Organization of a Cancer Service

by

Sir Ernest Rock-Carling

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I SHOULD like it to be understood that what I have to say about the Organization of a Cancer Service applies only to my own people in my own corner of the Commonwealth. Neither the geographical, the psychological, nor even the professional situation may be strictly comparable. Any criticisms of the conditions existing in Great Britain which may be implicit in my remarks must not be taken as of local application, for I have no further knowledge of the position here than can be deduced from the contribution your experts have made towards the solution of the cancer problem.

At the outset of the third Punic War, a hundred and sixty years before the Christian era, Cato the Elder roused his countrymen by the repetition in season and out of season of three words — "delenda est Carthago." If it were imperative for the Romans to destroy the stronghold of their implacable enemy, it is imperative for us to-day to defeat the deadly scourge cancer, and the three words we should din into the ears of the profession and the public alike, are "Cancer is Curable." And yet, at a time when great numbers of patients are cured of cancer or survive for long years without sign of disease, others die of cancer without ever being treated, and many more first present for treatment when too bad for hope of "cure."

What is the matter with present arrangements? Briefly stated we may say, at any rate as regards Great Britain, that

(1) first contacts fail

(2) diagnosis is often attempted without all the requisite resources

(3) treatment is often carried out under conditions not calculated to secure the best that surgery and radiotherapy can provide.

Table 1 (Table of times from first symptom to treatment, 1926)

Table 2 (Mortality from Cancer in England and Wales, excluding non-civilians, 1938-45)

Table 3 (Cancer deaths according to site in England and Wales including those of non-civilians, 1945)

At least a quarter of that 70,000 could now be saved. It is not too much to aim at, in the immediate future, that a half should survive for their full expectation of life.

There are a few preliminary propositions to which I should like to obtain your assent.

I suppose all surgeons will agree with me that they do best the operations they do frequently. Whatever our native skill, practice improves technique and secures better results. Take such a simple operation as an amputation. Every surgeon knows he can cut off a limb; but compare with one's own occasional results the admirable stumps produced in a busy accident service by

an experienced traumatic surgeon. How much nearer perfection they come! In most men's practice amputation is a rare event and so, on the whole, is cancer at any particular site. If it be true that practice makes perfect, surely cancer is not a subject for the occasional operator!

The first principle, or proposition, is that cancer operations should be done by those, and only by those, who have frequent opportunities in each particular field. In London, (England) there's a hospital devoted to diseases of the rectum. The staff work in accordance with present practice as a team and operate on cancer in pairs, one doing the perineal and the other the abdominal part, simultaneously. Their nurses and technical assistants are highly trained for that particular job. At a recent meeting of the British Association of Surgeons, whose meetings are not reported, one of the surgeons gave his figures for his cases of cancer done in that hospital, and comparative figures for those done by himself elsewhere. Operating in his own chosen conditions in the Rectal hospital, he obtained much lower mortality and morbidity figures than he could secure in another hospital where the team as a whole, though led by himself, had much less opportunity for experience and practice.

The second principle is that even the practiced surgeon should operate for cancer where the conditions are such as to favour his best work.

I think I shall carry you with me in saying that cancer patients have the best chance in the hands of those whose daily practice is in the anatomical region involved. Few will deny that cancer of the central nervous system should be treated by the neuro-surgeon; or of the lung and pleura by the thoracic surgeon. No-one surely will deny that radiotherapy should be in the hands, and restricted to the hands, of trained radiotherapists, backed by physicists and technicians. Bad radiotherapy is worse than none; indifferent radiotherapy is of doubtful worth. The same arguments apply with but little less force to other specialties. In hospitals where not all specialists are available, one working arrangement is for the staff to agree to let each general surgeon have his field. The gynaecologist has his pretty clearly defined; the man with the flair for urology should deal with cancer in the urogenital tract; the otolaryngologist with that in the upper air passages and perhaps if he is very expert with the oesophagoscope, as well he may be, with the gullet also. If need be, amongst the abdominal surgeons of whom there are so many, some voluntary division be agreed; all cancer of the stomach to one, who in turn gives his colon cases to another, and so on. Sometimes there's a particular operation at which one man excels, whilst others find it boring; for example, block dissection of glands in the neck, which calls for patience, dexterity and meticulous care. Well-done, it is life-saving in cancer. Indifferently performed, it is useless and may be mutilating. It is not a very frequent operation and calls for all the accumulation of experience one hospital affords. An extension of the first principle then, is voluntary distribution of cancer material amongst a staff, in such a way that it reaches the proper hands.

One test of the soundness of those three principles is to ask ourselves "Were I suffering from a particular form of cancer, in whose hands should I prefer to be? Certainly where I have the best chance of recovery and cure." If for me, for my patient also. I speak about the distribution of work with some feeling because in my earliest days as a surgeon I had the whole field over which to range. First one specialty and then another was developed

and I gave up operating on the brain, the throat, the uterus, the thorax, the bladder, the bones, until eventually even parts of the abdomen above the pelvic brim also threatened to leave my hands! In the first twenty years of these early days surgery was the only treatment for cancer; for the last twenty, irradiation in one form or another has gradually encroached more and more on the field, till to-day no part is entirely outside its range; and the conditions of radiotherapy are such that as we shall see they impose the form on cancer organizations.

The set-up at which we have arrived in Britain is as follows:

(a) The general practitioner.

(b) Clinics for preliminary consultation. These should be widespread.

(c) Hospitals, not equipped for radiotherapy, where treatment by expert surgeons can be carried out.

(d) Hospitals, few in number, in which surgery and certain types of radiotherapy can be undertaken.

(e) A headquarters hospital or hospital group, where surgery for every form of cancer is available and where radiotherapy of all types, involving the use of the most complicated and expensive apparatus, is provided.

(f) Provision for the care of patients for whom further active treatment by surgery or radiotherapy is not recommended.

The provision is roughly that for every two to three million people, which means that there are about eighteen Regional Centres. For the patient the best first contact with the organization is a good family practitioner. None better than the family doctor can induce people to come early for diagnosis. He can inspire a confidence that will overcome all the motives that induce men and especially women to postpone the all important first consultations, but it must be admitted that the "doctor-patient relation" in too many cases is not good enough to ensure against many cases slipping through the net. With us it often happens that there is no available place for the doctor to have an undisturbed session, where with nurse and secretary he can, at regular intervals, see all those patients of his, including those with suspected cancer, who may need a quiet half-hour's consideration. He should have a convenient place properly equipped where he can do himself justice and where he and his patient can consult members of the specialist staff of the Regional Service. With us, at present, there are "cottage" or "family-doctor" hospitals of from 10-40 beds, but there are not nearly enough of them and by no means all practitioners have access to them. In the new national service it is intended to set up Health Centres which will serve this as well as many other purposes.

French: Anti-cancer centres.

