

## The NOVA SCOTIA MEDICAL BULLETIN

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## Editorial

### Medical Legal Society

In these days when everybody specializes more and more, and when there is less and less exchange between different groups so that we all live in what seems like:

“.....the city of Boston,  
the land of the bean and the cod,  
where the Lowells speak only to Cabots  
and the Cabots speak only to God”

There are many who would like to have a chance to meet with and talk to our friends in other professions.

Doctors and lawyers have much of mutual interest, and yet are such poles apart that you get doctors speaking of “these lawyers” and lawyers speaking of “those doctors.” Should we not rather welcome any chance to get together with the legal profession, either formally or informally?

A start was made at the last refresher course of the Nova Scotia Bar Society, when three doctors appeared with three lawyers on a panel which was reported in a recent issue of **The Bulletin**. It is hoped that a similar panel may address the Medical Society soon. These panels, and the Medical-Legal Liaison Committee of the Society should do a lot towards eliminating ‘beefs’ between the two professions.

Alongside this is the demand for a closer relationship on the lines of a learned Society and already some 35 lawyers from the Halifax area alone are interested in joining a Medical Legal Society. We can surely match this number from Medicine.

It is hoped to form the “Medical Legal Society of Nova Scotia,” of which the first active branch would be in Halifax, with membership open to members of both Professions, and meeting two or three times a year, perhaps starting with a paper by a Doctor or Lawyer, and concluding with a social evening.

Mr. Kanigsberg recently wrote to all members of the Halifax Bar and we reprint a copy of his letter which draws the picture very clearly.

Would all interested in taking an active part in this society please let us know. The acceptance card below would be convenient. If we do not hear from you, we assume you are **Not** interested.

We hope to incorporate the Society early in the Fall, and to have the first meeting before Christmas.

J. F. F.

# THE MEDICAL SOCIETY OF NOVA SCOTIA

NOVA SCOTIA DIVISION  
OF

THE CANADIAN MEDICAL ASSOCIATION

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## Medical Legal\*

On May 11th, 1955, under the leadership of the late Carl P. Bethune, a Medico-Legal Society was formed by members of the two professions with the purpose of exchanging views and information for the general good of each profession. There were a total of thirty-seven members of the Society, and a number of meetings were held. The first on December 1st, 1955 took the form of a panel discussion on the subject "Problem of fitting mental illnesses into the categories of the Criminal Law". The panel for this discussion consisted of Honourable Mr. Justice J. H. MacQuarrie, Dr. Murray MacKay, L. Harris MacDonald then of the Attorney General's Department, Dr. F. A. Dunsworth with the late Dr. V. O. Mader as Moderator.

The second meeting was held on March 29th, 1956 with the subject "The Medical Witness" and those leading the discussions were the Honourable Mr. Justice John Doull, Dr. A. E. Murray and H. P. McKeen, Q.C.

The third meeting was held under the auspices of the Dalhousie Law School and the special speaker was Professor Jerome Hall, S.J.D., Professor of Law, University of Indiana, with the subject "Mental Illness as it affects the Criminal Law" with particular reference to the Royal Commission on this matter.

The fourth and last meeting of the Society was held at the Victoria General Hospital Auditorium on February 16th, 1959, at which time the special speaker was Dr. William A. Taylor, Pathologist.

Unfortunately, the Society was not able to continue with its program and growth due principally to a lack of interest on the part of members of the Bar, although the medical representatives showed considerable enthusiasm.

In recent months, a new effort has been made, as was evidenced by the Medico-Legal Panel at the Refresher Course, to attempt to establish greater liaison between the two professions, and there has been a feeling that the Society might well be reactivated.

There are many topics of common interest which could be discussed to the mutual advantage of the professions, such as the following:

- (1) Impaired Driving - problems of establishing capacity and tests therefor;
- (2) Civil liability of hospitals and their staff;
- (3) Abnormalities of memory (black-outs, etc.);

There is the possibility that under the sponsorship of such a Society a course might be arranged for lawyers by the Medical profession, with the lawyers conducting a course for the Medical profession. Such a course for lawyers could include the following:

- (1) Introduction to anatomy;
- (2) Reaction of the body to injury;
- (3) Fractures;
- (4) Complications of fractures;
- (5) Fractures in children;

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\*This letter was sent by Mr. Kanigsberg, Q.C. to members of the Bar Society.

- (6) Injuries to the head;
- (7) The electro-encephalogram;
- (8) Injuries to joints;
- (9) Low back pain;
- (10) Whiplash injuries;
- (11) Radiology;
- (12) Soft Tissue injury;
- (13) The psychological effects of injury;

In addition of course, there could be very substantial benefits to both professions through a better mutual understanding of the role of each before the Courts.

If, therefore, you are interested in being an active participant and in joining such a Society, which in addition to such matters as the above, could also sponsor two or three social events for members and their wives during the year, would you please write the undersigned and from the result, it will then become apparent whether or not anything further should be done.

You will understand that there is little point in taking the matter up with the Medical profession unless it is apparent that the barristers are actively interested.

If, therefore, you are interested in joining such an organization, I will be glad to do everything to reactivate same with the co-operation of the officers of the old society, and I would therefore like to hear from you as soon as possible, so that I may know how the Halifax and Dartmouth members of the Society feel about it.

Yours very truly,

R. A. KANIGSBERG,  
Vice-President,  
Nova Scotia Barristers Society

To: Dr. I. D. Maxwell,  
Medical Society of Nova Scotia,  
Dalhousie Public Health Clinic,  
Halifax, N. S.

Please add my name to your list for the Medical Legal Society.

I expect/do not expect to attend 2 or 3 meetings a year.

Name..... Signed.....

# Amendments

to

## By-Laws

THE MEDICAL SOCIETY OF NOVA SCOTIA

(The Nova Scotia Division of the Canadian Medical Association)

### Introductory Notes

The Committee on By-Laws (Chairman, Dr. J. E. Hiltz) as directed by the Executive Committee has made a complete review of the By-Laws. Amendments are hereunder published. These amendments will be presented with a recommendation for approval, to the Annual Meeting September 10-14, 1964 at Keltic Lodge.

Please note throughout the By-laws that the words "the Society" replace the words "Nova Scotia Division" or "Division"; also that under each Chapter the word "Article" (with an appropriate number) replaces the word "Section".

The term "No Change" means no change from currently approved By-Laws.

### Amendments

#### CHAPTER I - TITLE

This society shall be known as The Medical Society of Nova Scotia which is the Nova Scotia Division of the Canadian Medical Association, hereinafter referred to as "the Society" in these By-Laws.

#### CHAPTER II - OBJECTS

No change

#### CHAPTER III - ETHICS

No change

#### CHAPTER IV - BRANCH SOCIETIES

- Article 1 **Designation and Privileges:** no change  
Article 2 **Duties and Responsibilities:** no change  
Article 3 **New Branches:** no change  
Article 4 **Existing Branches:** add Inverness-Victoria Medical Society.

#### CHAPTER V - SECTIONS

- Article 1 **Recognition:** no change  
Article 2 **Application:** no change  
Article 3 **Membership in Section:** no change  
Article 4 **Responsibilities and Privileges:** no change

**Article 5 Officers and Executive Committee of a Section**

- a) Members of the Section shall select by annual vote a chairman, vice chairman, a secretary-treasurer or a secretary and a treasurer and such other officers as may be deemed by the Section as necessary.
- b) The Executive Committee of the Section shall consist of the officers outlined in Article 5 (a) plus the immediate past chairman and at least two members-at-large from the Section
- c) The Secretary of the Section shall keep a correct record of the transactions of the Section and shall transmit it to the office of the Society for insertion in the minute book provided for the purpose.
- d) The Executive Committee of the Section shall
  1. Conduct the affairs of the Section between meetings
  2. Study and act upon applications for membership which are subject to confirmation by the annual meeting of the Section
  3. Appoint a Nominating Committee from the membership-at-large at least a month before the Annual Meeting of the Section

In addition to nominations for officers and the Executive Committee of the Section, it shall nominate two auditors from the membership. It may also nominate one or more members emeriti.

