

THE MEDICAL SOCIETY OF NOVA SCOTIA

NOVA SCOTIA DIVISION
OF

THE CANADIAN MEDICAL ASSOCIATION

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* Deceased Sept. 19, 1961.

APRIL 1962

The NOVA SCOTIA MEDICAL BULLETINEDITOR-IN-CHIEF
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EDITORIAL

BARGAINING POWER

If we were to accept the pronouncements of some of our politicians and would-be politicians we would believe that a state medical service is inevitable and that our role is that of debris carried on the swift rushing flow of the river of political expediency and with as little control of our destiny. To fight this is merely, to change the metaphor, to tilt at windmills, but we are blandly assured that our status will be high and our financial return commensurate with the state to which it has pleased an almighty government to call us.

If we find this prospect unacceptable we must be realistic enough to realize that it may be necessary to live in a state of coexistence, peaceful or otherwise, with government participation in medicine. In such a state our bargaining power is governed by the strength of our position and it might not be amiss to gauge that strength in the simple terms of supply and demand.

First, from the point of view of supply it would appear that while the demand for our services is ever increasing, our numbers are likely to be more limited. We are told that in spite of a fast growing population in Canada, our medical school enrolment for the past five years has actually declined. Our other chief source of supply is by immigration. In the past five years we have received more than eleven hundred doctors from Britain alone. Those of us who have lived there know that the impelling motive for leaving must have been very strong indeed. A reasonable judgment would be that for most of them the opportunity for professional freedom, rather than financial advantage, drove them to our shores. In future it is not unreasonable to assume that this source of medical manpower will dry up for two reasons. The first reason is that it is not logical to expect large numbers of British doctors to exchange service or servitude in one state medical scheme for another which is modelled on his own. The second and perhaps more important reason is that a shortage of medical personnel in Britain is beginning to cause considerable concern. We are told that if it were not for the several thousands of Indian and Pakistani doctors the hospital services would be gravely threatened and certainly could not be maintained at even their present inadequate level.

For evidence of demand for medical services one does not have far to seek. For example, in the British Medical Journal there are many advertisements

seeking to recruit British doctors for American hospitals and offering inducements which would have sounded fantastic twenty years ago. We are told that there are several thousand towns and smaller communities in the United States with no doctor at all, and this is pointed up by a recent feature story in an American periodical describing the brass band welcome and public holiday when two doctors were persuaded to start practice in a small town. If this state of affairs exists in North America, one does not like to think of the crying needs of the newly emerging independent states of Africa and Asia.

In a world which is growing sicker by the minute, the stern fact is that there are just not enough doctors for present and future demands. Moreover no crash program can produce them on factory assembly lines and it follows that any federal or provincial government must compete for those available. Each year under our present free and favourable conditions of practice we lose an important proportion of our new graduates because of the greater opportunities that are said to exist on the wrong side of the border. If conditions worsen comparatively on our side, our losses will inevitably be greater.

Finally, the thought that we may have insufficient medical personnel for our needs does not and should not give us any satisfaction. We should do everything in our power to remedy the situation but at the same time let us remember that our bargaining power is strong and that we should not have to go, cap in hand, to beg concessions from anyone. We should not be willing to accept terms of service comparable to those forced on our British confreres because we do not believe that the best medicine can be practiced by men whose work load and terms of service would arouse a Victorian skivvy to bloody revolt.

In our dealing with governments, whether local or federal, let us not be unmindful of that strength which can be used to the best interests of our patients and ourselves. In the long run, those who need our help will benefit most of all, because the service of free men, freely given, is better than that rendered under duress by bureaucrat ridden state hirelings.

W.E.P.

NOTICE

General practice available in May, 1962 at River Hebert, Cumberland County, N. S. This practice serves a population of about 5,000 and is 17 miles from Amherst.

Inquiries may be directed to Dr. D. C. Brown, River Hebert, N. S., or The Medical Society of Nova Scotia.

MAL DE PAPIER

TIMES IS HARD, DOC!
GIMME A CERTIFICATE
OF TOTAL DISABILITY
FOR SIX MONTHS AND
SOME MORE PILLS!

SORRY, NO PILLS!!
CERTIFICATE, YES. UNCLE
OTTAWA HASN'T HEARD
ABOUT ADDICTION TO
CERTIFICATES!



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Transactions
108th Annual Meeting
THE MEDICAL SOCIETY OF NOVA SCOTIA
June 12-14, 1961
Keltic Lodge, Ingonish, N. S.

AM 1—The first Business Session was convened by the President, Dr. F. J. Granville, in the Chair at 9.30 a.m. June 12th. A hearty welcome was extended and the Chairman requested frank discussion of the Annual Reports which would be presented as well as other business which would be placed before the members.

AM 2—The Executive Secretary reported the deaths of the following members in the interval since June 10th, 1960:—

MacLeod, William Arthur, M.D.

Campbell, Peter Smythe, M.D.

Doull, Ernest Arthur (Jr.) M.D.

Hawkins, Rupert Clarence G., M.D.

One minute's silence was observed in tribute to these members deceased.

AM 3—The names of 48 applicants for membership were presented for approval. These were recommended to the Annual Meeting for membership by the Executive Committee. On motion these were accepted as members.

AM 4—On motion, the Transactions of the 107th Annual Meeting (1960) were approved as circulated.

AM 5—**Election of Nominating Committee.** The meeting approved the postponement of the election of the Nominating Committee until the Second Business Session. The names of the nominees to the Nominating Committee were read by the President.

Annual Reports of Committees and Representatives

AM 6—**Report of the Executive Committee** (Chairman, Dr. D. I. Rice - Ann. Rep. 1961 - Page 1)

The report reviewed the activities of the Executive Committee during the year. Five regular meetings, one special meeting, and an Annual Meeting had been held. The special meeting had been for the purpose of setting up the Special Research Committee arising from the resolution at the Annual Meeting, 1960, relative to preparing a plan or plans for Medical Services Insurance in Nova Scotia. Dr. Rice reported that a Workmen's Compensation Board Liaison Committee had been established; that the organizational set-up of the Society had been studied by a special Committee and that the report had been distributed to Branch Societies. The views expressed by the Branch Societies had been considered by the Executive Committee and referred to the Committee on By-laws. Dr. Rice reported that the Committee on Child-Maternal Welfare had been replaced by a Committee on Perinatal and Maternal Health and a new Committee on Child Health had been established as a Standing Committee.

AM 7—The report referred to the proposed increase in membership dues to be effective in 1962; that this recommendation had been referred to all Branch Societies and would be reviewed at this Annual Meeting. The report expressed the necessity of a review of the demands placed on the secretarial staff.

AM 8—Following discussion the motion for the adoption of the report was put and carried.

AM 9—Mr. B. E. Freamo, C.M.A. Secretary, Medical Economics, was welcomed by the Chairman.

AM 10—**Committee on Health Insurance** (Chairman, Dr. N. K. MacLennan, Sydney. Ann. Rep. 1961 - Page 21 - and Supplementary Report - Page 92).

Dr. MacLennan summarized his main Report and read the supplementary report in toto. The main Report dealt with the Committee's activities relative to insured services provided by radiologists and pathologists. The chronology and substance of Committee meetings as well as meetings with the Nova Scotia Hospital Association were outlined. It is apparent that an increase in the number of radiologists is required to reduce the workload

to the optimum of 30,000 Rm units (9,000 examinations) per year and that an increase in the number of pathologists will be required to meet the increasing demands for service from that specialty.

AM 11—The supplementary report included a resolution from the Annual Meeting of the Nova Scotia Association of Radiologists, May 13, 1961 which reads:—

“That Nova Scotia Association of Radiologists proposes no alteration in fee schedule and will only consider an alteration of the fee schedule when approved by the Medical Society of Nova Scotia and when the principle that produces this alteration is applicable to all of medicine.”

AM 12—The supplementary report included reference to Recommendation 7 which had been approved by the Annual Meeting 1959 and which pertained to professional radiological services as follows:—

“Recommendation 7. It is recommended that the hospital budget for additional radiologists at a part or full-time basis, if in four consecutive months the workload exceeds 2,500 units* (equivalent to 30,000 units* per year); that the Hospital Insurance Commission permit the hospital to budget for an additional radiologist to take care of the additional work on a part-time basis if arrangements can be made with another hospital in the vicinity to engage a part-time radiologist, or for a full-time radiologist if such an arrangement is impossible; that the hospital must advertise the position for at least one year and if no suitable arrangement for additional radiologist is made, it will be necessary after this time to reduce the workload to 30,000 units.* The overload after his one year of negotiation will no longer be paid for either to the radiologists or the hospital or hospitals concerned unless there is mutual agreement or acceptance of overload by the radiologists and the hospitals and the Hospital Insurance Commission.”

AM 13—It was regularly moved and seconded that the reports be received.

AM 14—During the ensuing discussion a resolution approved at the Annual Meeting of the Executive Committee (June 11, 1961) was introduced. It reads as follows:—

“That this Executive reaffirm its approval of the principle of Fee for Service, but, as a temporary measure, until there are sufficient radiologists in Nova Scotia to eliminate ‘overload’, it is recommended that the principle of pro-ration for the overload as proposed by the Committee on Health Insurance be accepted; such pro-ration to be determined from time to time by the Committee on Fees of the Medical Society of Nova Scotia.”

AM 15—Following further discussion it was moved and seconded that the foregoing resolution from the Annual Meeting of the Executive Committee be approved by the Annual Meeting. This motion was carried.

AM 16—Following further discussion on some details a motion for adoption of the report was carried.

AM 17—The Chairman observed that there were members from each of the nine Branch Societies with a total attendance of 63 at this Session.

AM 18—The First Business Session of the Annual Meeting adjourned at 11 a.m.

Second Business Session Monday, June 12, 1961

AM 19—The President, Dr. F. J. Granville, called the meeting to order at 3.45 p.m.

AM 20—**Committee on Traffic Accidents** (Chairman, Dr. A. L. Murphy - Page 19, Annual Reports, 1961).

Dr. Murphy presented his report which included reference to progress being made toward the setting up of a Medical Advisory Board to the Motor Vehicle Branch of the Department of Highways. He reported that the Society had nominated members for the Central Board and that the Branch Societies had each been requested to nominate a member who would be a regional representative for that Branch Society. He reported three other projects are under consideration by the Committee, namely some form of government subsidy for ambulances operating in the province; a continuing study of the ‘alcoholically im-

*now Rm units

paired' driver, the solving of which may depend on some form of standardized test on the alcoholic content of the driver's tissues; and that, as the Motor Vehicle Department has excellent statistical records of traffic accidents, the Committee is entertaining hopes of setting up a research project. The report included reference to a most satisfactory reduction in morbidity and mortality from traffic accidents to the extent of at least thirty-five per cent (35%) and commended their use.

AM 21—A motion for adoption was seconded and following discussion the motion was carried.

AM 22—Dr. Murphy then presented the following resolution which was regularly seconded: Re Automobile Seat Belts—"From research projects done at Cornell University and other medical centers and from statistical evidence, now great enough to be conclusive, the Medical Society of Nova Scotia accepts as fact that the automobile seat belt is the most practical single preventive against injury from traffic accidents and can reduce morbidity and mortality by at least thirty-five per cent (35%) and mortality alone by a much higher percentage.

Therefore, it is resolved that this Society endorse the use of the seat belt and urge its installation in all motor vehicles.

Furthermore, this Society wishes to commend the automobile manufacturers who are equipping 1962 models with seat belt brackets and requests provincial motor car dealers to make the belts readily available and co-operate in their installation.

Furthermore, this Society asks the Provincial Government to consider making installation of seat belts obligatory in all motor vehicles licensed in Nova Scotia." Carried.

AM 23—Election of Nominating Committee;

The Executive Secretary was asked to read the By-laws governing the election of the Nominating Committee. As the nominees from Cumberland, Lunenburg-Queens, Valley, and Western Counties were not present substitute nominations were made. Having asked for additional nominations from the floor and there being none a motion for the election of the Nominating Committee was put and carried. The President requested the Nominating Committee to meet at the close of the Second Business Session.

AM 24—Radiology Standards Committee (Chairman, Dr. C. M. Jones - Ann. Rep. 1961 page 35).