It may be said that, very approximately a third of the treatable cases of cancer call for surgery only; that a third call for radiotherapy; that at least a third call for both surgery and radiotherapy; and that this third is constantly encroaching more and more on the third allotted to surgery alone. The time relation of the therapy to the operation, whether pre- or post-opera-

tive, should in my opinion be as close as possible and it is obvious therefore that all surgery should be done in hospitals also equipped for radiotherapy.

The hospitals not equipped for radiotherapy are a lapse from the logic of our system. In respect of cancers such as that in the colon, which may occur as surgical emergencies, it is obvious that surgery for cancer must sometimes be done in every hospital, and in Great Britain, where there is a severe shortage of beds due partly to destruction by bombing and partly to seven years lag in building, it is impossible to provide accommodation in the next grade of hospital for all demands, but we should do it if we could.

With regard to the hospitals providing some radiotherapy it is desirable that no unit should be recognized which does not cater for at least 500 new cancer cases treated per annum; and since at present the proportion of treatable cases is only 50% that means a population of 500,000. In additon, probably a couple of hundred or so from previous years will call for treatment. There are besides that for the department a considerable number of non-malignant cases.

The staff and equipment will be very considerable and if the department is not to be disproportionate to the other units, the hospital itself must be a big one, though the number of beds for radiotherapy exclusively need not be large; not more than 60, and a third of those can well be "hostel" beds, which are so much more economical both financially and of staff. Although cancer cases are distributed throughout all units of the hospital, during the actual period of treatment by irradiation they should occupy beds under the direct control of the therapist and his staff, medical, technical, nursing and secretarial.

Headquarters should be established in a university city in intimate association with a main general hospital or hospital group where there is ready access to full medical, surgical and dental facilities, and to the staff and laboratories of the ancillary sciences, physics, chemistry, biology, anatomy, physiology, pharmacology, pathology and genetics.

Amongst the surgical resources should be departments or units for neurosurgery, thoracic surgery and plastic (including maxillo-facial) surgery.

The radiotherapeutic department or institute should be in as close proximity to the surgical departments as possible. It should provide every form of radiotherapeutic treatment. Apparatus of every proved type should eventually be installed, pending which time arrangements should be made for the staff to have access to other headquarters where alternative types are working.

The headquarters establishment should be the "court of appeal" for the whole area.

As I have said, whilst the whole field of cancer is divided amongst many surgeons and if necessary some surgery must be done in many hospitals great and small scattered about the country, concentration is the keynote for radiotherapy. The therapist has a wider interest than any surgeon as surgeon; he daily sees cancer in all parts of the body, in every organ and every anatomical region. Moreover his patients must come to his installation; he cannot transport it to them. The installation itself dictates a great measure of centralization. It is desirable to instal X-ray apparatus as a battery of machines. The supply of radium in multiple containers should run to a gram or two; there should be beam therapy (say 10 grams); there should be access to cyclo-

trons, botatrons, linear accelerators and the whole expanding range of methods for exploiting nuclear physics. Such an installation requires a large staff of physicists, technicians, secretaries, with adequate laboratories and workshops. In England only the big cities can afford the space or the expense on this scale, yet all are essential for a complete radiotherapeutic department. Presumably it is much the same here. Radiotherapists and physicists of the highest standing moreover are rare birds.

I must repeat and make it abundantly clear that the whole of this organization is to be integrated as one service. There must be the readiest two-way traffic from one end to the other. We have tried to ensure it in various ways. One method is registration, which amounts almost to notification, though that, in Britain, has no statutory basis and hitherto has been frowned upon by both public and profession. For every patient who enters a preliminary consultation clinic—and these exist not only at the periphery but in every unit of the organization also, a registration card should be made out. They are serially numbered and for every one there must be delivered in due course a clinical record card which summarizes relevant data and also carries space for follow-up entries for many years. These cards are sent to the General Register Office year by year after their first production. If no card bearing a particular serial number arrives for marriage with its registration card it puts those responsible on enquiry, and the failure can be traced to source. The social worker of every hospital or radiotherapeutic department watches the registrations and detects defalcations at the earliest moment; but follow-up failure equally calls for investigation.

A more potent means of securing transit for the patient to the right place is the linkage of staff, which keeps all those domiciled at a distance from headquarters seconded, rather than exiled, members of the headquarters staff. It is of the greatest moment that the experience of distant members should be maintained at the same level as that obtaining at headquarters, and should not drop to that corresponding with the partial clientele of a small hospital.

Men should return in rotation to serve at H. Q., to widen their knowledge and keep in touch with major developments on apparatus and technique. Then too, the central staff must be ample enough to permit of frequent visits to the outlying clinics. Particularly, to those hospitals where there is no apparatus, the radiotherapist must go regularly for consultation with the surgeons. It is of the utmost concern that treatment of every case should be planned from the staff. It should not be for the surgeon to say "I'll do what I think surgery dictates and leave the rest to you" but—"let us consider together what our respective methods have to offer this case and if both are needed, in what sequence." Similarly it is urgent that the whole requisite dose of radiation, so far as can be foreseen, should be decided before commencement and the form of treatment necessary to achieve that dose calculated in advance. There should be no two bites at the cherry. It should be a matter of course for the headquarter staff finding a case, somewhere afield, for whom only the major resources at the centre are adequate, to transfer the patient thither. Experience at Manchester has proved that the almost universally expressed opinion, that patients would not travel far from home even to get treatment for cancer, is quite wrong. If the Central Institute or its associated centres once establish a reputation for "delivering the goods" it can over-

come such reluctance in almost every case. Nevertheless geographical isolation is a potent source of delay unless transport is easy, frequent and free. Transport, both ways for patient and for staff, is vital to a good service.

A proportion of all cases of cancer reach a stage at which further treatment, surgical or radiotherapeutic is not recommended. Others. in present conditions, first come to light at an advanced stage. In a few cases cancer first appears when, by reason or infirmity or because of some other disability, patients are already under care as "chronic sick."

The cancer patient for whom there is no hope of cure may prefer to remain at home in spite of the difficulties involved, and if the home is suitable this psychologically is best. The period of nursing and special care of the hopeless bed-ridden cancer patient does not exceed on the average a matter of months. The general disturbance in the home to provide the necessary attention over this period is, however, very great indeed. Moreover, those upon whom the burden falls lack the necessary knowledge and guidance, even allowing that fully skilled nursing is not essential.

Institutional care should be provided in small rather than large units. The accommodation should be on the ground floor or have easy access to a good balcony. Privacy combined with the possibility of social association should be afforded by good planning and design. There should be plenty of daylight and good artificial lighting. Decoration should be cheerfully colourful. An atmosphere of home should be encouraged by every device. Siting must take cognisance of the importance to these patients of easy access for relations and visitors. Feeding arrangements should be in the hands of a dietitian. Both recreational and occupational facilities are needed as for the temporary sick.

Of paramount importance is continuance under the care of those who have treated the patients from the outset of the illness. It should not be possible for the staff of a general hospital to divest themselves of responsibility for those who no longer need active treatment.

