



**FRANK ROY DAVIS**

M.D., C.M. (DAL.), F.A.C.S.

Minister of Health Province of Nova Scotia 1933-1948

Assistant Professor of Surgery Dalhousie University, 1940-1948

1888-1948

## IN MEMORIAM

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**T**HE Hon. Frank Roy Davis, M.D., C.M., F.A.C.S., Minister of Public Health and Welfare and of Municipal Affairs died at Ingonish, September 17, 1948.

Stricken with a heart attack, while attending the Annual Meeting of The Medical Society of Nova Scotia, the Minister failed to recover.

Born in Shelburne August 25, 1888, Dr. Davis was the son of the late Rev. Hiram Davis and Mrs. Davis. He graduated in Medicine from Dalhousie University in 1911 and practised in Petite Riviere until 1919 when he moved to Bridgewater. In 1933 he became Minister of Health.

Surviving the Minister are his wife, the former Elizabeth Balcom, M.D., daughter of the late Dr. Parker N. Balcom and Mrs. Balcom of Aylesford, and their two sons, Garth and Paul. Two brothers and three sisters also survive.

It is hard to realize that Frank Davis is dead. He appeared so vigorous that one was apt to forget he had suffered a severe heart attack three years ago. To appreciate him one has only to know that, for the past months, he had found it necessary to take nitroglycerine repeatedly in order to carry on. In spite of this, and with his knowledge as a physician, of the significance of this, he took on more and more responsibilities. Retirement or even restriction of activity was out of the question for this type of man.

Much has been written and spoken of his work on behalf of the sick and underprivileged. He has caused his name to be engraved on the hearts of thousands in this Province, who will for years to come benefit from his wise planning for their welfare. The new Victoria General Hospital will stand as a fitting memorial to his efforts.

It seems appropriate that Dr. Davis should pass his last days surrounded by so many of his colleagues who were so willing to help. This desire to help was greatly appreciated by himself and his family. His chief regret was that he should cause so much inconvenience by his untimely illness.

To his family we all extend our deepest sympathy. They should gain some comfort from the knowledge that this was a life well spent. Dr. Davis gave liberally of his many talents in public service with no thought or hope of personal gain. The Province has lost a wide administrator, the profession an outstanding doctor and many of us a very warm personal friend.

H. A. Fraser

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Little did we think during our college years, that happy period of fun, frolic and laughter—clinics, laboratories, lectures and examinations, that anyone of us would serve his native province so well as this member of the class of 1911. Dr. F. R. Davis demonstrated quite early in his career that he possessed sound judgment when he persuaded another classmate, Dr. Bessie Balcom to become his wife. This was indeed a happy union. Surely the greatest of all blessings is the love and companionship of a good wife.

When he entered the political field—one just naturally followed his progress with special interest. Dr. Davis conceived of great plans for the welfare of his fellow Nova Scotians. The new Victoria General Hospital was to become in the course of time the consulting centre for the Province and to continue to serve, even to a greater degree than formerly, as the chief clinical unit of Dalhousie University Medical School.

We could look back to the days when it was considered a positive disgrace to be afflicted with "consumption" and to go to a Sanatorium was the last straw. To the youth of to-day that attitude is almost incomprehensible. Dr. Davis liked to draw an analogy between the story of tuberculosis and the present day attitude to the sick mind and predicted a like change in public thinking in the course of time. He did at one time believe—and perhaps continued to do so—that it might help to break down the barrier of ignorance and prejudice if the Nova Scotia Hospital were renamed and made a Department for Nervous Diseases of the Victoria General Hospital and a building for the incurables erected elsewhere.

Just before he went to Keltic Lodge Dr. Davis was in to see me. . . During our conversation, which touched upon things of this life and the life to come, he said that the pain of coronary thrombosis was great but he would not describe that experienced by himself as unbearable. Although he had to take medicine almost from hour to hour to ward off the inevitable end this was not done because of any fear but that he might have time to carry out his beneficent plans. As we dwelt upon this momentary existence he quoted the words of the Psalmist "As for man, his days are as grass: as a flower of the field, so he flourisheth. For the wind passeth over it, and it is gone; and the place thereof shall know it no more." Death had no fears for him neither in a physical sense, as he believed his loss of consciousness in his first attack was its equivalent nor in a spiritual sense, as he lived with the Christian hope of something better beyond the grave. Like St. Paul, and all other men who meditate on such matters, his religious views changed from childhood to manhood. The words of the great apostle came to my mind as he talked. "When

I was a child, I spake as a child, I understood as a child, I thought as a child: but when I became a man, I put away childish things. For now we see through a glass, darkly; but then face to face: now I know in part; but then shall I know even as also I am known."

No man can give leadership, overcome opposition, mold public opinion and above all adhere to ideals without suffering many anxious hours. To her who comforted and loyally supported him and to their family, I respectfully tender my sympathy.

H. W. Schwartz

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It has been truly said that the new Victoria General Hospital stands as a memorial to Doctor F. R. Davis. However, not only the physical structure typifies the work of the late Minister of Public Health but its policies, its new departments and its plans for expansion will keep him long in the memory of the medical profession.

To work in close co-operation with Doctor Davis was not only a privilege, but it was also an inspiration and an education. His enthusiasm, his keen interest in the progress of medicine and his enjoyment of everyday events could not help but inspire all who came in contact with him.

In spite of constant demands upon his time, he was most accessible, and he considered no problem too small for his consideration.

With his inspiring personality, Doctor Davis was a man of broad vision, progressive ideas and ideals of the highest order, the ultimate goal of which was always the advancement of the health and well-being of this Province.

His kindness, his wise counsel and his unfailing understanding will long be missed by us.

C. M. Bethune

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In the passing of Frank Davis the Victoria General Hospital and Dalhousie University Medical School have suffered a terrific loss. Nobody not closely associated with both institutions can realize the great efforts he made to establish here at Halifax a centre of healing and medical education second to none in Canada. He was a man with an extraordinarily open mind on a whole host of medical subjects, and that open mind was allied with an intelligence of the highest order. Men might differ with his ideas, but no one could deny their extraordinary variety.

To the staff at the Victoria General Hospital he gave not only an institution of the most modern type, but he added to our strength in many ways that have equipped us to handle a type of case that in the past found us inadequate. He was full of plans for this new institution—plans that were from our standpoint almost revolutionary. He wanted to establish here a great

Diagnostic Clinic. He wanted the new Outpatient department to be different from the ordinary ruck. To make this possible he travelled widely among clinics on this continent with outstandingly perceptive eyes and garnered the best ideas from them to add to his own.

From a teaching standpoint also he incorporated into the hospital large clinic rooms on each of the public floors, small examining rooms in all the wards, and a magnificent auditorium in the basement large enough to handle not only our medical student needs, but those of our refresher course. These rooms he equipped with all the most modern teaching aids. He was profoundly interested in medical education and brought to its problems a mind unhampered by habit or tradition—an extraordinarily fresh and wideseeing mind.

For all this we must forever be grateful to his memory. But I think one of the great memories that comes out of his life was his courage. He knew for some years that he was more or less living on borrowed time. He could have well-afforded to lie back and take things easy. But he chose to let the sword of Damocles that hung over him disturb him in no way whatsoever—pursuing his career as if under no threat. Few men would have had the courage to do that.

Finally, in a personal way, I can say that I am proud to have been a classmate of Frank Davis'. We had our differences, as men of independent mind must, but there is no doubt in my mind that I have more honor in being a classmate of his than he has had in being a classmate of mine.

H. B. Atlee

# To the Members of the Medical Profession of Nova Scotia

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At the Annual Meeting of the Medical Society of Nova Scotia held recently at Keltic Lodge, consideration was given to a plan of Prepaid Medical Care, as outlined in the report of the Committee on Economics. Prior to this meeting all members of the profession, whether members of the Society or not, were provided with a copy of the report and a ballot. This procedure gave all the physicians an opportunity to study the plan and express their opinions on this very important matter, undoubtedly the most important our Society has been called upon to consider since its organization. You are all aware that the vote when taken was overwhelmingly in favour of proceeding with the implementation of the plan.

As suggested in the report, a House of Delegates was nominated and great care was taken in selecting these in order that all areas of the province might be represented. In the near future a meeting of this body will be called and a Board of Directors elected, whose duty it will be to proceed with the setting up of the organization. This will entail enormous effort on their part, and they will require and naturally expect the co-operation of us all. The success of this venture depends in great part on the attitude of the members of our profession. We must be prepared to back it up and to sell the idea to our patients.

Many of us are well satisfied with the present system of medical practice, but these are changing times and we must keep pace or be trampled under foot by more aggressive groups, who might wish to dominate us and to dictate our way of life.

It must be understood that this is a doctors' plan, and our House of Delegates and Board of Directors will at all times keep this in mind. The present "doctor-patient" relationship, which we all cherish so much, will in no way be altered. Medical men are by nature individualists and resent any interference with their independence, but this proposed move is being forced upon us by the trend of the times and it must be accepted in this light. We must go forward together and expect even greater things in the future.

I am sure we all appreciate very much the enormous effort which has been put forth by our Committee on Economics, so ably headed by Doctor N. H. Gosse. The members of the committee have done excellent work and deserve the gratitude of all members of the profession. Let us show our appreciation by our co-operation and assistance when called upon to help in the promotion of Maritime Medical Care Incorporated.

HUGH A. FRASER

President, Medical Society of Nova Scotia.

# Presidential Address\*

ERIC W. MACDONALD, M. D.

Mr. Premier, Honored Guests, Ladies and Gentlemen:—

Holding a medical convention in rural Cape Breton is a unique event as well as a difficult undertaking when hotels are as small as ours. We realize that many have not received the accommodation and services they desired but hope you will not judge us too severely—all did their best. You must admit our highlands with their magnificent scenery at least came up to expectations and we know you will profit from the papers. This meeting would be impossible if it were not for the splendid co-operation of the different government departments, the management and staff of the Lodge as well as that of the different local committees. I would like the representatives of the exhibiting firms to know that we appreciate the friendly spirit they displayed. We enjoy having them with us and hope they will continue to exhibit their products at all future conventions.

We can only say thank you to our guest speakers for bringing us a new look—at things medical. Those members of our own society who took part in the program did their part well, as we expected.

Medical economics is the most important issue in the deliberations of medical associations everywhere these days, and, as your president, perhaps you will forgive me for speaking for a few minutes on this subject although much of what I have to say has been heard already in the last few days.

It appears that we have been coasting on the prestige of the old school of family physicians, neglecting to keep pace with the changing world, except in scientific matters, so that today we are rapidly drifting towards regimentation, government control and state medicine. This is a fact which we have too long ignored but which now no one can refuse to accept.

The profession in England now must realize where “laissez-faire” and indifference leads. We have only to view certain other countries to see where the road leads when the citizens of a country surrender their rights and privileges, no matter under what guise the transactions are conducted. The road is easy and made so by governments, consciously or unconsciously, in ceding to the demands of the people, which since the days of the depression have been many.

Our sin is that we have neglected to keep in step with medical economics and world thought, so that today we find ourselves on the verge of radical change in the practice of medicine. Many as yet do not realize what may be over the horizon. In our efforts to be good doctors and to render the best care possible we have failed to take an active and articulate part in the affairs of our people. While medicine was never such a full time job as it is now we have unfortunately, due to the stress of our professional lives, neglected to assume our share of civic responsibilities and are not the leaders in our own communities as were many of our predecessors. The time is here now for all to try and grasp just what the future is likely to bring. One must first of all realize that the trend in the world today is to ask governments to shoulder many of our

\* Delivered September 15, 1948 at the Annual Banquet of the Medical Society of Nova Scotia.

obligations. This unrest is due to the groping of the people for some means to help better their economic status.

Many cannot pay for medical care while many others find doing so a severe drain on their incomes. As medical men we have an obligation to make our talents available to all the people. It must be conceded I think, that we have to a large extent failed in this obligation. Of late years scattered attempts are being made to bring medical care to a larger proportion of the people by the establishment of voluntary prepaid medical schemes; and while these succeed in their main objective they fail in that they do not provide for those in the lower income bracket, or the totally indigent. Can organized medicine provide a comprehensive health coverage that people can afford or have we delayed too long and missed our golden opportunity? All schemes now operating are too expensive for those that need their security most—organized medicine must find a less costly solution or the state will take over our services. Surely we should be able to supply good medical care for less money than any government.

Personally, I believe it is possible to expand these schemes to cover all those gainfully employed and their families, if we can convince the employers of labor that it is to their benefit to assume some responsibility for the health of their employees. If we cannot induce them to do so, then the state is likely to, just as it passed compensation and unemployment laws.

For the unemployable and those always classed as indigents as well as the tubercular and mentally ill a solution can be found in the voluntary system.

It is my belief that every member of a community should have the best medical care possible, not under charity nor by compulsion but by making this country such that he or she will be in a position to earn sufficient to pay the physician, among others, a fair fee. I realize this is dreaming of paradise, but if all are created free and equal they do not remain that way long, nor do they develop equal earning powers, hence the necessity for some equalizing measure to ensure a healthy people.

The system of medical practice is changing, becoming less intimate and more impersonal. Any developments that tend to hasten this process, to wipe out from the public mind the traditional picture of the family doctor who was never too tired or too busy to serve and who never worried too much about collections may do irremediable injury to the prestige of the profession.

The best medical care is not a commodity that can be bought and sold by the state, insurance companies or other lay organizations no matter what they call themselves. On the other hand many see no harm in non-medical groups collecting monies for and arranging payment for medical services. There is, however, a vast difference. As medical men we tend to be individualistic, which is one of the main reasons why many enter the profession. Federal health insurance or state medicine will bring some measure of medical care to all the people but it will not and cannot give the individual that personal sympathetic care that each has a right to expect. While human nature remains what it is, the best incentive to good work in any field of endeavor is free competitive private enterprise.

Winston Churchill has said—"We must beware of trying to build a society in which nobody counts for anything except a politician or an official, a society where enterprise gains no rewards and thrift no privileges."

The government of this Dominion is definitely committed to health



insurance and has already announced certain grants which will be used to lay the foundation on which will be built a national health scheme—likely compulsory and almost sure to be contributory for all with incomes above a certain level. Although some will argue that it will provide more with medical care, it will, due to increased taxation, lower the standard of living and so defeat its objective. We must confess that neither the profession nor anyone else in this country has had sufficient experience to be dogmatic regarding what the result will be.

At this meeting you have discussed and endorsed the proposal of your committee on economics, so now we are in the organization stage of supplying medical care on a voluntary prepaid basis. While we are well aware of the national trend we are not insensible of the fact that the development of our own scheme, if successful, will along with similar ones put us in a favorable bargaining position when government is finally ready to act. This, however, is not the reason for setting up our own organization, neither is it a means of, offering obstruction to the state. Even if some form of health insurance is inevitable, ours will give the profession an opportunity to discover the strength and weakness of prepaid medical care on a large scale.

If our leaders and statesmen, after mature deliberation, consider that some form of health insurance is the answer to the problem of bringing medical care to all, then it is up to us to see that legislation is so formulated that it will serve in the best interest of both the public and the profession. Only by much thought and study by all can we be in a position to express our views and safeguard the health of the people. Unless we do so we are going to find that those rights and privileges that make the practice of medicine the most satisfying profession on earth will be lost by poor legislation and the public will likely receive an unsatisfactory type of medical service.

Organized medicine in its deliberations has always placed the welfare of the public first and will continue to do so but wants safeguards for those liberties which are the heritage of a free profession, as long as they are not in conflict with the welfare of the common good.

Courage, devotion, enterprise and vision, which have always been traits of our profession, are needed now as never before.

# Editorial

## The Ninety-Fifth Annual Meeting

ON Sunday, September 12th, there began a great trek along the highways of Nova Scotia, towards Antigonish and Mulgrave, across the Strait and through the woods of the Victoria Line. Once in Cape Breton, the stream of travellers was joined by others coming from Sydney and elsewhere on the Island. All were making for Ingonish, Keltic Lodge, and the medical meeting. Every time one passed a car with a green cross one strained, in passing, to see who was in it. Inverary Inn, at Baddeck, was almost taken over by the medical profession on the night of the 12th. At Ingonish on Monday, the 13th, there began the 95th Annual Meeting of the Medical Society of Nova Scotia. Here we pause to reflect that, in spite of the imminence of our centenary, as yet no committee has been appointed to plan its celebration. It is rather a relief to find one group free from an obsession which seems so prevalent these days.

The meeting was, one feels, entirely different from any other in the life of the Society. Never can a meeting have been held in surroundings of such natural grandeur. Never were the business sessions so well attended, and never, never were there so many pages of minutes. The scientific sessions were of the usual high calibre, but were overshadowed in the minds of all by the serious importance of the business meetings. We need hardly mention the burning question of the times, since it will receive due attention elsewhere.

On the subject of the ballot on the prepaid medical care scheme a few words and a few figures may be in order. There are 427 members of the Medical Society of Nova Scotia. But, since it was felt that all, whether members or otherwise, should be allowed the franchise in this important matter, ballots were sent to 522 persons. This number was made up of the 427 members of the society, some of whom are not listed in the Medical Register, and all those in the Register who are not listed in the Society. There may be some doctors in Nova Scotia not included in either group but there cannot be many. It is interesting to note that there are 95 doctors who are not members of the provincial medical society. The final vote, including ballots counted at the meeting and a few waiting in Halifax bearing dates earlier than Sept. 14th, was 192 in favour of the plan and 4 opposed. Two ballots received late and dated Sept. 21st which could not be counted, were in favour. 19 non-members voted, 18 yes and one no. 179 members voted, among them 3 against. The majority was, therefore, overwhelmingly for the implementation of the prepaid medical scheme.