**Article 6 Meetings**

- a) In addition to the Annual and Regular Meetings, special meetings may be called by the chairman on behalf of the Executive, or at any time following the written request of any five members of the Section
- b) The Secretary shall notify all members in writing not less than seven days in advance of all meetings
- c) With the approval of the Executive Committee of the Society the annual meeting of each Section may be held as part of the Annual Meeting of The Medical Society of Nova Scotia

**Article 7 Quorum**

- a) A quorum for a general meeting shall be constituted by five members; for an Executive Committee meeting by four members

**Article 8 Amendments**

Amendments to the Rules and Regulations of a Section must be approved by the Executive Committee of the Society.

**Article 9 Dissolution of a Section: no change**

**CHAPTER VI - MEMBERSHIP and DISCIPLINE**

- Article 1 **Ordinary Members:** no change
- Article 2 **Senior Members:** no change
- Article 3 **Honorary Members:** no change
- Article 4 **Special Speaker:** The reference to "temporary members" has been deleted.
- Article 5 **Discipline of Members:** no change in (a) to (g) except for (b) which now reads: -
- "Whereas after due inquiry, a member of the Society is found by the Discipline Committee, to be guilty of unprofessional conduct or of conduct unbecoming a member of the medical profession, the Executive Committee and only the Executive Committee may resolve to reprimand in such manner as the Executive Committee sees fit, suspend or expel the offending member from membership in the Society.
- Article 6 **Resignation from Membership:** no change

**CHAPTER VII - GUESTS AND VISITORS**

- Article 1 **Visitors from outside Nova Scotia:** no change
- Article 2 **Medical Students attending Meetings:** no change

**CHAPTER VIII - TIME AND PLACE OF MEETINGS**

- Article 1 **Time and Place of Meetings:** no change
- Article 2 **Presiding Officers**
- The President shall preside at all general, scientific, business and social meetings of the Society and at all meetings of the Council. In his absence, the President-elect shall be the presiding officer
- Article 3 **Quorum**
- Twenty-five members shall constitute a quorum at all meetings of the Society or of the Council. Seven members shall constitute a quorum at meetings of the Executive Committee of the Society.
- Article 4 **Rules of Order:** no change

**CHAPTER IX - COUNCIL**

- Article 1 **Duties and Powers of Council**
- a) The Council shall be the governing body of the Society with its action subject to the final approval of the Society at its Annual Meeting. It shall report to the membership at the Annual Meeting of the Society, and, as warranted, through the pages of The Nova Scotia Medical Bulletin.

**Article 2 Composition of Council**

a) The Members of the Council shall be restricted to members in good standing of the Society and, if eligible by such membership, they shall be:

1. The members of the Executive Committee
2. The Chairman or alternate member of all Standing and Special Committees.
3. The four living Past-presidents preceding the immediate Past-president.
4. The Chairman or alternate representative from each Section.
5. The representative of the Society to any paramedical or voluntary association.
6. The members of the Nominating Committee.
7. The representative and his designated alternate to the Executive Committee of the Canadian Medical Association.
8. The representatives of the Society to the General Council of the Canadian Medical Association.
9. The Deputy Minister of Public Health.
10. The President and Medical Director of the Maritime Medical Care.
11. The President and Secretary of each Branch Society or an alternate or alternates if either or both the President or Secretary is already a member of the Executive Committee or ineligible for Council membership.
12. The President and the Registrar of the Provincial Medical Board.
13. To increase General Practitioner representation on Council that there be: -
  - 3 General Practitioners from the Halifax Medical Society.
  - 2 General Practitioners from the Cape Breton Medical Society.
  - 1 General Practitioner from each of the other Branch Societies.
14. The Immediate Past Chairman of the Executive Committee.

b) **Terms of Office**

The members of Council shall hold office until their successors have been appointed. The appointments shall normally extend from annual meeting to annual meeting of the Society in spite of election of officers of Branch Societies, Sections, etc., during the interval. Such members shall be replaced automatically at the Annual Meeting by officers who are eligible for membership in the Council and who have been elected to Branch or Section or other office



since the last annual meeting of the Society. Members of Council shall not assume responsibilities of office until after the close of the Annual Meeting of the Society.

### Article 3 **Meetings of Council**

- a) The Council shall convene on the first day of the Annual Meeting of the Society. On the last day of the session of Council at the Annual Meeting it shall meet with and report to a plenary session of the Society.
- b) A special meeting of the Council for a specific purpose shall be called by the Executive Committee if requested to do so by a petition signed by at least 25 members of the Society in good standing no more than 20 of whom are members of the same Branch. Notice of a special meeting of Council stating its purpose should be sent to all members of the Society at least ten days prior to such special meeting and any member who is not a representative to Council may attend and be heard at such special meeting.
- c) Attendance. Only duly qualified members of Council shall be entitled to vote at its meetings. Any member of the Society in good standing may attend and speak at any Council Meeting. Guests also may be invited by the President to attend and to speak. Members of Council shall be identified by a roll call at the beginning of any meeting of Council and attendance of members shall be duly recorded in the minutes.  
Members of Council shall be provided with special badges at the time of registration at the Annual Meeting and shall be required to wear such badges at meetings of Council for the benefit of the President in order that he may determine those permitted to take part in the proceedings.
- d) Presiding Officer. The chairman at all meetings of Council shall be the President of the Society. In the absence of the President, the President-elect shall preside.
- e) Quorum. Twenty-five members shall constitute a quorum at all meetings of Council.

### Article 4 **Reports**

The proceedings of Annual or Special Meetings of Council shall be reported in the Bulletin but not in Hansard form.

## **CHAPTER X - OFFICERS, OFFICIALS**

### Article 1 **The Officers and Officials** of the Society shall be

- a) The elective officers who shall be a
  - President
  - President-elect
  - Chairman of the Executive Committee
  - Vice Chairman of the Executive Committee
  - the immediate Past President
  - Honorary Treasurer
  - Honorary Secretary, if office is required to be filled.

- b) The appointive officials who may be  
 Editor-in-Chief of the Bulletin  
 Executive Secretary  
 Others who may be appointed by the Executive Committee  
 No full time appointive official shall have a vote at any meetings of the Society or of its Committees by virtue of his appointment. This shall not prevent such an official from exercising his right to vote as a paid up member of the Society.

## CHAPTER XI

### DUTIES OF ELECTIVE OFFICERS AND APPOINTIVE OFFICIALS

#### Article 1 **Duties of the President**

The President shall be concerned with the broad principles of the Society and shall perform such duties as custom and parliamentary usage requires. He shall preside at all **general sessions of the Society or the Council** and at the scientific sessions and social functions of the Society, and represent the Society at outside functions. He shall present an address to the annual meeting of the Society. He shall be a member ex-officer of all Committees of the Society. In his absence, the President-elect shall preside in his place, followed by the Past-president, Chairman and Vice chairman of the Executive Committee in that order.

#### Article 2 **Duties of the President elect:** no change

#### Article 3 **Duties of the Immediate Past President:** no change

#### Article 4 **Duties of the Chairman of the Executive Committee**

Para. 1 - no change

Para. 2 - He shall conduct the meetings of the Executive Committee and shall present the reports of the Executive Committee to the Council in its various meetings and, in particular, at the first business session of the Annual Meeting. He shall assist the President in facilitating the business of the Society and especially in facilitating the business of the Annual Meeting. He shall be a member ex officio of all committees.

#### Article 5 **Duties of the Vice Chairman of the Executive Committee**

The Vice Chairman of the Executive Committee shall be nominated by the Nominating Committee and shall be elected for one year only. After a one year absence from this office, he may be re-elected to this position and also may be elected to the office of Chairman at any time.

He shall be a member of the Executive Committee and a member, ex officio, of all committees of the Society except the Nominating Committee. In the absence of the Chairman of the Executive Committee he shall assume all duties pertaining to the office of chairman.

Article 6 **Duties of the Honourary Treasurer:** no change

Article 7 **Duties of the Executive Secretary:** no change except change in one sentence to which is amended to read:

He shall keep in separate books the Minutes of the Annual and Special Meetings of the Society, the Council and the Executive Committee.