Tradition in Great Britain has established a position in which every hospital of any size attains a prestige amongst the population around it, which admits of no suggestion that it is not competent for any and every requirement in the whole field of medicine. Loss of face is very serious if a hospital, after admitting a case, has to transfer to another institution in another town or city with claims to provide something superior. Moreover, in the past, hospitals were supported by voluntary subscription, and admission of any deficiency however justifiable, was felt to imperil finance. That is a psychological situation of which we have been bound to take notice and though the new national health service will alter matters, it will take many years to educate the public to a wider patriotism.

There is another psychological situation—perhaps even more firmly established. Private practice is the form of medical care to which the public has been accustomed and in which it has acquiesced. In the past the doctor has had to maintain his universal competence; indeed, legally in Great Britain the registered practitioner has been regarded as competent to make use of every established method. Specialism is recognized in the Courts to this extent, that a doctor is only required to exhibit "reasonable care and skill" in accordance with his status, his experience and his claims. If he holds himself out as in any respect an expert, he must in his practice exercise a comparable skill.

The development of specialization has gone a little ahead of public appreciation and the great advantages of team work are not yet fully appreciated either by the public or by individual members of the profession in England. Thus it comes about that whilst there is a fairly easy case with which to convince public opinion that concentration is desirable, and even inevitable, for the comparatively new method of irradiation, it is extremely difficult to educate either patients or doctors (especially surgeons) to the view that "cancer" which extends throughout the whole realm of bodily illness is beyond the competence of any one man.

A National Service, in time to come, may be so universally excellent that no man will desire to go outside it for "cure"—but looking at my public with its unfailing proclivity for trust in one particular man or woman, its determination to choose to whom he shall confide his safety, and it must be admitted for many, its preference for the charlatan and the quack, I am pretty sure that any plan for a medical service—and that includes the cancer scheme, must allow for the idiosynacracies of men and women as they are to-day. Doing that means many concessions to local pride and prejudice which compromise the integration of a scientifically perfect plan.

A word about the "Cancer Institute." The balance of opinion with us is against the establishment of great central "cancer institutes" in isolation from the multiple faculty organization of the "General Hospital." If it has not access to all the specialist skill and resource there congregated, it must create a similar team around it, and thus a new "general hospital" with one disproportionate department—and that, in my experience of hospitals, eventually leads to trouble and sometimes to sterilization.

As realists and not theorists, however, we must face facts and admit that such an organization does work and is highly productive of advances in knowledge and technique. The question is "why does it work" and the answer of course is "because of the man." Just as in research generally it is futile to put your money on the institute or the given subject—you must bet on the man if you want to win: so here.

When you find a man of multiple abilities with a flair for leadership give him his head and his organisation will pay big dividends on your outlay Don't, however, be misled into thinking its because of the isolation of the subject however important, or because of the magnificence of the accomodation or the munificense of the endowment. Its brains that are wanted and some men of brains work best when monarch of all they survey.

There will be a price to pay—but it may be worthwhile. Consider that price for a moment. Concentration in one locality damps local initiative elsewhere and genius is not confined to capital cities even if it gravitates thither.

The position of "second-in-command" in whatever circumstances it exists, military or civil, if too long maintained is productive of dis-intregrating dissatisfaction in the ranks below, and with too much concentration opportunities for the second-in-command to flit and put his personal experience to profit elsewhere, are limited. However, on this great continent you are never afraid to scrap that which no longer pays dividends or to sacrifiice spent capital. So you can try all the experiments you like. Our most notable experiment

in this direction has been an undoubted success; weh ad the man—physicist, engineer, mathematician, therapist, clinician, leader: that's not to mention that his wife was by natural endowment a research worker: success was assured in advance. I speak of Ralston Paterson at Manchester.

My own preference is for a semi-autonomous department in a big University Hospital with immediate access to the other attached institutes for pathology, physics, chemistry, anatomy, physiology, biology, pharmacology, the special clinics for neuro-, thoracic, plastic surgery, and all the resources that can be shared or called upon. Nothing should interfere with the flow of "material" to this headquarters. Thus even the rarest forms of cancer should be well represented for study, for research, and for training of doctors, of therapists, of technicians, radiographers, mould modellers, nurses and so on. In such a place surgeons can be convinced of the accomplishments of radiotherapy and familiarise themselves with present limitations.

There are three other functions of a cancer organization—Research, Training and Propaganda.

In this company I shall say nothing about Research, save the trite but true observation that without research in progress no clinical team will con tinue their treatment at a high level. On training I would only note that, with us, as a consequence of the route by which radiodiagnosis won its way to central importance in the hospital, and radiotherapy almost insensibly assumed separate status, staffing of the department has always been a little below the needs of rapidly expanding day-to-day demands and has not been established to meet the requirements of teaching and training. With us the medical schools have been a little slow in recognizing the magnitude of the demand and according it due academic importance.

On the question of propaganda, of which Britishers have always been shy, we are behindhand. We see what can be done in the Dominions and elsewhere. There has always been reluctance, with regard to propaganda among the public, to create or enhance an existing terror of cancer. There is however, everything to be said for propaganda amongst doctors. If lectures by competent authorities are arranged at times convenient for busy men, there is no difficulty in securing large attendances.

However, the most efficient piece of propaganda I have met is the "Tumour Clinic." As an example, one was established in a town fifty miles from London. It began as a fortnightly visit by a very able radiotherapist to the out-patients and wards of one local surgeon and lasted about an hour. Within a year the session was a whole day's hard work. At 10 o'clock the gynaecologists were seen, and all doctors were welcome to attend. At 11, laryngological cases, at 12 physicians with leukaemias, etc. at 2 the general surgeon, and so forth. Appreciation of the opportunity spread amongst practitioners for many miles around and the habit was quickly established of presenting a case at what had become a symposium of suspected as well as of established cancer. But again, as always, succees with any method depends on finding the right man.

I have said nothing about the co-ordinating committee of the service. Its constitution must be such as to suit local circumstances. It should be representative of all interests, including those of the "consumer"—the potential patients. I want to make one final comment derived from an extensive experience during wartime as a travelling consultant for the Ministries of Health and Home Security, and also as a member of the Radium Commission. It is

that, notwithstanding the amour propre of hospitals to which I have alluded, visitation by men of experience whose personal disinterestedness is recognized, is welcomed by every hospital doing good work. Demonstration of that work to an appreciative consultant opens the door for communication of ideas, advances in technique, modification of method, and of course, it is by no means always the man from headquarters who offers the novel suggestion. The great clinician Trousseau used to say at the commencement of each semester that he expected to learn from his students as much as they from him. Whether or not he did, it is the right attitude to elicit the best from an efficient and productive team.

The Doctor and the Milkman

"An amusing controversy is going on in the newspapers between Doctor Almon and his milkman—the latter asserts that he was dismissed for voting according to his conscience—the former denies the soft impeachment but admits that he canvassed the man and that he gets milk elsewhere—the milkman rejoins and affirms that if not dismissed by the master, that he was by the mistress. So wages the great world of Johnstonian conversation. The doctor beats the old church Tory of Annapolis, that thrashed his cow for drinking from a stream that ran under a Methodist meeting. What! drink sweet milk carried about by a Liberal—no, no, bonny clabber would be preferable if sold by a Tory. But the 'cream of the joke' is, that the doctor has lost a customer too, for it appears that he served the milkman 'with medicine.' The latter has no reason to complain—he has got well out of the scrape, for we would rather take the milk than the medicine."—From *The Nova Scotian*, Halifax, N. S., August 16, 1847.