But—the total vote is considerably less than half the possible figure. We may assume that had every vote been cast the proportions would not have been changed, and it is significant that only four persons came forth with a definite “no.” But we cannot help being reminded of the recent plebiscite in Halifax. The total vote on that occasion was quite small. Since then many, who may perhaps have voted “yes” or may not have voted at all, are finding that they do *not* want a tavern on their corner. The only connection between these two events would seem to be that, on being given an opportunity to express an opinion on any issue, one should first consider carefully, count the cost, then vote and record a considered opinion, and accept

the result of the ballot as the will of the majority. We have never been particularly impressed by those who in noble and dignified isolation refrained from voting, but who were by no means so noble nor so dignified in their protests later on.

The annual dinner was agreed by all to have been a great success, and this in spite of the very small space available for the function. The management of the Lodge deserves great credit for being able, with such slender resources, to serve so many meals at once. The speeches truly provided a feast of reason and a flow of wit.

This inadequate summary cannot be concluded without reference to the illness and death of Dr. Davis. While business and pleasure were carried on as usual, as, without a doubt, was Dr. Davis' wish, all were constantly aware of the struggle in the cottage up on the hill, and if the concentrated wishes and prayers of all had been answered, the outcome would have been very different.

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On listening to the radio programme called "Editorially Speaking" we have often been struck by the amount of editorial time and energy that seems to be consumed in reproof and rebuke and lecturing and scolding in general. This we wish to avoid. But there sometimes comes a time when one must take up the cudgels in defence of those, who, for one reason or another, cannot defend themselves. On this occasion we are obliged to mention the matter of "leaving before the end." This is not peculiar in any way to medical meetings. How many of us have observed the scandalous habit of that quarter of the audience that always leaves even the finest concert half way through the last number? We are told that even in church there is a tendency to slip away before the service is finished, and indeed we have noticed this ourselves. It might be interesting to do a little research at the portals of public meeting places, and to inquire why this rush to get out first. Surely here is one of the kinks in human nature.

Doubtless doctors feel that their reasons for early departure are better than those of the other fellow. And perhaps they may be. But this phenomenon has been noted too often to allow of any constantly operating emergency on the last day or the last half day. And, to be blunt about it, this thoughtless practice is nothing else but a gross discourtesy to the unfortunate speakers who may grace the closing hours of any meeting. In many cases some of the most attractive offerings of the scientific part of a meeting are reserved for the last half day, perhaps because the programme committee hopes that this may keep up the interest. A vain hope! Nothing will stop the exodus, if not from the actual vicinity of the meeting, at least from the lecture room. And so we have the shameful spectacle of conscientious and busy men, reading papers which have entailed weeks of preparation, to a

mere handful of listeners. The fact that the thinness of the crowd is no reflection on personal popularity can be small comfort to a speaker on such an occasion.

If no sense of decency can be brought to bear on this regularly recurring breach of manners, then it would appear that steps should be taken to avoid the occasion for it. There should be no last day or last half day. If the future meetings of the Medical Society of Nova Scotia, for instance, were to terminate with the annual dinner most of the members would stay for that and could then go home next day with a clear conscience. The speakers would all have a fair chance and the few who have in the past been faithful to the end would be spared their embarrassment for their absent colleagues. In short, everybody would be happy.

M.E.B.G.

# Obituaries

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## Dr. John Stewart Murray

ON September 25th there passed away at the Royal Victoria Hospital in Montreal, one of the outstanding general practitioners in Nova Scotia, Dr. John Stewart Murray, of River John, Pictou County, N. S. He was in his 56th year, having been born in November, 1892.

He graduated from Pictou Academy in 1916 and planned on entering McGill that fall, but he had a severe gastric haemorrhage, so took that year off to recuperate. From that time on he was careful of his diet, and neither "drank" nor smoked, and enjoyed good health until this summer; when attending the "Canadian Medical" at Toronto, he began to have epigastric distress, which he attributed to unusual food. The symptoms did not abate and he began to show signs of pyloric stenosis, so he decided to enter hospital for investigation. He felt he was not seriously ill, but examination revealed an epigastric mass and he was operated upon by Dr. Gavin Miller on September 16th. A very extensive procedure was carried out, in order to eradicate a malignant growth. He stood surgery well and his friends were very pleased with his condition, but complications set in and he died on Saturday, September 25th.

He graduated from McGill in 1921 and was given an appointment as an intern in the Montreal General Hospital.

After leaving the M.G.H. he practised with his father, Dr. D. A. Murray, until the latter's death, when Stewart took over the practise.

When he was a little lad his father took him with him on his calls, even rousing him and taking him along at night. As this was in the "horse and buggy" period, Stewart decided that some other profession would be an easier way to earn a living and he chose Dentistry. However, as he grew older he agreed with his father that medicine was the better choice.

Dr. Murray was an excellent diagnostician. He investigated his cases well and was generally right in his conclusions. A large area and a great number of people depended on him as their medical adviser. He had a very busy life and during bad weather some very trying experiences.

He kept well abreast of the times, and was seldom absent from Medical Conventions. During 1947 he was President of the Pictou County Medical Society.

He was remarkably free from undesirable qualities. He led a pure life. He was never heard uttering oaths or telling a questionable story. He had good opinions of his fellows and was always ethical in his conduct.

On September 28th his funeral was held in the Church where he worshipped at River John. The vast multitude who gathered to pay their last respects told of the warm regard in which he was held by his people. With very few exceptions, all the members of the Pictou County Medical Society were present.

The floral tributes were beautiful. Wreaths were sent from the Pictou County Medical Society, the Nova Scotia Medical Society, and the Medical Staff of the Aberdeen Hospital.

He is survived by his mother, wife, daughter and three sisters.

"Blessed are the pure in Heart, for they shall see God."

R. M. B.

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### Dr. Ronald St. John MacDonald

Doctor Ronald St. John MacDonald died at the Royal Victoria Hospital<sup>1</sup> in Montreal, where he had gone for a routine medical examination, on September 12th. Doctor MacDonald was born at Bailey's Brook, Pictou Co., on May 22, 1880. He attended Bailey's Brook School, and graduated in Arts from St. Francis Xavier University in 1899 at the unusually young age of 19, and received his M.D., C.M. from McGill in 1903. He first practised for two or three years at Rossland, B. C., and then at Port Hood and Inverness. Returning to McGill Doctor MacDonald took a course in Public Health, and on completing it, remained at McGill on the Faculty. He went overseas in the First World War with the McGill Hospital unit, having been in the reserve army for fourteen years, with the rank of Captain, and was one of the five doctors in the first group to go overseas. He was mentioned in dispatches and returned to Canada in 1919 holding the rank of full Colonel. On his return he again took up his duties at McGill as Associate Professor of Public Health and Preventive Medicine. On his retirement from McGill in 1945, Doctor MacDonald, together with his wife and children, returned to Bailey's Brook. Surviving are his wife and three children, Mairi and Ronald, both at home, and Elizabeth in training at the Royal Victoria Hospital, Montreal. The funeral was held on Thursday morning, September 16th, at Bailey's Brook.

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### Dr. Gerald Courtney Wentworth Bliss

It is with deep regret we record the passing away of Dr. G. W. Bliss, which occurred at Amherst, on Friday, September 17, 1948, at the age of 90 years, and after serving as a medical practitioner for over 60 years—truly a remarkable record in the service to humanity. It was only a short time before his death that Dr. Bliss was forced to give up active participation in the work he loved.

A son of the rectory, Dr. Bliss was born in nearby New Brunswick. Graduating from Jefferson University he chose Amherst as his adopted home and there became an outstanding citizen and familiar figure, not only in the town but in the other Cumberland County communities as well. He was twice married. Six children survive, also a brother and two sisters. One of his children is Dr. Gerald Bliss, Altoona, Pa., U. S. A.

To know Dr. Bliss was to appreciate him. The writer met him first in 1931, and to know him was to marvel at the youthful mental and physical vigor of the man, for at that time he had reached and passed the allotted

span. He possessed a fund of reminiscences which were told in his own inimitable way. When one dropped into the Highland View Hospital of a morning and on approaching the doctors' waiting room, heard peals of laughter ringing out from the sanctum, it was an indication that Dr. Bliss was regaling his confreres in the typically entertaining Bliss way. He was Medical Health Officer in the town of Amherst for thirty years—resigning that position only a few months ago—and as such he was outstanding. The Health Act he enforced without discrimination. Offenders of the provisions of the act, that came within the range of his authority soon found out they had no "yes" man to deal with. He carried out his duties to the very letter—without fear or favor.

Throughout his busy medical life, Dr. Bliss took time out to give attention to community affairs. Notable was his interest in the organization of the present efficient fire fighting unit in the Town of Amherst, as was his interest in musical organizations. His enthusiasm also included fishing and hunting, as recreation measures. A loyal citizen, and one who never hesitated to express his views on public matters, Dr. Bliss will be greatly missed in the place he served so faithfully and energetically for so many years. He did not make a poor job of growing old. He lived his life and extracted the utmost in happiness and satisfaction *just where he was.*

J. J. M.

# Minutes of the Executive of The Medical Society of Nova Scotia, 1948

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The annual meeting of the Executive of the Medical Society of Nova Scotia was held at "Keltic Lodge," Ingonish, N. S., on Monday, September 13, 1948, at 2.35 p.m.

Present: Dr. Eric W. Macdonald, President; Doctors E. F. Ross, D. J. MacKenzie, R. O. Jones, W. J. MacDonald, J. G. B. Lynch, F. J. Barton, J. J. Carroll, J. E. Park, H. B. Havey, N. H. Gosse, J. R. Macneil, H. D. O'Brien, D. K. Murray, Margaret E. B. Gosse, A. E. Blackett, L. M. Morton and H. A. Fraser.

The President called the meeting to order, and stated that the Secretary, Doctor H. G. Grant, regretted very much that he was unable to attend due to the opening of Dalhousie University, and had sent his regrets and apologies, and asked that someone be appointed from the floor to act as secretary. It was moved by Doctor N. H. Gosse and seconded by Doctor J. J. Carroll that Doctor R. O. Jones act as secretary for the executive meeting. Motion carried.

Doctor Jones read the following letter.

135 St. Clair Avenue West  
Toronto 5, August 17, 1948

Dr. H. G. Grant  
Secretary, Medical Society of Nova Scotia  
Dalhousie Public Health Clinic  
Halifax, N. S.

Dear Doctor Grant:

As you are aware, the World Medical Association is holding its second annual meeting in Geneva beginning on September 5th, and, as I am obliged to be present in my capacity of Chairman of Council, it means that I shall not have the privilege and pleasure of attending your annual meeting this year. I regret exceedingly this conflict of dates but I know my assistant, Dr. Kelly, will very worthily represent the secretariat at your meeting.

I would like to take this opportunity, through you, of extending heartiest greetings to the Convention, and, further, to express the hope that it will be my good fortune to be with you next year.

With kindest personal regards, I am,

Yours sincerely

(Sgd.) T. C. Routley  
General Secretary

Doctor Kelly stated that Doctor Routley had been given permission by the Canadian Medical Association to attend this conference.

Doctor Jones next read the following letters.

August 12, 1948

## To the Secretaries of Divisions

Dear Doctor Grant:

Dr. R. B. Robson of Windsor, Ontario, has been appointed Chairman of the Committee on Industrial Medicine of this Association. He has completed the selection of



members of the nucleus of his committee and is most anxious to complete the roster by the inclusion of members of his committee who plan to attend the conference.

It will be appreciated if you will advise this office of the name of your representative on this committee at your earliest convenience, and further if you will advise your nominee of the conference and meeting of the committee.

Yours faithfully

(Sgd.) A. D. Kelly

Assistant Secretary

It was moved by Doctor J. G. B. Lynch and seconded by Doctor J. E. Park that it be left to the President and Secretary to appoint someone to go. Carried.

### Re Change of Constitution Affecting Notice of Motion

Halifax, August 13, 1948

Dear Sir:

In accordance with the usual practice the Resolution of The Medical Society of Nova Scotia passed at a meeting of the Society on October 9, 1947, was submitted to the Legislative Counsel with the request that he advise whether it was in order for the approval of the Governor in Council from a legal point of view.

I am now advised as follows:—

"I offer no objection to the content of the proposed change but I am doubtful that in its present form it effects the change that was intended by the Society and, indeed, I am not sure that it changes anything.

"Although no reference is made to any Article or Section that is to be altered I assume that an amendment is intended to Article XIII, 'Alterations and Amendments', and it seems to me that the effect of the present proposal is that notice as previously required must still be given for a change in the by-laws that is merely expedient or desirable as contrasted with a change that is actually necessary. Moreover, who is to decide when a change has become 'necessary' or what constitutes a necessary change are matters on which considerable confusion might arise in connection with future changes.

"However, I see no reason why this amendment should not be approved for such effect, if any, as it may be found to have."

Although this amendment might be approved for such legal effect as it might have, I am sure that you will wish to have it redrafted so that it will have legal effect. I would therefore suggest that you consult your legal officers in the matter.

Yours very truly

(Sgd.) Arthur S. Barnstead

Deputy Provincial Secretary

P.S. I am returning herewith the Resolution.

Dr. H. G. Grant

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

It was moved by Doctor J. G. B. Lynch and seconded that the Secretary confer with a legal adviser to have this resolution affecting changes in the by-laws worded as it should be. Carried.

135 St. Clair Avenue West  
Toronto 5, August 5, 1948

To the Secretaries of Divisions and Doctor Archer

Dear Doctor Grant:

Further to my letter of July 13th, attached herewith please find copies of P.C. 3401-3410 which outline the conditions under which the ten Health Grants will become available to the provinces.

I hope that, by this time, your Division is officially represented on the committee which is undertaking the Health Survey in your province. These Orders-in-Council will be of interest to your representatives and it is our intention to supply them, through your office, with copies of all official documents bearing on the Health Survey as they become available.

Yours faithfully

(Sgd.) A. D. Kelly  
Assistant Secretary

P.C. 3408

Certified to be a true copy of a Minute of a Meeting of the Committee of the Privy Council, approved by His Excellency the Governor General on the 28 July, 1948.

The Committee of the Privy Council have had before them a report, from the Minister of National Health and Welfare, representing:

*That*, as an essential step in the development of adequate health services for the people of Canada, Parliament appropriated monies for General Health Grants to be available to the Provinces and included therein the sum of \$625,000 for a Health Survey Grant to assist the Provinces in surveying present health services and facilities, including hospitals, and in studying ways and means of improving and extending the same;

*That* the distribution of the said grant is on the basis of a flat amount of \$5,000 to each Province and the balance according to population, with the total payment available to any Province in no case to be less than \$15,000;

*That* such grant shall be available under terms and conditions approved by the Governor-in-Council;

*That* on the basis of such division and the 1947 intercensal population estimates, the provinces may respectively become entitled to amounts not exceeding the amounts hereinafter set forth, namely:

Province	Amount
Prince Edward Island . . . . .	\$ 15,000
Nova Scotia . . . . .	33,399
New Brunswick . . . . .	27,454
Quebec . . . . .	174,756
Ontario . . . . .	196,570
Manitoba . . . . .	38,979
Saskatchewan . . . . .	43,506
Alberta . . . . .	42,592
British Columbia . . . . .	52,744

That the Dominion Council of Health which met on the 7th and 8th days of June, 1948, considered the said grant and matters relating to the most effective use thereof.

The Committee, therefore, on the recommendation of the Minister of National Health and Welfare, advise:

1. That upon the certificate of the Minister of National Health and Welfare, hereinafter called the Minister, that the province has:
  - (a) established or designated an agency or division responsible for making a survey in the province of existing health, hospital and related facilities and services; and
  - (b) provided an outline of the procedure proposed for conducting the survey; and
  - (c) undertaken to furnish, not later than the 30th day of September, 1948, the 31st day of December, 1948, the 31st day of March, 1949, and not later than the last day of every third month thereafter, respectively until the said survey is completed, interim reports of the progress of and results from the said survey up to the said dates; and
  - (d) undertaken to furnish a report on the survey with a plan for the improvement, extension and establishment of such health, hospital and related facilities and services as will insure the most effective development of adequate health services for the population; and
  - (e) undertaken to furnish to the Minister with each report as provided in paragraph (c) hereof a statement of expenditures incurred by such province in making the survey during the period covered by such report; and
  - (f) undertaken to refund to the Receiver General of Canada forthwith after the completion of the said survey any monies received from its share of the said grant and which monies have not been spent on the said survey; and
  - (g) undertaken to maintain such records and accounts as are necessary and desirable in connection with the said survey and, to permit and afford the Minister, his officers or agents every facility to inspect and examine all such records and accounts; in manner and to an extent deemed satisfactory by him, approval be given for the payment to such province out of and up to the amount of its share of the said grant as hereinbefore set out, as follows:
    - (i) 15% thereof forthwith; and
    - (ii) Out of the balance of its share of the said grant during the fiscal year 1948-49, the amount expended by such province in connection with the said survey during the period covered by each interim report as required in paragraph (c) hereof, provided such province has complied with the provisions of this Order in manner satisfactory to the Minister; and
2. That the Minister in the administration of this Order and for the utilization of the monies appropriated for the said grant be authorized to prescribe such definitions, standards, terms, conditions and forms as, in his opinion after consultation with the Dominion Council of Health, are necessary or desirable to give effect thereof.