The report dealt with the membership of this Committee and stated that the Nova Scotia Hospital Insurance Commission had declined the invitation to name a member to the Committee. Four meetings of the Committee had been held during the year and these were summarized. The excess workload which the majority of the radiologists are carrying and possible solutions formed a prominent portion of the report. Dr. Jones commented on many sections of the report and commended the formation of the Liaison Committee between the Medical Society of Nova Scotia and the Nova Scotia Hospital Association. He also commented on the statement in the report as to the doubtful value of continuing the Radiology Standards Committee unless membership included representation of other bodies. A motion that the report of the Committee be received was carried.

AM 25—Discussion; A lengthy discussion ensued in which one member stated that there were inaccuracies in the report and identified each of these. Dr. Jones responded by stating that at the time the report was written the statements referred to were accurate.

AM 26—The motion that the report be received was put and carried.

AM 27—Committee on Public Relations (Chairman, Dr. F. A. Dunsworth - Ann. Rep. 1961, Page 27)

Dr. Dunsworth presented his report which reviewed the activities of his Committee and various members of the Society in the field of public relations and specifically within the context of television, radio and the press. A motion for adoption was moved and seconded. Discussion took place—after which the motion was put and carried.

AM 28—Report of Editorial Board - Nova Scotia Medical Bulletin

(Acting Chairman and Editor - Dr. J. O. Godden - Ann. Rep. 1961, Page 16).

The report outlined the activities of the Board during the year, which was considered to be a successful one. A sincere appeal was made to the members to support the Bulletin by submitting articles and other material for publication to the Editorial Board.

AM 29—Report of Managing Editor - Nova Scotia Medical Bulletin
(Dr. C. J. W. Beckwith - Ann. Rep. 1961, Page 59).

The President wished to have this report considered along with that of the Editorial Board. The report indicated a drop in the number of advertisements from pharmaceutical firms and indicated that this was not an isolated incident but the same experience was being noted across Canada. It was credited to an adjustment period in the advertising policy of the pharmaceutical industry. The Managing Editor reported that he could not discharge the responsibilities of his office in a satisfactory manner because of the numerous demands on his time. The opinion was expressed that improvement in the financial affairs of the Bulletin would result if a change were made.

AM 30—A motion for the adoption of both reports was seconded. Following discussion the motion for adoption was carried.

AM 31—Committee on Fees (Chairman, Dr. H. B. Whitman).

The short report indicated that the Committee on Fees had held meetings during the year and certain progress towards a revised schedule had been made.

AM 32—A motion to receive this report was seconded.

AM 33—Discussion:

It was regularly moved and seconded:—

“That any submission to the Committee on Fees for alterations in the Schedule of Fees be made not later than November 15th of any year to provide for publication of the revised schedule by January 1st of the year following.” Carried.

The motion that the report be received was put and carried.

AM 34—Special Committee on Group Disability Insurance (Chairman, Dr. J. W. Merritt - Ann. Rep. 1961, page 61 - with Supplementary Report, Page 91.)

The report was presented by Dr. A. J. Brady. An outline of progress that had been made toward the transfer of the Group Disability Insurance to Mutual of Omaha was reviewed. Enrolment of members was proceeding at a satisfactory rate but the objective of fifty-one per cent (51%) of the membership was necessary to make the principle applicable to all members of the Society. The date of June 15th had been set as a deadline to meet this objective.

AM 35—On motion the report was received.

AM 36—Dr. Brady announced later at the Annual Meeting that the objective had been met and that the Group Disability Insurance was now available to all members of the Society regardless of medical history.

AM 37—Committee on Civil Disaster - (Chairman, Dr. S. B. Bird - Ann. Rep. 1961, Page 34).

Dr. Bird presented this report which was short and gave information as to the advisory role that this Committee had been carrying out in relationship to the Provincial Civil Defence organization. A motion to receive the report was carried.

AM 38—Representative to C.M.A. Executive Committee - (Dr. R. O. Jones - Ann. Rep. 1961, Page 32).

The report referred to the Royal Commission on Health Services in that the Chairman of the Commission, Mr. Chief Justice Hall of Saskatchewan, had been appointed as Chairman but that the other members of the Commission and the terms of reference were not yet known. On motion the report was adopted.

AM 39—The Second Business Session adjourned at 5.15 p.m.

Third Business Session

AM 40—The Third Business Session was convened by the Chairman at 9.30 a.m., Tuesday, June 13th.

AM 41—Committee on Medical Economics - (Chairman, Dr. H. E. Christie - Ann. Rep. 1961, Page 54).

The report gave a comprehensive review of medical economics in Nova Scotia and in Canada as a whole. Several specific items were commented on including the Royal Commission on Health Services, the Chairman for which had been named but as yet the members of the Commission and the terms of reference had not been identified; the Saskatchewan situation, the Indian Health Services, Medical Services in Hospitals, etc.

AM 42—A motion for acceptance of the report was seconded and carried.

AM 43—**Special Research Committee** - (Chairman, Dr. A. A. Giffin - Ann. Rep. 1961, Page 18).

The report indicated that the first meeting of the Committee had been held on September 24th, 1960 and that eight subsequent meetings had been held. Terms of reference for the Committee had been approved by the Executive at its meeting in October, 1960. The Committee had been formed to implement a resolution from the Annual Meeting 1960 which, in effect, required the Committee to draw up a plan or plans for Medical Services-Insurance in Nova Scotia. Following the announcement of the creation of the Royal Commission on Health Services in December 1960 the Executive Committee had directed that the Special Research Committee also prepare a brief for the Medical Society of Nova Scotia to present to the Royal Commission. Considerable information had been collected which would be of value for both purposes. Appreciation was expressed for the financial assistance from M.M.C. Inc. toward the preparation of the Brief to the Royal Commission on Health Services. A motion for acceptance of the report was seconded. Carried.

AM 44—**Report of the President Maritime Medical Care Inc.** - (Dr. F. M. Fraser, Immed. Past President - Ann. Rep. 1961, page 75).

The very comprehensive report presented a detailed review of the progress and activities of M.M.C. in the interval since the last Annual Meeting. The report was based on four points, viz.: (1) establishing the Corporation on a firm financial basis; (2) methods of bringing the medical services provided through M.M.C. to those unable to afford the premiums; (3) to be in the position to sell the public what they want, including Extended Health Benefits (E.H.B.); (4) investigation of the possibility of a single pre-paid plan for the Atlantic Provinces. A motion for acceptance of the report was proposed.

Discussion. Dr. Fraser introduced Mr. S. P. Brannen, the new General Manager of Maritime Medical Care. Questions were asked on several of the paragraphs in the report. A resolution from the Executive Committee was read approving an increase in the number of lay-members of the Board of Directors to five and the meeting was informed of the move to name a Special Committee to examine the desirability and feasibility of the Medical Society of Nova Scotia erecting a building with the intent of housing M.M.C. Inc., the offices of the Medical Society and those of interested paramedical groups. In answer to a question about "Specialist Register", the meeting was informed that a special Committee under the chairmanship of Dr. H. J. Martin had been formed to inquire into and make recommendations concerning such a Register. The meeting was also informed that M.M.C. had offered space for the offices of the Medical Society of Nova Scotia when the Corporation moved to the new quarters in the Lord Nelson Hotel. This offer had been declined by the Society.

AM 45—The President extended to Dr. Fraser the thanks of the Society for his comprehensive report and his work as President of M.M.C. during his term of office. The motion for acceptance was carried.

AM 46—**Special Committee on Pre-paid Medical Plan for the Atlantic Provinces** - (Chairman, Dr. A. A. Giffin - Ann. Rep. 1961, Page 84).

This Special Committee had been appointed as a result of a resolution at the Annual Meeting 1958, its purpose being to examine the advisability and feasibility of a single pre-paid medical plan for the Atlantic Provinces. Each of the Medical Societies in the Atlantic Provinces had been approached and had named a Committee. Meetings of these Committees had taken place in 1959 and 1960. A more recent development had been a resolution from the Annual Meeting of Maritime Hospital Services Association (May 1961) which reads: "That it be resolved that the M.H.S.A. Board invite the Board of M.M.C. Inc. to discuss the question from Board level and suggest that a Committee of the Board of M.M.C. meet with a Committee of the Board of M.H.S.A. to study the matter and inform the Committees of the Medical Societies of their findings."

AM 48—The recommendation of our Committee is to continue the study. A motion for the acceptance of the report was moved and seconded. After a brief discussion the motion for acceptance was put and carried.

AM 49—**Report of Representatives to Board of Trustees, Maritime Hospital Services Association.**

The representatives to the Board are Drs. H. E. Christie and C.J.W. Beckwith. A verbal report was moved and seconded for acceptance, and carried.

AM 50—Report of Membership Committee - (Chairman, Dr. D. M. MacRae - Ann. Rep. 1961, Page 33).

The report included a review of the Register of the Provincial Medical Board in relationship to the members of the Medical Society of Nova Scotia. The Committee recommended that "Sections" within the Society be created. A motion for acceptance of the report was carried.

AM 51—Committee on Child and Maternal Health - (Chairman, Dr. M. G. Tompkins - Ann. Rep. 1961, Page 7).

Recommendations were, (1) that each of the Branch Societies should initiate their own maternal and perinatal mortality studies, towards which the Committee would lend every assistance; (2) that the present Committee on Maternal and Child Welfare be re-named "The Committee on Maternal and Perinatal Health" and that a new Standing Committee on Child Health be created. Reference was made to the Obstetrical Emergency Team which has been very active since April of 1960, ten calls having been received which required members of the Team to proceed to a local area—as well as numerous telephone consultations. Reference was also made to the valuable information which had been obtained through the studies.

AM 53—A motion for acceptance of the report was carried.

AM 54—Dr. Tompkins made the following motion which was seconded:—

"That the Executive Committee consider approaching Government to have a law passed making information obtained from the Maternal and Child Welfare Study "a privileged communication" and therefore not admissible as evidence in a court of law." Carried.

AM 55—A member drew to the attention of the Chair that several of the reports had been moved for acceptance but there had been no motion for adoption. Another member remarked that reports had to be on motion "Received" or "Accepted" before being eligible for discussion. It was further pointed out that reports not requiring any decision and providing information only may be moved for acceptance without a subsequent motion for adoption. However, those reports containing recommendations and matters of policy should be "Received" or "Accepted" and then discussed paragraph by paragraph with a subsequent motion for adoption or adoption as amended.

AM 56—A motion for "adoption" of all reports which had been "received", including any amendments, was carried.

AM 57—It was regularly moved and seconded:—

"That the Maternal and Child Welfare Committee be changed to the Committee on Maternal and Perinatal Health with a new Committee on Child Health to be formed." Carried.

AM 58—The report of the Radiology Standards Committee was referred to by a member. It was moved and seconded:—

"That the report of the Radiology Standards Committee contains material that is not clear to the general meeting at this time and that this report be passed back to the Executive for further study and recommendation." Carried.

AM 59—The President, as Chairman of the Nominating Committee, announced that there would be a meeting of the Committee immediately following adjournment of this Business Session.

AM 60—The Third Business Session was adjourned at 11.15 a.m.

Fourth Business Session

AM 61—The Fourth Business Session was convened by the President, Dr. F. J. Granville at 3.45 p.m., June 13th.

Report of the Honorary-Treasurer - (Dr. A. W. Titus - Ann. Rep. 1961, Page 44).

The report included a Balance Sheet, Capital Account, Statement of Income and Expenses including the Budget Accounts for comparison. Further details on expenditures were also listed. It was noted that a small deficit of \$339.94 had been experienced in 1960. A predicted deficit of nearly \$7,500.00 for 1961 was anticipated if all Budget items are spent. A recommendation that the conjoint membership dues be increased to \$100.00 for the classification 'Ordinary Membership' was made. A motion for acceptance of the report was carried.

Discussion. The Chairman stated a grant of \$5,000.00 from M.M.C. toward the cost of the preparation of the Brief for the Medical Society of Nova Scotia to the Royal Commission on Health Services had been received which would have an influence on the budgeted expenditure.

AM 62—It was regularly moved and seconded.—

“That this Meeting approved the action taken by the Executive Committee in recommending an increase in conjoint membership dues to \$100.00 for the classification ‘Ordinary Membership’ with other classifications in proportion to be effective in 1962.” Carried.

AM 63—A motion for adoption of the Treasurer’s report was carried.

AM 64—It was regularly moved and seconded:—

“That Dr. Titus receive the commendation of the Society for the excellent comprehensive report which he has given us.” Carried.