Article 8 **Duties of the Honorary Secretary:** no change

Article 9 **The Official Journal:** no change

## CHAPTER XII - COMMITTEES

Article 1 **The Committees of the Society:** no change

Article 2 **Appointment of Statutory Committees**

Statutory Committees shall be: -

The Nominating Committee

The Executive Committee

The Executive Committee and the Nominating Committee shall be elected at the Annual Meeting of the Society.

Article 3 **The Nominating Committee**

a) Appointment of a Nominating Committee

(Para. 1) The Nominating Committee shall consist of 11 members including the President of the Society and who, if present, shall be the chairman thereof.

(Para. 2) no change

(Para. 3) no change

b) Duties and Powers of the Nominating Committee

1. The Nominating Committee shall not present its report until the Annual Meeting following its election. In the meantime its members shall serve as members of Council.

2. At the next Annual Meeting following its appointment, it shall present:

A) a slate of officers as follows:

a President

a President-elect

an immediate Past-President

a Chairman of the Executive Committee

a Vice-Chairman of the Executive Committee

an Honorary Treasurer

an Honorary Secretary (if so directed)

- B) Nomination of an Executive Committee, which in addition to the elective officers named in Chapter X, Art. 1 (a) hereof shall consist of members in good standing who are drawn from the Branches of the Society in the following manner:

no change

- e) Rules of Procedure in Nominating Committee: no change  
 d) Election of Officers and Executive Committee: no change

#### Article 4 **Duties and Powers of the Executive Committee**

No change except in Para. 4 and 5, which will now read:

"In addition to the setting up of Committees of the Society as herein provided the Executive shall also appoint the representatives to those bodies to which representation from the Society has been approved. Each such representative shall have the right or may be required to report to the Executive Committee and to the Annual Meeting of the Council."

"The Executive Committee may meet when and where it may determine. It shall report to the Council at the Annual Meeting of the Society and to any special meeting called for that purpose; or at such other occasions as may be required by Council.

#### Article 5 **Standing Committees**

No change except in the last sentence of para 1 which will read: -

"They (the Standing Committees) shall report to the Annual Meeting of the Council after submitting copies of their reports to the Executive Committee at such time as the Executive may require."

#### Article 6 **Special Committees**

Special Committees may be appointed by: -

1. The Annual Meeting of the Council or the Society.
2. The President of the Society.
3. The Executive Committee.
4. The Chairman of the Executive Committee.

No change in the remainder of this Article.

#### Article 7 **Reports of Committees:** no change

#### Article 8 **Limitations of Committees re Finances:** no change

### CHAPTER XIII - AFFILIATED SOCIETIES

No change

**CHAPTER XIV - ADDRESSES AND PAPERS**

No change

**CHAPTER XV - THE OFFICE**

No change

**CHAPTER XVI - Amendments**

No change

Notes: -(1) As directed by the Annual Meeting 1963 the principle of a Council for the Medical Society was referred to each of the ten Branch Societies for "study and recommendations." Chapter IX "Council" results from this.

(2) The Committee on By-Laws (Chairman Dr. J. E. Hiltz) reported to the Executive Committee on December 14, 1963.

(3) The Committee on By-Laws reported to the Executive Committee on February 15, 1964 when suggested amendments were reviewed. The views of the Executive were reported to the Committee on By-Laws.

(4) The Committee on By-Laws reported to the Executive Committee on April 25, 1964, when a final review of the proposed amendments were made.

(5) The final result is seen in the foregoing proposed amendments which will be presented to the 111th (1964) Annual Meeting with a recommendation for an adoption. ■

C. J. W. BECKWITH, M.D., D.P.H.,  
Executive Secretary

June 1, 1964.



## FROM THE BULLETIN OF 40 YEARS AGO

From The Medical Society of Nova Scotia Bulletin, July 1924

### DALHOUSIE POST GRADUATE COURSE

The success of the short refresher course given of late years by the Dalhousie Faculty of Medicine has encouraged the Committee to undertake a longer course this year, and to make a beginning at what is hoped will become a representative Canadian Summer School for graduates in medicine. The 1924 course will begin on September 1st, and will extend over two weeks. In addition to members of the Dalhousie Faculty, several teachers from other colleges have very kindly consented to take a part in the course. These include Sir Henry Gray and Dr. W. W. Chipman and L. J. Rhea, of Montreal, Dr. R. D. Rudolph, of Toronto, Drs. Ross Faulkner and Luther Mackenzie, of New York, and Dr. A. F. Miller of Kentville. An exceedingly interesting programme has been arranged, which includes a short course on the use of insulin in diabetes, and it has been so planned as to have the late afternoon and evening hours open for recreation. Those who attend will be assured a profitable and enjoyable experience, and we feel that every physician who can possibly do so should be present through the whole period. Any medical graduate, in good standing, will be welcomed, irrespective of his school or residence. No fee is charged. Dr. H. K. MacDonald is Chairman and Dr. Alan Curry, Secretary, of the Committee of Arrangement.

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## INSURANCE CLINIC

In our other ads we say "Insurance Specialists" but this is our first introduction to the Medical Bulletin and we feel a little diffident! So perhaps, without offence, we can merely say we have a team of experts under our roof, all of whom are at your service in the fields of

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# Maritime Medical Care Incorporated

The Annual Meeting of the Board of Directors, Maritime Medical Care Inc., took place on April 15, 1964. Immediately following this the first meeting of the new Board of Directors was held.

## Board of Directors M.M.C. Inc., 1963-1964

| Director            | Physician Members, Branch<br>Medical Society Represented | Appointment<br>Expiring |
|---------------------|--|-------------------------|
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| DR. T. B. MURPHY    | Antigonish-Guysborough Medical Society                   | 1966                    |
| DR. H. B. WHITMAN   | Pictou County Medical Society                            | 1965                    |
| DR. R. F. ROSS      | Colchester-East Hants Medical Society                    | 1965                    |
| DR. D. F. MACDONALD | Western Counties Medical Society                         | 1966                    |
| DR. D. C. BROWN     | Cumberland Medical Society                               | 1965                    |
| DR. G. E. KENNY     | Valley Medical Society                                   | 1965                    |
| DR. E. P. NONAMAKER | Halifax Medical Society                                  | 1966                    |
| DR. B. L. REID      | Halifax Medical Society                                  | 1965                    |
| DR. G. W. SODERO    | Cape Breton Medical Society                              | 1965                    |
| DR. A. M. LAWLEY    | Inverness-Victoria Medical Society                       | 1965                    |
| DR. K. A. FRASER    | Cape Breton Medical Society                              | 1966                    |
| DR. F. G. BELL      | Lunenburg-Queens Medical Society                         | 1966                    |

## LAY MEMBERS

|                            |   |           |      |
|----------------------------|---|-----------|------|
| MR. J. A. WALKER, Q.C.     | — | Halifax   | 1965 |
| MR. J. NOBLE FOSTER        | — | Halifax   | 1965 |
| MR. VICTOR N. THORPE, Q.C. | — | Kentville | 1965 |
| MR. DAVID ZIVE             | — | Halifax   | 1966 |

## The Board of Directors Elected: -

- DR. C. H. YOUNG —Halifax—President  
 DR. T. B. MURPHY—Antigonish—Vice-President

## The Executive elected are the Officers and —

|                  |   |           |
|------------------|---|-----------|
| DR. D. C. BROWN  | — | Amherst   |
| DR. G. E. KENNY  | — | Hantsport |
| DR. G. W. SODERO | — | Sydney    |
| MR. J. N. FOSTER | — | Halifax   |

# Maritime Medical Care Incorporated

## Annual Report of the President

APRIL 15, 1964

Gentlemen -

It is my pleasure to present today Financial Statements of the Corporation for the year ended December 31, 1963, the fifteenth year of operation, and with Mr. S. P. Brannan, the General Manager, report to you on company affairs.