(Sgd.) A. D. P. Heeney

Clerk of the Privy Council

Doctor Eric W. Macdonald advised that he had taken it upon himself to interview Doctor Davis regarding this programme and that he was very sympathetic to the Medical Society being represented and that when the time came he would see that the Society had representation, but that he had taken no action and did not yet contemplate any action on this survey.

Doctor J. G. B. Lynch: "I think Doctor Kelly is expected here to-day and it might be a good idea to defer this letter until he comes. I would move that we endorse what you have already done with Doctor Davis."

Doctor N. H. Gosse: "We have got to go a lot further than that. They have made a great many grants to the Provinces of Canada covering very many phases of medicine, and all of them affect us. It is the beginning of a complete system of socialized medicine. I suggest that we give consideration to an advisory committee representing The Medical Society."

Doctor Eric W. Macdonald: "What you say is absolutely correct. Any commission that is set up will be set up by the Government and we have no say as to who will be members of this commission."

Doctor N. H. Gosse moved that the Society set up an advisory committee to prepare a very carefully framed resolution incorporating the reason why the Society proposes to set up a medical advisory committee, and that the phraseology ought to be left to a resolution committee. He suggested that the President instruct somebody to phrase the resolution on the matter of these health grants for presentation to the general meeting, and suggested that some discussion be carried on as to the number necessary for such a group.

Doctor J. G. B. Lynch seconded this motion with the suggestion that the number on the committee be not more than five.

Doctor N. H. Gosse: "I suggest that in view of the decision that you instruct somebody to bring in a resolution covering the appointment of a medical advisory committee of five to offer advice to the Government, and that it be discussed at the general business meeting to-morrow." Agreed.

Report of the Editorial Board

### **Annual Report of the Editorial Board of the Nova Scotia Medical Bulletin, 1947-1948.**

Mr. President and Members of the Executive:

I have the honour to present the report of the Editorial Board of the Nova Scotia Medical Bulletin for the year 1947-48. The usual twelve issues of the Bulletin have appeared in the past year, and we are thankful to be able to say on this occasion that it was possible to produce these issues with less anxiety and tribulation than in times past. We do not examine too closely the causes of our better fortune lest it vanish before our eyes, nor do we feel any degree of confidence that this happy state will continue, but for the relatively prosperous year that we have had we are grateful.

On several occasions we have been confronted with problems which did not arise out of lack of material. Without being too specific, we have been presented with matter which we did not publish. In the well-considered judgment of the Editorial Board it is not in the interests of the medical profession of this province that there should appear in the Bulletin, which is the official organ of The Medical Society, anything in the nature of a personal attack on

any member. We are entirely of the opinion that wholesome controversy can be the spice of life, but some degree of dignity must be maintained. It is quite in order to attack the ideas expressed by one member by advancing contrary ideas but we feel that personal references should be avoided. Our journal has a small circulation outside of the province, and it would be a pity if in the eyes of the rest of the world we should appear to wash dirty linen in public. If the members of the executive and the Society as a whole have other views we should be glad to be informed. We do not wish to adopt a policy which does not coincide with the wishes of the Society.

We should appreciate more co-operation with the obituaries. This is a sad theme and one which it may seem improper to mention. However, it seems reasonable to suppose that most members feel that some tribute should appear to mark the passing of our colleagues. It has been our wish that these tributes should be written by those best qualified to do so, and whenever possible we have asked close friends or associates to perform this service. All too often we meet with excuses and are forced to take newspaper details and from them prepare a short paragraph, which may fail entirely to say what should be said. Even if those who feel they cannot write as they wish would, when asked, provide the editors with a brief sketch, it would be of great assistance in the more graceful discharge of our obligations in this direction.

Subject to the approval of the Society we shall do our best in the year ahead. It should be a year of great interest and we shall try to make the Bulletin keep pace with the times.

Respectfully submitted,

Margaret E. B. Gosse, M. D.

The adoption of this report was moved by Doctor Gosse.

Doctor Eric W. Macdonald then read the following letter:

172 South Bentinck Street  
Sydney, N. S.  
9 September, 1948

Dr. E. W. Macdonald

President, Nova Scotia Medical Society

Dear Doctor:

#### Re Nova Scotia Medical Society Bulletin

The undersigned has been requested by the President of the Nova Scotia Radiological Association to obtain information with respect to the editorial policy of the Association Bulletin.

At a recent meeting of the provincial radiologists correspondence was read dealing with an article by Dr. Schwartz pertaining to the radiological diagnosis of mastoiditis. A letter was addressed to the Editor by Dr. W. H. Eagar of Wolfville, dated June 17, 1948. This letter was not published and in a reply from the Editor dated 16 July it was suggested that Dr. Eagar either address a letter to Dr. Schwartz or incorporate ideas on the subject of X-ray in mastoiditis in the form of a paper.

We wish to know whether it is the policy to refuse articles for publication on certain grounds. The entire correspondence is in the writer's hands and will be available to you on request.

Yours very truly

(Sgd.) H. R. Corbett, M.D.

Secretary Treasurer

Nova Scotia Association Radiologists

After some discussion it was moved by Doctor J. G. B. Lynch that the Executive heartily endorsed the action of the Editorial Board in the selection of articles for publication in the Journal during the past year, which was seconded and carried.

Doctor D. J. Mackenzie moved the adoption of the report which was seconded by Doctor J. E. Park and carried.

### Report of the Medical Museum Committee

Halifax, N. S.

July 15, 1948.

Dr. H. G. Grant,

Secretary, Medical Society of Nova Scotia,

Halifax, N. S.

Dear Dr. Grant:

The Medical Museum Committee of The Medical Society of Nova Scotia begs to report as follows:

No new accessions were received by the committee during the past year. No meeting was held but the views of all members of the committee were obtained by correspondence.

At present the assets controlled by this committee consist of an oak cabinet stocked with a variety of medical antiques. This cabinet was formerly housed in the Medical Museum of the Pathological Institute, Halifax, but about eighteen months ago the Museum Department of the Dalhousie Medical School was reorganized, new display cases were constructed and our cabinet no longer fits into the scheme. The exhibits, all of which were obtained several years ago, have never been properly catalogued and I understand some have been donated outright and others are on loan only. At the present time all exhibits and the cabinet are in storage in the museum preparation rooms at the Cathedral Barracks of Halifax. It is the unanimous recommendation of this committee that the cabinet and exhibits be donated to the Dalhousie Medical School for exhibition in the Medical Museum.

Yours truly,

(Sgd.) D. J. Mackenzie

Chairman of the Medical Museum Committee,

Medical Society of Nova Scotia.

Doctor Mackenzie moved the adoption of this report which was seconded by Doctor H. D. O'Brien and carried.

**Report of the Cogswell Library Committee**

Halifax, N. S.  
September 10, 1948.

The President,  
The Nova Scotia Medical Society

The Cogswell Library Fund Committee begs to report:

During the year 1947-1948 the work of the Library was carried on in its usual satisfactory manner. Seventy-four volumes, dealing with clinical subjects and the medical sciences, were added to the Library shelves. In addition to these the Provincial Medical Board added thirty-six titles to the MacDougall Collection, and from special funds provided for the purpose, forty new books have been added to psychiatry.

The Library received forty-two books and four bound journals as gifts during the year. Four bound volumes of journals and approximately four hundred unbound journals were received from the Medical Library Association Exchange.

Current journals number two hundred and forty-four. (One hundred and sixty-one subscriptions, eighty-three gifts). The following new journals have been added during the year.

*Acta chemica Scandinavica.*

*Acta medica Scandinavica.*

*Acta physiologica Scandinavica.*

*American Journal of Surgery.*

*Anaesthesiology.*

*Annals of the New York Academy of Sciences.*

*Biochemica and Biophysica acta.*

*British Journal of Cancer.*

*Cancer.*

*Geriatrics.*

*Journal of Gerontology*

*Yale Journal of Biology and Medicine.*

The Library keeps a list of current medical motion pictures from which films may be obtained on request for teaching purposes.

Difficulty in having journals bound results in certain issues being absent from the Library for many weeks or even months at a time. It is hoped that this problem may be solved by the setting up of a local book-binding concern. Plans for this are under consideration.

It has been pointed out to the Library Committee that the receipt of the Cogswell Memorial Fund each year is often delayed. It was requested that payment of this fund be made earlier in the year.

The mail service of the Library through the year has been maintained and approximately fifteen volumes per month are sent out to doctors through the province. These are in the form of text books or journals chosen by the Librarian, Miss Allan, in reply to requests for articles on specific topics.

During the year the Library was visited by a representative of the Rockefeller Foundation and the Association of American Medical Colleges and all

were high in their praise of the building and the facilities it offered to the Dalhousie Student Body and the Profession.

Respectfully submitted, .

(Sgd.) Arthur L. Murphy, Chairman,  
Cogswell Library Fund Committee.

Doctor R. O. Jones moved the adoption of this report which was seconded by Doctor H. D. O'Brien and carried.

### Report of the Pharmaceutical Committee

Berwick, N. S.  
September 2, 1948.

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

Dear Dr. Grant:

The following is a report of the Pharmaceutical Committee:

It is noted that the Federal authorities are demanding a more rigid control of narcotics. In this action they are to be commended, as this tends to provide protection to the public, and at the same time relieves the medical profession of responsibility to some extent.

The multiplicity of names used by various firms for one and the same drug is still with us. This practice should be discouraged as much as possible by the medical men.

No matters dealing with drugs or pharmaceuticals have been referred to us during the year.

Your committee did not meet during the year; however, I contacted the other members by mail.

Yours truly,

(Sgd.) R. A. Moreash,  
Chairman.

Doctor R. O. Jones moved the adoption of this report which was seconded by Doctor J. R. Macneil and carried.

### Report of the Industrial Medicine Committee

August 12, 1948.

To the President and Members of The Nova Scotia Medical Society.

Dear Sirs:

I hereby submit the Annual Report of the Industrial Medical Committee.

Contrary to general opinion, Industrial Medicine had its commencements in antiquity. Physicians of ancient Egypt, Greece and Rome wrote about industrial diseases. Aristotle concerned himself with diseases of runners;



Hippocrates and Galen wrote on Lead Poisoning. Later treatises appeared on Lead Poisoning, Hernia of runners and Eye Pathology of forge workers.

In the sixteenth century the diseases of miners and smelters of lead, mercury, cobalt, cadmium and arsenic were described. In 1700 appeared a book written by Bernadino Ramazzini, a Physician of Capri, Italy, called *De Morbis Artificium Diatriba*. This Physician wrote upon all known industries and their hazards and left one great command to his successors. "The Physicians should learn the nature of occupational diseases in the quarries, mines, factories, or wherever men toil" and on the foundations which he established rest the Industrial Hygiene of modern times.

Since then Industrial Medicine has made steady progress, and when at the turn of the century the Workmen's Compensation Act and other social legislations began to be enacted, employers of labor became more and more interested; and the larger concerns now look upon a Medical Organization in their industry as a necessity.

Industrial Physicians have become organized and now have their own Association, Journal and yearly Convention.

Industrial Hygiene and Industrial Nursing have shared in the same progress as Industrial Medicine. The scope of Industrial Medicine is continually expanding and it is becoming more and more evident that the health of the workman depends on his total environment—work, play, amusements, nutrition, home life—and the responsibility for this rests on the trained Physician.

In the Maritimes, The Dominion Steel & Coal Corporation, the Mersey Pulp & Paper Company have well established Industrial Medical Organizations, and the C. N. R. have recently opened a new consulting Clinic at Moncton, N. B., under the charge of Dr. J. Brown.

On November 25, 1947, after many delays due to strikes, shortage of materials, etc. the McCall Dressing Station was formally opened at the Springhill Coal Mines. The staff includes a part-time Medical Officer and two full time nurses.

In the building are a dressing room, an examining and rest room, and X-ray room and a Physiotherapy room. All accidents report to the station and first-aid is rendered and in the case of severe accidents a nurse accompanies the patient to the Hospital and nurses have gone down the mine to render first-aid to the seriously injured. Routine dressings are given for all ambulatory cases. Nursing services are available to the workman and his family at his home when requested by the family Physician.

Applicants for work are given a complete physical examination by the Medical Officer also an X-ray of the chest. In all cases the staff endeavour to ascertain the wishes of the family Physician as to treatment required. The workmen, generally, are very appreciative of the services rendered them and the amount of work done in the station is increasing rapidly.

Several of the Medical Schools on this Continent have established chairs of Industrial Medicine and given courses on the same, and in some of them Fellowships are available for this purpose.

Yours truly,

(Sgd.) J. E. Park,

Chairman, Industrial Medical Committee.

Doctor J. E. Park moved the adoption of this report which was seconded by Doctor J. G. B. Lynch and carried.

**Report of the C. M. A. Executive Representative**

President and Members of The Nova Scotia Medical Society:

As your representative on the Executive of the Canadian Medical Association, I wish to report on the proceedings of their meetings as follows:

Since your last meeting, there have been four get-togethers of the Executive of the C.M.A., two in Ottawa and two in Toronto. Each of these lasted approximately two days, starting at 9 a.m., and finishing some time in the evening.

To me, the most important discussions had to do with the prepaid medical schemes and their ultimate acceptance by the profession in the different Provinces. It was also thought advisable, and an authorization put through, to have a charter taken out with the Canadian Government, sort of a parent body to the Provincial schemes that might accrue within the near future. This will be outlined in the proceedings of the Annual Meeting.

There has been considerable correspondence with the Department of Veterans' Affairs: (1) Hemiplegic Association, (2) Arthritic Association and now they have taken on the care of dependents of British Government officials in Canada and are being paid at the rate set out by the British Medical Act, which caused so much controversy with our profession in the British Isles. I might add here, that in my opinion, the attitude of the profession as a whole is not united enough to withstand any Government action which might be taken. This should be consolidated in the near future, or we will be in for a form of State Medicine called Health Insurance or what you will.

I would like to let you know that the Executive of the Canadian Medical Association is well handled by the President, with whom I have had the pleasure of sitting, the Chairman of the Board, the Secretary and Assistant Secretary.

It is unfortunate that our Secretary will not be able to attend the Eastern meetings, but he will be ably represented by his assistant, Dr. Kelly.

The Canadian Medical Association saw fit to allow Dr. Routley time off to attend the World Medical Association meetings abroad, of which he is Chairman of the Board, and two or three other meetings that are of material interest and benefit to the medical profession.

I just note in passing that at the Annual Meeting of the Bar Association, they had a closed session. Are these gentlemen also beginning to have some alarm at the prospect of Government intervention with their actions?

The Annual Meeting of the Canadian Medical Association in 1950 is to be held in Halifax on your invitation and the man who will represent you at that meeting should be selected. In choosing him, remember that the reputation of the medical men of Nova Scotia will depend on his presentation of our responsibilities and duties to the Canadian people on his tour across Canada in 1950.

The above report is a personal review of the activities of the Executive of the Canadian Medical Association.

The reports, etc., are available in the current number of the Canadian Medical Journal and you can formulate your own opinions from these.

Respectfully submitted,

(Sgd.) J. G. B. Lynch, M. D.

The adoption of this report was moved by Doctor J. G. B. Lynch, seconded by Doctor W. J. MacDonald, and carried.

Doctor N. H. Gosse: "Doctor Lynch spoke about the Canadian Medical Association's decision to set up a new body, a legally constituted body, for pre-paid medical care, knitting up at the same time the medically sponsored plans of the province. The Secretary had a letter requesting a representative to a meeting on 13th and 14th of October, at which plans for such a body will be adopted. It might be in order for this Executive to say whether it wishes to be represented at that particular meeting. I should like also to report to this Executive that a man from another Province spoke to me at the meeting of the Canadian Medical Association in Toronto and paid Doctor Lynch, and incidentally Nova Scotia, a nice compliment. He said that as a member of the Canadian Medical Association Executive he was glad to see Nova Scotia playing such an important part, and that 'We are awfully glad to have such an aggressive man as your representative on the Executive. He has frequently helped us to keep our feet on the ground.' I am happy to pass this on."

### **Report of the Committee to select a Nominee for President of the Canadian Medical Association.**

10 August, 1948.

Dear Doctor Grant,

At the Annual Executive Meeting it was proposed that your president choose a committee, with himself as chairman, to select a candidate whose name would be submitted to the nominating committee of the Canadian Medical Association as a suitable president. It was intimated that the selection should be made before the 1948 meeting of the Canadian Medical Association.

A committee was named and suggestions for president were sent to the chairman.

However the committee was not called together for the following reasons—

1. Dr. Routley informed me that it was not necessary to submit any nomination until the meeting of the executive at Saskatoon in 1949.
2. Upon publication of the minutes of the executive meeting of The Medical Society of Nova Scotia in the November 1947 issue of the Bulletin it was noticed that your committee was set up—"to choose and present to the incoming executive a list of names from which to choose a president."

