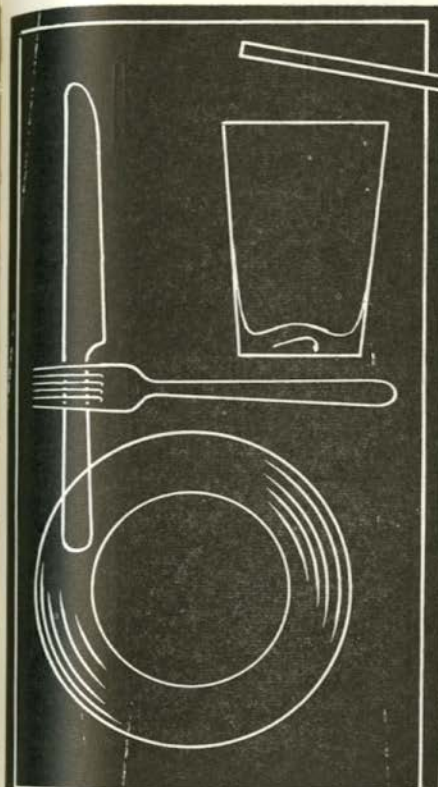
"Pigs Win Out" was the striking headline for Dr. W. A. Cochrane's speech to the Rotary Club of Halifax recently. He was stressing the fact that more money was spent in Canada on agricultural research in 1958-59 than on biological and medical science research combined.

Graduates of Dalhousie Medical School, Class of 1938 held a reunion on Friday, August 30, in the form of a banquet and reception at the Nova Scotian Hotel. Dr. C. B. Stewart and Dr. Carl Stoddard, life-officers of the class were in charge of arrangements. They were joined by some fifty members of classes '37 and '39.

Dr. Joan Cahill, '63 and Dr. D. P. Goel have joined Dr. Leo Green and Dr. Saul Green, in practice.

Dr. Robert Napier, after a year in practice in Bonavista, Newfoundland has returned to Halifax and is now associated with Dr. E. T. Granville in General Practice and Obstetrics.

Dr. Nicola Boffa, has recently opened an office in Dartmouth in General Practice of Medicine and Surgery.



designed for "therapeutic"  
vitamin supplementation

## "BEFORTE"

BRAND

prevents and corrects vitamin deficiency, particularly in the adult or aging patient

- when diet must be restricted
- when absorption is defective
- when stressful conditions increase dietary requirements

**DOSAGE:** For therapeutic use: one or two tablets two or three times daily. For prophylaxis: one or two tablets daily.

*Bottles of 30 and 100 tablets.*

### VITAMINS B WITH C AND D

Each sugar-coated tablet contains:

Brewer's yeast concentrate.....	75 mg.
Vitamin B <sub>1</sub> .....	5 mg.
Riboflavin.....	3 mg.
Niacinamide.....	12.5 mg.
Pyridoxine HCl.....	1 mg.
Vitamin B <sub>12</sub> .....	1.5 mcg.
Vitamin C.....	100 mg.
Vitamin D.....	500 Int. Units



a trusted friend

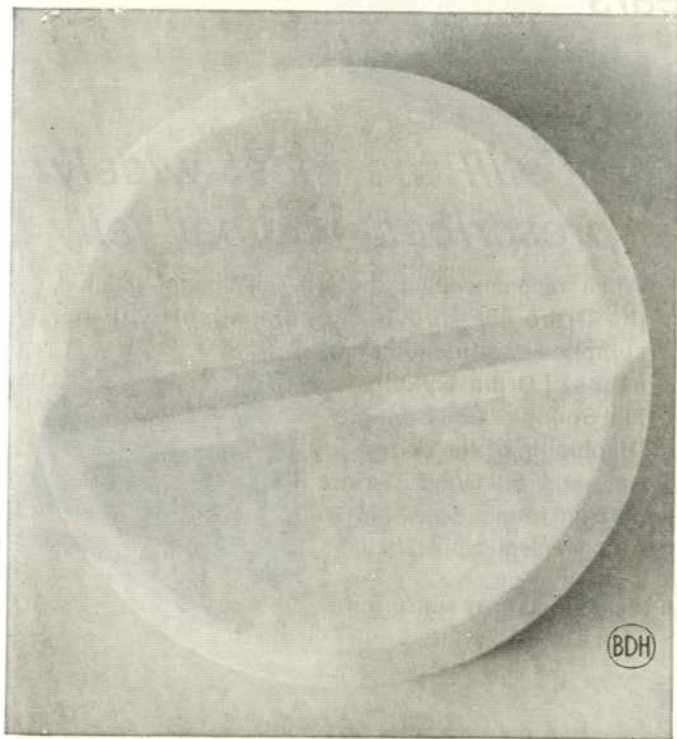


PENICILLIN G.  
AMMONIUM

In terms of Reliability, Efficiency, and Convenience, P.G.A. Oral Penicillin G. Ammonium, is unsurpassed. After 10 years P.G.A. is still the most economical form in which Penicillin can be prescribed in treatment of the majority of infections.