During the year expansion of pre-payment was approved through reducing group requirements from five to three subscribers with enthusiastic reception. Approval was given to enrol physicians under group arrangements for Comprehensive or Health Security coverage and Supplementary Hospital contracts were offered to non-groups holding Comprehensive Medical-Surgical contracts.

Dr. A. W. Titus was selected to replace Dr. G. B. Shaw, Medical Director from 1954 to 1963, who resigned to resume general practice. Dr. Titus brings to us knowledge in Commerce and experience from seventeen years in General Practice. Given an opportunity to acquaint himself with the mechanisms of prepayment, I am sure your confidence will be fulfilled through more efficient management of and constructive ideas from this key department.

Increasing concern regarding utilization of subscriber benefits led to closer examination of both subscriber and participating physician habits. Discrepancies in submission of accounts by one Participating Physician lacking explanations not entirely acceptable to this Board led to cancellation of his participating agreement. Another Participating Physician Agreement was cancelled at the anniversary date on refusal by the physician concerned to discuss his pattern of submissions with the Medical Director. A third Agreement with an out of province physician was cancelled when his patterns of submission appeared beyond correction through negotiations.

Pronouncement of a revised, more clearly descriptive and almost entirely single-listed Schedule of Fees by our sponsors, The Medical Society of Nova Scotia in June 1963, involved both this Board and Administration. Immediate studies were directed to evaluate the impact of such a schedule on this Plan, originated and orientated to a level of general practitioner care. Certain misunderstandings or lack of understanding regarding obligations in adopting increased cost of operation through such a schedule with or without increase in subscriber benefits demanded immediate clarification. A report on this work was presented to the Board within six months and courses open to the Plan in approving the Schedule were unacceptable. A Committee appointed to review all aspects of the impact of this Schedule on the financial position of the Corporation and to advise and recommend to the Board solution to the problem, has been hard at work.



Expenditures encountered in dollars and man hours at all levels through this experience clearly underline the extravagance in preparation of a Schedule of Fees purported to apply in pre-payment without reference to experience accruing to the sponsored pre-paid plan over fifteen years.

Enquiry directed by the previous Board to our sponsors regarding our relationships was further accented during early 1963. At your direction a Committee of this Board was received by the Executive of The Medical Society of Nova Scotia on May 11, 1963. Out of this representation arose reaffirmation of their sponsorship and a Committee at the suggestion of The Medical Society to meet with a Committee of this Board hereafter known as the Joint Study Committee. Two meetings were held to December 31, 1963, examining their purpose and their individual and collective responsibilities. Through such deliberations on a continuing basis rests success or failure in translating the goals of our sponsors in extending pre-payment through Maritime Medical Care.

Efforts directed to establish closer contact between members of the Nova Scotia Medical Society and the Corporation by regular visits to Branch Society Meetings began with visits by the General Manager and your President to the Valley and Cumberland Branches. In each instance reception was cordial and with the Branch Representative to the Board informative discussions occurred. Unfortunately this method will contact only a small proportion of the membership.

Amiable relations were maintained through Trans-Canada Medical Plans with other physician-sponsored and approved pre-paid plans. Experience of other plans was explored at each occasion.

### Membership Enrolment:

Enrolment figures as of December 31, 1963, are as follows:

|                     | Contracts (Gain over 1962) |                | Persons (Gain over 1962) |                 |
|---------------------|----------------------------|----------------|--------------------------|-----------------|
| (1) Comprehensive   | 45,078                     | (2,073)        | 133,192                  | ( 4,609)        |
| (2) Health Security | 875                        | ( 328)         | 2,785                    | ( 995)          |
| (3) Individual      | 4,652                      | (2,906)        | 16,306                   | (11,558)        |
| (4) Seniors' Health | 9,773                      | █ ( 734)       | 13,235                   | ( 882)          |
|                     | <u>60,378</u>              | <u>(6,041)</u> | <u>165,516</u>           | <u>(18,044)</u> |

Numerically the increase in enrolment is encouraging at 18,044, exclusive of Supplementary Hospital coverage. May I direct your attention to the distribution of new enrolment in high cost non-group business without the desirable acquisition of substantial group membership in spite of a buoyant economy in the area.

### Financial Results:

The financial Statements will be reviewed by the Auditors but may I point out that for the first time subscription income exceeded four million dollars through an increase by \$294,006 to \$4,105,238. Income from investments at \$83,819 reflects an increase of \$11,236 over 1962, and accrues from management of prepaid subscription income together with monies retained

by the Corporation for Stabilization of Payments to Physicians and General Reserve

Administration costs increased to 10.48% of subscription income from 9.80% in 1962. This reflects increased costs through expansion into non-group business, expansion of our Sales programme, and a particularly active year as summarized above.

Balance remaining from operations and appropriated to General Reserve amounted to \$233,008 and compared to \$194,648 for 1962, increasing the account to \$786,076. The appropriation to Stabilization of Payments to Physicians at 2% of Subscription Income was \$81,772, establishing a retention for this purpose of \$324,602. This amount together with the General Reserve totals \$1,110,678, exceeding 25% of annual subscription income. Pursuant to a decision of this Board the appropriation for Stabilization of Payments to Physicians will be reduced to 1% of subscription income while this relationship is maintained.

Approval of the revised (1963) Schedule of Fees of The Medical Society of Nova Scotia must be considered in the light of subscriber benefits and evaluated as a method to equitably distribute premium income to all physicians rendering medical care. An improved method of coding services will shortly provide information adequate to examine this goal.

Support and advice from our sponsors through the Joint Study Committee can provide material aid in sound policy decisions and with conjoint examination of Patterns of Practice facilitate controls in utilization. Every advantage must be gained from our favourable public image, preference of our Participating Physicians for the sponsored Service Plan and the impressive counsel from non-medical members of the Board.

My personal appreciation is extended to the Finance Committee for advantageous management of Corporate Funds and advice on other matters financial, to the Executive Committee for diligent attention to the details of operation and to the Directors for your attention, service on Special Committees and efforts at the Branch level. Special thanks go forth to the retiring Directors and it is my hope that your tenure of office has been as rewarding in experience as the services that you provided the Corporation. I beg you to continue a missionary zeal at your Branch level and among your patients.

The evolution of physician sponsored pre-paid medical care over the fifteen years by Maritime Medical Care and with physicians as principals has been no easy task. The year 1963 was no exception in this regard and demanded heavily of human knowledge, co-operation, experience and understanding. I echo your sentiments in appreciation that our staff is particularly qualified in this regard and consider a progressive flow of new business eloquent testimony that our subscribers share this confidence. Our "family" is large and as a unit possesses all the human resources necessary under the capable leadership of our General Manager, Mr. S. P. Brannan, to enable us to pursue our purpose and maintain the Corporation's position of leadership in this field.

Respectfully submitted,

CROSSMAN H. YOUNG, M.D., C.M.,  
President

## AUDITORS' REPORT

We have examined the balance sheet of Maritime Medical Care Incorporated as of December 31, 1963 and the statement of income and expenditure and general reserve for the year ended on that date and have obtained all the information and explanations we have required. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion, and according to the best of our information and the explanations given to us and as shown by the books of the corporation, the accompanying balance sheet and statement of income and expenditure and general reserve, together with the notes thereto, are properly drawn up so as to exhibit a true and correct view of the state of the affairs of the corporation at December 31, 1963 and the results of its operations for the year ended on that date, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

PEAT, MARWICK, MITCHELL & Co.  
Chartered Accountants

Halifax, N. S.,  
April 15, 1964

## MARITIME MEDICAL CARE INCORPORATED

## Notes to Financial Statements

December 31, 1963

1. Effective January 1, 1963 the Corporation entered into negotiations for a two year contract, in conjunction with similar medical service plans in Canada, to provide medical coverage for the employees of Canada's railways. The proposed contract provides that at its termination the experience of the participating plans will be reviewed in order to determine the net gain or loss from the contract. The experience of each plan is then related to the experience of the group as a whole, and the appropriate financial adjustments made among the plans. Based on the 1963 experience of the Corporation on this proposed contract, it is estimated that the December 31, 1963 a refund by the Corporation to the participating plans of approximately \$73,000 will be required.
2. Under the terms of the agreement between the Corporation and the participating physicians, the Corporation may, after the expiration of a twelve month period, cancel any unpaid balances outstanding on approved claims. The Board of Directors has passed the necessary resolution to cancel all such unpaid amounts to December 31, 1962. The unpaid balances of approved claims for 1963, amounting to approximately \$584,900, have not been reflected in the financial statements.