Frankly this was not my recollection of the original motion and for this reason I refused to call a meeting of the committee. Furthermore the Nova Scotia division can only suggest to the nominating committee of the Canadian Medical Association a candidate for president. It is suggested that a new committee be set up to select a suitable candidate for president of the Canadian Medical Association and that they be given authority to submit his name to the committee of nominations of the Canadian Medical Association for consideration.

Yours truly,  
(Sgd.) Eric W. Macdonald

H. G. Grant, M.D.,  
Secretary, The Medical Society of Nova Scotia,  
Halifax, Nova Scotia.

Doctor Eric W. Macdonald moved the adoption of this report which was seconded by Doctor D. J. Mackenzie, and carried.

After a short discussion it was moved by Doctor E. F. Ross that the President, Doctor Eric W. Macdonald, select a committee of three headed by the incoming President to choose a nominating committee to make recommendations to the Nominating Committee of the Canadian Medical Association for the selection of a President of the Canadian Medical Association for 1950 in Nova Scotia. This was seconded by Doctor D. J. Mackenzie and carried.

### **Report of the Workmen's Compensation Committee;**

Mr. President and Executive members of the Medical Society of Nova Scotia:

I beg to report on the activities of the Workmen's Compensation Committee during the past year.

You will recall that in September, 1947, this committee met with the Workmen's Compensation Board of Nova Scotia and its advisory medical officers, Doctor A. B. Campbell and Doctor D. M. Grant and submitted specific requests for:

- (a) Upward revision of fees for surgical work, 33 $\frac{1}{3}$ %;
- (b) Upward revision of fee for mileage from fifty to seventy-five cents;
- (c) Increase of night calls from 8.00 p.m. to 8.00 a.m. to \$5.00;
- (d) Increase of fees for anaesthesia to a scale recommended by the Canadian Society of Anaesthetists.

At a date subsequent to the September meeting which was held with the Compensation Board, a scale of fees was submitted by Doctor H. R. Corbett for radiology; this was passed to the Board as an appendix to the original requests.

It was not necessary to call members for a meeting until the Compensation Board had completed study of our requests and their implications; the chairman has, however, during the year kept in touch with Mr. F. Rowe and Doctor A. B. Campbell.

In July of this year a new proposed scale of fees was submitted for general work, anaesthesia and radiology by the Workmen's Compensation Board to me for comment. As time was drawing short this proposed scale was referred to other members of the committee for their personal and comments. They all agree to give authority to the chairman and other committee members resident in Halifax to meet with the Board and come to any agreement deemed fair.

Doctor T. B. Acker, Doctor D. K. Murray and myself after study of the proposed scale felt that it went a long way to meeting our requests of 1947 and agreed to accept the scale as suggested for fractures, dislocations, amputations, operative procedures and anaesthesia, but submitted further requests as follows on 7th of August, 1948;

- (1) First attendance at office.....\$2.50
- (2) Subsequent attendance at office..... 2.00

- (3) Mileage for trips especially made, trips one way commencing 2 miles from doctor's office..... .75 per mile
- (4) Emergency visits 10.00 p.m. to 8.00 a.m., Sundays and statutory holidays, extra..... 2.00

On the 9th of September, 1948, Doctor D. K. Murray and myself met with Mr. Rowe and Mr. Brownhill along with Doctor A. B. Campbell and Doctor D. M. Grant. At this meeting we discussed our last requests and as a result of this meeting I received from Mr. Rowe an amended scale of fees as herewith attached, showing that our requests in general have been fairly considered and largely met.

I would comment on the items for which we asked re-consideration.

- (1) First attendance at office.....\$2.50
- (2) Subsequent attendance at office..... 1.75
- (3) Mileage.....no change
- (4) Emergency visits
  - Night calls 10.00 p.m. to 8.00 a.m..... 2.00 extra
  - Calls on Sundays and statutory holidays..... 1.00 extra

The scale of fees for fractures, dislocations, amputations and operative procedures has been revised in about fifty per cent of cases and the percentage raise varies from thirteen to one hundred per cent.

Anaesthesia has, I think, been adequately raised so that the minimum fee for a major operation is fifteen dollars. It is, of course, expected that the anaesthetist will assume responsibility for resuscitative measures required during operation.

The committee found it difficult to deal with the question of radiological fees; this has partly been due to the particular nature of the work and the inability of the committee to decide what was good for the radiologists. Doctor Corbett, a member of the committee, has discussed a scale of fees with the Compensation Board, and as a result of that a schedule for X-ray work has been submitted by the Workmen's Compensation Board to us. I feel because of the particular nature of the work, that the recommended scale of fees for X-ray be referred to the Nova Scotia Society of Radiologists for their consideration and action.

I recommend that the new scale of fees as proposed by the Workmen's Compensation Board be accepted. In so doing I would like to state how well this committee has been received on all occasions by Mr. Rowe and his associates; every new request has received a sympathetic hearing. We have certainly learned that the Board is more than willing to meet the doctor half way; it would like extra information about a case that requires care not covered in any scale—such care will be paid for I feel sure. In return the Board would like the good, honest work of which we as a profession are justly proud.

Respectfully submitted,

(Sgd.) E. F. Ross,

Chairman, Workmen's Compensation Board Committee.

## Proposed Schedule of Fees

First attendance at home, etc.....	\$3.00
First attendance at office.....	2.50
Subsequent attendance at home.....	2.00
Subsequent attendance at office.....	1.75
Subsequent attendance at hospital.....	1.00
Emergency night visits between 10 p.m. and 8 a.m.....	2.00 extra
Emergency visits, Sundays and statutory holidays.....	1.00 extra
When complete case requires only one attendance the doctor may charge.....	3.00
Mileage for trips specially made. Special trips one way, commencing two miles from doctor's office. No charge to exceed \$15.00.....	.50 per mile

*Fractures:*

Suturing under local anaesthesia.....	1.50
Carpus.....	25.00
Calcaneus or astragalus.....	40.00
Clavicle.....	25.00
Coccyx.....	10.00
Femur.....	85.00
Finger or metacarpal, one.....	10.00
Finger or metacarpal, more than one.....	15.00
Bennett's fracture—1st metacarpal.....	25.00
Humerus.....	50.00
Malar or nasal.....	15.00
Jaw, exclusive of dental.....	25.00
Metatarsal, one.....	20.00
Metatarsal, each additional.....	10.00
Patella, without operation.....	25.00
Patella, with operation.....	75.00
Radius and ulna, shaft.....	45.00
Radius.....	30.00
Ulna-shaft.....	25.00
Ribs, one to three.....	10.00
Scapula—simple fracture.....	15.00
Tarsus, except os calcis.....	30.00
Toe, one.....	10.00
Toe, each additional.....	5.00
Tibia and fibula, including Potts.....	60.00
Tibia, alone.....	40.00
Fibula.....	20.00
Vertebral body.....	75.00
Vertebra, spinous or transverse processes.....	35.00
Compound fractures $\frac{1}{3}$ over schedule.	

*Dislocations:*

Shoulder.....	20.00
Elbow.....	15.00
Hip.....	40.00

*Dislocations:*

Knee . . . . .	30.00
Fingers or toes. . . . .	5.00
Carpus . . . . .	15.00
Clavicle . . . . .	20.00
Jaw . . . . .	5.00
Ankle . . . . .	15.00

*Amputations:*

Finger or toe, one . . . . .	\$20.00
Finger or toe, each additional. . . . .	10.00
Arm, forearm or wrist. . . . .	50.00
Symes—stokes. . . . .	75.00
Leg, tarsal or thigh. . . . .	75.00

*Operative Procedures:*

Herniorrhaphy . . . . .	75.00
Semi lunar cartilage removal . . . . .	75.00
Tendon suture. . . . .	30.00
Local anaesthetic infiltration diagnostic or therapeutic . . . . .	5.00
(Special cases refer to Board)	

Application of plaster casts other than fracture cases. . . . .	5.00
Removal of unembedded foreign body from eye. . . . .	2.00
Removal of embedded foreign body from eye under local anaesthetic. . . . .	3.00
Removal of eye . . . . .	50.00
Removal of traumatic cataract. . . . .	75.00
Removal of foreign body within globe of eyeball, giant magnet. . . . .	75.00

Assistant's fees, 20% of operative

Anaesthetic fees, minor operations . . . . . 5.00

Anaesthetic fees, major operations. . . . . 15.00 for the first 90 min. or part thereof and \$5.00 for each half hour or part thereof.

Infiltration with local anaesthetic, referred cases by specialist, higher rate to apply.

Doctor E. F. Ross moved the adoption of this report which was seconded by Doctor N. H. Gosse.

Doctor Ross stated that they had found it extremely difficult to decide on the fees of the radiologists.

Doctor E. W. Macdonald thought that Doctor Ross and his committee were to be congratulated on the scale of fees they had brought in.

It was moved by Doctor A. E. Blackett and seconded that the radiological scale of fees requires many adjustments as detailed and that further negotiations with the Workmens Compensation Board be carried out. Carried.

Doctor E. W. Macdonald named the committee he had been requested to appoint to select a committee, with the incoming President as Chairman to select a nominee for the Presidency of the Canadian Medical Association in 1950, as follows—

Chairman, the incoming President, Doctors H. D. O'Brien, J. R. Macneil and L. M. Morton.

It was moved by Doctor A. E. Blackett and seconded that Doctor J. G. B. Lynch be thanked for his efforts in our behalf in connection with the fees of the Canadian Government Railways Employees' Relief and Insurance Association. Carried.

## Report of the Provincial Medical Board

September 11, 1948

To The President and Members  
of The Medical Society of Nova Scotia,  
Keltic Lodge,  
Ingonish, N. S.

I beg to report on the activities of the Provincial Medical Board since the last meeting of your Society. The Board held two regular meetings, one on December 12, 1947, and the other on May 6, 1948, and also two meetings of its Executive. Besides, representatives of the Board conferred on request with members of the faculty of medicine of Dalhousie University relating to proposed changes in the medical curriculum of that institution. In this regard it may be stated that with the approval of the Board, the University has inaugurated a course of study, beginning this year which will definitely increase the total period of instruction, but will reduce that given previously in certain subjects. Any apparent lack of sufficient time spent on a subject has been more than overcome by improved methods of instruction. Time spent on lectures has been reduced while time spent in visual demonstrations and bedside teaching has been increased. The fourth year has been designed as one of clinical clerkship under constant supervision and will test the student's knowledge of the theory gained in the previous three year period and at the same time greatly amplify his knowledge by new and first hand experience in the examination and care of the sick. The Faculty of Medicine also asked the Board's opinion as to the propriety of granting its degree at the end of the fourth year of study rather than at the end of the fifth year which is one of hospital internship. The Educational Committee of the Board has this matter still under consideration.

A serious complaint brought by a citizen of the province against a licentiate of the Board was carefully investigated. Nothing was discovered to substantiate the charges.

The Board has placed in the hands of its solicitor the case of a man alleged to be practising medicine without a license, with instructions to prosecute if sufficient evidence can be discovered to warrant proceedings. To date, the solicitor reports that he is not prepared to proceed, but inquiries are being continued.

The Board conducted its annual examination of candidates for licensure in conjunction with Dalhousie University in April and May as usual. Much correspondence from physicians in the British Isles seeking settlement in Nova Scotia has been received. Only four physicians, two of them specialists in diseases of the eye, ear, nose and throat, have come as a result.



The Registrar takes this opportunity to thank the officers and members of the Society for the ready and effective assistance given him on every occasion when it was sought.

Respectfully submitted,

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

Doctor R. O. Jones moved the adoption of this report which was seconded and carried.

August 26, 1948

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

Dear Dr. Grant:

This is to notify you that at the forthcoming meeting of your Society, nomination of six members to the Provincial Medical Board, for a period of three years, is in order.

The present members would ordinarily hold office until October 31, 1948, when their term expires.

Yours very truly

(Sgd.) H. L. Scammell  
Registrar

It was decided that this was a matter for the Nominating Committee.

### **Report of the Secretary for the year 1947.**

To the President and Members of The Medical Society of Nova Scotia.

Again it is my pleasure to report to you a most successful year. The annual meeting of The Medical Society of Nova Scotia was held in conjunction with the Dalhousie Medical Refresher Course during the week of October sixth.

The executive meeting was held on Tuesday afternoon, October seventh. In addition to a full representation from the Society we had with us Doctor F. G. McGuinness, President of the Canadian Medical Association, Doctor A. D. Kelly, Assistant Secretary, and Doctor A. E. Archer, Adviser on Medical Economics to the Canadian Medical Association. This meeting has already been reported in detail and only a few of the important topics will be mentioned.

The report of the Workmens Compensation Committee under the chairmanship of Doctor E. F. Ross was of considerable interest and was fully discussed. The chief recommendations here were for increased remuneration to the physicians for services rendered.

The report of Doctor W. G. Colwell on Medical Economics was followed by a free discussion of that subject. Doctor F. J. Barton and Doctor J. R. Macneil of the Cape Breton Medical Society told of the efforts to establish co-operative medicine in the colliery districts of Cape Breton.

Doctor A. E. Archer reviewed prepaid medical care throughout Canada.

The report of the editor-in-chief, Doctor Margaret E. B. Gosse pointed out the difficulty in securing good articles for the Bulletin and made a special plea for personal notes.

The meeting of the executive was adjourned until the following morning, October eight, at 9.15, at the Dalhousie Public Health Clinic. Here the report of our representative on the Canadian Medical Association, Doctor J. G. B. Lynch, was received. It dealt chiefly with the consideration of prepaid medical care.

The Treasurer presented his statement showing a healthy condition of finances during the year. Thirty-one new members were admitted into membership.

The first general meeting was held on Tuesday, October seventh, at 8.00 p.m., at the Nova Scotian Hotel. The business was the consideration of some of the most important reports sent on by the executive. Doctor W. L. Muir presented the Society with an engraved gavel which was accepted in fitting terms by the President.

The second meeting was held on Thursday, October ninth, at 5.30 p.m. Following the adoption of the report of the Nominating Committee, Doctor N. H. Gosse, the retiring President, turned over the chair to the new President, Doctor Eric W. Macdonald.

A notice of motion was read by Doctor N. H. Gosse regarding a change in the by-laws dealing with the formalities necessary before calling a special meeting.

Doctor W. G. Colwell reported that he and his Committee had called on the Hon. F. R. Davis in regard to prepaid medical care. The Committee on Economics were authorized to spend up to \$1,000 in connection with the preparation of a plan for prepaid medical care. (Later this was increased to \$1,500, January 22nd, 1948).

A vote of thanks was expressed to Doctor N. H. Gosse for the excellent work he had done during his term of office.

The scientific part of our program was this year turned over to the Refresher Course and was of the highest order. The visitors were Doctor Harrison I. McLaughlin, Assistant Professor of Clinical Orthopaedic Surgery, Columbia University; Doctor Edwin M. Robertson, Professor of Obstetrics and Gynaecology, Queen's University, and Doctor G. R. Brow, Professor of Clinical Medicine, McGill University.

The annual dinner was held on Wednesday evening and was in every way a complete success.

The policy of selling space to the pharmaceutical firms at our annual meeting was continued and was most successful. There were thirty-three booths sold at \$75 apiece and in addition, two of the firms who did not advertise gave contributions totalling \$75. The expenses, however, in connection with the advertising were this year much heavier than expected. Also we have continued to hold our advertising in the Medical Bulletin, and have slightly increased it.

The membership for the year totalled 386, made up of 370 conjoint members, 10 honorary members and 5 members of The Medical Society of Nova Scotia alone.

The following members have passed away during the year under review:

*Frank Valentine Woodbury, M.D.*, Halifax Medical College, 1903, died at Halifax on February 5th, at the age of sixty-five.

*Murdoch Gordon Macleod, M.D.*, Lalhousie 1919, died at Whycomagh on February 26th, at the age of fifty.

*Malcolm Hugh McKay, M.B.*, Queen's 1889, died at Antigonish on March 26th, at the age of seventy-seven.

*Ebenezer Henry Archibald, M.Sc.*, Dalhousie 1898, died at Vancouver, May 6th, at the age of seventy-one.

*Karl Kenneth Blackada, M.D.*, Dalhousie 1916, died at Halifax on May 7th, at the age of fifty-seven.

*James Alton Ross, M.D.*, Dalhousie 1941, died at Salisbury, N. B., on July 27th, at the age of thirty-two.

*Wilfred Gordon Joseph Poirier, M.D.*, Dalhousie 1934, died at Cheticamp on August 14, at the age of fifty.

*Ronald John McDonald, M.D.*, Tufts Medical College 1907, died at Antigonish on September 3rd, at the age of seventy-two.

*Edwin Benedict Redmond, M.D.*, Dalhousie 1947, died at Corner Brook, Newfoundland, on October 9th, at the age of twenty-five.

*Roderick Owen Bethune, M.D.*, Dalhousie 1913, died at Berwick on October 23rd, at the age of sixty.

*Owen Haliburton Cameron, M.D.*, Baltimore 1892, died at River John on November 10th, at the age of seventy-five.

*Colin George Sutherland, M.D.*, McGill 1917, died at Montreal on November 12th, at the age of fifty five.

*Milton Robert Young, M.B.*, Queen's 1901, died at Pietou on November 15th, at the age of seventy-four.