AM 65—**Committee on Finance** - (Chairman, Dr. J. H. Charman - Ann. Rep. 1961, Page 82).

It was recommended in this report that the Honorary Treasurer should be the Chairman of the Committee on Finance and that such a move was being considered by the Committee on By-laws. The report recommended an increase in membership dues for 1962 in line with the previous recommendations. Motion for adoption was carried.

AM 66—**Workmen’s Compensation Board Liaison Committee** - (Special Committee) (Chairman, Dr. A. W. Titus - Ann. Rep. 1961, Page 71).

The report noted the members from the Medical Society and the members from the Workmen’s Compensation Board and stated that two meetings had been held. The Chairman reported that in the opinion of the members of the Society and those of the Workmen’s Compensation Board that these meetings had been useful and should continue. A motion for acceptance of the report was adopted.

AM 67—A motion arising from the Fifth Regular Meeting of the Executive Committee (June 10th, 1961) was presented:—

“That the Liaison Committee, W.C.B., be instructed to inform the Workmen’s Compensation Board that they (the representatives of the Medical Society) have no authority to accept any schedule of fees for medical services, other than that of the Medical Society of Nova Scotia.”

AM 68—A motion for the adoption of the Committee report including the resolution from the Executive Committee was moved and seconded.

AM 69—Further discussion ensued on the general principle of fees and a resolution from the Fifth Regular Meeting of the Executive (June 10th) was read:—

“That the whole philosophy of Fee Schedules be given serious thought by the Special Research Committee.”

AM 70—The motion for adoption of this report was carried.

AM 71—The resolution from the Executive Committee re the philosophy of Fee Schedules was on motion adopted.

AM 72—**Special Committee on Annual Meetings**. - (Chairman, Dr. D. I. Rice - Ann. Rep. 1961, Page 63).

The Committee reported that the inherent difficulties in following the directive that the Annual Meeting be held during the last week of June are becoming insurmountable because of the proximity of the meetings of the Canadian Medical Association, those of specialty groups and the very restricted choice of dates provided by the summer resorts. It was also noted that space limitation in such resorts may become a real difficulty. The report included a recommendation that the Annual Meetings should be held preferably in the early Spring. The motion for acceptance of the report was carried.

AM 73—The Executive Secretary read the following resolution from the Annual Meeting of the Executive June 11th:—

“That this Executive recommend to the Annual Meeting that in future the Annual Meetings of the Society be held during the month of May.”

AM 74—A member moved the following resolution which was seconded:—

“That consideration of a September meeting at Keltic Lodge be given and that this be an annual arrangement.”

This motion was put and defeated.

AM 75—After further discussion it was moved and seconded:—

“that this report be accepted and that it be referred to the Special Committee on Annual Meetings for further study and recommendation.” Carried.

AM 76—**Committee on Post-graduate Education** - (Chairman, Dr. D. C. Cantelope) - Ann. Rep. 1961, Pages 72 & 88).

The report was for information giving a preliminary analysis of a questionnaire sent to all physicians in Nova Scotia to obtain information about their desires in the area of post-graduate education. The answers to the questionnaires are to be further studied and plans made accordingly. A motion for acceptance of the report was carried.

AM 77—**Committee on Rehabilitation** - (Chairman, Dr. A. H. Shears - Ann. Rep. 1961, Page 73).

The report recorded progress made in the field of Rehabilitation and the real necessity of having an adequate Rehabilitation Center. Such a Center has been approved in principle by the authorities but a suitable site has not yet been found. Members were requested to encourage young people to become trained in physiotherapy, occupational therapy etc. as there are bursaries available and there is a great demand for such services. A motion for acceptance of the report was carried.

AM 78—A resolution from the Annual Meeting of the Executive Committee (June 11th):—

“that the request of the Rehabilitation Committee that the Society approach the Federal Government for abolition of import duty on essential ‘invalid equipment’ and ‘adaptive equipment’ and other aids to the handicapped be referred to the Canadian Medical Association with strong representation for its implementation.”

A motion for the adoption of the report including the resolution from the Executive Committee was carried.

AM 79—**Committee on Legislation and Ethics** - (Chairman, Dr. D. F. Smith - Ann. Rep. 1961, Pages 11 & 86).

The report reviewed the several activities of the Committee during the past year which included a recommendation that the Medical Faculty of Dalhousie University explore the possibility of incorporating the art of manipulation in the medical curriculum; a meeting of the Nucleus Committee with the medical members of the Nova Scotia Legislature; a study of the position of a consultant giving evidence in Court and the opinion that such a consultant should receive permission to examine the patient and all pertinent past and present medical data including x-ray plates; information regarding employee-employer or partnership agreements including conclusions of the American Medical Association Law Division Analysis of ‘Covenants Not To Compete In Physicians Employment Contracts’—otherwise called restrictive covenant—and the recommendation that an arbitration committee should be formed for voluntary arbitration.

AM 80—The supplementary report included an analysis of the replies from the Divisions of the Canadian Medical Association regarding arbitration committees. A letter had been received from the Provincial Medical Board indicating its willingness to form an ad hoc Committee for the arbitration between doctors if the opposing parties request such arbitration. A motion for acceptance of the report was carried. A motion for adoption which included a vote of thanks to Dr. Smith and his Committee was also carried.

AM 81—**Nominating Committee.** The President, Dr. Granville, asked Dr. R. F. Ross to take the Chair while he gave his report as Chairman of the Nominating Committee.

AM 82—The following nominations were presented to the Annual Meeting:

For President	- Dr. R. F. Ross, Truro
Pres.-Elect.	- Dr. D. F. Macdonald, Yarmouth
Chairman	
Exec-Comm.	- Dr. L. C. Steeves, Halifax
Hon.-Treasurer	- Dr. J. F. Boudreau, Halifax

Branch Representatives to Executive Committee 1961-1962

Branch Society	Member
Antigonish-Guysboro	- - - - - Dr. T. W. Gorman, Antigonish
Cape Breton	- - - - - Dr. H. F. Sutherland, Sydney
	- - - - - Dr. J. R. Macneil, Glace Bay

Colechester-East Hants	-	-	-	-	-	-	-	Dr. H. R. McKean, Truro
Cumberland	-	-	-	-	-	-	-	Dr. J. C. Murray, Springhill
Halifax	-	-	-	-	-	-	-	Dr. D. M. MacRae, Halifax
								Dr. F. J. Barton, Dartmouth
								Dr. K. M. Grant, Halifax
Lunenburg-Queens	-	-	-	-	-	-	-	Dr. S. B. Bird, Liverpool
Pietou County	-	-	-	-	-	-	-	Dr. M. F. Fitzgerald, New Glasgow
Valley	-	-	-	-	-	-	-	Dr. D. MacD. Archibald, Kingston
Western Counties	-	-	-	-	-	-	-	Dr. C. K. Fuller, Yarmouth

AM 83—Nominations to membership on the Provincial Medical Board:

Drs. J. P. MacGrath, F. J. Granville, and F. G. Mack.

AM 84—The Chairman asked if there were any other nominations. A motion that nominations cease was carried. The Chairman declared elected the officers for the Society and the Branch Representatives to the Executive Committee for 1960-61. He also declared the representatives to the Provincial Medical Board to be elected.

AM 85—The Fourth Business Session was adjourned at 5.30 p.m.

Fifth Business Session

AM 86—The Fifth Business Session was convened by the President, Dr. F. J. Granville, at 10 a.m. on Wednesday, June 14th.

AM 87—**Report of Post Graduate Division Faculty of Medicine.** - (Director, Dr. L. C. Steeves - Ann. Rep. 1961 - Page 60).

The report included details of the several types of post-graduate courses which had been given during the year. Appreciation was expressed for the grant from the Medical Society of Nova Scotia at \$5.00 per member and the post-graduate education grant from the Canadian Medical Association. It was noted that tuition fees had been held at a level of one-half or less those charged for similar courses in other areas of the country. A motion for acceptance of the report was carried.

AM 88—**Committee on By-laws** - (Chairman, Dr. H. J. Devereux - Ann. Rep. 1961, Page 66).

Dr. Devereux's request that the proposed amendments be considered paragraph by paragraph was granted.

AM 89—Paragraph A327 proposed a new chapter entitled "Sections" and the deletion of the paragraphs under present Chapter IV having to do with Sections within the Society and Affiliated Societies. The new Chapter V will have to do with "Sections." Adopted.

AM 90—Paragraphs A328 to A337 is proposed to be the new Chapter V having to do specifically with "Sections" within the Society. On motion paragraphs A328 to A337 inclusive were adopted.

AM 91—The present Chapter VIII having to do with Officers, Officials, and Executive Committee now becomes Chapter IX.

AM 92—Paragraph A338 (i) proposes the creation of the office of Vice-Chairman of the Executive Committee. A resolution from the Annual Meeting of the Executive Committee (June 11th) was presented, namely:—

"that the section of the Annual Report of the Committee on By-laws relating to the appointment of the Vice-Chairman of the Executive Committee be rejected."

AM 93—A debate resulted during which Dr. Devereux outlined the thinking of the Committee on By-laws in proposing that this office be created. The debate resulted in a motion:—

"that this general meeting of the Nova Scotia Medical Society accept the recommendation of the Committee on By-laws (A338) (i) that a new office of Vice-Chairman of the Executive Committee be established." Carried.

AM 94—Paragraph A338 (ii) requires that the Chairman of the Nominating Committee shall consult with the nominees from the Branch Societies (or their alternates) not less than one month prior to the Annual Meeting. Adopted.

AM 95—Paragraph A338 (iii) recommended the deletion of the reference to the procedure for nomination of candidates to Maritime Medical Care Board of Directors as it is no longer applicable. Adopted.

- AM 96**—Paragraph A338 (iv) recommended that paragraph five of the old Chapter VIII be deleted and replaced with rewording, specifically that 'the Nominating Committee shall adopt the principle that members of the Executive Committee shall be elected annually but shall not hold office for more than three consecutive years. Following a three-year consecutive term no member shall be eligible for nomination until at least one year has elapsed.' Adopted.
- AM 97**—The present Chapter Nine now becomes Chapter Ten and has to do with the duties of elective officers and appointed officials.
- AM 98**—Paragraph A339 replaced the present wording of duties of the President. Adopted.
- AM 99**—Paragraph A340 and A341 recommended changes in the duties of the Chairman of the Executive Committee. Adopted.
- AM 100**—Paragraph A342 has to do with the duties of the newly created office of Vice-Chairman of the Executive Committee and reads:—
- (a) He shall be a member of the Executive Committee.
 - (b) He shall be a member ex officio of all Committees of the Division, except the Nominating Committee.
 - (c) In the absence of the Chairman of the Executive Committee he shall assume all duties appertaining to the office of the Chairman. Adopted.
- AM 101**—The procedure for the election of a Vice-Chairman of the Executive is as follows:
- (a) The nomination is to be made by the Nominating Committee.
 - (b) He shall be elected for a term of one year only but after one year's absence he shall again be eligible for re-election to the office of Vice-Chairman.
 - (c) Notwithstanding the foregoing the Vice-Chairman shall be eligible and may be elected to the office of Chairman at any time. Adopted.
- AM 102**—Paragraphs A342 to A344 is a new wording for the duties of the Honorary Treasurer to bring these into line with present practice. Adopted.
- AM 103**—Paragraph A345 recommended that paragraphs 8, 9, 10 of Chapter Ten in the present By-laws be deleted. Adopted.
- AM 104**—Paragraph A346 defines the voting members of the Executive shall be:
- the President,
 - the President-elect,
 - the Immediate Past-president,
 - the Honorary Treasurer,
 - the Honorary Secretary (if such post should be filled),
 - the Chairman of the Executive,
 - the Vice-Chairman of the Executive,
 - and all elected representatives of the Executive Committee from the Branch Societies. Adopted.
- Paragraph A347 defines the non-voting members of the Executive to be: the Executive Secretary, the Editor of the Nova Scotia Medical Bulletin, and all Observers. Adopted.
- AM 105**—Paragraph A348 recommends a new Chapter (Chapter XII) which deals with "Affiliated Societies",
- "All Societies or Associations devoted to medicine or its allied sciences, including their constituent branches, at present existing or which may hereafter be formed within the Province of Nova Scotia, may, subject to the approval of the Executive Committee become affiliated with the Medical Society of Nova Scotia. Affiliation shall be understood to imply the establishment of a friendly relationship with the affiliated organization. There shall be no obligation on the part of either party to the affiliation to sponsor policies or movements on the part of the other. The term "affiliated Society" shall specifically apply to the paramedical groups, that is, those organizations which have medical interests, but are primarily made up of lay-membership." Adopted.
- AM 106**—The proposed amendments, having been adopted one by one, were now moved for adoption as a whole. Carried.