# Maritime Medical Care Incorporated

## Balance Sheet

December 31, 1963

(with comparative figures for 1962)

### ASSETS

|   | 1963               | 1962               |
|---|--------------------|--------------------|
| Cash on hand and on deposit . . . . .                 | \$ 270,138         | \$ 151,224         |
| Accounts receivable . . . . .                         | 61,774             | 24,301             |
| Receivable from railway contract, estimated . . . . . | —                  | 73,000             |
| Prepaid insurance . . . . .                           | 307                | 287                |
| Accrued interest on investments . . . . .             | 23,356             | 18,443             |
| Investments, at cost - quoted market value            |                    |                    |
| December 31, 1963 \$1,659,952                         |                    |                    |
| December 31, 1962 \$1,324,589 . . . . .               | 1,661,850          | 1,322,055          |
| Investment of restricted funds . . . . .              | 40,411             | —                  |
| Inventory of supplies, at cost . . . . .              | 11,018             | 8,214              |
| Furniture and office equipment, at cost . . . . .     | 66,584             | 54,006             |
| Less accumulated depreciation . . . . .               | 28,379             | 23,205             |
| Net furniture and office equipment . . . . .          | 38,205             | 30,801             |
|   | <u>\$2,107,059</u> | <u>\$1,628,325</u> |

### LIABILITIES

|  | 1963               | 1962               |
|--|--------------------|--------------------|
| Subscribers' claims payable . . . . .                        | \$ 573,104         | \$ 547,810         |
| Unpresented subscribers' claims, estimated . . . . .         | 185,066            | 184,120            |
| Accounts payable . . . . .                                   | 10,851             | 10,639             |
| Trust funds - Province of Nova Scotia Welfare Plan . . . . . | 32,890             | 24,914             |
| Payable re railway contract, estimated (note 1) . . . . .    | 73,000             | —                  |
| Subscriptions received in advance . . . . .                  | 81,059             | 64,944             |
| Total liabilities . . . . .                                  | 955,970            | 832,427            |
| Restricted funds:  |                    |                    |
| Contingency reserve, re railway contracts . . . . .          | 40,411             | —                  |
| Retained by the Corporation:                                 |                    |                    |
| For stabilization of payments to physicians . . . . .        | 324,602            | 242,830            |
| Reserve for decline in market value of investments . . . . . | 5,000              | —                  |
| General reserve, per statement attached . . . . .            | 781,076            | 553,068            |
| Total retained . . . . .                                     | 1,110,678          | 795,898            |
|  | <u>\$2,107,059</u> | <u>\$1,628,325</u> |

## MARITIME MEDICAL CARE INCORPORATED

## STATEMENT OF INCOME AND EXPENDITURE

## AND GENERAL RESERVE

Year ended December 31, 1963

(with comparative figures for 1962)

|  | 1963              | 1962              |
|--|-------------------|-------------------|
| Subscription income . . . . .  | \$4,105,238       | \$3,811,232       |
| Expenditure:   |                   |                   |
| Medical care for subscribers . . . . .   | 3,396,275         | 3,229,057         |
| Administration costs, Schedule "1" . . . . .   | 430,579           | 373,603           |
| Total expenditure . . . . .  | 3,826,854         | 3,602,660         |
| Operating income . . . . .   | 278,384           | 208,572           |
| Other income:  |                   |                   |
| Income from investments . . . . .  | 83,819            | 72,583            |
| Sundry . . . . .   | 753               | 384               |
| Total other income . . . . .   | 84,572            | 72,967            |
| Net income for the year . . . . .  | 362,956           | 281,539           |
| Deduct:  |                   |                   |
| Adjustment of amount receivable re mutualization<br>of 1961-62 railway contract . . . . .                    | 7,765             | —                 |
| Appropriation for stabilization of payments to<br>physicians . . . . .                                       | 81,772            | 80,840            |
| Appropriation to reserve for decline in market value<br>of investments . . . . .                             | 5,000             | —                 |
| Write down in net value of furniture and fixtures to<br>reflect depreciated value at December 31, 1962 . . . | —                 | 6,051             |
| Transfer to contingency reserve, re railway contract   | 40,411            | —                 |
| Total deductions . . . . .   | 134,948           | 86,891            |
| Balance appropriated to general reserve . . . . .  | 228,008           | 194,648           |
| General reserve at beginning of year . . . . .   | 553,068           | 358,420           |
| General reserve at end of year . . . . .   | <u>\$ 781,076</u> | <u>\$ 553,068</u> |

## Nova Scotia Tuberculosis Association

The Nova Scotia Tuberculosis Association is a voluntary health agency set up for the primary purpose of assisting in the anti-tuberculosis programme in our province. The organization is complementary to the official agency as represented by the Nova Scotia Department of Public Health and its services are available to all facets of the medical profession.

The N.S.T.A. is entirely self-supporting in that its total revenues are derived from the annual Christmas seal sale campaign and it does not receive any government grants or other types of assistance.

The executive and directors represent the nine health units in the province of Nova Scotia and are elected to serve three year terms; not being permitted to hold the same office for any longer period. There is a medical advisory board which has its membership the nine health unit directors, sanatoria superintendents and a representative appointed by The Medical Society of Nova Scotia (present representative is Dr. R. L. Aikens). While the executive lays down the policy of the association, the medical advisory board interprets that policy in the case finding programme.

The objects of the association are to assist in the prevention and control of tuberculosis and more specifically:

- (a) To establish local tuberculosis associations in cities, towns, villages and counties or other communities where the association considers it advisable and desirable to do so;
- (b) To coordinate and assist in the work of local tuberculosis associations and committees in raising funds through the annual seal sale campaign and in advancing generally the preventive programme of the association in their respective communities;
- (c) To represent Nova Scotia in participating in the work of the Canadian Tuberculosis Association and to act as a coordinating link between the local associations and the Canadian Tuberculosis Association;
- (d) To assist national, regional, provincial and local health services in programmes designed to prevent and control tuberculosis by (1) early diagnosis, (2) education, and (3) rehabilitation; and by such other activities as may be deemed advisable in the light of advancing knowledge. (i.e. Research contributions)

The medical advisory board is our guide in the carrying out of the prevention and control objects such as early diagnosis. This board determines the methods by which the NSTA can assist in early diagnosis. Up until a few years ago, our main effort in this direction was the mobile mass X-ray survey programme; this was replaced in 1958 by the introduction of a programme designed to screen the general population through the tuberculin test. The method decided upon was that of Heaf testing the general population, with the manner of introducing this test to the general public to be determined by local conditions. (Here we refer to specific surveys such as industries, schools,

other institutions or a "family-group" testing of the general population.) The Heaf test was chosen because of its easy adaptability to a mass screening programme and not as a purely scientific research programme.

At the time of writing there are four tuberculin testing teams in the field in the following areas:

- (A) Cape Breton North and South Health Units;
- (B) Cobequid Health Unit;
- (C) Halifax Health Unit;
- (D) Western Health Unit;

and shortly a team will be established in the Queens-Lunenburg Health Unit.

The NSTA is responsible for the overall administration of the teams and they work under the direction of the Health Unit Director in their day to day operation. No team is placed in a health unit until requested by the director, and through that director the local medical society made fully aware of the proposed survey. The method of surveying is that of administering the test with interpretation after a period of five days. Of particular importance is the fact that a mobile X-ray unit is set up on the location of the clinic and positive reactors receive an immediate X-ray. These X-ray reports are then handled routinely with the results being forwarded to the family physician. In the case of surveys involving industrial plants, et cetera, the sum total of employees covered by the survey are forwarded to management but the results of positive reactors and the X-rays are considered privileged information and are forwarded only to the family physician.