*James William Sutherland, M.D.*, Dalhousie 1927, died at Amherst on November 25th, at the age of forty-six.

Respectfully submitted,

(Sgd.) H. G. Grant,  
Secretary

(The obituary list was not read until the general meeting when all members stood.)

Doctor R. O. Jones moved the adoption of this report which was seconded by Doctor H. D. O'Brien, and carried. There was, however, some discussion on the omission of all the events from December 31, 1947, to date, because the fiscal year ends with the calender year.

It was moved by Doctor A. E. Blackett and seconded by Doctor E. F. Ross that in future the Secretary's report deal with matters as nearly as possible up to the annual meeting. Carried.

Truro, N. S., July 26, 1948

Dr. Grant

Secretary, Nova Scotia Medical Society

Dear Dr. Grant:

Would you bring this to the attention of the Workmen's Compensation Board Committee and have it on the agenda for the Annual Meeting of the Nova Scotia Medical Society.

The Colchester-East Hants Medical Society at its last annual meeting in June discussed and passed a resolution stating that the Workmen's Compensation Board fees are

out of line with present day practices and a resolution was passed asking that the Board reconsider and adjust their fees to those paid by the D. V. A.

It is the intention to communicate with the various County organizations so that the matter may be discussed at the Provincial Meeting.

Is this the proper procedure for dealing with this matter?

Yours truly  
(Sgd.) D. S. McCurdy

As this letter had already been answered by Doctor E. F. Ross, the Chairman of the Workmen's Compensation Board Committee, no further action was necessary.

Amherst, N. S., 20/7/48

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

Dear Sir:

I would like to bring to your consideration and to the Committee on Ethics a matter which has come to my attention in the last few days.

One of my confreres approached me in the matter of "advertising" inferring that my practice of running a card in the local paper came under that heading. The history of the case dates from March, 1947, when I opened an office in Amherst. At that time a new telephone directory was not anticipated until November, 1947, so, perforce, I was forced to put a card in the local paper stating telephone numbers, hours of office, etc. Following the publication of the new directory I did not discontinue the card in the paper, using it as a medium to mention changes in hours, etc.

If I have inadvertently been guilty of non-ethical or bad ethical practice I beg to apologize and will hasten to correct a procedure which apparently has aroused some unfavourable comment in medical circles.

Am I correct in saying that Annapolis Valley practitioners commonly maintain a "card" in the local papers mentioning local offices, hours, etc.?

Yours truly  
(Sgd.) E. J. Gordon

It was moved by Doctor J. G. B. Lynch and seconded by Doctor J. E. Park that Doctor Gordon be written to and advised that the Executive found no harm in what he has done. Carried.

Halifax, N. S.  
August Five, 1948

The President  
Medical Society of Nova Scotia  
Reserve, Nova Scotia

Dear Doctor Maedonald:

As a committee of one to investigate the possibility of obtaining plates for motor cars which would combine the green cross with something to link The Medical Society of Nova Scotia, I beg to report the following:

Henry Birks & Sons of Barrington Street in Halifax will undertake to supply distinctive emblems as outlined on the enclosed drawing and the enclosed sample. If the design submitted is not satisfactory, they are quite prepared to submit others in accordance with the wishes of the Society.

The approximate price for these emblems, similar to the samples submitted, would be for a lot of one-hundred . . . \$2.25 each, or for a two-hundred lot . . . \$2.00 each.

The serial number on the sample plate submitted could be applied to the emblems for The Medical Society of Nova Scotia or they could be obtained with this.

Yours very truly

(Sgd.) C. M. Bethune, M.D.

After the drawing was passed around to the Executive it was moved by Doctor J. G. B. Lynch and seconded by Doctor N. H. Gosse that we recommend to the general meeting that the emblem be accepted and that the Secretary determine how many would be needed before ordering them. Carried.

Doctor R. O. Jones then read the following letter from the Royal College of Physicians and Surgeons of Canada:

Ottawa, July 19, 1948

Dr. H. G. Grant  
Canadian Medical Association  
Nova Scotia Division  
Halifax, N. S.

Dear Dr. Grant:

Your letter of March 28, 1948, concerning the request of The Medical Society of Nova Scotia with respect to the conduct of examinations for Certification and Fellowship at distributed centres across Canada was dealt with by the Council of the College at its meeting on June 22, 1948.

I have been directed to inform you that Council views with sympathy the suggestion that oral and clinical Certification examinations be held in multiple centres and as soon as practicable this procedure will be implemented.

For this year, however, all oral and clinical examinations will be held in Montreal

Yours very truly

(Sgd.) John E. Plunkett, M.D.  
Honorary Secretary

It was decided that no action was necessary.

Doctor R. O. Jones next read the following letter from the Victorian Order of Nurses for Canada:

Ottawa, April 13, 1948

Dr. H. G. Grant  
Secretary, Nova Scotia Medical Society  
Dalhousie Public Health Clinic  
Halifax, N. S.

Dear Dr. Grant:

We have the name of Dr. C. S. Morton as representative of your Association on the Board of Governors of the Victorian Order of Nurses for Canada. May we please know whether there has been any change in this appointment or whether we may assume that he will continue to be your representative for 1948.

We would appreciate having this information as soon as possible, please.

Yours sincerely

(Sgd.) Maude H. Hall  
Chief Superintendent

It was moved by Doctor J. G. B. Lynch and seconded by Doctor E. F. Ross that Doctor C. S. Morton continue to be the representative for 1948. Carried.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor N. H. Gosse that letters of appreciation be sent to Hon. M. D. Rawding, Minister of Highways and Public Works and Mr. R. W. McColough, Executive Assistant to the Minister of Highways, thanking them most sincerely for the effort put forth in erecting the building in which to hold our meetings. Carried.

Meeting adjourned at 5.30 p.m. to reconvene at 8.00 p.m.

The adjourned meeting of the Executive was called to order by the President, Doctor Eric W. Macdonald, at 8.20 p.m.

Present: Doctor Eric W. Macdonald, President, Doctors R. O. Jones, A. E. Blackett, J. E. Park, J. G. B. Lynch, D. K. Murray, J. J. Carroll, H. J. Martin, M. J. Macaulay, F. J. Barton, E. F. Ross, J. R. Macneil, D. J. Mackenzie, G. M. Macdonald, H. D. O'Brien, N. H. Gosse, W. J. MacDonald, H. B. Havey, H. A. Fraser, Doctor William Magner and Doctor A. D. Kelly, President and Assistant Secretary respectively of the Canadian Medical Association, and Doctor Adrian Anglin.

Doctor Eric W. Macdonald announced that Doctor William Magner was attending the meeting and also Doctor A. D. Kelly.

#### Report of the Treasurer

### FINANCIAL STATEMENT

The Medical Society of Nova Scotia  
Year Ending December 31, 1947

#### RECEIPTS

Cash on hand January 1, 1947.....	\$ 5,448.04
Subscriptions.....	5,095.11
Medical Bulletin.....	4,989.29
Convention.....	2,325.00
Interest on Savings Bank.....	6.97
	<hr/>
	\$17,864.41

#### EXPENDITURES

Medical Bulletin.....	\$ 2,973.35
Canadian Medical Association.....	2,636.00
Sundry Expenses.....	741.71
Salaries.....	2,283.35
Convention.....	1,020.60
Cash on hand December 31, 1947:	
Current Account.....	\$6,805.26
Savings Account.....	1,404.14
	<hr/>
	8,209.40
	\$17,864.41

## PROFIT AND LOSS STATEMENT

Subscriptions.....	\$ 2,459.11
Medical Bulletin.....	2,015.94
Convention.....	1,304.40
Interest on Savings Bank.....	6.97
	\$ 5,786.42
Less:	
Salaries.....	\$2,283.35
Sundry Expenses.....	741.71
	3,025.06
Net surplus on year's operations.....	\$ 2,761.36

## COGSWELL LIBRARY FUND

The Medical Society of Nova Scotia  
Year Ending December 31, 1947

## RECEIPTS

Cash on hand January 1, 1947.....	\$ 55.28
Income.....	179.23
	\$ 234.51

## EXPENDITURES

Dalhousie University.....	\$ 200.00
Balance cash on hand December 31, 1947.....	34.51
	\$ 234.51

Doctor R. O. Jones moved the adoption of this report, which was seconded by Doctor H. D. O'Brien, and carried.

The following letter was then read by Doctor R. O. Jones, from the Co-operative Union of Canada.

Ottawa, August 19, 1948

Dr. H. G. Grant  
Secretary, Nova Scotia Division  
Canadian Medical Association  
Dalhousie Public Health Clinic  
Morris Street  
Halifax, N. S.

Dear Dr. Grant:

The following resolution, which I think is self-explanatory, was passed at a recent meeting of the National Board of Directors of The Co-operative Union of Canada:

*Whereas* we have noted the progressive steps taken during recent years to promote the organization of co-operative medical services in the United States.

*And Whereas* these plans have reacted to the great economic and social advantage of thousands of people in America.

*And Whereas* heretofore the distribution of medical services in Canada has failed to keep pace with the advance in medical science and has proved inadequate to meet the needs of people in low and middle income groups.

*And Whereas* co-operative medical plans hold the promise of meeting this need in a safe, scientific, and economic manner.

*Therefore Be It Resolved* that The Co-operative Union of Canada endorse the efforts of the Nova Scotia Co-operative Union to organize a plan for co-operative medical services.

*And Be It Further Resolved* that the Canadian Medical Association, the Nova Scotia Medical Association and other interested persons and organizations be urged to formally recognize the social value of co-operative medical services and to assist in removing obstacles that stand in the way of their proper development.

We have been instructed to bring the contents of this resolution to the attention of your organization. The interest in co-operative distribution of medical services has been given great emphasis by the success of similar projects in the United States. It seems to us the best and safest method of bringing to people in low and middle income groups the advantages that have been made possible by the tremendous advances in medical knowledge and practice. These advances have made it impossible for any one doctor to be proficient in all branches of medical science. We believe that through voluntary co-operative methods the needs of people for specialized advice and attention can be so organized as to channel to them in a systematic way the best services available in a given area.

We are hopeful that your Association will bring its influence to bear in accordance with the above resolution so that the idea of co-operative medical plans may grow to fruition.

Yours sincerely

(Sgd.) A. G. MacDonald  
General Secretary

It was moved by Doctor D. J. Mackenzie that this letter be placed on file.

Doctor A. D. Kelly advised that the Canadian Medical Association has received a similar letter, which had not yet been answered, but that it would be considered by the Executive next month at their October meeting. He was quite certain that endorsement would not be forthcoming from the Canadian Medical Association. Similar requests have been made in the United States to the American Medical Association, but no action has been taken on them. He thought that the Division might care to withhold an answer until the Canadian Medical Association had acted on it.

Doctor Eric W. Macdonald stated that the feeling in this Province is strongly against co-operatives in Medicine. As President he had received a resolution from the Store Managers' Conference and also one from the Nova Scotia Co-operative Union, and read the letter from the former.

Antigonish, N. S.  
July 13, 1948

Dr. Eric Macdonald, President  
Nova Scotia Medical Society  
St. Joseph's Hospital  
Glace Bay, N. S.

Dear Dr. Macdonald:

Enclosed is a copy of a resolution passed unanimously by the one hundred Co-operative Store Managers in the province of Nova Scotia.

The resolution is self-explanatory. It deals with the inadequacy of the present system of distributing medical care to the people of the industrial sections of Cape Breton County, and also urges your co-operation in establishing co-operative health centres for the purpose



of providing the people with up-to-date medical care under modern methods of dispensing medicine.

Yours very truly

(Sgd.) Mrs. John Delaney, Secretary  
Store Managers' Conference

**Store Managers' Conference, June 22-24th.**

**Resolution No., 4**

*Whereas* it has come to the attention of this conference that The Medical Society in Nova Scotia, and particularly, the Medical Societies in Glace Bay and New Waterford are opposed to the establishment of medical services on a non-profit co-operative basis.

*And Whereas* it is the considered opinion of this conference that medical and allied services will not be made available to all our people under the present profit system.

*Be it therefore resolved* that this conference go on record as deploring the attitude of the medical societies in Glace Bay and New Waterford.

*And be it further resolved* that this conference commend and endorse the efforts of the United Mine Workers Union and the N. S. Co-operative Union to put medical and health services on a sounder basis.

*And it be further resolved* that copies of this resolution be sent to the United Mine Workers, the N. S. Co-operative Union, the Medical Societies concerned and the press.

Doctor Eric W. Macdonald stated that the burden of their demands is that we do not supply up-to-date medical care.

Doctor J. G. B. Lynch moved that the President write and say that we now have a medical care plan proposed to be put into effect in the near future which will cover the medical needs of the people of Nova Scotia. Doctor Lynch then withdrew that motion and moved that a reply be with-held until the Canadian Medical Association reply is received by us and send something along their lines provided our own system is passed by the general meeting. This was seconded by Doctor D. J. Mackenzie.

Doctor A. D. Kelly advised that the Canadian Medical Association have no official policy at present because they had never been approached. In Saskatchewan a very active co-operative union in the City of Saskatoon was almost put out of business by a prepaid medical care plan sponsored by doctors of that Province.

Doctors J. R. Macneil suggested that the letters be read at the general meeting, and moved that that be done, which was seconded by Doctor J. J. Carroll and carried.

89 Crichton Avenue  
Dartmouth, N. S.  
February 16, 1948

Dr. H. G. Grant  
Secretary, Medical Society of Nova Scotia  
Dalhousie Public Health Clinic  
Halifax, N. S.

Dear Sir:

The new By-Laws of the Victorian Order of Nurses require that we have a Medical Advisory Committee, and we would appreciate it very much, if, at your next business meeting, you would appoint two Doctors from Dartmouth to act with our local Medical

Health Doctor, Dr. H. A. Payzant on this Committee. This would be for the one year only, 1948-1949.

Awaiting your further advice in this regard,

Yours very truly

Nominating Committee Victorian Order Nurses  
(Dartmouth Branch)

(Sgd.) Olive J. Dickie

(Mrs. E. S. Dickie)  
Convener

It was moved by Doctor N. H. Gosse that as this was a local matter it be referred to the Halifax Medical Society. Carried.

The following letter was next read by Doctor R. O. Jones from the North American Life Assurance Company.

Halifax, N. S.  
15th April, 1948

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

Dear Dr. Grant:

Thanks very much for your letter of March 29th last in connection with Group Insurance for the members of The Medical Society of Nova Scotia. At the present time, our Head Office have under consideration a system whereby Group Insurance may be offered to your Association and I shall keep you advised of future developments.

Yours very truly

(Sgd.) A. J. Sollows  
City Sales Supervisor

It was decided that this letter be filed.

Halifax, N. S.  
May 3, 1948

Dr. H. G. Grant

Secretary, Nova Scotia Medical Society

Dear Dr. Grant:

I have been instructed by the Nova Scotia Society of Ophthalmology and Otolaryngology to make application asking for affiliation with the Nova Scotia Medical Society as a Branch Society.

I am enclosing a copy of our Constitution and By-Laws.

Yours sincerely

(Sgd.) E. I. Glenister  
Secretary-Treasurer

It was moved by Doctor A. E. Blackett and seconded by Doctor J. J. Carroll that this Society be taken in as a Branch Society of The Medical Society of Nova Scotia. Carried.

Toronto 5, Ontario  
July 15, 1948

**To the Secretaries of Divisions**

Dear Doctor Grant:

Attached for your information please find copy of a directive from the Deputy Minister of Taxation, Department of National Revenue, concerning the deduction of expenses of attending medical meetings for income tax purposes. It is a matter of great satisfaction to be able to report the successful conclusion of negotiations with the Department of National Revenue of this matter, and I am sure that the members of your Division will be interested. You are authorized to give this the widest publicity through the medium of your Provincial bulletin or otherwise.

You will note that the effective date of this memorandum is January 1, 1948, which will permit members who attended the 79th Annual Meeting of this Association and/or the Annual Meetings of Divisions to claim their expenses. We are preparing a certificate with respect to the annual meeting of the Canadian Medical Association along the following lines:

**The Canadian Medical Association**

This is to certify that.....  
.....  
was in attendance at the 79th Annual Meeting held in Toronto, Ontario, June 21st-25th, 1948, for a period of.....days.

T. C. Routley  
General Secretary

Members who registered will be provided with the necessary certificate on application to this office, and such application should indicate the number of days actually in attendance.

I am submitting the above form of certificate for concurrence by the Department of National Revenue, and secretaries of Divisions will doubtless want to provide themselves with supplies of similar documents for the meetings which have been or will be held in the year 1948. If any essential change should be made in the form of the Certificate I will advise you further.

Yours faithfully

(Sgd.) A. D. Kelly  
Assistant Secretary

Directive Number 205

**Department of National Revenue  
Taxation Division**

Directive from the Deputy Minister  
For Public Circulation

Date 12th July, 1948

**Subject) Assessments—Convention Expenses of Medical Profession.**

Effective 1st January, 1948, the reasonable expenses incurred by members of the medical profession in attending the following Medical Conventions will be admitted for Income Tax purposes against income from professional fees:

1. One Convention per year of the Canadian Medical Association.
2. One Convention per year of either a Provincial Medical Association or a Provincial Division of the Canadian Medical Association.
3. One Convention per year of a Medical Society or Association of Specialists in Canada or the United States of America.