(NB1—Note: A consolidation of the By-laws incorporating the Amendments approved at the Annual Meetings of the Society and omitting such sections of the original By-laws as have been replaced by Amendments was published in the January issue of The Nova Scotia Medical Bulletin, thereby meeting the requirement of the By-laws which state:

"Amendments may be proposed by an Annual Meeting of the Division by the Executive Committee or by the Committee on By-laws without notice of motion but the proposed amendment shall be published in the Bulletin at least two months preceeding the Annual Meeting.")

(NB 2—A Bill is before the Legislature 1962 requesting that paragraph three of the Constitution as represented in Chapter Sixty-Nine - Acts of Nova Scotia, 1861 - be changed to "The Company may purchase, take, hold, mortgage and sell Real Estate.")

AM 107—Additional recommendations of the Committee on By-laws were: that where the word "Secretary" appears in the By-laws it should be replaced by the word "Executive Secretary"; that the terms of reference of any Committee should not be included in the By-laws but should be compiled in a separate reference manual; that the 'Charter 1861' as amended and the revised By-laws be incorporated into our 'Constitution and By-laws'; these recommendations were adopted.

AM 108—A resolution from the Valley Medical Society recommending a change in voting procedure at Annual Meetings had not been accepted by the By-laws Committee. The following resolution was regularly moved, seconded and carried:

"that the resolution of the Valley Branch regarding the change in voting procedure at the Annual Meetings of the Medical Society of Nova Scotia be referred to the Executive Committee of the Medical Society of Nova Scotia and thereupon to the various Branch Societies for their considered recommendation and action." Carried.

AM 109—It was regularly moved and seconded that the report of the Committee on By-laws, as amended, be adopted. Carried.

AM 110—It was moved and seconded:

"That the reports of the following Committees and Representatives as presented to the Executive Committee and considered by them be adopted as printed, namely—Disciplinary, Nutrition, Archives, Special Committee on Salaried Physicians in Public Health and Federal-Provincial Health Grant and Representatives to the Board of Registration of Nursing Assistance, to the Canadian Cancer Society, to the Victoria Order of Nurses, and to the Trusteeship Committee of the Canadian Medical Retirement Savings Plan. Carried.

AM 111—Representatives to the Provincial Medical Board - (Ann. Rep. 1961 - Page 83)

Dr. Granville requested Dr. Ross to take the Chair while he presented this report. The report stated that a total of 107 physicians had been registered during the year of whom 37 were graduates of Dalhousie University, 9 from other Canadian Universities and 61 had graduated elsewhere. Of the 107, 28 had entered General Practice, 20 signified their intention of practicing a Specialty, 17 were taking graduate training, 10 were in Military Service and 32 obtained registration for reciprocal reasons. The total number of physicians on the Resident List is now 777. He also reported that a number of complaints had been dealt with by the Discipline Committee and at a recent meeting of the Board it had been agreed that an ad hoc Arbitration Committee would be set up by the Board, as required, to arbitrate disputes between physicians, if the disputants are agreeable to submit their cases to such a Committee. On motion the report was adopted.

New Business

AM 112—A communication from Dr. Carl Tupper requesting support of the Society in a project designed for the prevention of abortions was read. On motion the support of the Society was given.

AM 113—Dr. C. H. Young introduced a motion relative to Fees which was regularly seconded and carried, namely:

"That whereas the Special Research Committee has been instructed to study 'the whole philosophy of Fee Schedule' it will thereby consider the advisability of a

further Schedule of Fees that may be utilized without alteration by third parties, in addition to the present Schedule for the private practice of Medicine. Therefore be it resolved that on recommendation of the S.R.C. the Executive be empowered to direct the Committee on Fees and the Committee on Economics to study the preparation of such a Schedule." Carried.

AM 114—Dr. Devereux, Chairman of the Committee on By-laws, wished to be assured that the position of the report of the By-laws Committee was clear and moved "that the By-laws be amended as recommended in the amended By-laws Committee report." This was seconded and carried.

AM 115—Dr. Devereux remarked that three members of the Society, Drs. Rice, Titus and Fraser were retiring from their responsible positions in the service of the Society and proposed a sincere vote of thanks for the work which each had done. This was seconded by Dr. McCormick and carried.

AM 116—It was regularly moved and seconded:—

"That this Annual Meeting approve a sum of up to \$800.00 to be expended for the provision of insignia for the Society, e.g. Presidential insignia, Past-presidents' pins, scrolls to be presented to senior members, and certificates for Branch Societies." Carried.

AM 117—Dr. F. J. Granville stated that he had enjoyed his year of office and was pleased with the attendance at the Annual Meeting. He asked Dr. R. F. Ross, Elected-President for the year 1961-62, to take the Chair.

AM 118—Dr. Ross expressed thanks to the Society for the honor bestowed on him and announced that the next Annual Meeting (1962) would be held in Halifax in May.

AM 119—A motion of thanks to Dr. F. J. Granville was moved, seconded, and carried—with a round of applause.

AM 120—Dr. L. C. Steeves, in-coming Chairman of the Executive Committee, announced that the first meeting of the in-coming Executive would take place at 3.30 p.m.

AM 121—On motion, the Fifth and final Business Session of the Annual Meeting 1961 was adjourned at 12.15 p.m.

C.J.W.B.



Transactions

of the

3RD REGULAR MEETING OF THE EXECUTIVE COMMITTEE, 1961-1962
SATURDAY, FEBRUARY 24, 1962, NOVA SCOTIAN HOTEL, HALIFAX, N. S.

The Chairman, Dr. L. C. Steeves called the meeting to order at 9:35 a.m.
Present were:

PRESIDENT - - - - -	Dr. R. F. Ross
PRESIDENT-ELECT: - - - - -	Dr. D. F. Macdonald
CHAIRMAN, EXECUTIVE: - - - - -	Dr. L. C. Steeves
EXECUTIVE SECRETARY: - - - - -	Dr. C. J. W. Beckwith

Representatives from Branch Societies:

ANTIGONISH-GUYSBORO - - - - -	Dr. T. W. Gorman
CAPE BRETON - - - - -	Dr. H. F. Sutherland Dr. J. R. Macneil
COLCHESTER-EAST HANTS: - - - - -	Dr. H. R. McKean
CUMBERLAND: - - - - -	Dr. J. C. Murray
HALIFAX: - - - - -	Dr. D. M. MacRae Dr. F. J. Barton
LUNENBURG-QUEENS: - - - - -	Dr. S. B. Bird
PICTOU: - - - - -	Dr. M. F. Fitzgerald
VALLEY: - - - - -	Dr. D. MacD. Archibald
WESTERN COUNTIES: - - - - -	Dr. C. K. Fuller

Observers:

Representative to C.M.A. Executive:—Dr. R. O. Jones
Chairman, Public Relations:—Dr. S. C. Robinson
Chairman, Medical Economics:—Dr. H. E. Christie

Dr. Steeves introduced Mrs. Vaughan who is to replace Mrs. Whitfield on the office staff.

A supplementary agenda was distributed.

Minutes of the 2nd Regular Meeting, December 2nd, 1961.

It was moved by Dr. McKean and seconded by Dr. Gorman that the minutes be approved as circulated. Carried.

BUSINESS OUT OF MINUTES (2nd Regular Meeting December 2, 1961.)

Amendment to Constitution: Legal counsel had recommended that the amendment to the constitution be worded:

“The Company may purchase, take, hold mortgage and sell Real Estate.”

This amendment had been published together with the amended by-laws in the January issue of the Bulletin.

The Executive Committee approved the amendment as reworded.

Appointments to the Professional and Technical Advisory Committee of the Nova Scotia Hospital Insurance Commission:

Dr. G. M. Saunders, (Surgery), Amherst; Dr. W. R. C. Tupper, (Obstetrics), Halifax; Dr. J. A. McCormick, (General Practice), Antigonish have been appointed for the two-year term 1961-1964.

Reports of Committees

Annual Meeting 1962—Dr. R. F. Ross, Chairman.

Dr. R. F. Ross presented the program which is published elsewhere in the Bulletin. He reported that Presidential Insignia will be available to induct the in-coming President for 1962-1963. Past Presidents' pins will be presented at the Annual Banquet. It was

regularly moved, seconded and carried that Past Presidents and their wives be invited to attend the annual banquet as guests of the Society.

A budget to cover the Annual Meeting 1962 was approved.

Membership Committee — Dr. D. M. MacRae, Chairman.

Membership in good standing for 1961 numbered 627 as compared with 583 for 1960. 17 members are in arrears for 1961 as compared with 26 in 1960, 9 members left the Province during the year, 1 member resigned, and 1 was dropped because of arrears. 601 have conjoint membership in this Society and the C.M.A. which increases the representation from the Nova Scotia Division to the C.M.A. General Council from 9 to 10.

The names of 21 making application for membership since June 1961 were approved. It was noted that membership has increased from 523 in 1957 to 624 in 1961.

The report was adopted.

Committee on Medical Economics — Dr. H. E. Christie, Chairman.

The report was chiefly for information. Dr. Christie reported that the matter of life insurance for physicians using non-scheduled flights in discharge of their duties was being investigated by the C.M.A. A resolution was passed that this item also be referred to our Special Committee on Insurance. The report was adopted.

Committee on Health Insurance — Dr. N. K. MacLennan, Chairman.

The report reviewed the activities of the Committee since the Executive meeting December 2, 1961. The Chairman reported no progress with the Nova Scotia Hospital Insurance Commission in recognizing some of the basic principles of the Medical Society relative to quality of service and remuneration for the services provided by pathologists and radiologists.

The Society, the Pathologists, the Radiologists, the Nova Scotia Hospital Association and the Hospital Insurance Commission have all agreed to an optimum workload for each of these specialties. However, the average workload for radiologists is in excess of the optimum as is that for some pathologists.

The Medical Society supports remuneration to the optimum workload for each of these specialist physician groups. On the basis that additional professional personnel are required to reduce the workload to the optimum and, recognizing that such personnel are not available immediately, the Society recommends that negotiations be undertaken between the radiologist or pathologist and the Hospital Board; the purpose of these negotiations to be the management of and remuneration for the overload on a temporary basis until additional professional services become available.

On the whole, Hospital Boards appear to be willing to do this, but the outcome of such negotiations are subject to approval of the Hospital Insurance Commission. It is at this point that progress fails.

Committee on Fees. Chairman, Dr. C. H. Young.

Dr. Young reported that his Committee has held seventeen meetings to date and that progress in review of the schedule has been made. The Committee continues to have weekly meetings. On motion the report was accepted.

Liaison Committee, Workmen's Compensation Board. Chairman, Dr. A. W. Titus.

It was reported that representatives of the Medical Society and the Workmen's Compensation Board had mutually agreed to the following:—

1. That the 1958 Schedule of Fees will be the basis for payment for medical services until further notice.
2. That 85% of the amount for items in the schedule would be paid.
3. That this proration is a temporary measure.
4. That the "General Instruction on Medical Aid in Respect to Workmen's Compensation Cases" will be published in the revised Schedule of Fees, the wording of these instructions to be mutually satisfactory to the Board and to the Medical Society.

On motion the report was accepted.

Committee on Rehabilitation. Chairman, Dr. G. J. H. Colwell.

This report included recommendations which had the objective of improving physio and occupational services in general hospitals and the Rehabilitation Center. Three of the

four recommendations were adopted and the Committee will proceed with their implementation.

On motion the report, as amended, was adopted.

Special Committee on Group Disability Insurance. Chairman, Dr. A. J. Brady.

The recommendation from this Committee that the anniversary date be changed from May 1st to June 1st was approved. The Committee will take this up with the Company. It is expected that the change in the anniversary date cannot be made effective until 1963.

Special Committee on the Secretariat. Chairman, Dr. D. I. Rice.

The Committee plans to make a complete report and recommendation to the next meeting of the Executive Committee. This interim report was prepared because of the resignation of the stenographer (to be effective March 15th, 1962) and also that the Budget Committee is reporting to this the current meeting of the Executive Committee. A recommendation was made that the services of a person with the qualifications suitable to assume much of the present responsibility of the Executive Secretary, leaving him free to pursue activities more in keeping with his qualifications and experience and the employment of an additional stenographer in the office.