At the moment the Tuberculosis Association is assisting a senior medical student and a postgraduate student and a nurse through specific bursaries. During the past three years the postgraduate bursary has been awarded and three week courses attended by those concerned and a report provided by them to the Nova Scotia Thoracic Society.

It is regrettable that we have not had any applications for the third year medical student bursary. The details of the bursary have already been printed in the Medical Journal but a repeat might be quite in order at the moment. The NSTA Undergraduate Bursary is available for award each year in the amount of \$100.00 and recipient must be a third year medical student who stood within the top fifteen of his class at the end of the second year. Applicants are expected to write a thesis on an aspect of tuberculosis selected by the committee. The thesis is submitted to the NSTA not later than August 1st of any given year. The NSTA Postgraduate Bursary is available for award each year in an amount up to \$300.00. The recipient must be a graduate in medicine and must be either in practice or undergoing postgraduate training in Nova Scotia. The applications must be received by a selection committee which includes a representative of the Dalhousie Medical School and Nova Scotia Medical Society. The other two members are the executive secretary to the NSTA and the Administer of Tuberculosis Control for Nova Scotia. Further details are available from the executive secretary of the NSTA, 17 Alma Crescent, Halifax, Nova Scotia.

At the moment the NSTA is also negotiating to provide some sort of bursary to a member of the nursing profession either for the purpose of courses or attendance at nursing institute.

The Association is now providing a prize for the second year student in physiotherapy whom the faculty consider to be the person most proficient in physiotherapy of chest diseases.

In the field of education the NSTA continues to provide educational literature to schools, hospitals and we are now making efforts to provide the medical profession with the latest releases concerning tuberculosis. All hospital residents, interns and hospital libraries are receiving the latest tuberculosis publications.

Rehabilitation does not occupy the same position as it did prior to the introduction of schedule "R" by the Department of Labour, but we are still closely involved in some phases of rehabilitation. The NSTA provides grants to patients who are undergoing treatment in Sanatoria. These grants are used and are provided on the recommendation of the director of rehabilitation for in sanatoria activities. They are used for such purposes as correspondence courses, et cetera. For those patients who have left Sanatoria and are rehabilitating at home, we are providing loans in setting these individuals up as contributing factors in the community in such enterprises as barbering, shoe-repair, small businesses, et cetera.

The NSTA is most interested in research and at the moment 2% of the gross seal sale for any given campaign year is allocated to research and we have also assisted other, more local, research projects through such grants.

These then in the main cover the activities of the NSTA without going into too great detail. The executive officer of the Association, Mr. Ralph E. J. Ricketts, will be most happy to provide any further information. ■

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## Provincial Cancer Registry - Nova Scotia

Dr. J. A. Myrden has been appointed Director of the Provincial Cancer Registry by The Medical Society of Nova Scotia effective June 1, 1964.

It had become apparent that a Cancer Registry for Nova Scotia was a necessity in the development of Cancer Control in the province. The Nova Scotia Tumour Clinic (Director, Dr. N. H. Gosse) had demonstrated its value within its area of responsibilities; it also served to demonstrate the necessity for a Cancer Registry to complement its functions.

This was brought to the attention of the Medical Society by the Committee on Cancer, (then Chairman, Dr. J. E. Stapleton) with a recommendation that the Society apply for a Federal Provincial grant for its support. Dr. N. H. Gosse, who was then Director of the Nova Scotia Tumour Clinic, undertook to organize the Cancer Registry. The Society's application received approval. The Cancer Registry was initiated in January 1964.

The Society was notified in May 1964 that Dr. J. A. Myrden had been appointed Director of the Nova Scotia Tumour Clinic to replace Dr. N. H. Gosse who was retiring from that position. Dr. Myrden accepted an invitation from the Medical Society to become Director of the Provincial Cancer Registry. That appointment became effective June 1, 1964.

The Medical Society is most appreciative of the time and effort devoted by Dr. N. H. Gosse to the organization of the Registry. Dr. Myrden has the good wishes of the Society for the further development of the Provincial Registry as an effective instrument toward the control of Cancer as well as his duties as Director of the Nova Scotia Tumour Clinic. ■





# Value of Clinical and Laboratory Findings in Cryptococcal Meningitis\*

*The prognosis for cryptococcal meningitis has greatly improved since the introduction of amphotericin B. Definitive diagnosis depends upon isolation and identification of C. neoformans. The clinician must have a high index of suspicion in any case of meningitis.*

Before the introduction of amphotericin B in 1956, three quarters of the patients with cryptococcal meningitis died during the first year of illness.

In the present report the course of the disease in 40 patients studied at the Clinical Center of the National Institutes of Health during the years 1956-62 are reviewed. Of the 40 patients, 36 received amphotericin B.

## Diagnosis:

Prior to the diagnosis, headache was the most frequent symptom of which the patients complained. It was described as mild to severe, occasional to continuous, dull to sharply painful, and gradual to sudden in onset. Mental changes were the next most common complaint and included confusion, personality changes, defects in memory, agitation, and psychosis. Visual abnormalities occurred in two-fifths of the patients.

In 6 patients, symptoms referable to the central nervous system either were absent or, if present, did not lead directly to a diagnosis of meningitis.

In 39 patients lumbar puncture and examination of the cerebrospinal fluid were performed before diagnosis and treatment. In all but one case the cell count was abnormally high, and in all but four the protein value was elevated. The opening pressure was above the normal limit in 64 per cent whereas the sugar value was below normal in only 55 per cent of the patients.

Differential cell counts were available in 35 patients and revealed predominately a lymphocytic response. Yeastlike forms were seen on direct examination of the cerebrospinal fluid in 20 of the 35 patients studied.

## Cultures Positive:

Cerebrospinal-fluid culture was positive for *C. neoformans* in 38 of the 40 patients. Culture of specimens other than cerebrospinal fluid was performed in 34 cases, and in 20 (59 per cent) of these, at least one specimen was positive for *C. neoformans*. Urine was positive in 37 per cent of patients tested.

Of the 40 patients in the study, 36 received amphotericin B. Thirty-one of the treated patients improved and five, all of whom had coexisting disease, died of progressive meningitis or disseminated cryptococcosis. Deaths due of progressive meningitis usually occurred early in the course of treatment. The four untreated patients also died.

As of January 1, 1963, 17 of the 31 patients who had improved remained well, three had died of causes unrelated to cryptococcosis, and the remaining

\*Reprinted from the Abstracts of the National Tuberculosis Association, April 1964

11 had one or more relapses of meningitis. All of the relapses occurred within one year of the end of treatment.

#### **Drug Administration Routes:**

It was the practice of the authors to administer amphotericin B to the more seriously ill patient by both the intravenous and intrathecal routes and to the less seriously ill by the intravenous route alone. With this choice of treatment three of the 12 patients (25 per cent) who received the drug by both routes died of progressive meningitis as compared to two of the 24 (8 per cent) treated by the intravenous route alone. However, of the patients who improved, relapse tended to be less frequent among those who received the drug by both routes than among those who received it by the intravenous route alone. The difference in relapse rates between the two groups was not significant, however, and comparability of the two groups was not provided for by prior planning in the allocation of treatment. It appears desirable to undertake a clinical trial to assess the value of intrathecal therapy. Patients treated by the intrathecal route invariably had an initial rise in the cerebrospinal protein value, which later fell.

In the five patients who died despite therapy the cerebrospinal-fluid sugar value improved, but not the values for pressure, cells, and protein. In the treated patients who survived, there was generally a prompt and sustained improvement in all values during treatment. After treatment, improvement continued but at a slower pace in those who did not relapse.

#### **Relapse:**

Of the 31 patients who improved during the original course of treatment, 24 have been observed for at least a year since the end of initial therapy. Of these, 11 (46 per cent) have had a relapse. Relapse could not be related to the duration of illness before treatment, nor could it be related to the dosage of drug given or to the presence of coexisting disease.

The proportion of relapses was significantly greater among patients with initial protein values less than 100 milligrams per 100 milliliters than among those with values above 100 mg.