The expenses to be allowed must be reasonable and must be properly substantiated; e.g. the taxpayer should show (1) dates of the Convention, (2) the number of days present,

with proof of claim supported by a certificate of attendance issued by the organizations sponsoring the meetings, (3) the expenses incurred, segregating between (a) transportation expenses, (b) meals and (c) hotel expenses, for which vouchers should be obtained and kept available for inspection.

None of the above expenses will be allowed against income received by way of salary since such deductions are expressly disallowed by statute.

(Signed) D. Scully

Deputy Minister (Taxation)

It was decided that this matter be brought up at the general business meeting.

Toronto 5, Ontario

April 7, 1948

**To Secretaries of Divisions**

Dear Doctor:

**Re Maternal Welfare**

At the meeting of General Council in 1947, the Report of the Committee on Maternal Welfare was received and referred to the Executive Committee for further study in co-operation with the Committee on Maternal Welfare. This report contained the following recommendation:

"That a plan be instituted for the detailed investigation and study by each Provincial Maternal Welfare Committee of the causes and preventability of the individual maternal deaths each year in every province, and that this be undertaken by a detailed study of case records in co-operation with the respective Departments of Public Health."

After consideration by the Executive Committee, it was duly moved, seconded and agreed:

"That this suggestion be approved and that the Divisions be advised to that effect, with the recommendation that they contact their Departments of Health in order to implement it in the respective provinces."

This matter is passed to the Divisions for the necessary action.

Yours sincerely

(Sgd.) T. C. Routley

General Secretary

It was decided that this letter be filed.

Toronto 5, Ontario

June 30, 1948

**To the Secretaries of Divisions**

Dear Doctor:

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

Committee on Archives—Dr. H. L. Scammell.

Committee on Constitution and By-Laws—Dr. A. E. Blackett.

Committee on Economics—Dr. W. G. Colwell.

Committee on Credentials and Ethics—Dr. M. R. Elliott.

Committee on Industrial Medicine—Dr. J. G. B. Lynch.

Committee on Maternal Welfare—Dr. N. B. Coward.

Committee on Medical Education—Dr. H. G. Grant.

Committee on Membership—Dr. H. G. Grant.

Committee on Nutrition—Dr. G. B. Wiswell.

Committee on Pharmacy—Dr. M. G. Whillans.

Committee on Public Health—Dr. P. S. Campbell.

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

Yours sincerely

(Sgd.) T. C. Routley

General Secretary

As the Executive thought that the above list was at least a year out of date it was moved by Doctor A. E. Blackett and seconded that it be brought up to date and that the names be sent up promptly, and continued to be kept so. This was seconded and carried.

Toronto 5, Ontario

June 29, 1948

**To Secretaries of Divisions**

Dear Doctor:

On the recommendation of the Executive Committee, General Council was asked to consider bringing the annual fee of the Association back to its level of \$10.00 a year, by cancelling the \$2.00 rebate which has been given to Divisions for a number of years.

The Executive Committee explained to Council that, with increased costs of all operations steadily rising, with particular reference to increased printing costs of the Journal, amounting to nearly \$11,000 a year which becomes effective on September 1, 1948, it would seem necessary and wise for the Association to discontinue the \$2.00 rebate on the annual fee.

Realizing that the Divisions should have ample opportunity to arrange their fee structure accordingly, the Executive Committee recommended that this change be not effective until January 1, 1950. The matter will come before Council again at the annual meeting in 1949.

Yours sincerely

(Sgd.) A. D. Kelly

Assistant Secretary

Doctor Eric W. Macdonald advised that this was a very important letter because it means that this Society will only receive in annual dues \$5.00 provided the fee remains the same as it is at present.

Doctor A. D. Kelly stated that the fee to the Canadian Medical Association is universal in the Provinces, \$8.00 at present. In Prince Edward Island they get along with \$2.00; in New Brunswick he believed they collected \$12.00 and retained \$4.00; in Quebec \$10.00; Ontario \$20.00; in Manitoba two years ago they raised their fee to \$35.00 and they retain \$27.00; in Saskatchewan their fee is \$25.00 making \$17.00 which they retain, same in Alberta. In British Columbia one fee is collected by the College of Physicians and Surgeons. There is tremendous variation.

Doctor Eric W. Macdonald: "Apparently the fee runs all the way from \$2.00 to \$27.00. I think if the Canadian Medical Association is going to take \$10.00 we should raise our over-all to \$20.00"

It was moved by Doctor E. F. Ross and seconded by Doctor H. D. O. Brien that the fee be raised to \$20.00, and that it was a matter for the general for the general meeting to consider. Carried.

Toronto 5, Ontario  
November 5, 1947

**To the Secretaries of Divisions**

Dear Doctor Grant:

Approximately one year ago the Minister of National Defence was approached with the proposal that membership in the Canadian Medical Association be provided for all serving medical officers of the Permanent Forces and paid for out of public funds. Negotiations have been inconclusive and it is felt that our inability to quote a uniform membership fee, applicable to medical officers no matter where they may be stationed, has been to a large degree responsible for our lack of progress.

It is a fact that very few serving medical officers have availed themselves of the opportunity of joining the C.M.A. and the Division in which they reside by paying their own membership fees. This is considered to be a loss to organized medicine, to the individual officers and to the medical services which they represent.

At a recent meeting of the Executive Committee, this matter was fully discussed and the suggestion was made that those medical officers be accepted as members-at-large in the Canadian Medical Association. If this proposal is concurred in by the Divisions, it will be possible to reopen negotiations with the Department of National Defence on the basis of a single membership fee which will enhance our prospect of success.

The provisions of Chapter 2, Section 2 of the By-laws of the Canadian Medical Association make it necessary that the National body obtain the approval of the Division concerned before accepting as a member-at-large any doctor who resides within the area of that Division.

In view of the foregoing, it is requested that consideration be given to granting the permission to the Canadian Medical Association to accept as member-at-large the medical officers serving in His Majesty's Canadian Forces who are resident in your Division.

In replying to this request, it is hoped that the proposal will be treated on its merits and that considerations such as provincial licensure be not introduced. As the season for the enrollment of members is approaching, may we be favoured with a reply at the earliest possible date.

Yours faithfully

(Sgd.) A. D. Kelly

Assistant Secretary

Doctor A. D. Kelly: "In this instance we are asking for blanket authority to accept as members men who are serving in the Canadian Forces. It is our hope that these people will be afforded membership in both the Canadian Medical Association and the Division in which they have been stationed. This is rather a dead horse now because the Executive Committee, having heard from eight of the nine provinces, have accepted officers as members-at-large, and they have been members since the first of this year."

Therefore this matter is now out of the Society's hands.

135 St. Clair Avenue West  
Toronto 5, August 6, 1948

Dear Doctor Grant:

One of the most significant events at the recent annual meeting was the meeting of General Practitioners. At this meeting it was decided to proceed to the formation of a Section on General Practice and the Executive Committee was requested to initiate the necessary changes in the By-laws.

Dr. Victor Johnston of Lucknow, Ontario, was elected chairman of a Steering Committee charged with the organization of the Section and it was suggested that each Division name two members to act with him on this committee.

Dr. Johnston now requests that you advise this office of the names of your Divisional Representatives. The men so appointed should themselves be general practitioners, interested in the formation of the Section and likely to attend the 80th Annual Meeting in Saskatoon in June, 1949.

I shall be obliged if you will bring this matter to the attention of your executive or other competent body, at your earliest opportunity.

Yours faithfully

(Sgd.) A. D. Kelly  
Assistant Secretary

Doctor Eric W. Macdonald: "The Canadian Medical Association was primarily an association of general practitioners. It would seem to me that unfortunately in the past the Universities have dominated the Association so that it has come to be controlled more or less by specialties."

Doctor William Magner: It was felt by Doctor Johnston that while the Canadian Medical Association is largely composed of general practitioners, just as we have in the Canadian Medical Association sections of radiologists, anaesthetists, orthopaedists, and so on, they felt they wanted to form a section. Sections of the Canadian Medical Association are very ineffective; they come into force for the annual meeting and afterwards they go out of business entirely . . . By all means we want to keep these special sections within the Canadian Medical Association. Therefore our Committee on By-laws is studying these points. But the men feel that certain of their problems have not been tackled by the Canadian Medical Association. They are interested in the under-graduate training of men to fit them for general practice. The Ontario Medical Association has formed a section of general practitioners."

It was moved by Doctor D. J. Mackenzie that the Nominating Committee pick two men who are likely to go to Saskatoon, and that the letter be read at the general meeting. This was seconded and carried.

Dr. H. G. Grant  
Secretary  
Nova Scotia Division, C.M.A.  
Dalhousie Public Health Centre  
Halifax, N. S.

135 St. Clair Avenue W.  
Toronto 5, Ontario  
June 29, 1948

Dear Doctor Grant:

At a meeting of the Executive Committee held at the time of the 79th Annual Meeting just concluded, I was instructed to communicate with you to open preliminary negotiations with respect to the 81st Annual Meeting which will be held in Halifax in 1950.

In the first place, the present state of hotel accommodation makes it desirable to make reservations far in advance. I presume it would be your desire to have the Nova Scotian designated as Convention Headquarters, with the Lord Nelson providing as many public rooms and bedrooms as possible. If this is the case, I would suggest that both of these hotels be approached at an early date and asked to place at our disposal all possible facilities.

The date of the meeting has not yet been fixed and two possible alternatives come to mind. The week of Monday, June 12th, or the week of Monday, June 19, 1950, would be almost equally suitable and good arguments could be adduced to justify the choice of either of them. We endeavour to avoid conflict with the oral examinations of the Medical Council of Canada and it is just possible that these might not be completed by June 12th. I would suggest that you consider local factors such as possible weather in this connection as well as the commitments of the hotels and make a firm reservation for the week selected.

At the meeting of the Executive Committee the question was raised as to whether the 1950 meeting in Halifax was to be regarded as a meeting of the Maritime Divisions or whether the host was the Nova Scotia Division. As the invitation to meet in Halifax came from your Division, it was our assumption that the latter was the case. However, I am directed to bring this matter to your attention and to advise you that this is a matter of arrangement between the three Divisions concerned. I hope that you will communicate with the New Brunswick and Prince Edward Island Divisions and advise this office of the official character of the meeting.

Yours faithfully

(Sgd.) A. D. Kelly  
Assistant Secretary

Doctor Eric W. Macdonald: "I think it is the opinion of the members of this Society that the invitation was extended to the Canadian Medical Association by this Society and not by the Maritime Divisions. If that is so we are to be the hosts at the 1950 meeting. And from the decision this afternoon as far as selecting a President is concerned I think that is the idea of this Executive. The last time the Canadian Medical Association met in Halifax Doctor Bethune was chairman of the committee on arrangements, and he did a very fine job."

Doctor A. D. Kelly: "This is the first preliminary following the kind invitation of the Nova Scotia Division to meet in Halifax in 1950. The first thing is to decide the week in June. The next thing is the hotel accommodation available. We had an all time high in Toronto, over two thousand last year. Certain views have been expressed by representatives of New Brunswick and Prince Edward Island that because their facilities for accommodation were so limited they could not invite the Canadian Medical Association to meet with them. In Prince Edward Island they have not had an annual meeting for twenty years; 1928 was the last time they met there."

Doctor Eric W. Macdonald stated that our Society had not been approached officially by either New Brunswick or Prince Edward Island. He said that it was very important that it be decided who are the hosts and second that a chairman of the committee on arrangements be chosen as it is practically imperative that the Society get on the job at once.

Doctor J. G. B. Lynch: "This is the first official suggestion that I had this was to be a Maritime meeting. When the invitation was given it was from Nova Scotia. The understanding that we had was that probably it would be the last meeting of the Canadian Medical Association in the east because of accommodation."



Doctor Eric W. Macdonald: "Is this executive of the opinion that we are the official hosts? We sent out the invitation."

Doctor E. F. Ross thought that at least it was very important that a chairman of the committee on arrangements be chosen at this meeting.

Doctor William Magner: "In Prince Edward Island their executive passed a resolution that they would communicate with you officially."

Doctor Eric W. Macdonald thought that the chairman should be a Halifax man who would be in direct contact and be in the city 95p.c. of the time. and wondered if the Halifax Branch would like to pick this man.

Doctor A. D. Kelly: "It is usual that the President elect is given a great deal of leeway in picking his own man."

Doctor J. G. B. Lynch stated that no action could be taken on that but that the thing to decide was whether Nova Scotia or the Maritimes were to be the hosts.

Doctor E. F. Ross: "I would move that this be a Nova Scotia meeting."

Doctor N. H. Gosse: "If we do nothing at all it stands as it is."

Doctor E. F. Ross: "I would withdraw that motion."

Doctor N. H. Gosse: "This has been raised by the Executive of the Canadian Medical Association and the reaction of our officers and executive is obvious. It would appear then that it only remains for us to confirm our original attitude to the Canadian Medical Association."

Doctor Eric W. Macdonald stated he thought Doctor Grant should be asked to reply to this letter, that it is our suggestion that the week of June 19th be selected, and that he make reservations with the hotels. Agreed.

### **Report of the Committee of Economics on Plan of Prepaid Medical Care**

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

#### **Terms of References:**

At the last Annual Meeting of The Medical Society of Nova Scotia, after considerable discussion of the subject of prepaid medical care, the Committee on Economics was specially commissioned and instructed to study the matter and to bring in a plan suitable for Nova Scotia at the next Annual Meeting.

#### **Nucleus Group:**

Your chairman was given authority to select a Nucleus Committee for work in Halifax, and the following consented to act:

Doctor J. R. Corston

Doctor J. V. Graham.

Doctor H. G. Grant

Doctor J. W. Merritt

Doctor H. D. O'Brien

These in addition to Doctor W. G. Colwell and Doctor D. M. MacRae, regularly elected members of the Economics Committee, and your chairman, constituted the Nucleus Committee, with Doctor F. R. Little, who was able to get away from his curling for a meeting or two. Meetings of the whole committee were held as required.

### Study of Plans: Lay Control vs Medical Control:

In considering the terms referred to us your Committee undertook the study of a great many plans operating of this continent including not only those that are sponsored by organized medical groups, but also those by such lay bodies as the Maritime Hospital Association, otherwise known as the "Blue Cross." Indeed, because of its local nature and because of the personal interest of some of our local and Maritime physicians in this organization, much more sympathetic thought was given to its plan than would have otherwise been the case. Your Committee was quite anxious to be as certain as it was possible for it to be before making the positive statement that, in its judgment, it would not be to the best interest of the people or of the profession of this province, if we were to adopt for Nova Scotia, what, in its judgment was the very inadequate "Blue Cross" plan.

Arising out of this came consideration of the changing relationship between our profession on the one hand, and socially minded governments and aspirants to government on the other, for which there is abundant evidence in many countries. There came too, consideration of the question of Co-operative Medicine which had come to plague an important section of our Society and its people, as a problem of immediate importance.

After giving consideration to these varied questions, your Committee arrived at the very positive conclusion that it could not present any plan of prepaid medical care that it would expect to be acceptable to you that was not medically sponsored and largely medically directed. In consequence of this your Committee studied more fully many medically sponsored plans and concluded that the plan recently adopted by the Ontario Medical Association, which has the merit of being new, and which, therefore, had been able to profit by the experience of all the preceding plans, was the type best suited to us.

### Reference To Branches

At this point a report was made to the mid-year meeting of the Executive of The Medical Society of Nova Scotia of our progress to that time. The Executive, in effect, blessed the Committee's acts to date and told it to get on with the job. At the same time, it caused copies of the report to be made and sent to each Branch Society requesting that they hold meetings to discuss it. At the same time, they asked that members of the Committee go to each branch to assist in the discussion of the report. This was done, and, in general the work was approved and further extension of the effort recommended.

### INCORPORATION:

Several meetings of the Nucleus Committee were held, and although the production of a plan was regarded as its duty, it was felt for a long time by the majority of that group that *no positive step in anticipation of the adoption of a plan should be taken*. As the work on the plan proceeded, however, conditions changed. It became apparent that the Maritime Hospital Association was about to go into competition with us, and to begin the sale of medical care on a partial indemnity basis. The Cape Breton Co-operative scheme also became pressing for attention. In addition, the fact of increased governmental activity in the realm of Medicine became apparent, and we became bombarded from many sides with questions, from our Society's members, as to why we were not making our plan effective. At the height of this, a meeting

of the whole Economics Group was called and held. It was agreed at that meeting that we should proceed at once to become incorporated as a plan of prepaid medical care, on the grounds that.

- (a) It admits of the putting of a plan in operation late this year or early next year, if a plan is approved;
- (b) If it were not done at the then current session of the legislature, it could not be done for a whole year—not until the legislature convened again;
- (c) It commits the Society to nothing if it should vote against the adoption of any plan.

Accordingly a bill was prepared. The subject matter of the bill was presented to our Committee and fully discussed. It was then presented to our legal advisor, Mr. F. D. Smith, K. C., (Burchell, Smith, Parker & Fogo). Because of nearness to the end of the session speed was imperative. It was necessary to hold our first conference with Mr. Smith on a Sunday afternoon to discuss the subject-matter which we referred to him, before it could be incorporated into the form of a bill. Later conferences were held as the bill shaped up, and further correspondence from time to time since.