"Sic transit gloria Harley Street", or The Eve of the National Health Service in Britain, 1948,

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TO anyone who has not been actively involved in the recent tour de force between the British Medical Association and the Ministry of Health in England over the working arrangements of National Health Act, the whole long campaign may seem to bear a close relationship to a Punch and Judy show. However, in conversations with doctors of my acquaintance since arriving in this Province in July of nineteen forty-eight, I have found that all of them have taken a very active interest in the confused negotiations and possess some knowledge of the arguments put forward by both sides.

You may wonder at the inference I give to the discussions, but in truth it has been at times a battle royal with both sides showing considerable obstinacy. Since qualifying in the early years of the war, the question of a comprehensive health service has always been good meat for argument wherever I have been, and in company with many doctors who have served both in a government medical service and in private practice, I hope I have been able to develop a fair judgment of the arguments for and against a government controlled health service, but it would be foolish to say that, like the vast majority of doctors in the British Isles, I was not biased one way or the other; perhaps you will discover which!

Before describing the last hours of the battle, I feel it would be only right to say that there have been certain factors which have perhaps partially obstructed the clear thinking of many doctors, both experienced and newly graduated.

As you know, a comprehensive free medical scheme in England is no bright idea of the Socialist government, but has been discussed both within and without the profession for the past twenty-five years, finally resulting in the blue-print of such a scheme being drawn up by the coalition war-time government. To the Socialists fell the onus of discussions with the medical profession and of finding ways and means of working the scheme effectively this has been a responsibility which all would agree has been an extremely heavy one in these years of Britain's recovery from victory. But all seemed to be going reasonably smoothly until reports began to trickle through of the Minister of Health's (Mr. Aneurin Bevan) unresponsive attitude to certain basic arguments of the profession; whether these were true or not, I am in no position to say, but they had the effect of introducing a feeling of personal animosity between doctor and Minister, and this undoubtedly did a great deal of harm, which was not lessened any by the Minister's somewhat blunt remarks, even at times crude, on the attitude of individual leaders and of the profession as a whole. They could quite easily be interpreted as the attitude of an uncompromising despot, and many have taken this to be his character, on slender evidence in fact.

Secondly, as time went on, it definitely began to be plain that the government were quite determined to limit the freedom of the doctor both in his relations with his patients and in his private life. An example of the first

was the inclusion within the Act of a limitation of the number of doctors who would be allowed to practise midwifery, the qualification for those being allowed to do so being either considerable post-graduate study and hospital practice of obstetrics or ten years in the constant practice of domiciliary and/or hospital midwifery. We all recognized this to be an ideal at which to aim but it was obvious that there were not in the first place enough doctors in that category to deal with all the obstetrics and secondly there were many doctors returned to practice after the war who, by reason of their absence in the forces had had no opportunity to either gain or further their experience in this branch of medicine. Another point, perhaps more down to earth, was that obstetrics played a large part in the financial return of many doctors in general practice. The doctors' argument was simple and legally watertight; they were registered with the General Medical Council, by reason of tests of proficiency by examination, to practise Medicine, Surgery and Midwifery, and no Minister of Health could legally prevent them. So far as I know, at the time of writing, this limitation has not been carried out. As regards interference with the doctor's personal affairs, it was stated in the Act that, if after the commencement of the health service a doctor wished to move from the district or if a doctor died and his executors wished to sell his house, the price of the house must be agreed upon by the local executive committee if the house were to be sold to the incoming doctor and must not take into account any aspect of the goodwill of the practice or of the position of the house in the area; this was of course to avoid the incoming doctor having to pay an exorbitant price, but at the same time it pays scant heed to the honesty of the business dealings of the average doctor. Already there are reports in the journals from England of the widows and dependents of deceased doctors suffering financially from such a restriction, particularly when the sale of a house is delayed because the incoming doctor takes his time in deciding whether to buy or rent other accommodation.

There were many points such as the above which were hidden, sometimes deep between the lines of the Act, and when they were brought to light, usually through the correspondence columns of the journals, caused grave concern.

You will recall that in the summer of nineteen forty-seven the medical profession as a whole, not solely the members of the British Medical Association, decided by plebiscite to stay outside the scheme until certain aspects of it had been re-discussed with the ministry, that eventually further discussion was agreed to by the Ministry and a second plebiscite towards the end of that year showed that although there was still a majority against working the scheme, there was at any rate a sufficient number of doctors to form a working nucleus throughout the country if the scheme were put into operation. During the whole of that year pressure was undoubtedly brought upon certain sections of the profession, culminating in the appeal from the presidents of Royal College of Physicians and Surgeons of London and England respectively directly to the Ministry to reopen discussions. There was severe criticism of this move within the profession, but at least it did have the desired effect.

I attended many meetings of general practitioners and specialists together, when we tried to thrash out the various arguments. The Minister on more than one occasion had expressed his conviction that the younger members of the profession would see the subject in a more realistic light—his light—

than the older members but I am afraid he was disillusioned on that score, for the younger members in my experience fought hard to keep the torch of freedom aflame. The sad aspect of all our decisions and brother-hood oaths was that the doctor, like any other man has to live and provide for his family, and whatever his conscience may feel on the subject, he must necessarily be directed by financial need, "Ay, there's the rub"—as the Immortal Bard put it. I can recall many doctors saying, "Well, we would like to stay out, but we daren't."

The question of payment within the service was always to the forefront of any discussions and the arguments upon this point were loud and long. In general it was felt that a capitation payment would be preferable as it would not give the Minister such a hold over the doctor and at the same time preserve to a certain extent the stimulus for good and sustained work. The Minister naturally argued against this and finally a compromise was reached, whereby he offered a basic salary of the equivalent of twelve hundred dollars to those doctors starting in practice who might need it or to those doctors, who by nature of their practice, mainly scattered rural areas, might require a basic income. But, and it is a "but," to get this basic salary, the doctor has to submit details of his financial resources to the local medical executive committee, some of whom may be his local brother practitioners, to get their permission and authority; this can naturally be very embarrassing for any man. Again, any basic salary that is paid to a doctor in an area must come out of the total cash available for the payment of capitation fees for all the doctors in that area, i.e. the more basic salaries paid to doctors in one area, the less per capita will the doctors who don't want or need the basic salary, receive. You can see a very cunning example of the principle of "divide and rule" here.

One could continue for hours in picking holes in the present scheme and indeed this requires to be done to rid it of the evils, and to retain only the good.