On motion the report was adopted.

Report of the Budget Committee. Chairman, Dr. J. F. Boudreau, Honorary-Treasurer.

The report of the Budget Committee showed an estimated income of \$58,171.00 as compared with \$43,651.00 in 1961. Expenditures for 1962 are budgeted at \$56,167.00 as compared with \$51,339.00 in 1962. (The report of the Budget Committee as approved by the Executive Committee will be circulated to the members in the next "Newsletter.")

Special Research Committees. Chairman, Dr. A. A. Giffin.

This report included recommendations to the Executive in reply to inquiries made by the C.M.A. on views pertinent to (a) Aid to Medical Education, and (b) Medical Services Insurance. The C.M.A. had also requested views on a short statement relative to Medical Services Insurance. The Nova Scotia Division suggested a slight amendment to the proposed statement, the amended statement being as follows: that "Canadian doctors advocate a plan for Medical Services Insurance and other health benefits which would be available to those who cannot pay the premiums and leave to those able to insure themselves the right to do so voluntarily."

The Executive Committee accepted the recommendation that the Nova Scotia Division support the Saskatchewan Division in its attitude toward the Saskatchewan Medical Care Insurance Act (1961) on the basis that it includes compulsion and lack of fiscal autonomy to the administering body. The budget for the S.R.C. in the amount of \$6,050.00 which included the details for expenditures, was approved. On motion the report was adopted.

Committee on Cancer. Chairman, Dr. J. E. Stapleton.

The Chairman reported on the continuing efforts toward the establishment of a Tumor Registry for Nova Scotia. On motion the report was accepted.

Canadian Medical Retirement Savings Plan. Nova Scotia representative to Trusteeship Committee, Dr. C. H. Young.:

Dr. Young presented figures which indicated a continuing increase in the number of participants and appreciation in value in reference to this Plan and the Canadian Medical Equity Fund. He made strong recommendation that more members should be participating. He volunteered to provide information to any member on the subject.

Correspondence

Seven items of correspondence were presented to the Executive Committee for information or direction.

New Business

Ten items of new business were presented and dealt with. Of these ten the following should be mentioned:—

Senior Membership, Canadian Medical Association

The nominations submitted from Branch Societies were presented. Dr. W. A. Curry was nominated by the Nova Scotia Division for Senior Membership in the Canadian Medical Association for 1962.

Senior Membership in the Medical Society of Nova Scotia

The nominations received from Branch Societies were considered. By ballot Dr. M. G. Tompkins, Glace Bay and Dr. G. A. Barss, Rose Bay, Lunenburg County, were elected. These gentlemen will receive this honor during the Annual Meeting.

Approval of nominees from Branch Societies to the Board of Directors, Maritime Medical Care. The following were approved:—

Antigonish-Guysboro Medical Society—Dr. T. B. Murphy, Antigonish (1962-1964)

Cape Breton Medical Society—Dr. C. A. D'Intino, Sydney (1962-1964)

Halifax Medical Society—Dr. E. P. Nonamaker, Halifax (1962-1964)

Dr. C. H. Young, Dartmouth (1962-1963)

Lunenburg-Queens Medical Society—Dr. F. W. Prince, Bridgewater, (1962-1964)

Valley Medical Society—Dr. G. E. Kenny, Hantsport (to replace the unexpired term of

Dr. S. H. Kryszek who has resigned from the Board of Directors.)

Western Counties Medical Society—Dr. D. F. MacDonald, Yarmouth—(1962 1964)

Dr. R. F. Ross was appointed Chairman of the **Disciplinary Committee** to replace the late Dr. F. J. Granville.

Approval of support for the International Hippocratic Foundation of Cos was given.

Other Business

The Specialist Register. Chairman, Dr. H. J. Martin, Sydney Mines.

The report of this Special Committee which had been received at the Executive meeting of December 2nd had been circulated at the direction of the Executive Committee, to all Branch Societies for views and comments. Resolutions and comment from seven of the nine Branch Societies were presented to this Executive Committee meeting. Communications had not been received from the Colchester-East Hants Medical Society or the Western Counties Medical Society. These comments have been sent to the Special Committee on Specialist Register for their further information.

Resolutions from three Branch Societies had been received relating to cancer being identified as a notifiable disease. These have been forwarded to the Committee on Cancer.

Four resolutions on miscellaneous subjects from three Branch Societies were presented and direction received.

Date of the 4th regular meeting is Saturday, May 19th, at the Nova Scotian Hotel.

Adjournment

On motion the meeting was adjourned at 7:30 p.m.

N.B.:—The 4th regular meeting of the Executive Committee, Saturday, May 19th, Nova Scotian Hotel.

Annual Meeting of the Executive Committee, Sunday, May 20th, 1962, Nova Scotian Hotel.

First meeting of the incoming (new) Executive, Thursday, May 24th, 1962, Nova Scotian Hotel.

C.J.W.B.

MARITIME MEDICAL CARE INC.

The annual Meeting of the Board of Directors, Maritime Medical Care Inc., took place on April 18th., 1962. Immediately following this the first meeting of the new Board of Directors was held.

BOARD OF DIRECTORS M.M C. INC., 1962-1963.

Director	Physician Members, Branch Medical Society Represented	Appointment Expiring
DR. C. H. YOUNG	Halifax Medical	1963
DR. H. B. WHITMAN	Pictou Medical	1963
DR. R. F. ROSS	Colchester-East Hants Medical	1963
DR. A. A. GIFFIN	Valley Medical	1963
DR. E. P. NONAMAKER	Halifax Medical	1964
DR. T. B. MURPHY	Antigonish-Guysboro Medical	1964
DR. C. A. D'INTINO	Cape Breton Medical	1964
DR. L. D. MACCORMICK	Cape Breton Medical	1963
DR. D. F. MACDONALD	Western Counties Medical	1964
DR. A. ELMIK	Cumberland Medical	1963
DR. F. W. PRINCE	Lunenburg-Queens Medical	1964
DR. G. E. KENNY	Valley Medical	1963

LAY MEMBERS

MR. J. A. WALKER, Q.C.	—	Halifax	1963
MR. J. NOBLE FOSTER	—	Halifax	1863
MR. VICTOR N. THORPE, Q.C.	—	Kentville	1963
MR. DAVID ZIVE	—	Halifax	1964
MR. FRANK ROWE	—	Halifax	1964

The Board of Directors Elected:

DR. A. A. GIFFIN —Kentville —President
 DR. T. B. MURPHY—Antigonish—Vice-President

The Executive elected are the Officers and —

DR. D. F. MACDONALD	—	Yarmouth
DR. C. H. YOUNG	—	Dartmouth
MR. FRANK ROWE	—	Halifax
MR. J. NOBLE FOSTER	—	Halifax

Changes are that Dr. E. P. Nonamaker replaces Dr. J. McD. Corston, Dr. C. A. D'Intino replaces Dr. G. C. MacDonald and Dr. F. W. Prince replaces the late Dr. H. A. Fraser.

PRESIDENT'S REPORT

Gentlemen:—

At this 13th annual meeting of Maritime Medical Care Incorporated, it is my pleasant duty to summarize for you the major events, and achievements with which you have been concerned in the past year.

The auditors will review for you the Comparative Statement of operations for the year ended December 31, 1961. The figures will substantiate a significant increase in revenue, a slight decrease in the percentage of administrative costs, and substantial evidence of better money management.

Income from subscriptions has increased by \$260,988. to a new high of \$3,544,073. Percentage administration costs have dropped from 9.93% to 9.64%. After transferring \$67,257. to the Stabilization Reserve fund (henceforth to be designated "For Stabilization of Payment to Physicians"), there was available an amount of \$35,463. to be added to an investment income of \$53,752. to give a surplus for the year of \$89,215. This is a more sound position than that of a year ago when a surplus resulted solely on the basis of investment income.

This favourable change was not sudden. The foundation for it was laid on the decision of the Directors to engage the Management Consultant Services of Peat, Marwick, Mitchell & Co., and to follow their recommendations. The Finance Committee under Mr. Foster and the late Treasurer, Mr. Glaven have served wisely and well and merit your special commendation. Time has already amply substantiated their statement that a change in banking institutions, a consolidation of all accounts, was plain, good business for the Corporation.

The General Reserve now amounts to \$358,420. and "For Stabilization of Payment to Physicians" \$161,990. The value of investments presently held amounts to \$1,083,695.

A strict revision of enrolment figures by management revealed that over the years contracts had been over-estimated by 1522 and individuals by 10,811. Accurate totals for the plans are as follows:

	Contracts	Persons
(1) Comprehensive	42,197	121,405
(2) Health Security	700	2,261
(3) Individual Contract	1,058	3,009
(4) Seniors' Health	6,939	9,382

Two important policy changes affecting plans were made. The Board of Directors have instructed management to bring forward for their approval a plan for the provision of Extended Health Benefits. The Health Security Plan was offered for the first time on an individual plan basis. A detailed study of existing plans, and the development of new ones to meet the needs and financial circumstances of a greater number of our citizens is being carried out under Dr. Crossman Young. Although the advocacy of comprehensive medical insurance for all is the policy of the Corporation and the Medical Society, until such time as Government assumes the cost of coverage for those of low income in whole or in part, as their need dictates, there remains a moral responsibility to meet their requirements as far as is actuarially possible.

Many administrative matters were put in better order. Among these may be listed revision of the Doctors Account Form, the development of a

claims audit form, clearer position descriptions, amendment of the By-Laws, and the revision and consolidation of all previous Board rulings and directives.

The Board was strengthened by an increase of two lay members, and Mr. David Zive and Mr. Frank Rowe are ably filling these seats.

Mr. J. A. Walker, Q.C. has accepted the position of Legal Counsel to the Corporation.

You will recall that on June 4, 1961 a joint meeting was held with a committee from the Board of Directors of Maritime Hospital Service Association to discuss the advisability and the feasibility of a single prepaid plan for the Atlantic area. As a result, our respective General Managers, (Mr. Brannan and Mr. Doyle), were instructed to meet and forecast the financial and administrative advantages and disadvantages of a common plan.

Your discussion of Mr. Brannan's report on their deliberations is recorded as showing agreement that administrative savings would result from amalgamation, but that for the present, the disadvantages of a fundamental difference in philosophy of sponsorship, direction, departures from a fee schedule, and of Provincial autonomy in health matters, were real obstacles to merging. The anomaly of a lay body selling health services, and of a medical body entering into the field of extended health benefits, (including largely, hospital coverage for preferred hospital accommodation, ambulance service and drugs), could be resolved if an agreement could be reached whereby the health service coverage would be provided by our Corporation, and the Extended Health Benefits by the Maritime Hospital Service Association. This view was expressed at the initial meeting. Further meetings are at the call of either directorate.

The study conducted by Mr. John Connor, the Associate Professor of Economics of Acadia University, is of fundamental importance. He ascertained for us that approximately one hundred thousand Nova Scotians were the recipients of direct Provincial or Municipal financial aid in the 12 month period ending March 31, 1961. Our General Manager estimated the cost of providing comprehensive medical insurance coverage to these persons would be \$2.5 million per year. This figure was used in the Medical Society's Brief to the Royal Commission on Health Services and comprised recommendation three. It is the even greater number of citizens, not the recipients of welfare, but who do not pay income tax, that might benefit from even a partial, interim program.

The grant of \$5000.00 to the Medical Society to provide financial aid in the preparation of the Brief to the Royal Commission on Health Services was most timely. An expenditure of a similar sum of money in any other public relations media could not have resulted in a fraction of the direct benefit that the Brief afforded to present to the public the views of the medical profession and of the Corporation on the place of universally available voluntary Medical Services Insurance. You will be pleased to know that Mr. Brannan gave exceptional assistance in the preparation of the Brief itself. The lucid description under Term (h) "The methods of financing health care services as presently sponsored by management, labour, professional health care services, insurance companies, or by other manner", was written by him.