Available:  
P.G.A. 0.25 (444,250 I.U.)  
P.G.A. 0.5 (888,500 I.U.)  
P.G.A. 500 (500,000 I.U.). In Bottles of 12 and 100 Scored Tablets.

**BRITISH DRUG HOUSES**  
TORONTO CANADA







*After 30 years*



*still the most widely  
prescribed vaginal jelly*

When recommending the jelly-diaphragm method, the Ortho Kit\* provides your patient with her complete requirements: a tube of Ortho-Gynol, a Flat Spring or Coil Spring Diaphragm of the correct size, and an Ortho Diaphragm Introducer . . . in a convenient zipper bag.



\*Trade Mark

ORTHO PHARMACEUTICAL (CANADA) LTD. TORONTO, ONT.

Lt. Col. R. W. Begg, a wartime graduate and former member of the Dalhousie faculty has been appointed Honorary physician to Her Majesty. Dr. Begg is Dean of the Faculty of Medicine, University of Saskatchewan.

In the Physicians' Art Salon sponsored by Frank W. Horner Ltd. at the C.M.A. Convention at Toronto in June, Dr. J. E. Stapleton, Halifax won an AWARD OF MERIT for Monochromes, and Drs. L. R. Hirtle, Halifax, G. D. Donaldson, Mahone Bay, for their Color Transparencies and Prints. Congratulations.

There were 41 prize winners this year and 675 entries.

The N. S. Society for the Care of Crippled Children report that very satisfactory camps were held at Tidnish, Northumberland Strait, near Amherst. New facilities accommodating 35 for each session, the project of the Rotary Club of Amherst proved highly satisfactory.

One camp for crippled and handicapped boys between 8 and 16 years was held followed by a mixed camp for diabetic children and then a girls' camp, ended the season on Aug. 14.

#### BIRTHS

To Dr. and Mrs. Hugh Bacon, (née Joanne Gavel), a daughter, Stephanie Jean, at the Grace Maternity Hospital on August 9, 1963.

To Dr. and Mrs. Donald Brennan, (née Nickeis) of Bear River a son James Donald, at Digby General Hospital on August 9, 1963.

To Dr. and Mrs. Stuart Huestis, (née Coreen Foster), a son, David Bruce, at the Grace Maternity Hospital on August 20, 1963.

To Dr. and Mrs. E. A. Manderville, a son, Richard Arnold, at Fort Churchill Military Hospital on July 18, 1963.

To Dr. and Mrs. Fraser MacDonald, (née Norma Wamback), a son, Michael Douglas, at Botwood, Newfoundland on Feb. 5, 1963.

#### OBITUARIES

We extend our sympathy to Dr. Maurice Fitzgerald of the Aberdeen Hospital, New Glasgow, on the death of his wife on July 28th. Mrs. Fitzgerald was, before her marriage a trained dietitian on the staff of the Aberdeen Hospital and had been very active in its ladies Auxiliary as well as in the I.O.D.E. and Canadian National Institute for the Blind. She was very much interested in Home and School Associations. Besides her husband she leaves seven small children to mourn her loss.

On August 17th Halifax, and the Medical Profession in particular suffered the loss of one of its best known physicians in the death of Dr. James Robert Corston. Dr. Corston was for many years associate professor of medicine

and clinical medicine in his Alma Mater, Dalhousie, from which he graduated in 1902. His professional life was spent in Halifax. We extend our sympathy to Dr. James Corston and his three brothers, and, especially to Mrs. Corston

---

DON'T FORGET THE MED BALL

DECEMBER 6: LORD NELSON HOTEL : 9 p.m.




---

ADVERTISER'S INDEX

Abbott Laboratories.....	II
Ames Company of Canada, Ltd.....	IV
British Drug Houses (Canada) Ltd.....	VII, XV
Connaught Medical Research Laboratories.....	V
Frosst & Company, Charles E.....	VI, XII, XV
Ortho Pharmaceutical (Canada) Ltd.....	XVI
Parke, Davis & Company, Ltd.....	I
Poulene Limited.....	VIII
Sandoz Pharmaceuticals.....	XIII
Schmid, Inc. (Canada), Julius.....	XIV
Searle & Co. (Canada) Ltd., G.D.....	IX
Winthrop Laboratories.....	VII, X
Wyeth & Bros. (Canada) Ltd., John.....	III, XI