The ideal of such a comprehensive scheme, available to all, including doctor, hospital fees, surgical appliances, etc., is appreciated by almost all doctors in Britain, the only argument being over the mechanics of such a scheme. There are some that argue that it should not be entirely free to those who can pay, and that to make things free, or rather too free, is to relieve the individual of too much responsibility, a point made by the Archbishop of York when speaking recently on the subject of juvenile delinquency. Again it was argued that the time was not right to put the scheme into operation when there were not enough doctors, nurses, hospital beds and auxiliary services with which to carry on an efficient service; it seems from recent reports that difficulty is certainly being experienced in this regard.

However, the fact remains that the scheme was put into operation, with the medical profession agreeing to co-operate but at the same time making plain that it did not regard the service at present constituted ideal either from the point of view of the patient or the skilled people who had to work it.

The institution of a National Health Service is indeed a wonderful achievement. It removes the one great fear of the poor man, that he cannot obtain medical treatment for himself and family unless he can find the money to pay for it within a reasonable time of his illness. It includes a wide system

of sickness benefit and insurance; it includes complete hospital care, the provision of appliances, dental treatment and all the other forms of medical and medical social care.

One last word, but none the less important. As I said earlier, the final stages of this scheme have been carried through by a socialist government. They have taken a good deal if not all the credit; the vast majority of the doctors are not Socialists and there has lain one of the difficulties. Politics has crept into the business, I suppose inevitably, but it is a sad thing, for politics can cloud a man's vision and affect his judgment just at the time when clear foresight and judgment are needed. Throughout the whole time, the Socialist Medical Association took an active part in furthering its party's aims and principles and in my opinion, by so doing, antagonized the vast majority of the profession.

The whole history of the development of the scheme in Britain is well worth studying to avoid the pitfalls when deciding the requirements of health schemes in this country and elsewhere.

Minutes of the Semi-Annual Meeting of The Medical Society of Nova Scotia, 1948

THE semi-annual neeting of the Executive of The Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, N. S., on Wednesday, December 8, 1948, at 2.50 p.m.

Doctor Hugh A. Fraser of Bridgewater presided. The following representatives of the Executive and members of Council of the Canadian Medical Association attended: Doctors E. F. Ross, J. J. Carroll, H. G. Grant, R. O. Jones, J. G. B. Lynch, Eric W. Macdonald, P. E. Belliveau, A. E. Blackett, H. D. O'Brien, H. W. Schwartz, A. L. Murphy, V. O. Mader, J. S. Robertson, S. B. Bird, R. A. MacLellan, N. H. Gosse, R. A. Moreash, H. J. Martin, P. S. Cochrane, G. R. Forbes, R. M. Zwicker, W. A. Hewat, D. K. Murray, John R. Macneil, F. J. Barton, H. R. Roby, H. B. Havey, W. J. MacDonald, G. A. Dunn, J. F. L. Woodbury, H. C. S. Elliot, C. L. Gosse, J. A. Noble, J. P. McGrath, and A. D. Kelly, Assistant Secretary of the Canadian Medical Association.

President H. A. Fraser welcomed Doctor A. D. Kelly to the meeting and called on him to speak.

Doctor Kelly expressed his appreciation of the opportunity of meeting with the executive and spoke chiefly on Health Grants and the Planning Survey. He told of the arrangements in the other Provinces of Canada and stressed the importance of a strong representation of The Medical Society of Nova Scotia on the Committee of the Nova Scotia Government which would produce the master plan.

Halifax, 17th November, 1948

Dear Dr. Grant:

Re: Health Survey Committee—Federal Health Grants

Under the terms of Federal Order in Council 3408, the Province of Nova Scotia is required to set up a Central Committee to be responsible for gathering information and making a survey of existing health, hospital and related facilities and services throughout the Province.

To assist this Central Committee in this important work, it is desirable that an Advisory Committee be formed representative of the major organizations and groups in the Province that, for a long time, have been so deeply interested in health and welfare. Your group is one of these and we believe that its advice and co-operation would be most valuable in carrying out the proposed programme. It is intended that as occasion arises the person you select will make such contacts with his organization by way of sub-committee meetings and in other ways as may be deemed desirable.

As we are anxious to have this Advisory Committee formed at the earliest date, I shall be grateful to have the name of the person you select.

Yours very truly

(Sgd.) L. D. Currie
Minister of Public Health

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

Doctor Eric W. Macdonald: "This does not appear satisfactory to me. We are only asked to appoint a member to the Advisory Committee. The previous Minister of Health gave us definite assurance that we would be represented. I think it is imperative that this Society would be represented on the Survey Committee. There is no organization that is more interested in health than we are; none as strong as we are. Whether the Minister of Health will listen to our plea or not I think pressure should be brought to bear on him. It is not right to have a position offered to us on the sub-committee. This grant is to find out what we have and what we will need. I am not satisfied with that letter from the Hon. Mr. Currie."

Doctor Jones stated that Doctor Gosse's report implied that mental hygiene was different; they had been asked to form some plans for development in Canada of mental hygiene, and they had drawn them up. Nothing had happened until about late in October and Mr. Martin said the money was there and asked why they did not do something about it. Mr. Currie implied that certain plans had gone through, but no action had been taken on any suggestions. Doctor J. S. Robertson said that several matters needed clarification. "I think I made the statement that Mr. Martin suggested that the Provincial set-up should be the same as the Federal. We are doing exactly the same thing. The Canadian Medical Association are represented on the Advisory Committee, which acts as an Advisory Committee solely. The question came up, just how this Committee would be set up. The particular reason for the present set-up was to get an economist to tie in with the plan, before it was presented to the Minister. The Minister reserves the right to turn down any or all of the plan. The members of the Advisory Committee will be made up from medicine, nursing, hospitals, labour organizations, municipalities, universities; each of the members of this committee will act as chairman of a sub-committee, but they are the spokesman for the sub-committees. The major part of the work will be done by the advisory committee. The nurses and the medical profession have done a considerable amount of work. Mr. Currie's opinion was that there should be no voting on this advisory committee, they should work as a planning committee. Any member can go to the Minister to present his views. This advisory group will be the group which will do the major work. He also makes the point that even if he accepts the plan that he is only accepting it as one member of the Government. This letter is not as clear as it should be. The central committee would be sort of a departmental committee that the Minister could ask advice on salient points, just a committee that he would go to for advice. The advisory committee is the most important plan there is."

Doctor A. E. Blackett: "I was present with Doctor Gosse when we interviewed the Minister the last time. He made it very definitely clear that there would be no concerted opinions expressed by this committee, merely a committee to which he or his deputy would listen. If that is the case, how can such a group produce a major plan?"

Doctor J. S. Robertson: "In the group yesterday that very point was brought up. It was clarified this morning. If I gave that impression it was certainly not what I intended to give."

Doctor A. E. Blackett: "With regard to making a recorded statement by means of a vote, the Minister emphasized again and again that this committee would have no vote."

Doctor J. S. Robertson: "If there is dissension, he wants that group to come to him."