During the year negotiations were successfully concluded with our landlord to rent adequate accommodation in the Lord Nelson Hotel Extension, for the present term of our unexpired lease, at a favourable rental of \$3.10 per square foot. However, since the yearly rental figure for the space that our operations require will amount to approximately \$31,000 per year, you very wisely proposed to the Nova Scotia Medical Society that thought be given

to the erection of quarters to house the Society's offices, and to provide rental space for this Corporation, the Dental Association, and the interested paramedical groups. Since the Corporation is already very substantially and profitably in the investment field, first mortgage money up to 75% of the buildings valuation could be advanced on a return not lower than the then current yield. You have had recent pleasing evidence that the Medical Society is examining this proposal.

Maritime Medical Care now provides medical insurance coverage for approximately 20% of the people in the Province of Nova Scotia. This compares very unfavourably with the coverage provided for instance by the doctor-sponsored plans of Alberta and British Columbia where the figures are approximately 45% and 53%. The fact that, as we have seen, 14% of our citizens are the recipients of welfare at some time in a twelve month period, does not provide the whole answer.

In the past year, of necessity, you have been occupied with the betterment of administrative, procedural, banking and investment practices. These are now on a sound footing, and the time has come for a concentration on sales effort, exemplified by the Valley Sales Campaign.

The recommendation that a similar campaign, with all our plans open, be carried out on a regular schedule in the areas of nine branch Medical Societies, is a sound one.

One difficulty encountered by the Sales Staff has given you cause for the greatest concern. It is best expressed in the words of the Sales report, . . .

"We wish to state here that the entire campaign produced undeniable evidence of the existence of a general reluctance on the part of participating doctors to support M.M.C. enrolment efforts in the one big way it would do us the most good by insisting on patients paying to them the difference between insurance carriers' medical-surgical fee schedules and those of the Medical Society of Nova Scotia.

Put simply and directly, why should a person paying half the monthly dues of M.M.C. coverage, pay twice as much for no more? He will however, naturally conclude he should have M.M.C. only after he discovers the insurance coverage he has pays ONLY PART of the doctor's or surgeon's bill, and in order for him to learn of his plan's limitations, he must be extra-billed for the difference up to the Medical Society of Nova Scotia fees."

The officers of the Corporation have impressed you, I know, with the skill and devotion that they have brought to bear on managerial affairs. Their advice has been most helpful and sound. Their interest in the welfare of the Staff has been returned in the obvious respect in which they are held, and in the quality of service rendered.

My own thanks are expressed to the Finance Committee for the sharpness of its investment judgment and action, to the Executive Committee for its resolution in coping with a multiplicity of detail, and to the Directors for their mature policy decisions.

Collectively you have brought about a year of solid achievement.

Respectfully submitted,

A. A. GIFFIN, M.D., C.M.
President.

AUDITORS' REPORT

We have examined the balance sheet of Maritime Medical Care Incorporated as of December 31, 1961 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, 1961 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.,
March 5, 1962

NOTES TO FINANCIAL STATEMENTS

December 31, 1961

1. Effective January 1, 1961 the Corporation entered into 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 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 then appropriate financial adjustments made among the plans. Based on the 1961 experience of the Corporation on this contract, it is estimated that at December 31, 1961 the Corporation is entitled to a refund from the participating plans of approximately \$22,000.
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, 1960. The unpaid balances of approved claims for 1961, amounting to approximately \$519,000, have not been reflected in the financial statements.
3. In 1961 the Corporation adopted a revised pension plan for its employees. Under the revised plan the Corporation is required to pay to the plan an amount of \$18,800 to cover past service contributions. It is intended that this liability will be liquidated over a period of years, and accordingly during 1961 a payment was made in the amount of \$1,880, leaving a liability at December 31, 1961 of approximately \$16,920 which liability has not been reflected in the financial statements.

Balance Sheet

December 31, 1961

(with comparative figures for 1960)

ASSETS		
	1961	1960
Cash on hand and on deposit.....	\$ 122,698	\$ 136,110
Accounts receivable.....	26,038	20,214
Receivable from railway contract, estimated (note 1)	22,000	—
Prepaid insurance.....	404	—
Accrued interest on investments.....	14,154	12,808
Investments at cost - approximate market value		
December 31, 1961 \$1,096,628		
December 31, 1960 867,757.....	1,083,695	883,982
Inventory of supplies, at cost.....	7,617	10,382
Furniture and office equipment, at cost.....	48,797	47,677
Less accumulated depreciation.....	21,819	18,931
	<hr/>	<hr/>
Net furniture and office equipment.....	26,978	28,746
	<hr/>	<hr/>
	<u>\$1,303,584</u>	<u>\$1,092,242</u>
	<hr/> <hr/>	<hr/> <hr/>
LIABILITIES		
	1961	1960
Medical claims payable.....	\$ 522,271	\$ 504,240
Unpresented medical claims, estimated.....	163,315	150,000
Accounts payable.....	6,144	6,168
Trust funds—Province of Nova Scotia		
Welfare Plan.....	32,923	16,718
Revenue from railway contract in excess of allowed deductions, estimated.....	—	7,500
Subscriptions received in advance.....	58,521	102,191
	<hr/>	<hr/>
Total liabilities.....	783,174	786,817
	<hr/>	<hr/>
Retained by the Corporation:		
For stabilization of payments to physicians.....	161,990	94,732
General reserve, per statement attached.....	358,420	210,693
	<hr/>	<hr/>
Total retained.....	520,410	305,425
	<hr/>	<hr/>
	<u>\$1,303,584</u>	<u>\$1,092,242</u>
	<hr/> <hr/>	<hr/> <hr/>

MARITIME MEDICAL CARE INCORPORATED

STATEMENT OF INCOME AND EXPENDITURE
AND GENERAL RESERVE

Year ended December 31, 1961

(with comparative figures for 1960)

	1961	1960
Subscription income.....	\$3,544,073	\$3,283,085
Expenditure:		
Medical care for subscribers.....	3,099,723	2,899,333
Administration costs.....	341,630	326,002
Total expenditure.....	3,441,353	3,225,335
Operating income.....	102,720	57,750
Income from investments.....	53,752	44,615
Net income for the year.....	156,472	102,365
Additional payment from 1959-1960 railway contract	58,512	—
	214,984	102,365
Appropriation for stabilization of payments to physicians.....	67,257	64,330
Balance appropriated to general reserve.....	147,727	38,035
General reserve at beginning of year.....	210,693	172,658
General reserve at end of year.....	<u>\$ 358,420</u>	<u>\$ 210,693</u>



FINAL - Come to Halifax - Reminder

The final plans have been completed and everything is in readiness for the forthcoming meeting of the Medical Society on May 21st, 22nd and 23rd, at the Nova Scotian Hotel.

To enable more members to attend it was decided by your executive to hold the annual meeting in the springtime so that it would not conflict with school closing and summer activities.

Your committee chairman and executive have been extremely busy in arranging a varied and interesting programme and we believe that this year's meeting is shaping up to be one of the most successful for many a year.

It is hoped that as many members as possible will attend for we feel this function to be the most important in the medical calendar. The detailed programme will be found on page 121-124 of the Bulletin.

Accommodation arrangements should be made as soon as possible to avoid disappointment. (Housing Application Form, Page 125)

With the coming of hard winter's work, this opportunity to enjoy the take of the business of

109th Annual Meeting
Nova Scotian Hotel.
MAY 21, 22, 23.

the spring after the long, will be an excellent opportunity and also to partake of the Society.

This is especially important at this time and it is most necessary that all members make their views known, so to guide the executive in formulating future policies which will no doubt be difficult during the next few years.

Representation from the entire province is what we would wish to see. If you cannot attend yourself persuade a friend or associate to come so that as many branch societies as possible will have representation at the meeting.

Bring your Wife

The ladies programme under the chairmanship of Dr. H. D. Lavers is a most interesting one. There will be a hospitality room each morning where coffee and sherry will be served.

A boat cruise has been arranged on Monday.

A fashion show under the direction of Miss Underwood has been arranged for Wednesday when many original styles will be on view.

The Annual Ball, the Golf Tournament and the Lobster Boil at Hubbard's Shore Club have been mentioned elsewhere so I will not elaborate further. However, this latter function is under the auspices of your hosts, the Colchester-East Hants Medical Society and besides the fine lobster supper which will be served there will be informal music and entertainment as well as dancing.

. . . and your musical instruments

It is hoped that those members who play musical instruments, sing, dance and etc will come along and lend their talents and help to make this function a real friendly get together.

This will be one night that will give all a splendid opportunity of renewing old acquaintances and of complete relaxation in the informal atmosphere of Hubbard's Shore Club.

We are expecting a good turnout for the golf tournament and whether you

. . . and your golf clubs

are a "duffer" or one of the better "pros" do not hesitate to enter the tournament and have a good game as there will be prizes for the "healthy as well as the infirm."

We received entries for the tournament from famous golfers, notably Dr Carry Middlecoff and Sam Snead. Owing to the large entry we had to reject these and explain that the tournament was open only to members of the Society and Pharmaceutical Representatives.

Your Hosts
Colchester-East Hants Medical Society

We extend to all members a thousand welcomes and will greet you at

THE NOVA SCOTIAN HOTEL
ON
MAY 21st, 22nd and 23rd.

B. D. KARREL, M.D.,
Publicity Chairman.

PROGRAMME
109th ANNUAL MEETING
THE MEDICAL SOCIETY OF NOVA SCOTIA
Nova Scotian Division, C.M.A.

NOVA SCOTIAN HOTEL - HALIFAX - MAY 21, 22 and 23rd, 1962.

May 20th Sunday.

9.00-11.00 p.m. Colchester East-Hants Medical Society "CEILIDH."
Welcome to all. - Commonwealth Room.
The "CEILIDH" on Sunday Evening will provide an
opportunity to renew acquaintances.
A lunch will be served and refreshments available.

May 21st Monday.

Morning

8.30 a.m. REGISTRATION - Entrance to Mezzanine Lounge.
9.30-11.00 a.m. 1st Business Session.
Chairman: Dr. R. F. Ross - President.
11.00-11.30 a.m. Coffee in Exhibitors' Area.
11.30-12.30 p.m. Clinical Session.
Chairman: Dr. T. C. C. Sodero.
Guest Speaker: Dr. David A. Howell, Neurologist,
Montreal General Hospital.
Subject: "The Treatment of Strokes and Strokelets
Caused by Arterial Ischemia by Anticoagulant
Drugs."

Luncheon

1.00 p.m.
Chairman: Dr. R. F. Ross - President.
Guest Speaker: Dr. G. W. Halpenny, President, C.M.A.
Subject: "We Must Build Bridges".

Afternoon

2.30- 3.30 p.m. Clinical Session.
Chairman: Dr. H. D. Lavers.
Guest Speaker: Dr. K. T. MacFarlane, Obst.-Gyn.-in-
Chief, Montreal General Hospital.
Subject: "Modern Management Toxemia of
Pregnancy".
3.30- 5.00 p.m. 2nd Business Session.
Chairman: Dr. R. F. Ross - President.

Evening

9.00- 1.00 a.m. Annual Ball - Commonwealth Room.
Music by 'Don Warner and his Orchestra'.

Wednesday - May 23rd - Cont'd

11.30-12.30 p.m. Group Clinical Discussions:—

Subjects	Leaders
1. Fractures.	Dr. A. L. Murphy Dr. A. M. Sinclair Dr. J. K. B. Purves
2. Congenital Heart Disease (Medical & Surgical)	Dr. D. L. Roy Dr. F. G. Dolan
3. Antibiotics.	Dr. C. E. Van Rooyen Dr. A. MacLeod
4. Encephalitis & Virus Disorders of the Nervous System.	Dr. H. N. A. MacDonald Dr. R. Ozere
5. Cardio-Vascular Disease after age fifty.	Dr. S. J. Shane Dr. R. N. Anderson

Luncheon

1.00 p.m.

Chairman: Dr. S. G. MacKenzie.

Guest Speaker: Mr. Justice F. W. Patterson.

Subject: to be announced.

Afternoon

2.30 p.m.

5th Business Session to the conclusion of business.

Chairman: Dr. R. F. Ross - President.

Evening

6.30 p.m.

President's Reception.

7.30 p.m.

Annual Banquet.

LADIES PROGRAMME

May 21st Monday 10.00 a.m. Coffee or Sherry Party.

May 22nd Tuesday 10.00 a.m. Coffee or Sherry Party.

May 23rd Wednesday 10.00 a.m. Coffee or Sherry Party with

Fashion Show by Margaret Underwood.

NOTES

Social functions including Luncheons are open to members and their wives. Tickets for the luncheons, Lobster Supper and Annual Ball may be purchased at the Registration Table. Tickets to the Annual Ball will be provided to those registering.