Coexisting disease occurred in 20 of the 40 patients. The diseases were diabetes mellitus, Hodgkin's disease, sarcoidosis, myeloid metaplasia, silicosis, and carcinoma of the breast. Relapse of meningitis was not more frequent in patients with coexisting disease than in those without. However, patients with coexisting disease often did poorly during initial treatment.

#### **Comment:**

Follow-up data demonstrate that amphotericin B is reasonably effective not only in averting death in cryptococcal meningitis but also in restoring health. However, apparent recovery may be followed by a recurrence of illness and this sequence may be repeated two, three, or even four times.

Consideration of the chemotherapeutic requirements in other relapsing infectious diseases suggests such possibilities for improvement as longer periods of treatment and use of other chemotherapeutic agents with amphotericin B.

At present, neither of these possibilities appears to hold promise. In a previous study, larger doses of the drug were found not to decrease the likelihood of relapse. And combined therapy is precluded by the lack of an agent other than amphotericin B that is effective in the treatment of cryptococcal meningitis. ■



# Personal Interest Notes

Now that the various Medical Societies in the Nova Scotia Division are appointing new officers and especially NEW NEWS REPRESENTATIVES for their Branches, the Bulletin hopes that they will bear in mind how very dependent we are for news upon their courtesy in using the stamped envelope which they receive each month, to let us know the local happenings.

CONGRATULATIONS are in order to the doctor parents of the new group of prize winners in the various High Schools throughout the Province. In Queen Elizabeth High School alone, there were nine daughters and one son of doctors who received scholarships and awards. Multiply that by the Highs throughout the Province and one can see an indication of the impact which will be made in the future by this contribution to the "brain bank" of the Province.

## AWARDS

The Upjohn Co. of Canada Ltd's Post Graduate Study award of \$500.00 has been given this year to Dr. Douglas E. Lewis, Digby, N. S. He is one of 18 so honored throughout Canada, to enable him to engage in postgraduate study in furtherance of his education to the ultimate benefit of the profession.

## APPOINTMENTS

The Provincial Secretary has announced the re-appointment of the following members of the Provincial Medical Board: Dr. C. G. Harries, New Glasgow; Dr. A. G. MacLeod, Dartmouth; Dr. J. R. MacNeil, Glace Bay; Dr. J. R. McCleave, Digby; Dr. Gerald LeBrun, Bedford; and Dr. A. Gaum, Sydney. The appointments run to June 1967.

Dr. C. B. Smith, Pictou, was named a trustee of Sutherland Memorial Hospital.

Dr. Robert C. Dickson, of the Victoria General Hospital, Dr. F. Murray Fraser, 7193 Quinpool Rd. and Dr. Robert O. Jones, Dalhousie University, with terms of office until Dec. 31 1965, have been named members of the Alcoholism Research Commission Medical Advisory Committee. Dr. J. S. Robertson has been appointed to the Victoria General Hospital Board for further term until April 1, 1965, according to a recent issue of The Royal Gazette.

The Canadian Public Health Association held its 55th Annual meeting in Moncton, June 1-4. Nova Scotia doctors who participated were as follows: Dr. J. S. Robertson, Dr. C. B. Stewart, Dr. G. E. vanRooyen, Dr. W. I. Bent, Dr. S. C. Robinson, Dr. G. H. Hatcher, Dr. J. E. Hiltz.

Dr. H. B. Colford, Director of Maternal and Child Health and Communicable Diseases Division, attended a course at Arnprior, Ontario, in mid-June.

Dr. Clyde Marshall, Director of Mental Health Services was in Vancouver in June attending the Canadian Psychiatric Convention.

Many Nova Scotian doctors joined their confrères across Canada at the Annual Canadian Medical Association meeting held this year in Vancouver. Dr. Robert Jones, professor of Psychiatry of Dalhousie has been elected President. He will take over office during the CMA's annual convention at Halifax next year. Dr. Norman Belliveau, now of Montreal, a native of Yarmouth Co., N. S. has been named honorary treasurer.

The keen eye and steady fingers of Dr. Harris Miller and his son Robert have been winning various championships in shooting, both trap and markmanship, during the season. This seems to be a hobby shared by many doctors throughout the province. Dr. Ross MacInnis, Shubenacadie, Dr. McCurdy and Dr. Ormiston of Sydney, Dr. Bird from the South Shore or Dr. Leslie Stewart or Dr. Hanco locally are some of the people really well informed about the sport.

While Dr. R. M. Rowter, his wife and son Robert, Jr., Bridgewater have recently returned from a holiday in Europe; Dr. Helen Hunter, Halifax has left for a five weeks' holiday overseas. She will attend the International Federation of Medical Women meeting in Oslo, Norway during the last week in June.

If it is dancing in which you are especially interested, as a hobby, perhaps you had better contact Dr. H. K. Hall, Halifax, who was recently elected president of the Corte Dance Club in the city.

Engaged in a more serious pursuit, Dr. Ian Gilchrist, who graduated in 1961 from Dalhousie and thereupon joined his father Dr. Sydney in Angola to continue the medical work in which his father has been engaged for a quarter of a century, recently appeared before a United Nations committee to accuse Portugal of committing genocide in its big West African colony of Angola. He said that an estimated 250,000 people had been killed in the last three and a half years. Dr. Gilchrist has now gone back to work among Angola refugees in the Congo.

#### CHANGES

Dr. Angus Campbell plans to give up his General Practice in Halifax and will begin postgraduate work in the specialty of Radiology.

Dr. Robert Fraser and Dr. T. Martin are planning to specialize in Obstetrics.

Dr. Carver who has recently been practising in Tantallon is taking over Dr. Campbell's practice and will be associated with Dr. Harris Miller.

Dr. W. A. Taylor, Head of the Department of Pathology, Dalhousie since 1956, has resigned to become Pathologist in Kentville.

Dr. Tremblett has accepted the position of Pathologist at St. Rita's Hospital, Sydney.

## BIRTHS

To Dr. and Mrs. Michael A. McCulloch, (Anne Rainnie), a daughter, Pamela Douglas, in Oakville, Ontario, on May 28, 1964.

To Dr. and Mrs. Donald Macfie, (Ruth Hart), a son, Blair Robert, at the Grace Maternity Hospital, Halifax, on June 21, 1964.

To Dr. and Mrs. R. M. Mundle, (Gweneth Mounteer), a son, at the Annapolis General Hospital, Annapolis Royal, on June 9, 1964.

To Dr. and Mrs. Robert K. Shapter, (Maureen Currie), a daughter, Lauryn Mary, at Mt. Sinai Hospital, New York City, on May 26, 1964.

To Dr. and Mrs. William G. Tucker, (Edith Bogle, R.N.), of Detroit Michigan, a daughter, Susan Elizabeth, on May 22, 1964 at the Henry Ford Hospital.

## WEDDINGS

Our best wishes go to Dr. and Mrs. John Michael Wellman, who were married recently in St. Andrew's United Church, Halifax. Dr. Wellman, eldest son of Dr. and Mrs. Marvin Wellman of Macclenny, Florida, graduated this year from Dalhousie. Mrs. Wellman, daughter of Mr. and Mrs. Alexander Huntley of Sydney, N. S. is a graduate of the Victoria General School of Nursing. They will reside in Halifax.

## OBITUARY

Dalhousie Medical School graduates throughout the Province will learn with deep regret and nostalgia of the death in the Halifax Infirmary on June 23rd of "MAC" - John R. MacLeod who was for so many years caretaker of the Forrest Building. This was the first spring convocation in which he did not carry the Mace, the first year in which the incoming Med students were not "shown the ropes" by him. Requiescat in Pace, Mac. You are not forgotten.

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## Locum Tenens

Available for Locum Tenens in General Practice for two mid weeks of August 1964 in coastal outlying Nova Scotia.

Single with Auto -

J.P. Schaefer, M.D., (Dal. '64)

c/o V.G. Hospital,

Tower Road,

Halifax, N. S.