Doctor Eric W. Macdonald: "It is the function of Governments and Cabinets to formulate Government policy and no group is going to make this policy; they must bring in a report. They can't make a health survey without having an advisory group from the medical profession who are going to have a say in the making of the report. The Department of Public Health are interested in one phase of it, we are interested in all phases of it. We want representation on the committee that writes the report and that is what we should have. These advisory committees are not going to write the final report from which the Minister is going to get Government policy."

Doctor J. G. B. Lynch: "During the last year or so many of the ideas that our group has expressed to the Minister are not on record. Mr. Currie, the present Minister, is a lawyer, and he has gone into a new department, the Department of Health. Doctor Davis studied this over a matter of years. I do not know whether the present acting Minister has been fully informed as to the opinions already worked out by his predecessor. There was a sympathetic feeling of one medical man to his practitioner in the profession. We have a Minister of Health who does not know very much about the feeling of this medical profession in this Province. We should have an interview with the Minister and bring him up to date."

Doctor J. S. Robertson: "This matter was discussed with the late Doctor Davis."

Doctor H. G. Grant thought that the medical profession should be represented on the top committee.

Doctor H. A. Fraser stated that the Minister maintained that the inner committee was of no importance as far as the advisory committee was concerned.

Doctor Eric W. Macdonald: "I move the following resolution; that our advisory committee continue to demand adequate representation on any health survey and that our representatives be active practising physicians."

This was seconded by Doctor F. J. Barton.

Doctor J. S. Robertson wanted to make it clear that the advisory committee would have as much to say in producing a master plan as the central committee.

Doctor J. G. B. Lynch stated that Doctor A. R. Morton, City Health Commissioner, was a member of the committee.

Doctor J. S. Robertson: "All men on that committee are doctors before they are in the Public Health Department."

Doctor N. H. Gosse: "It would be a very great pity indeed if any rift came between the medical group and the Department of Health. We want to be represented in the consultations when things are being discussed. We are more politically interested than anybody else, and we ought to be there. We are being excluded."

Doctor W. J. MacDonald stated a great deal of public health work was done by the practising physician and he hardly believed that if the Minister were approached he would refuse it.

Doctor Eric W. Macdonald: "The former Minister of Health gave us assurance that we would be represented. Doctor Gosse and his committee have met the Minister on three occasions and made no headway. When the

time comes for health insurance to become operative in this Province no Government can put that plan into effect unless they have the backing of this Society, and the time to get that backing is at the start."

Doctor J. G. B. Lynch: "Unfortunately I do not think that is true. The British Medical Association thought they could oppose the Government. I think the whole thing is co-operation between the Public Health Department and the medical profession. I think we can get together. Perhaps Doctor J. S. Robertson can work this thing out with us."

Dr. Eric W. Macdonald: "With your permission I would change that resolution and instead of 'adequate' that there be two representatives on the advisory and central committees."

Doctor H. A. Fraser: "I think we will be refused representation on the central committee."

Doctor W. J. MacDonald: "In that event I think we should iron this thing out."

Doctor H. D. O'Brien: "It would seem to me that if I were running a Government if I chose to have someone to advise me at any time it would be my right to have a committee to advise me if possible, and I would resent somebody from outside telling me that he should be on that committee."

Doctor H. G. Grant: "The central committee went ahead and did the right thing on cancer control. How did they know that the doctors of Nova Scotia would act under it without having someone there to discuss it. We just want to help."

Doctor J. G. B. Lynch suggested that the wording be changed to read that the Society "nominate."

Doctor W. J. MacDonald: "I second that."

Doctor J. P. McGrath: "Ask the Minister for 'the privilege' of appointing."

Doctor N. H. Gosse stated that while he wanted to see representatives on the committees as much as anybody he did not think they would get four persons on.

Doctor A. D. Kelly: "Mr. Chairman, I was very happy to hear Doctor Robertson's assurance that the advisory committee was the active body which would be very important. I am perfectly prepared to accept Doctor J. S. Robertson's interpretation. I agree with the speaker that the Government has the right to have advice. As the advisory committee is the important body I think that this Society should accept the Minister's request with thanks. That representative of yours should be supplied with the information that you would have him have on the question of health grants. Determine what you want to do on the Minister's invitation, accept him, and nominate one. As for nominations on the central committee that is the Minister's privilege."

Doctor J. S. Robertson stated that this study would not be a short term business, but will extend over a number of years, or rather over two years.

Doctor H. G. Grant: "Having listened to each speaker, I still feel we should accept this request for one member on this advisory committee and ask for one representative on the central committee."

Doctor R. A. MacLellan: "The talk is based mainly on representatives to an advisory committee. That committee could only be an advisory committee to the Government in case the Government asked for advice. The

fact remains that this Association has already got an advisory committee to advise the Government concerning the medical profession. If then we pass this particular resolution and urge that a representative of the medical profession be on both committees all that he could possibly do would be to present the views of the medical profession, and it seems to me that we already have an advisory committee. How much farther ahead are we going to be to have representatives on these committees?"

Doctor A. E. Blackett: "The Minister said over and over again, in fact emphasized this, that this advisory committee would have no recorded conclusions, no voting, and I can't see how such a committee is going to be the main committee which is going to produce a plan."

Doctor J. S. Robertson: "I think I mentioned I had brought this very point to the Minister's attention this morning, and in his opinion there was no question but that this committee would have sub-committees. Each member on that advisory committee will act as chairman of a sub-committee. Any man on the advisory committee has direct access to the Minister. He expects to nominate a director for the health survey and everything would go to the director."

Doctor A. E. Blackett: "Who is to be the chairman of this advisory committee?"

Doctor J. S. Robertson: "The advisory board will elect a chairman among themselves."

Doctor A. E. Blackett: "The Minister said there should be no chairman."

Doctor H. D. O'Brien: "What we should be preparing right now is the policy we should follow to give to whomever is on the committee."

Doctor N. H. Gosse moved that this Executive of The Medical Society of Nova Scotia accepts the opportunity of furnishing representatives to the advisory committee of the Health Survey, but expresses the view that the representation suggested, one man to represent the whole of medicine in Nova Scotia, is inadequate and urges the privilege of nominating at least two. This was seconded by Doctor G. A. Dunn.

Doctor H. G. Grant asked if Doctor Gosse would be willing to include in his motion that we also have one representative on the central committee.

Doctor H. D. O'Brien moved an amendment that we accept the invitation the Minister has extended.

Doctor J. F. L. Woodbury stated that he would like to see Doctor Gosse's motion start with the thanks of the Society for the Minister's invitation.

Doctor N. H. Gosse: "I have no hesitation in saying that we accept with thanks."

Doctor J. F. L. Woodbury moved that this executive accepts with thanks the Minister's kind offer to nominate a member to his advisory committee of the Health Survey, but expresses the view that the representation suggested—one person from the whole of medicine—is inadequate and urges the privilege of nominating at least two persons.

Doctor N. H. Gosse: "We are accepting the principle. If this executive accepts the principle then we are going to reply to the Minister's letter and say we nominate such and such a person."

Doctor J. P. McGrath thought that the word "inadequate" was incorrect to use and suggested that "in our opinion that the interests of medicine would be better served."