Social Registration Fee — \$10.

COMMITTEE for ANNUAL MEETING - 1962

Host Branch Society	— Colchester East-Hants Medical Soc.
President and General Chairman	— Dr. R. F. Ross, Truro.
Programme and Entertainment	— Dr. H. R. McKean, Truro.
Registration	— Dr. G. H. Cook, Truro.
Programme for Ladies	— Dr. H. D. Lavers, Truro.
Housing and Accommodation	— Dr. K. B. Shepherd, Truro.
Publicity	— Dr. B. D. Karrell, Truro.
Golf Tournament	— Dr. B. D. Karrell, Truro.
Exhibitors	— Dr. D. R. McInnis, Shubenacadie.
Executive Secretary	— Dr. C. J. W. Beckwith, Halifax.

The 'Cruise of the Harbour' is provided through the courtesy of Rear Admiral K. L. Dyer, D.S.C., R.C.N.

Fashion Show: Courtesy of Margaret Underwood.

-
- In charge of 'CEILIDH' (Sunday Evening) - Dr. C. C. Giffin, Truro.
 In charge of ANNUAL BALL (Monday Evening) - Dr. S. G. McKenzie, Truro.
 In charge of LOBSTER SUPPER (Tuesday Evening) - Dr. T. C. C. Sodero, Truro.
 In charge of ANNUAL BANQUET (Wednesday Evening) - Dr. K. B. Shepherd, Truro.

EXECUTIVE COMMITTEE

- | | |
|-----------------------------------|---------------------------------|
| 5th Regular Meeting | — Saturday, May 19th, 9.30 a.m. |
| Annual Meeting | — Sunday, May 20th, 10.00 a.m. |
| 1st Meeting Executive (1962-1963) | — Thursday, May 24th, 9.30 a.m. |



May 22nd Tuesday.**Morning**

- 8.30 a.m. REGISTRATION - Entrance to Mezzanine Lounge.
- 9.30-11.00 a.m. 3rd Business Session.
Chairman: Dr. R. F. Ross - President.
- 11.00-11.30 a.m. Coffee in Exhibitors' Area.
- 11.30-12.30 p.m. Clinical Session.
Chairman: Dr. D. F. MacInnis.
Guest Speaker: Dr. David A. Howell, Neurologist,
Montreal General Hospital.
Subject: "Observations on the Diagnosis of Strokes
Caused by Arterial Infarction, Intra-cranial
Hemorrhage and Cerebral Tumours".

Luncheon

- 1.00 p.m.
Chairman: Dr. J. C. Vibert.
Guest Speaker: The Honorable G. I. Smith, Minister
of Highways.
Subject: "Highway Safety".

Afternoon

- This afternoon (Tuesday) is 'free'.
- (1) The Golf Tournament. (Dr. B. D. Karrell,
Truro, in charge.)
 - (2) Harbour Cruise. (2.30-4.00 p.m.).
 - (3) For those who wish arrangements can be made for group
meetings.

— AND REMEMBER —

Evening

- 7.00 p.m. The Lobster Supper at the Shore Club, Hubbards Cove.
Arrangements by Colchester East-Hants Medical
Society (Dr. T. C. C. Sodero, Truro, in charge).
Tuesday evening will be devoted to post-prandial
entertainment.

May 23rd Wednesday.**Morning**

- 8.30 a.m. REGISTRATION - Entrance to Mezzanine Lounge.
- 9.30-11.00 a.m. 4th Business Session.
Chairman: Dr. R. F. Ross - President.
- 11.00-11.30 a.m. Coffee in Exhibitors' Area.

109th ANNUAL MEETING

The Medical Society of Nova Scotia

(Nova Scotia Division of the Canadian Medical Association)

HOUSING APPLICATION FORM

Dates of Meeting: May 21st, 22nd, 23rd, 1962 - Nova Scotian Hotel, Halifax.

Please Note: Re reservations at Nova Scotian Hotel —

Single room rate from \$8.50 to \$12.00 per day —

Single room rates in the old section of the hotel from \$8.50 - \$10.50;
in the new section \$11.50 - \$12.00.

Double room rate (twin beds or double bed) from \$12.00 to \$14.50 per day —

Double room rates in the old section from \$12.50 - \$14.50 per day;
in the new section \$15.00 - \$16.00 per day.

Please indicate on the application form the rate you wish to pay.

Dr. C. J. W. Beckwith,
The Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
University Avenue,
Halifax, N. S.

Please arrange a reservation at the Nova Scotian Hotel for the undersigned as follows:—

Single roomat.....per day

Double room: twin beds at.....per day

double bed at.....per day

I expect to arrive on May..... a.m. p.m.

I expect to depart on May..... a.m. p.m.

Names of persons who will occupy the above accommodation:

Name:

Address:

Signed: Date.....

Applications for reservations at the Nova Scotian Hotel will be passed on to the hotel management for action and confirmation.

THYROID TUMORS

CURRENT TRENDS IN DIAGNOSIS AND TREATMENT

ARTHUR L. MURPHY, M.D., F.A.C.S.

HALIFAX, N. S.

The clinical approach to non-toxic thyroid enlargements has been modified in the past five years, the result of fresh thinking based on recent large and reliable groups of statistics, gathered in the bigger thyroid clinics of this continent and England.

Our series in the Nova Scotia Tumor Clinic of 339 cases, between 1953 (date of the Clinic's inception) and 1961, while too new and small to base conclusions on, seems in accord with the larger studies.

A survey of recent literature shows:

- A. Malignancy of the thyroid is more common in areas where goitre is endemic.
- B. The incidence of thyroid cancer in nodular goitre has been placed as high as 12%.
- C. The incidence of thyroid cancer in diffuse, toxic goitre is higher than in the normal gland.
- D. In the fifth decade, where it is commonest, thyroid cancer is more malignant than in youth.
- E. The common, papillary cancer may remain quiescent, or grow very slowly, over many years. Signs of renewed growth in a previously inactive, enlarged thyroid, in middle age, may indicate malignant change; they may indicate a new virulence in an old malignancy.
- F. When cancer is discovered in the thyroid it must be assumed that the lymph nodes in the neck are also involved. In one series of 182 cases of papillary cancer, the adjacent nodes were involved in 154.
- G. Early malignant changes in the benign adenoma, or in the nodular goitre, may be discovered only by extensive histological study.

The nodular goitre cannot be viewed with complacency in the light of these findings. It may be: (1) the seat of future cancer; (2) hiding a present cancer; (3) not a "nodular goitre" at all, but an indolent, papillary cancer throughout.

Are we, then, to operate on every thyroid enlargement, toxic or non-toxic, in the hope of curing and preventing cancer? When we consider that, as a prophylactic, only a total ablation of the gland would suffice, this possible solution becomes untenable.

Two laboratory aids help in narrowing the cases needing surgical exploration. The **perchlorate flush** test is very dependable in the diagnosis of a chronic thyroiditis which may simulate the more active forms of cancer. The **scintigram** of radio-active iodine uptake in the thyroid distinguishes the "cold" nodule (which has no uptake and may be a neoplasm) from the "hot" (which is usually a portion of hyperplastic, hyper-functioning tissue). But a thyroid cyst is "cold", and a cancer **may** be "hot", so the test is an adjunct to, not a means of, diagnosis.

Biopsy is usually diagnostic in the solitary nodule. In diffuse nodularity it can only tell of its own area and not of a possible, adjacent malignancy.

Even in experienced hands, punch biopsy is of value only when definitely positive.

Apart from these studies, the physician will assess his thyroid problem on a clinical basis. He will refer for surgical exposure of the gland:

1. All cases with a solitary nodule, unless the nodule is "hot" on scintigram. If "hot", he will follow the case closely, watching for resolution or further growth. If the nodule is an area of localized hyperplasia, resolution may be hastened by the administration of thyroid extract, to tolerance. If the "hot" nodule does not resolve in three months, excision is advisable.

2. Cases of nodular goitre which show any unusual or rapid change (non-toxic) between examinations. These examinations should be done every three months. A patient with a nodular goitre must never be discharged.

3. Cases of nodular goitre with palpable nodes in the neck. Every examination should include complete neck palpation for possible malignant nodes.

4. The case with a neck nodule mis-diagnosed as "aberrant thyroid tissue", which is metastatic thyroid cancer in a lymph node.

5. All non-toxic thyroid enlargements appearing after the age of thirty.

6. Any thyroid enlargement, uni- or bi-lateral, about which the physician, after thorough study, is in doubt.

The treatment of thyroid malignancy cannot be dealt with as dogmatically. A growing realization of the endocrine dependence of at least some thyroid cancers, a better understanding of the lymphatic drainage of the gland, and the failure of radio-active iodine to obtain the good therapeutic effects expected of it, put current treatment in a state of confusion.

Two principles may be accepted as established.

1. Surgical excision is indicated for the primary growth.

2. When thyroid cancer is diagnosed it must be assumed that the lymph nodes in the neck are also involved.

This said, we become less positive.

It has long been accepted that excision of carcinomatous lymph nodes is more effective than Roentgen or cobalt radiation which inhibits rather than destroys them. However, removal of all the nodes which may be involved in cancer of the thyroid, is, at present, a surgical impossibility.

A radical neck dissection which removes sterno-mastoid, jugular vein and all the adjacent nodes from clavicle to base of skull, still leaves a small chain behind the carotid, a deeper cervical chain, and retrosternal nodes into which a thyroid growth may metastasize early. It is possible to pick up the carotid and take the lymphatics away from beneath it, but this is not a clean, *en bloc* dissection. The retrosternal nodes can only be removed through a sternum splitting operation. The deep cervical chain is beyond our present technique.

Thought on the best surgical procedure is further influenced by the encouraging effects which the administration of thyroid, post-operatively, seems to have on the development of metastases. It is natural that after a radical thyroidectomy the body puts greater demands on any metastatic, cancerous thyroid tissue remaining, to produce thyroid secretion for it. These demands make the metastasis grow. Administration of thyroid extract spares these demands and we believe it has particular merit in papillary cancer.

An earlier effort to spare metabolic demands on the metastasis is made at operation: we leave behind as much normal thyroid as is compatible with wide excision of the growth.

With due regard, then, for the individual patient, the variety of cancer, and the undogmatic approach, our treatment is:

1. Lobectomy when the growth is confined to one side; total thyroidectomy when it encroaches on, or crosses the midline, or when the primary cannot be found (diagnosis having been made from a metastatic node).

2A. A modified neck dissection on the homolateral side when the growth is in one lobe, bilaterally when it is diffuse. This is done **en bloc** with the thyroidectomy, provided that the diagnosis is established clinically, or by frozen section at operation. The sternal head of the sternomastoid is removed. Dissection is begun in the supraclavicular area, going retrosternally as far as can be reached without splitting the bone. It is carried up around jugular vein and carotid artery to the carotid bifurcation.

2B. In early papillary cancer, with no gross sign of metastases, we may confine the operation to the thyroidectomy.

The standard radical neck dissection, with removal of sternomastoid and jugular vein to the base of the skull, is not done unless there is evidence of node involvement demanding it. If this evidence is present on both sides a bilateral radical neck dissection is done.

3. Thyroid extract is given post-operatively, in all cases, to tolerance, which is usually not less than three grains a day.

4. In follicular, anaplastic and adeno-carcinoma, radiotherapy is given to the supraclavicular areas, the upper retrosternal area and the deep planes of the neck. It is not given in papillary cancer, unless there are inoperable metastases.

5. After total thyroidectomy for non-papillary types, radio-iodine studies are made, and if concentrations are seen beyond the seat of the gland, the radio-iodine is used therapeutically. (No matter how thorough the thyroidectomy there may be enough functioning cells left to show a concentration of iodine at the site of the gland.)

We shall modify our therapy as we learn more. At the present this seems best to us.

Because of the slow growth of thyroid cancer, particularly in the common, papillary form, the disease is one of the few carcinomata in which lifetime cures may be anticipated. This fact merits our most serious thinking and efforts.

In summary:

Recent statistics point up the high incidence of cancer in the thyroid gland which has been the site of previous disease or metabolic disorder.

Thyroid extract plays an important role in preventing recurrence of thyroid cancer.