The bill was piloted through the House by Hon. Doctor F. R. Davis, Minister of Health, and after the usual readings, was passed with only one minor change. By this Act a new Corporation—“*Maritime Medical Care Incorporated*” was brought into being under the laws of the province. Copy of the Act is attached hereto as

*Appendix 1.*

An Act to Incorporate “*Maritime Medical Care Incorporated.*”

**Plan of Prepaid Medical Care:**

The Act, as will be readily seen, is enabling legislation only. The meat of the plan will be in the *By-laws and Regulations*, for the making of which by the Corporation the Act provides.

The following are attached hereto as things which your plan might adopt and which may be recommended to it:

*Appendix II:*

“Suggested By-laws and Regulation of Maritime Medical Care Incorporated.”

*Appendix III*

“Suggested Terms and Conditions of Participating Physicians Agreement.”

*Appendix IV:*

“Suggested Medical, Surgical and Obstetrical Services Agreement—Terms and Conditions of Enrolment.”

*Appendix V:*

“Suggested Surgical and Obstetrical Agreement—Terms and Conditions of Enrolment.”

These several appendices constitute the significant part of this report and represented the discharge of the obligation of this Committee as imposed by its special terms of reference.

There are several things, however, which should be added:

## 1. Contacts With Other Provinces Re Medical Prepayment Plans;

(1) It seemed desirable to your Committee that your chairman should insofar as he was able, go to some of the other provinces and states and see at first hand the strength or weakness of the different plans; and he was so directed. He was able to visit only one such province—Ontario—which he did in May, at the time of the Annual Meeting of the *Council of the Ontario Medical Association*, and the Annual Meeting of "*Physicians' Services Incorporated*"—which is the name of the Ontario plan.

Your chairman is anxious to have placed upon the record, his appreciation of the good offices of Doctor A. D. Kelly of the C.M.A. in paving the way for him to those meetings, and of the very warm reception given him by the President, the Secretary and members of Council of O.M.A., and by the President, the General Manager and the Board of Governors of Physicians Services Incorporated (P.S.I.). They were all most kind, and anxious to see that we got all the information that we sought. Among so many kind people, it is hardly fair to single out the name of any one person, yet it is difficult to avoid making special mention of Doctor F. A. Brockenshire. Doctor Brockenshire is a Windsor surgeon, and was one of the prime movers in the formation of the "Windsor Plan," officially known as "Windsor Medical Services Incorporated." He is President of that plan and also a valued member of the Board of Governors of P. S. I. He has given us a great deal of information—at the time when we met him in May, again at the time of the C.M.A. meeting in June, and he continues to do so. On our return in May we wrote all those several benefactors, thanking them, both on your behalf for the courtesies extended to your representative, and on behalf of your chairman for the personal kindness in their reception.

(2) No other trip was made specifically for that purpose, but the meeting of the Council of the O.M.A. and the day or two subsequent thereto were availed of to meet men from other provinces, and to discuss with them their experiences in this field. Encouraging and helpful is the experience of provinces of stature and complexion similar to our own, in which plans comparable to that submitted herein, and sponsored by organized Medicine have been encouraged by governmental recognition to the extent in some cases, of the Government having become a customer of the plan by paying the premiums of the plan for its welfare and other groups.

It should be stated, however, that our greatest encouragement—perhaps because of our greater knowledge of their plans—comes from the plans of Ontario. In that province Physicians' Services Incorporated and the very similar but older and larger *Windsor plan* (which has 65,000 subscribers) are finding their plans very much in demand. They are also finding now that without effort on their part their plans are replacing the older "Sick and Accident Insurance" plans of the commercial companies that sell such insurance to business firms. Indeed, while your chairman was attending the meeting of the O.M.A. Council in Toronto, the newspapers of that province were carrying large display ads of those Insurance Companies, extolling their wares, in an effort to stem that tide of replacement by Doctors' plans. It should be pointed out however, that the large industrial population of Ontario makes getting started very much easier, but that nevertheless, they also have large scattered farming communities presenting problems which still await solution. It should

be mentioned that Ontario has a third plan operating under Doctor Hannah. It is a financially successful plan. "Blue Cross" was not able to get enabling legislation for a medical plan in that province.

### **11. Committee's Comment On its Plan, and on any Plan for Nova Scotia**

Your committee, in submitting this plan, does so as the best it can devise or adopt at the moment. It is one that makes for provision for strong medical representation in its control, but which also provides in its direction for representation of those who pay for the services. It provides for firm bylaws and regulations for the guidance and for the protection of the plan, which may be changed only by the House of Delegates, which in turn, will always be strongly representative of Medical opinion. This House of Delegates will meet as soon as it is constituted and will elect its Board of Directors to replace those persons who lent their names for organization purposes.

While your Committee appreciates that it is not called upon to recommend the adoption of this or any particular plan, yet it would record its belief that the time has definitely come when we should have a plan of Prepaid Medical Care operating in this province, and it does recommend that a plan be adopted.

By order of the executive, a copy of this plan has been placed in the hands of every doctor who is listed as practising in this province, and it is hoped that it will have been so well studied that the fullest possible discussion will ensue, and that out of it will evolve a plan which will best serve both doctor and patient.

If The Society decides to adopt this plan or any modification of it, then your Committee begs leave to make the following submission:

#### *Financing a Plan*

Any such plan will have to be financed through its organization period. In this connection it would record the following information; several years ago when the Windsor plan was started the doctors of Windsor chipped in to get it started. The plan began in a small way and grew, and in due course paid back the money which started it. The very recent P. S. I., sponsored by the O.M.A., had to start off more auspiciously and they felt that they had to move a little faster. The O.M.A., which apparently is a body with a comfortable bank balance, lent their baby \$15,000 at once and held another \$10,000 on call for them, which has also been taken up. They felt that the time had come when they should have operating a medically sponsored plan of prepaid medical care for their whole province, and that it was up to them to back it.

It has to be accepted that all plans must operate "in the red" during the first year or two, partly because of the fact that even if the business were immediately available in volume, it would not be able to accept more than it could administer, and administrative capacity expands slowly.

### **III. Maritime Collaboration:**

Your Committee was approached by the Economics Committee of the New Brunswick Medical Society with a view to carrying on conversations with

them, and with P. E. I. on the subject of prepaid medical care. Two meetings were held in Moncton.

At the first of these New Brunswick was represented by Doctor A. F. Van Wart of Fredericton, who chairmanned the meetings, Doctor D. A. Mac Lennan of Campbellton, and Doctor W. S. Fitzpatrick of Moncton.

Prince Edward Island was represented by Doctor Joseph A. McMillan of Charlottetown (chairman of Blue Cross Board) and Doctor H. W. Moyse of Bedeque. Nova Scotia was represented by Doctor Colwell and your chairman.

This was an exploratory meeting, but one in which all the virtues of the Blue Cross form of Medical Surgical and Obstetrical Care—rendered almost entirely in hospital—was very thoroughly portrayed by Doctor McMillan.

Prince Edward Island was impressed, so that soon after the meeting we heard that they were content with the Blue Cross Scheme and would work under it. New Brunswick had strong support for "Blue Cross" in Doctor Fitzpatrick. The others were guarded and very properly required time to give more consideration to the matter. Nova Scotia's representation could only reflect the opinion of the Nucleus Committee which was that the Blue Cross plan was altogether inadequate and that, in any event, the profession should have a very considerable say in the management of its affairs. At the same time it should be said that one of our delegates was not so certain that it would not be better not to have the worry and responsibility of a medically sponsored scheme on our hands when there was such an easy way out.

At the second meeting in Moncton Doctor D. A. Thompson of Bathurst, President of the New Brunswick Society had replaced Doctor Fitzpatrick, and Doctor A. E. Blackett of New Glasgow was the second member of the Nova Scotia contingent. A very full and lengthy discussion was carried on, weighing the merits and demerits of various plans, and considering the difficulty of their application to the widely scattered population of the rural areas.

The value of a medically sponsored plan was fairly generally recognized, though not with the complete conviction of all the New Brunswick delegates. New Brunswick was satisfied, however, that it was too small to operate a plan of its own, that if the New Brunswick profession decided upon a medically sponsored plan, it should be in a Maritime rather than a provincial scheme. Your delegation was confident in assuring them of Nova Scotia's good will in the matter and that we would welcome opportunity to carry on further conversations looking to the consummation of a truly Maritime plan. The Incorporated name of our plan is a gesture in that direction. Neither of our provinces of itself is very large for any plan of prepaid care, though we are assured that ours is big enough to sustain one. There would, however, be advantages to both sides if it were undertaken as a Maritime plan; but even though the advantages were all to New Brunswick, your Committee feels that The Medical Society of Nova Scotia would, in the circumstances, welcome such an opportunity to work together with our sister province. This should be held to obtain for Prince Edward Island as well if, as, and when, organized medicine in that province comes to feel the squeeze of socialism, or the dissatisfaction of plans in which they have no effective voice, and appreciate the need for its own organization in this field.

A sequel to the New Brunswick conversations should be recorded. At this year's meeting of the Canadian Medical Association there was a great deal of evidence available, to even the most casual observer, of the closer

contact that exists and that is increasing between governments and the practice of Medicine. The need for strong medical organization and medically sponsored prepayment plans in all provinces was never more apparent. Towards the close of the meeting Doctor Van Wart met your chairman to express to him that view and his absolute personal conviction—which he had not had before—as to the necessity for it in our provinces.

### **Maritime Hospital Associations "Blue Cross" Plan**

This submission has to do with the Maritime Hospital Association and our relation thereto.

Your Committee would acknowledge the good that that body has done in the matter of prepaid medical care, but can see no place for, or point in, such an organization selling doctors' services. Indeed, it would recommend that this Society record its disapproval of such action, especially in view of the fact that that organization, before setting up in this province to sell such services, knew that the doctors were developing a plan of their own and that in at least one section of organized Medicine in Nova Scotia, their plan had been rejected. It is a strange situation which practically puts hospitals in competition with doctors in the practice of Medicine, and that is a principle which can never be acceptable to us. Your Committee would record its belief that the Maritime Hospital Association ("Blue Cross") and "Maritime Medical Care" (if adopted) would do their best work if one were supplying hospital services, and the other medical services, each complementing the other.

We believe that, to some extent, we shall be expected to supply "package insurance"—that is to say, both Medical and Hospital Care. We would prefer that an arrangement could be effected by which the hospital part of such a sale could be through "Blue Cross" Hospital Services, but we would expect a corresponding quid pro quo for medical services. In the absence of such an arrangement, however, your Committee recommends that the recently incorporated "Maritime Medical Care" be encouraged to set up its own Division of Hospital Care as provided for in its Act of Incorporation, so that any disadvantage which our plan might suffer from such a competitive one-sided arrangement might thus be neutralized. It would definitely appear to be to the interest of our profession over the next five years to have their plan built into a very strong organization, with every doctor behind it. It will not do to start it out under any relative disadvantage.

### **Importance of Plan to Younger Men**

In the matter of support of any such plan of prepaid medical care it might be shown that the interest of the older ones among us can scarcely be more than to help in laying the foundation of something of great potential value both to our people and to ourselves, though for a time it may represent some sacrifice. Beyond that it can have little significance for us. We would submit, however, that it is a matter of great moment to all who are not so near retirement age, and we are not without evidence that it is being so regarded. Indeed, it has been most heartening to see, as some of us have seen, in our contacts both in our own and in other provinces this summer, that men who

fall within the age groups that are far below retiring ages—including some quite young men—are impressed with the seriousness of things and are adding their support to their medical organizations, both provincial and national.

### **A National Plan of Prepaid Medical Care**

Your Committee would report that the C.M.A. Council at Toronto in June took steps to bring into being an over-all plan in which all the provincial plans might participate on the National level. This is a step which can also be expected to have great influence as time goes on, and a source of strength to provincial plans. The idea was supported by all provinces except Quebec; but there is some difference of opinion as to whether it should be entirely medical, or medical and lay, in its composition.

### **Branch Society Meetings**

Your Chairman was privileged to attend the Annual Meeting of the Cape Breton Medical Society on June 3rd to bring such information as he could of the position of our Committee's work at that time.

### **Financial**

Last fall, for the study and preparation of a plan, you made available to us \$1,500, because it was felt to be necessary to provide honoraria for some of the work. To date the sum of \$427.36 out of that amount has been spent. This includes travelling expenses of members of Committee inside and outside the province, and expenses of incorporation, except legal fees. There is outstanding some sundry office expenses not yet submitted, but in any event, expenses have been minimal. No honoraria have been paid.

The cost of production of the O.M.A. plan was over \$5,000 and from this it may appear that the amount of work done by us bears the same relationship to theirs as does the amount of our cost to theirs. That would not be correct. They are, however, scarcely comparable. While we have made a wide study of the subject, nevertheless we have had the advantage of Ontario's experience and help. Instead too, of a committee working steadily at so much per diem as they did, with a full time secretary, our work has been done the slower way—mostly around the midnight hour, and at such other times as were available to us. Furthermore, while only some of our material is new (though all had to be carefully scrutinized and adapted) most of theirs was made from the new.

### **Acknowledgments**

Your Committee would acknowledge its appreciation of the kindness of Hon. Doctor F. R. Davis, Minister of Health, for very helpful advice and action on the matter of getting our Bill accepted in the late hours of the session, and for piloting it through the House. Your Chairman would record his gratitude for the patient consideration and co-operation of our Legal Advisor, Mr. F. D. Smith, K.C., who has so polished these various attached instruments to our requirements that they are now capable of giving off all the light you may seek in them.

Our appreciation should here be recorded also of the kindness and counsel extended by The National Association of Blue Shield Plans—"Associated



*Medical Care Plans*—through its director, Mr. Frank E. Smith, Chicago. This body, we understand, is the co-relating body set up by action of the American Medical Association, and only its plans are "Blue Shield."

Your Chairman would also record grateful acknowledgment of the inspiration and helpful advice given last fall by Doctor A. E. Archer, C.M.A. Consultant; and finally for the courteous help and counsel of the Nucleus Committee already named and of the non-Halifax members of the Committee on Economics—Doctor A. E. Blackett, Doctor P. S. Cochrane, Doctor H. A. Creighton, Doctor F. J. Barton, and not least, our President, Doctor Eric W. Macdonald, member *ex officio*. Not only in work upon the details of the plan, as contributed by some, but by the presentation of the provincial medical viewpoint by others, and by the presentation of the high duty of Medicine to effect this adaptation in this socialistic age, by others still, have all phases of our thinking been so well represented and so well served.

Respectfully submitted, on behalf of the Committee

(Sgd.) Norman H. Gosse  
Chairman

Doctor N. H. Gosse stated that this report was already in the hands of every practising physician in Nova Scotia and he would simply move that it be received. It was agreed that the report be referred to the general business meeting for discussion.

1 September, 1948

Dr. H. G. Grant, Secretary  
Nova Scotia Medical Society  
Dalhousie Public Health Clinic  
Halifax, Nova Scotia

Dear Sir:

As a result of a petition signed by a group of its members, a special meeting of the Halifax Branch of The Medical Society of Nova Scotia was held on the twenty-fourth of August, 1948, at the Dalhousie Public Health Clinic.

The topic of discussion was the recent ruling of the Board of Commissioners of the Victoria General Hospital, to the effect that medical practitioners who are not certified specialists in surgery or anaesthesia, may not operate or give anaesthetics in the Victoria General Hospital, except under the supervision of a certified specialist.

The meeting passed, by a majority vote, the attached resolution, which is forwarded to you as directed.

Yours truly

(Sgd.) John F. L. Woodbury, M.D.

Secretary-Treasurer, Halifax Branch  
Medical Society of Nova Scotia

#### Halifax Medical Society

1. *Whereas* the ultimate aim of the medical profession, the medical schools, and the Departments of Public Health, is the better care of the sick, and the prevention of disease.
2. *And whereas* the care of the sick in Nova Scotia has in the past lain almost entirely in the hands of the general practitioner, and in the foreseeable future, will continue to do so, every effort must be made continually to elevate the standard of general practice, and care of the sick.

3. *And whereas* the unquestioned excellence of the general practitioner of Halifax and Nova Scotia has been due to the instruments and institutions which have trained them and been at their service, any move, however well meant, that would deprive the general practitioner of the use of those tools, and facilities, can lead only to loss of initiative and skill, and the lowering of the standard of services to the sick.
4. *And whereas* the burden of maintaining a standard of medical education and licensure rests with the Provincial Medical Board, it behooves that body to examine and consider seriously the adverse effect of the present restriction on the quality of medical service; and furthermore that they should redefine the rights and privileges of the general practitioner with regard to the practice of medicine, surgery, and their allied branches in the hospitals of Nova Scotia.
5. *And whereas* the general practitioner in the past has always worked with and consulted with the specialists of his own volition, he therefore resents as a reflection on his professional integrity, the restrictive measures being enforced against him by certain public institutions.

*Be it therefore resolved*, that the Halifax Branch of The Nova Scotia Medical Society go on record to register a strong protest to the Minister of Health, the Nova Scotia Medical Board, the Board of Commissioners of the Victoria General Hospital, and the Staff of the Victoria General Hospital, against the restrictions placed by the Victoria General Hospital on the General Practitioner without certification in surgery and/or anaesthesia.