Doctor H. D. O'Brien: "And the public." Motion carried

Doctor J. J. Carroll moved that the chairman of the present advisory committee be the representative to the advisory committee of the Health Survey. This was seconded by Doctor P. S. Cochrane. Carried.

Regarding preparation for the Canadian Medical Association at Halifax in 1950 Doctor H. A. Fraser advised that we had nominated a President for that year, and that he would need considerable help.

Doctor N. H. Gosse said it did call for a great deal of help, but that as Doctor Kelly was present, he might advise what needed to be done.

Doctor A. D. Kelly stated there should be a committee on arrangements, a committee on housing, a committee on hospitality, and all of the work connected with entertaining a large meeting. A committee to arrange for the various scientific sessions to make suggestions as to the type of programme. It would be more efficient if it were left to Doctor Gosse, and he would be glad to send him a list of the committees necessary. The Canadian Medical Association is responsible for everything save entertainment, so the only outlay to be thought of will be for entertainment. The Canadian Medical Association donates $300 for the President's reception and $50 for golf; any other expense is a local responsibility. He stated that the Committee in Manitoba had received from the Winnipeg Medical Society a fund of approximately $1,200 for entertainment and about $800 was spent. In Toronto last year he thought the entertainment expenses had been something over $1,000 and in Saskatoon they are planning an expenditure of approximately $1,000 for entertainment.

Doctor H. D. O'Brien stated that when the Canadian Medical Association had met in Halifax in 1938 there had been four hotels, two of which have since been demolished so now Halifax has only two, and that now we could never expect to handle a crowd like that. He thought that now as the attendance at Canadian Medical Associations was so big, that it could only be handled in two places, Montreal and Toronto.

Doctor N. H. Gosse asked about the accommodation in Saskatoon for next year. Doctor A. D. Kelly advised that Saskatoon has one first class hotel and twelve definitely in the second class, and that the University was to be used and the facilities of the University are going to be used for scientific meetings. He agreed that many doctors would not like that type of accommodation, but members would have to make up their minds whether they wanted to attend. It might be worth while looking into University accommodation here. In Saskatoon they expect to house 1,300 people.

Doctor H. A. Fraser advised that at the annual meeting at Ingonish it had been decided that the meeting in 1949 would be held early in July at White Point Beach.

Doctor S. B. Bird stated that he had been talking to Mr. Elliott, the Manager of White Point Beach and that it was next to impossible to hold our meeting there early in July, but that it could be held the last few days in June, or better still, after Labour Day in September. He can accommodate about 150 at White Point Beach, with extra accommodation at Hunt's Point and Tuna Lodge.

After some discussion regarding holding the meeting in the spring or fall, and also the fact that the Dalhousie Refresher Course is usually held in October, it was moved by Doctor J. A. Noble and seconded by Doctor P. S. Cochrane that the annual meeting of The Medical Society of Nova Scotia for

1949 be held at White Point Beach immediately following Labour Day. Carried.

Doctor A. L. Murphy stated that in recent years the business of The Medical Society had become more and more important, that the clinical programme had been kept up, and that there was not time enough, and he thought that the scientific programme should be reduced to a minimum or cut out altogether. Doctor J. G. B. Lynch agreed with Doctor Murphy.

Doctor A. D. Kelly: "You will not get the attendance if you eliminate the scientific programme. I am quite sure that doctors will not come out to a business meeting. You must provide them with a programme."

Doctor J. P. McGrath thought that the time of the meeting should be extended a little longer. He thought that the time should be extended sufficiently to give time for both business and scientific programmes.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor P. S. Cochrane that the President and his Committee make their own arrangements regarding the annual meeting in 1949. Carried.

As Doctor W. Alan Curry, chairman of the committee to draw up the amended fee schedule, was not present, it was moved by Doctor J. G. B. Lynch and seconded by Doctor P. S. Cochrane that consideration of the fee schedule be postponed until the next meeting of the executive.

It was moved by Doctor A. E. Blackett that the schedule of fees be adopted.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor P. S. Cochrane that the secretaries of the Branch Societies be asked to report immediately on the opinions of their members on the proposed schedule of fees. Carried.

Regarding a membership drive within our own Society Doctor H. G. Grant advised that according to the figures available in his office there were 426 members of the Society, 101 non-members, 22 retired doctors, and 3 who had resigned from the Society.

Doctor A. D. Kelly stated that it might be wise to consider sending a letter to every doctor in Nova Scotia calling their attention to the advantages of the Society, and also that a visit of the President and Secretary to the different Branch Societies might stimulate interest.

Doctor J. G. B. Lynch thought that a visit was very essential, and that any Branch Society would be glad to hold a meeting at any time to suit the convenience of the President and Secretary, and for them to make their own itinerary and send it to the Branch Societies.

It was moved by Doctor J. G. B. Lynch that authority be given to pay the expenses of the Advisory Committee, the Committee of Economics, or any committee called to Halifax to attend meetings. This was seconded and carried. It was moved by Doctor N. H. Gosse that they be paid at the same rate as members of the executive. Agreed.

Doctor N. H. Gosse stated that the Constitution of the Society is now a very, very old one, and that the Society has been against the law all through the piece, that we now have become a pretty big body, therefore it would seem desirable that the Constitution be amended so as to specify who constitute the Executive, and that a few people be appointed to form an executive. He moved that a committee be named to re-write a constitution, which was

seconded by Doctor P. S. Cochrane. It was moved by Doctor A. E. Blackett consideration be given to the committee. Agreed.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor P. S. Cochrane that a telephone for The Medical Society of Nova Scotia be installed. Carried.

Doctor H. G. Grant advised that the printers had again raised their rates for printing the Nova Scotia Medical Bulletin and asked for authority to increase the advertising rates. It was moved by Doctor P. S. Cochrane, seconded and carried that the Secretary and the Editorial Board be asked to make the best arrangements possible in connection with printing and advertising.

Regarding the emblem prepared by Henry Birks and Sons Limited for use on doctors' cards it was moved by Doctor C. L. Gosse that the emblem be not adopted at this time on account of the purple background which does not show up, and that consideration be given to another colour, which was seconded and carried.

It was moved by Doctor P. S. Cochrane that the Department of Highways be again approached for special numbers, which was seconded by Doctor N. H. Gosse and carried.

It was moved by Doctor P. S. Cochrane that the expense of the out of town executive members be paid in the usual way, which was seconded by Doctor H. D. O'Brien and carried.

Doctor H. G. Grant wondered whether the Society should have a publicity agent or a committee to keep before the people of Nova Scotia the doings of our Society. It was moved by Doctor P. S. Cochrane that this matter be brought up at the next meeting. Agreed.

Doctor N. H. Gosse stated that Doctor F. R. Little and Doctor H. K. MacDonald were patients in the Halifax Infirmary and Victoria General Hospital respectively, and suggested that expressions of sympathy and good wishes of the Executive be extended to them both. It was agreed that flowers be sent to both Doctors.