# Announcement

## NOVA SCOTIA ALCOHOLISM RESEARCH FOUNDATION

The Nova Scotia Alcoholism Research Foundation, which operates within the Department of Public Health, has opened a Pilot Clinic in the City of Halifax at 5639 Spring Garden Road. The Clinic is under the supervision of Doctor J. Murray Snow, Executive Director of the Foundation, with the assistance of competent counsellors. Doctor James H. Brown has been named as Consultant Psychiatrist for the Alcoholism Clinic.

The Medical Advisory Committee of the Foundation consists of Doctor R. C. Dickson, Doctor F. M. Fraser, and Doctor R. O. Jones.

Presently serving as Members of the Alcoholism Research Foundation are Doctor Clyde S. Marshall and Doctor Harold L. Scammell.

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## WEEK IN ANAESTHESIA

The Post-Graduate Division, Faculty of Medicine and the Department of Anaesthesia, Dalhousie University present the annual "Week in Anaesthesia" September 28th to October 2nd, 1964. The mornings will be devoted to practical experience in the operating rooms, the afternoon to demonstrations and discussions of Anaesthetic problems designed to be of aid to the practitioner giving anaesthetics in community hospitals in the Atlantic area.

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## DALHOUSIE REFRESHER COURSE

November 2nd, 3rd, 4th, and 5th, 1964 in Halifax.

Visiting teachers - Dr. L. G. Stevenson, Professor of Medical History, Yale University, John Stewart Memorial Lecturer; Dr. F. N. Gurd, Professor of Surgery, McGill University; Dr. R. J. MacKay, Jr., Professor of Paediatrics, University of Vermont; Dr. D. R. Wilson, Professor of Medicine, University of Alberta.

An intensified programme of small group clinics will be presented allowing a wide choice of topics and ample opportunity for active participation by course registrants.

Detailed programmes and advance registration forms will be distributed to all doctors in the Atlantic area in September.

The annual meeting of the Dalhousie Medical Alumni Association on Tuesday evening November 3rd will provide an opportunity for class reunions.



# Report of Meetings

The 3rd annual meeting of the Atlantic Society of Obstetricians and Gynaecologists was held in the Ball Room of the Charlottetown Hotel, Charlottetown, Prince Edward Island on May 30, 1964. A total of 23 doctors attended the business and clinical meetings. The meetings were called to order at 9:45 a.m. by Dr. John Maloney, President of the Society. Business and clinical meetings were held in the morning and in the afternoon.

There were four clinical presentations:

- (1) "Congenital Malformations in Prince Edward Island" by Dr. John Maloney. Discussion by Dr. O'Handley (Paediatrician of Charlottetown by invitation.)
- (2) "Chemotherapy in Gynaecological Malignancy" by Dr. George Flight.
- (3) "Obstetrical Factors in RH Sensitized Pregnancies" by Drs. Donald Smith and Mark Kingston.
- (4) "Treatment of Carcinoma of the Cervix" by Dr. S. C. Robinson. Discussion by Dr. Temple Hooper (Radiotherapist of Charlottetown by invitation.)

A luncheon was held for the members, guests and their wives at the Belvedere Golf and Curling Club. A reception and dinner was held at the Charlottetown Hotel. The guest speaker was Dr. Frank MacKinnon, President of the Prince of Wales College. He likened the birth of Confederation which took 3 years from 1864 to 1867 to a difficult breech delivery. This was presented in a most fluent manner by a master of the history of confederation and the English language.

The officers elected for the ensuing year were: Past President, Dr. John Maloney, Charlottetown, P.E.I.; President, Dr. Kenneth Grant, Halifax, N. S.; Vice-President, Dr. Frank O'Dea, St. John's Newfoundland; Secretary Treasurer, Dr. Roy Creamer, St. John, N. B. and members of council: Nova Scotia - Dr. Kenneth McLennan, Sydney, N. S.; New Brunswick - Dr. Paul Pugh, Moncton, N. B.; Prince Edward Island - Dr. Thomas Moore, Summerside, P.E.I.; and Newfoundland - Dr. J. B. Boulos, St. John's Newfoundland. It was decided that the 1965 meeting will be held in Halifax, Nova Scotia.

## CANADIAN ASSOCIATION OF MEDICAL CLINICS

The first meeting of the Canadian Association of Medical Clinics was held in the Fort Garry Hotel, Winnipeg, Manitoba, on Sunday, April 26, 1964. The twenty-one physicians present represented the Irving Clinic, Kamloops, The Medical Clinic, Vancouver, Calgary Associate Clinic and Dr. Ingram and Associates, Calgary, The Parsons Clinic, Red Deer, Medical Arts Clinic, Regina, The Moose Jaw Clinic, Moose Jaw, The Abbott Clinic, Kobrinsky Clinic, Mall Medical Group, Manitoba Clinic, Peikoff Clinic and Winnipeg Clinic, all of Winnipeg, Carruthers Clinic, Sarnia, Oshawa Clinic, Oshawa, Peterborough Clinic, Peterborough and The Port Arthur Clinic, Port Arthur.

Dr. A. C. Abbott of Winnipeg acted as Chairman of the meeting and Dr. Thomas A. Lebbetter of Winnipeg acted as Secretary.

The letters patent, constitution and by-laws which had been approved by the Federal Departments of State and National Health and Welfare were presented by the Association's solicitor and confirmed. The seal was accepted. Twenty-one Clinics, including those listed above, were approved as Charter Members of the Canadian Association of Medical Clinics and it was unanimously agreed that all clinics who apply for membership within twelve months from the date of this meeting and are subsequently approved by the Credentials Committee and the members, will become Charter Members of the Association.

The purposes of the Association as stated in the by-laws are a) To promote health and prevent disease; b) To elevate the standards of practice in medical clinics; c) To foster and improve graduate and postgraduate medical education in medical clinics; d) To promote medical research in medical clinics; e) To give medical clinics mutual help through the interchange of ideas and experiences concerning medical clinics; f) To disseminate scientific and medical knowledge particularly as it pertains to practice in medical clinics.

Membership is open to any medical group or clinic in Canada which works in a systematic association, jointly uses equipment, technical personnel and administration, pools its resources and distributes its earnings according to a pre-arranged plan and maintains a building or group of offices for the conduct of its practice.

There are three classes of members: **Full Member** - Clinics with five or more full-time physicians including at least one internist and one general surgeon, each of whom has Canadian certification or its equivalent. **Associate Member** - Clinics with five or more full-time physicians, or Clinics with five or more specialists. **Affiliate Member** - Clinics with three or more full-time physicians.

The following officers were elected: President, Dr. A. C. Abbott, Winnipeg; First Vice-President, Dr. H. V. Morgan, Calgary; Second Vice-President, Dr. J. T. Stewart, Peterborough; Secretary-Treasurer, Dr. Thomas A. Lebbetter, Winnipeg. Members of the Board of Trustees for one, two and three year terms are Dr. T. H. Aaron, Edmonton, Dr. J. A. Brown, Regina, and Dr. J. S. Monteith, Vancouver. Chairmen of the seven Standing Committees are Dr. A. C. Abbott, Winnipeg, Nominating Committee; Dr. J. A. Brown, Regina, Credentials Committee; Dr. P. H. T. Thorlakson, Winnipeg, Finance Committee; Dr. G. C. Ferguson, Port Arthur, Committee on Constitution and By-Laws; Dr. J. T. Stewart, Peterborough, Program Committee; Dr. W. B. Parsons, Red Deer, Membership Committee.

The formation of the Canadian Association of Medical Clinics is the result of deliberations carried on over a period of two years by Canadian physicians engaged in group practice. The original Committee was set up in Portland, Oregon, at a meeting held prior to the annual meeting of the American Association of Medical Clinics and attended by sixteen Canadian physicians. Special guests included Chief Justice E. M. Hall, Chairman of the Royal Commission on Health Services and Dr. A. D. Kelly, General Secretary of the Canadian Medical Association. Dr. H. V. Morgan of Calgary, acted as Chairman of a panel discussion on "The Problems of Group Practice in Canada." An account of this meeting was published in the October 27th, 1962, issue of the Canadian Medical Association Journal.

The next meeting of the Canadian Association of Medical Clinics will be held in Ottawa in 1965 on a date and at a place to be selected by the officers.