Doctor Eric W. Macdonald stated that this was a very strongly worded resolution and a very important one. After a short discussion it was moved by Doctor E. F. Ross and seconded by Doctor J. E. Park that as this resolution of the Halifax Medical Society was a local one it be placed on file. Carried.

#### The British Columbia Medical Association

Vancouver, B. C., August 27, 1948

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

#### Re: Canadian Medical Association Committee on Prepaid Medical Care Plans

Dear Doctor Grant:

Reference is drawn to a letter from the Chairman of the Committee on Prepaid Medical Care Plans, Canadian Medical Association, under date July 12, 1948.

Arrangements have now been made to hold the Meeting of the representatives of the approved Plans of Prepaid Medical Care in the several provinces, in Toronto, on October 13th and 14th. This Meeting is being held for the purpose of meeting Mr. Arthur Fleming, solicitor of the Canadian Medical Association and it is hoped that arrangements may be made for the application of a Federal Charter.

The purpose of this meeting and inviting the representatives of the Plans, is to assure the Committee, consisting of Dr. A. E. Archer, Dr. C. C. White and Dr. L. H. Leeson, that the representatives who attend will have complete authority to act in any or all matters of the Plan which they represent. This authority, it will be understood, is only that which the Plan feels they can give their representative.

The Meeting which assembles of the Committee of the Prepaid Medical Care Plans of the Canadian Medical Association and the representatives of the Plans, will form a group which it is expected will have authority delegated through the Canadian Medical Association and the solicitor, to deal directly with a Federal body for the purpose of granting a Federal Charter.

At this date the following representatives of the Prepaid Medical Care Plans in the provinces are named:

British Columbia—Dr. G. L. Watson, Vancouver, B. C.

Alberta—Dr. A. E. Archer, Lamont, Alta.

Saskatchewan—Dr. A. L. Caldwell, Saskatoon, Sask.

Manitoba—

Ontario—Associated Medical Services Incorporated.

Physicians' Services Incorporated.

Windsor Medical Service Incorporated.

Quebec—none.

New Brunswick—none.

Nova Scotia—Dr. Norman H. Gosse, Halifax, N. S.

Prince Edward Island—none.

It is expected that arrangements will be made for this Meeting to be held in the Royal York Hotel, Toronto. Representatives from the several provinces are requested to reserve bedroom accommodation by writing directly to the hotel.

Yours very truly

(Sgd.) Lavell H. Leeson, M.D.

Chairman

It was moved by Doctor J. G. B. Lynch that the Chairman of the Committee on Economics, Doctor N. H. Gosse, attend this meeting at Toronto, and that the expenses be defrayed from that fund. This was seconded by Doctor A. E. Blackett and carried.

The Halifax Infirmary  
Halifax, Nova Scotia  
September 8, 1948

Dr. H. G. Grant, Secretary

The Medical Society of Nova Scotia

12 Waegwoltic Avenue

Halifax, Nova Scotia

Dear Dr. Grant:

**In reference to Appointment of a Radiologist Member to the  
Executive Committee of this Society:**

Would you be so kind as to take up this matter at the Meeting of The Medical Society of Nova Scotia this week-end, if there is room on your Agenda?

As you know, the President of The Medical Society automatically becomes Honorary President of the N. S. Society of Radiographers. In addition, there should be one Radiologist member appointed to its Executive Committee. According to our files, Dr. H. R. Corbett of Glace Bay was appointed in January, 1946. Apparently we did not submit a memorandum in 1947, as I have no record of a reappointment or change for last year.

In view of the mid-winter Meeting of the Canadian Radiologists coming here, also the 1949 Meeting of the Canadian Society of Radiological Technicians, it would seem of particular interest that this appointment be considered.

Thank you, Dr. Grant, for your courtesy in this matter.

Respectfully submitted

(Sgd.) Sister Edmund Campion, R.N., R.T., Secretary  
Nova Scotia Society of Radiographers

It was moved by Doctor A. E. Blackett and seconded by Doctor J. J. Carroll that this letter be referred to the Nominating Committee. Carried.

Bridgewater, N. S.  
September 9, 1948

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

Dear Dr. Grant:

At a meeting of the Lunenburg-Queens Medical Society held on May 26, I was instructed to extend a very cordial invitation to The Medical Society of Nova Scotia to be the guests of the Lunenburg-Queens Medical Society for the annual meeting in 1949, at White Point Beach.

The Management of White Point Beach Lodge inform us that this well known resort will be available for a large meeting such as ours either during the first week in July or immediately after Labour Day. Mr. Leo Schofield, the president of the Nova Scotia Pharmaceutical Travellers' Association tells me that July is unsuitable for the exhibitors, since many of the men are on their holidays, and that immediately after Labour Day would be more suitable for them.

White Point Beach Lodge, enlarged this year, has accommodation for approximately one hundred and eighty guests, and Tuna Inn at Hunt's Point, one mile distant, has accommodation for approximately fifty guests. These two resorts, therefore, should afford ample accommodation for all members attending the meeting.

The Boat House on the grounds of White Point Beach Lodge has an upstairs room 25 feet by 60 feet, and a tea room down stairs slightly smaller, and these two rooms should provide ample space for meetings, exhibits, and dances.

Those who attended the meeting of The Medical Society of Nova Scotia at White Point Beach in 1944 will remember it as one of the most memorable in the history of the Society, and it is the fervent hope of the members of the Lunenburg-Queens Medical Society that their invitation will be accepted.

Cordially yours

(Sgd.) Samuel Marcus  
Secretary, Lunenburg-Queens Medical Society

It was moved by Doctor J. G. B. Lynch and seconded that the meeting be held in September, and that this invitation be referred to the Nominating Committee with the suggestion that the invitation be accepted for a September meeting. Carried.

Acknowledgments were received during the year for flowers from the families of the late Doctors W. J. Barton, J. W. Smith, A. F. McGregor, J. W. Sutherland, T. C. Lockwood and M. G. Burris.

It was moved by Doctor J. J. Carroll and seconded by Doctor W. J. MacDonald that the usual honouraria to the Editorial Board, the Treasurer, and the salaries of the Secretary and the clerical secretary be paid. Carried.

It was moved by Doctor A. E. Blackett and seconded by Doctor E. F. Ross that in view of the long distance to the annual meeting of the Canadian Medical Association in 1949 that the executive member (Doctor J. G. B. Lynch) be also the representative on the Nominating Committee. Carried.

It was moved by Doctor J. G. B. Lynch that Doctor Eric W. Macdonald be a member of the Council of the Canadian Medical Association.

It was moved by Doctor A. E. Blackett that Doctor P. E. Belliveau be a Council member.

It was moved by Doctor E. F. Ross that Doctor A. E. Blackett be a Council member.

It was moved by Doctor J. G. B. Lynch that Doctor H. D. O'Brien be a Council member.

It was moved by Doctor H. D. O'Brien that Doctor J. J. Carroll be a Council member.

It was moved by Doctor N. H. Gosse that Doctor H. W. Schwartz be a Council member.

As these six with the incoming President, the secretary and the representative on the Executive and the Nominating Committee totalled nine, nominations ceased.

Doctor A. D. Kelly stated that if any member could not attend the Secretary could nominate someone to take his place.

Regarding the expenses of the Secretary to the annual meeting of the Canadian Medical Association at Saskatoon in June, 1949, it was moved by Doctor H. D. O'Brien and seconded by Doctor A. E. Blackett that we continue with the pooling arrangements and that the Society pay the remaining half. Carried.

The President advised that the Committee appointed to name a committee to advise the Nominating Committee of the Canadian Medical Association with respect to a nominee for the presidency of the Canadian Medical Association for 1950 had reported and suggested the names of the incoming President as chairman, Doctor F. J. Barton, Doctor P. E. Belliveau, Doctor H. W. Schwartz, Doctor A. E. Blackett and Doctor D. J. Mackenzie. It was moved by Doctor H. D. O'Brien and seconded by Doctor D. K. Murray that the names of this Committee be accepted. Carried.

Regarding senior members to the Canadian Medical Association Doctor A. D. Kelly said that they must have attained the age of seventy years and have been in good standing for the previous ten years.

It was moved by Doctor J. E. Park and seconded by Doctor N. H. Gosse that Doctor M. J. Wardrope of Springhill be the nominee for senior membership in the Canadian Medical Association. Carried.

It was moved by Doctor D. J. Mackenzie and seconded by Doctor J. G. B. Lynch that the following doctors be taken in as members of The Medical Society of Nova Scotia. Carried.

Dr. J. W. Abbiss, Halifax  
 Dr. C. R. Adams, Springhill  
 Dr. J. S. Campbell, Kentville  
 Dr. H. E. Christie, Amherst  
 Dr. D. S. Clark, Moser River  
 Dr. J. L. Cock, Halifax  
 Dr. H. J. Davidson, North Sydney  
 Dr. D. J. D'Eon, Weymouth  
 Dr. E. F. J. Dunlop, Bridgewater  
 Dr. A. L. Fleming, Halifax  
 Dr. C. A. Gordon, Cornwallis  
 Dr. C. M. Harlow, Halifax

Dr. O. C. MacIntosh, Antigonish  
 Dr. W. MacIsaac, Sydney  
 Dr. H. R. McKean, Truro  
 Dr. K. J. C. MacKinnon, Antigonish  
 Dr. N.J. MacLean, Port Hawkesbury  
 Dr. C. L. McLellan, Sydney  
 Dr. D. M. Muir, Shelburne  
 Dr. E. P. Nonamaker, Halifax  
 Dr. E. E. Prosser, Yarmouth  
 Dr. K. C. Rodger, River Hebert  
 Dr. L. R. Ryan, Parrsboro  
 Dr. C. G. Smith, Halifax

Dr. F. C. Hazen, Guysborough	Dr. D. W. Smith, Shubenacadie
Dr. A. A. James, Halifax	Dr. L. C. Steeves, Halifax
Dr. N. S. Knapp, Kingston, Ontario	Dr. W. D. Stevenson, Halifax
Dr. R. A. G. Lane, Halifax	Dr. E. L. Thorne, Halifax
Dr. Jean Macdonald, Halifax	Dr. M. Wellman, Halifax
Dr. R. M. MacDonald, Halifax	Dr. M. G. Whillans, Halifax
Dr. H. I. MacGregor, Halifax	Dr. H. E. Wilson, Ottawa
Dr. C. N. MacIntosh, Bass River	Dr. J. S. Wright, North Sydney

Doctor J. E. Park nominated Doctor M. J. Wardrope of Springhill as an honorary member of The Medical Society of Nova Scotia, and Doctor J. J. Carroll nominated Doctor W. F. MacKinnon of Antigonish.

It was moved by Doctor N. H. Gosse and seconded by Doctor E. F. Ross that the Nominating Committee be asked to name a standing committee in both active and honorary members in The Medical Society of Nova Scotia and senior members in the Canadian Medical Association. Carried.

Meeting adjourned at 11.15 p.m.

## Personal Interest Notes

DOCTOR A. E. Kerr, President of Dalhousie University, was the principal speaker at the closing exercises of the Children's Hospital School for Nurses, Halifax, on September 30th, when seventeen graduate nurses received their diplomas. Doctor Adelaide L. Fleming sang, and the prizes were presented by Doctor M. J. Carney.

Doctor B. E. Goodwin of Amherst was elected President of the Nova Scotia Society of Ophthalmology and Otolaryngology at its annual meeting held at Keltic Lodge, Ingonish, on September 14th. Other officers elected were vice-president, Doctor D. M. MacRae; secretary-treasurer Doctor E. I. Glenister, of Halifax; executive committee:—Doctor J. G. Cormier of Sydney, Doctor L. G. Holland of Halifax, Doctor R. H. Fraser of Antigonish, Doctor E. F. J. Dunlop of Bridgewater, and Doctor C. K. Fuller of Yarmouth. Representative to the Executive of The Medical Society of Nova Scotia is Doctor J. P. McGrath of Kentville. Papers were presented by Doctor H. R. McKean of Truro, Doctor H. J. Davidson of North Sydney and Doctor R. S. Shlossberg of New Glasgow.

Doctor R. F. Plumer, who graduated from Dalhousie Medical School in 1941, has opened an office in the Wallace Building, Granville Street, Halifax, and will specialize on diseases of the skin.

Doctor and Mrs. N. B. Coward and son, David, of Halifax, returned home the middle of September after spending the summer in England, Scotland and Europe.

The Bulletin extends congratulations to Doctor and Mrs. J. K. Morrison (Melba Callow) of St. Peter's on the birth of a daughter on September 21st.

One of the largest classes in the history of the Victoria General Hospital was graduated on September 16th at exercises held in the School for the Blind at Halifax. Doctor C. J. W. Beckwith gave the address to the graduates and the prizes were present by Doctor C. M. Bethune, the superintendent of the hospital.

Doctor J. S. Wright, who formerly practised at North Sydney, is now taking a residency course in surgery at the Victoria General Hospital.

Doctor F. J. Melanson of Ste. Anne du Ruisseau, Yarmouth County, left the first week in October for a year's study in Paris.

Doctor B. J. D'Eon who has been practising in Weymouth since his discharge from the Army is now located in Yarmouth.

R. F. Hand, M.B., who graduated from Glasgow University, has opened an office for the specialty of the Ear, Nose and Throat at the Dartmouth Medical Centre in Dartmouth. Before the war Doctor Hand was with the E. N. T. Department of the West London Hospital, and since 1934 with the Royal Navy Reserve, from August, 1939, to the end of 1945 in the Royal Navy as E. N. T. specialist, and following that was in Bristol, England, and for the last six months before coming to Canada Doctor Hand was in Edinburgh. He joined the Royal Canadian Navy and came over to Canada.

### Indications for Protolysate

Protolysate is a readily available hydrolyzed protein for the patient with impaired digestive functions. When absorption is decreased, as in diarrheal disease, or when enzymes are deficient, as in pancreatic insufficiency, Protolysate will aid in provision of sufficient protein nourishment to avert protein starvation.

For literature and professional samples of Protolysate, write Mead Johnson & Company of Canada, Limited, Belleville, Ontario, Canada.

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### Health Overhaul

Enlistment for duty in the armed forces during the war revealed to many men for the first time the value of a thorough medical overhauling. Many would not have bothered to have such a check-up had not the examination been required by military regulations. Periodic health examinations are imperative if health is to be maintained and protected, physicians say. It should not require an emergency to prompt men and women to keep a regular check on their physical condition.

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### Balanced Breathing

Fresh air is not necessarily outside air. Scientists know that fresh air is really balanced air which produces the most bodily comfort and the best bodily operation.

Since it is not always possible to be out-of-doors, it is necessary that the air in our homes and work places be maintained at the proper temperature, humidity and with adequate air movement. The ideal indoor temperature is about 68 degrees Fahrenheit.

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### Growing Up

A growing feeling of independence of thought and action is one of the normal healthful manifestations of adolescence. It is one of the ways in which growing boys and girls try to prove that they are no longer children. This formative period may be a trial to both parents and youngsters and understanding and real sympathy are necessary to help the growing youngsters to develop into normal, healthy adults.

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### Furnish First Aid

Cuts, bruises, burns and scratches are minor matters only if they are treated promptly and effectively. Health authorities know that every household should be equipped with a simple first-aid kit for treatment of minor injuries.

Prompt treatment may avoid infection of a small hurt. The family doctor will be glad to advise parents as to what first-aid supplies should be kept on hand. Such precautions are particularly necessary where there are children in the family.



### Watch That Whoop

Whooping cough is one of the most serious respiratory diseases, particularly in young children. National health figures show that whooping cough kills more infants than diphtheria, scarlet fever and measles combined.

Severe coughing spasms with the characteristic "whoop" should be regarded with extreme suspicion, health authorities warn. Parents should not hesitate to consult the family physician when they suspect their child is suffering from this complaint.

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### Going Down

People who wish to reduce should do it under professional guidance to avoid injuring their health, physicians say. Even if loss of weight is desired, there are certain foods the body must have to keep operating efficiently.

A doctor is best qualified to say what foods a person can afford to do without. He will also be able to determine just how fast and how far a person should lose weight. Self-imposed diets often weaken the body without getting rid of much superfluous.

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### Clear, Cool Water

National health authorities warn that persons going camping this summer should be sure that the water supply for their camp is safe. Just because it is clear, sparkling and cold is no indication that it is free from dangerous bacteria. The water supply of every camp should be okayed each season by the health authorities.

Local health officers are glad to supply campers with information on this free service. On overnight trips it is suggested that hikers boil or add a chlorinated tablet to all drinking water.

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### The Spice of Life

Doctors say parents should never force a child to eat. To insist upon a child eating something he obviously dislikes is a sure way of provoking an obstinate feeding problem. To force such a child to eat against his will is inviting trouble.

Child training experts point out that children don't always want the same amount of food every day, nor do they like monotony in their diet. Parents will find the child's feeding time is a smoother, happier event if they vary the ingredients of the child's diet and introduce new methods of food preparation.

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### The Only Safe Milk

Most city dwellers and many other Canadian residents receive an unfailing, safe supply of pasteurized milk. But when summer rolls around many people move to summer camps where their milk supply is not so carefully guarded.

Health officers say that when at camp it is necessary to remember that the only safe milk is pasteurized milk. If pasteurized milk is not obtainable, it is easy to pasteurize it at home by bringing the milk quickly to a boil and then pouring it into clean, cold containers that have been well scalded.