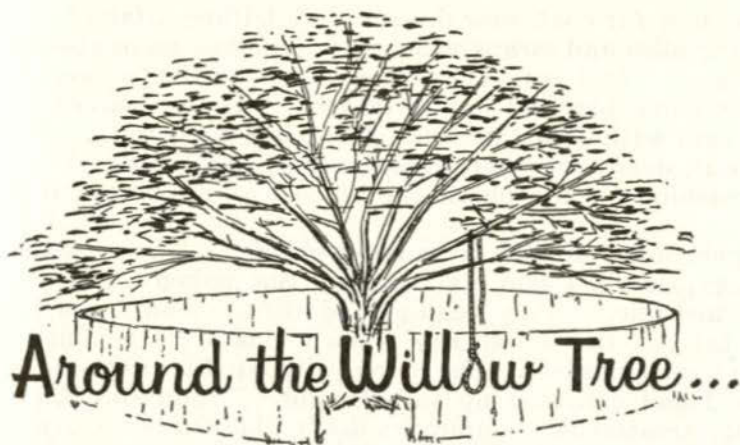


FIGURE THIS ONE OUT

When her wedding ring fell off it was the last straw.

Since girl-hood my wife has always had a pleasing figure, not too thin, not too fat and with plenty of curves in the right places. Personally I am all for curves in the female form. I find nothing more daunting in these off-the-shoulder days than talking to a couple of clavicles and a haunting pair of sinuses where formerly stood a buxom one-fifty pounder. Yet for some extraordinary reason the lovelies now appear to imagine that when they leave their skins behind them and recede into slender nothingness it adds in some mysterious way to their fascination and charm.

The Modern Obsession hit our home the middle of last summer when all that could be heard at meal times was the click of the salad tongs and the succulent crunch of lettuce and raw carrots. I went along with this for a while. Queens and Presidents were dieting, top cardiologists were riding bicycles, while hearts were popping here there and everywhere. But whether they were skinny young hearts or fat old ones some pallid ass in spectacles and a white coat would with unerring finger point at the Modern Western Diet. But when the greens became a positive rabbitual I rebelled. Not so my wife. "You wait until the girls at the club see my figure", she said, "I've dropped ten pounds already", and all day long could be heard the rattle of the weighing machine as it registered the disappearing pounds. "Besides think what you save in meals", she crunched as a radish at two-and-a-half cal. and sugarless black coffee at nil plopped into her interior.

This saving angle sounded good until the first snow flurry came. "Lucky it's an old one", she said when she got her fur coat out. "Look, it goes around me about twice now"—all this in a deceptively casual tone. It was certainly no under-statement though. She looked like Mrs. Bear taking her first stroll after hibernation. "That should take in all right", I countered in a cold matter-of-fact voice. "There is a woman above the drug store who does them very well". My wife can turn on a silence like a tap. Hot ones for mundane day to day upsets which usually end cosily enough. Showery ones when my relatives are due or when the boys come in for poker, and cold ones like the all-pervading silence of outer space. This last was the ultimate weapon. It met you at the garden gate, took the lift out of the Bourbon, and even somehow managed to get right in among the gravy.

After the new fur coat, new dresses were trifling affairs to say nothing of the supports, girdles and straps which now appeared so unnecessary for such a diminutive frame. And yes, believe it or not, even the feet recede! And with the new shoes came bag and hat to match. "Thank heaven your hair isn't thinning", I said with acid sarcasm. Wretched big-mouth. "How sweet of you to notice it, dear. My hairdresser said my old hair style was unsuitable now", and reaching for the phone she booked an appointment the very next day.

In desperation I started to counter-attack. "You really are getting awfully scraggy, dear", I said maliciously. She poked a finger playfully into my ample waist-line. "Pure jealousy, darling. You know perfectly well you are too fat". "But I like **my** women meaty", I rejoined with what I thought to be a salacious leer. She roared with laughter as though at some deep inner picture I had conjured up in her mind. "Sonny boy", she said giving me the senility treatment, "employers don't like prospects over forty". My id rose up in fury. "Well, Mrs. Flambon thinks you look positively tubercular", I said savagely. "Oh that old cat. She has been telling the girls at the club that you are an old skinflint and don't give me enough house money. Of course you can be a bit of a tightwad at times", she added reflectively. You see, a brilliant flanking movement every time which even Monty might just possibly conceivably praise in an extremely off moment.

Conscious of failure I consulted the office egg-head. "These things level themselves out in time", said Jones sagely. "Every recession has its limits. When skin and bone meet—what then?" This sounded pretty logical so I said nothing more until the day she came in without her wedding ring on. "Look", she said in triumph as she displayed her ringless finger, "it fell off in the store. The manager suggested I have it re-fitted so I took it to Binks." "And how much will that little lot cost?" I said heavily. "Only ten dollars, dear", she said humming a gay little song. I was outraged. "This is the last straw", I said. "Not a dime more for your fool dieting", and I gave her a pretty good going over about finances and things. "I know dear", she cooed sweetly, "not a teeny thing more I promise you. You've been wonderful about it dear, but you just see the girls eyes pop out in the club when they see my figure". She drew her latest creation tightly around her and gazed in ecstasy at herself in the mirror, and to say the truth she did look pretty nice.

It seemed Jones was right. Things began to level out during the next three months, and when I returned from a business trip I even thought the market had gained a point or two, as Jones might say. Not that I said anything **this** time. No sir. I had learnt my lesson. **She** did the talking. "Darling", she said with a sort of look in her eyes I had not seen for some years, "I may want a new dress or two in a little while". "Not a dime", I said emphatically. "You said not a teeny thing more, remember? You promised". "Yes, dear", she said meekly, "I know dear, but this is rather different. These are special dresses. A reminiscent shiver ran down my spine, as I paused at the foot of the stairs. "When you were away", she went on, "I went to see Partem and he told me" "Oh no, no, NO, it can't be", I screeched as I rushed upstairs to the den for a Bourbon.

I told you it was the last straw. It was just the last but one. You figured it?

Partem was the city's highest feed obstetrician.

PERSONAL INTEREST NOTES

During this month of April, we thought the following table might be of interest:

COMPARISON OF CANADIAN & UNITED STATES INCOME TAXES ON REPRESENTATIVE INCOMES (1961)

TAXABLE INCOME	CANADIAN TAX ¹	U.S. TAX ²
\$ 4,000	\$ 610 + 22% on excess	\$ 800 + 22% on excess
8,000	1,570 + 30% on excess	1,680 + 26% on excess
12,000	2,870 + 40% on excess	2,720 + 30% on excess
16,000	4,520 + 45% on excess	3,920 + 34% on excess
20,000	6,320 + 45% on excess	5,280 + 38% on excess
24,000	8,120 + 45% on excess	6,800 + 43% on excess
28,000	10,070 + 50% on excess	8,520 + 47% on excess
32,000	12,070 + 50% on excess	10,400 + 50% on excess
40,000	16,070 + 55% on excess	14,520 + 56% on excess
60,000	27,070 + 60% on excess	26,440 + 62% on excess
100,000	51,570 + 65% on excess	53,640 + 75% on excess

1. Add - federal Old Age security tax - 3% of taxable income or \$90.00 (whichever is less)
2. Married taxpayer.

HALIFAX MEDICAL SOCIETY

March 14, 1962—The Monthly Meeting was held at the Halifax Children's Hospital to consider the submission of a brief to the Rowe Commission regarding the Victoria General Hospital and to hear the report on the Executive Meeting of the Nova Scotia Medical Society.

March 12, 1962—Dr. Agnes Threlkeld, Halifax left for Toronto to attend the Annual Ken-L award dinner which is to be held on March 13, 1962 in the Lord Simcoe Hotel honoring four top winning dogs in Canada. Dr. Threlkeld is owner of Maritime Champion Hollywood Hills Honor, an Irish Setter.

March 9, 1962—Dr. C. H. Reardon, Liberal Member for Halifax West in the Provincial Legislature charged the Government with wasting "millions of dollars" by delaying construction of the proposed extension to the Victoria General Hospital in Halifax. He said the 850 bed hospital now planned would cost more than a 1,000 bed hospital would have cost "if the Government had stopped talking and started building two years ago." Dr. Reardon said the Minister of Health was apparently confused about the number of beds for the proposed hospital. "He has varied from a low of 850 to a high of 1,000 beds and touching on the way at 900, 918, and 973."

UNIVERSITY

February 28, 1962—A round table discussion on "The Early Treatment of Severe Multiple Injuries" was held in the Victoria General Auditorium, by Drs. D. W. Ruddick (Montreal General Hospital), E. H. Botterell (Toronto General Hospital), and F. G. Dolan (Victoria General Hospital), being presented by the post-graduate division of the Faculty of Medicine and the Department of Surgery of Dalhousie University.

April 30-May 5, 1962—A week in Paediatrics, Obstetrics and Gynaecology was held at the Grace Maternity, Halifax Children's and Victoria General Hospitals.

Dr. W. A. Cochrane, Associate Professor of Paediatrics, is to be one of five guest lecturers at this year's College of General Practice of Canada meeting. This meeting from March 26, to April 30, 1962 will be held on board the Empress of England, which will sail from New York to Bermuda and return. Some 300 other medical men and their wives are expected to attend.

Dr. Vernon W. Krause has been appointed as assistant professor of Pathology at Dalhousie University and Pathologist at the Halifax Children's Hospital. Dr. Krause received his M.D. from the University of Alberta (1948), and after interning at the Royal Alexandra Hospital, Edmonton (1948-1949), took one year's senior internship in Medicine and Surgery (1949-1950) followed by four years in General Practice. He started his residency in Pathology at the Royal Alexandra Hospital (1955-1956) and continued at Kingston General Hospital (1956-1957) and Toronto Hospital for Sick Children (1957-1958) and Toronto General Hospital (1958-1959), spending some time in the fields of haematology, surgical pathology, and neuro-pathology. Since July, 1959 he has been Assistant Pathologist at the Toronto Hospital for Sick Children.

BIRTHS

To Dr. and Mrs. William Dennis (nee Frances Randall), a daughter, Tracy Anne, at Moncton City Hospital, March 6, 1962. A sister for Gregory, Terry, and Stephanie.

To Dr. and Mrs. Otto Horrelt, Petite Reviere, a son, February 17, 1962.

To Dr. and Mrs. Donald Morris (nee Mollie MacLean), a daughter, Andrea Clare, at Payzant Memorial Hospital Windsor, on February 21, 1962.

COMING MEETINGS

May 21-23, 1962—109th Annual Meeting of the Medical Society of Nova Scotia, Nova Scotian Hotel, Halifax.

June 18-22, 1962—95th Annual Meeting of the Canadian Medical Association, Winnipeg, Manitoba.

September 18-21, 1962—5th Canadian Conference on Mental Retardation, Nova Scotian Hotel, Halifax. This conference, sponsored by the Canadian Association for Retarded Children, will have as its theme: "The Community—A Necessary Member of the Team." Slogan: "Help Them to Help Themselves." For further information: Mrs. L. J. Stewart, C.A.R.C. National Conference Chairman, 610 Kenaston Ave., Town of Mount Royal, Quebec.

June 10-14, 1963—96th Annual Meeting of the Canadian Medical Association, Toronto.

September 23-26, 1963—6th Canadian Conference on Mental Retardation, Marlborough Hotel, Winnipeg, Manitoba.

THE INTERNATIONAL HIPPOCRATIC FOUNDATION OF COS

Last year, 2500 years after the birth of Hippocrates, Prof. S. Oeconomos of the Medical School of the University of Athens submitted the constitution for the International Hippocratic Foundation of Cos.

The aims of the Foundation are to maintain and extend the rationalistic ideals and standards of Hippocratic Medicine, to develop a humanized medicine with the purpose of improving human well-being, and to establish an international centre for historical study of medicine in Cos.

Plans have already been made for a building to be erected close to the ancient Asklepien at Cos, near the place where Hippocrates and his fellow teachers are reported to have developed one of the earliest medical teaching centres. The plans call for a one-storey building of white marble and glass, expressing both classical and contemporary architectural ideals. The building is planned to house a large amphitheatre, a library, a restaurant, twenty double rooms with baths for visiting guests, and facilities for historical and philosophical studies associated with medicine. The total cost of the building is estimated at \$300,000 and approximately \$300,000 more for its furnishing.

Membership is open to all physicians (minimum of \$1.00) and Dr. N. Destounis, 6209 University Avenue, Halifax, N. S., has been authorized by the International Executive Committee to accept contributions, donations, and memberships.



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