Doctor N. H. Gosse stated that the Canadian Medical Association had outlined a guide to the various Advisory Committees of the Dominion, and one recommendation is that the Committee should appoint small sub-committees. He asked authority from the Executive for the Advisory Committee to do such things as might be found desirable for the proper representation of the medical men in these various things.

Doctor J. G. B. Lynch asked if the Advisory Committee had the authority to add to its numbers.

Doctor J. A. Noble moved that the Advisory Committee be granted the authority to request information from sub-committees, although he was not quite clear who the sub-committees were going to be.

Doctor N. H. Gosse: "We will have a committee ready if and when the Government asks for advice. It is to make that Advisory Committee efficient that authority is sought at this time."

Doctor R. O. Jones seconded Doctor Noble's motion.

Doctor H. D. O'Brien stated that The Medical Society should represent the medical men in Nova Scotia.

Doctor H. G. Grant wondered whether the authority should be given

to the Advisory Committee directly or whether the Executive should appoint a committe for the Advisory Committee. Motion carried.

Doctor P. S. Cochrane: "There may be considerable expense in carrying this out. I would move that the sum of $500 be put at the disposal of this Committee to be used between now and the next annual meeting." This was seconded and carried. Doctor Cochrane said that with the consent of the Treasurer he would amend his motion to $1,000 in place of $500.

Doctor N. H. Gosse said on the very top of the agenda, there was to be a discussion on socialized medicine, and he would like to speak on medicine that was not socialized. With respect to Blue Cross participating he asked what should be the attitude of the doctor when the question was put up to them by the Blue Cross. He had come across that frequently and it had come to him when he filled out Blue Cross forms and his answer had been invariably "No." With regard to Blue Cross or any other industrial insurance there was no reason why the doctor should participate in any of the industrial schemes. He thought some of the men would like to have an expression of opinion for their help and guidance.

Doctor P. S. Cochrane: "We all do work under insurance schemes. There is no suggestion of signing any contract in connection with them. Why should the Blue Cross ask us to sign it?"

Doctor H. W. Schwartz: "I received a card yesterday from the Blue Cross. In some instances they pay what they do pay by way of the patient, and in other cases they pay directly to us."

Doctor N. H. Gosse stated that the signed forms sent out by Maritime Medical Care Incorporated were coming in every day, and he thought when all were in, it would be favourable all round.

Doctor W. A. Hewat asked what percentages sent out were signed, to which Doctor N. H. Gosse replied about fifty per cent were represented.

Doctor J. P. McGrath: "We have decided to stand behind the Maritime Medical Care Incorporated. How can we support Blue Cross when we have a scheme which belongs to the medical men one hundred per cent? I think where we have our own scheme we should not have anything to do with any other scheme."

In connection with the resslution sent in by the Cape Breton County Medical Society regarding nominations to the House of Delegates Doctor N. H. Gosse advised that each member on the House of Delegates had been named by the Executive at the meeting at Ingonish when geographical distribution had been considered.

Doctor F. J. Barton spoke on the co-operative medicine situation in New Waterford stating that the Co-operative Union proposed to bring in doctors from outside, and the medical profession in New Waterford would like to feel that they had the support of The Medical Society.

Doctor H. A. Fraser: "Are you asking for any help?"

Doctor J. G. B. Lynch: "I was appointed chairman of the Legislative Committee. I think the chairman should be in Halifax, and if someone were appointed in Halifax to act as chairman, I would be glad to act on the committee."

Doctor J. F. Barton: "Would the Executive like to pass a motion."

Doctor H. G. Grant: "I think it is most imperative that the Society back them right to the hilt; otherwise one section of our Society is in a very critical state."

After further discussion it was moved by Doctor P. S. Cochrane that we support the stand taken by the medical men in New Waterford in not participating in this proposed scheme and that we advise them that they continue in the stand which they have already taken and that The Medical Society make that fact known to the press; that we go on record as supporting the stand that has been taken, and that we urge them to stand pat. This was seconded and carried.

Doctor H. G. Grant: "If this goes through, it will mean that our members in New Waterford are out of a living, and that is very serious. We can't do very much. We might appoint a committee and discuss the thing."

Doctor F. J. Barton stated that what would help them most would be publicity through the Canadian Medical Association.

Doctor P. S. Cochrane: "Suppose they go ahead with this scheme and bring in men from Ontario."

Doctor J. G. B. Lynch: "It should be handed to our Economics Committee, and if they think it necessary an emergency meeting should be called."

Doctor H. J. Martin: "We have to try and get around this thing. Certainly action must be taken and not wait. It must be handled now and handled carefully."

Doctor N. H. Gosse: "The local people, the doctors of New Waterford, would have a better idea as to whether or not representatives might go in and talk to them. I think the soft approach is the better one at first. I believe the solution is going to be the scheme of health insurance which we are going to back. I know there are difficulties in the way. I would suggest that perhaps the New Waterford men could tell us what they would like the Society to do. It may call for some publicity and I think the Society ought to provide funds."

Doctor J. G. B. Lynch: "I think it would be a big mistake to go in with our Maritime Plan. There is some money in the Medical Board and I think Doctor MacDougall and Doctor Scammell should be asked for some of that money."

Doctor Eric W. Macdonald stated he would bring this to the attention of the Provincial Medical Board at their meeting the following week.

Meeting adjourned at 7.10 p.m.

Correspondence

NOTICE

I have received a letter from the Canadian National Railways in which they offer to supply a private car from Halifax to Saskatoon for those planning to attend the convention. It will be available to anyone interested and accommodation may be secured at any point from Halifax to Moncton. If you plan to attend, will you kindly notify me immediately, telling me the number in your party and the accommodation required. The car has twelve lowers, twelve uppers, and one drawing room. As the preference naturally will be for the drawing room and the lowers, will you kindly also state whether you are agreeable that the space be allocated from this office. By securing a private car the pullman charges will be reduced by fifty per cent. Also, if you desire it, you can use the pullman car for hotel accommodation at Saskatoon.

H. G. GRANT, M.D.

Secretary
Halifax, N. S.

January 14, 1949
File: C.V. 4071

Dr. H. G. Grant
Secretary
Medical Society of Nova Scotia
c/o Dalhousie Public Health Clinic
Morris Street
Halifax, N. S.

Dear Sir:

Referring to recent conversation regarding fares and other arrangements, in connection with the Canadian Medical Association Convention in Saskatoon, Sask., June 13-18, 1949. I am submitting the following information, in the hope that it may be of interest to you, and your members.

Below is a table of round trip First Class fares, from representative Nova Scotia points to Saskatoon, Sask. The Convention fare will only become effective, if arrangements are made with the Canadian Passenger Association, Montreal, well in advance of the Convention. Convention fares normally carry a limit of thirty days, and are applicable via the same route going and returning. The regular fares carry a limit of six months, and allow certain variations in routings.

	Convention Fares First Class Return	Regular Six Months Fares First Class Return
Halifax, N. S.—Saskatoon, Sask.....	$139.50	$163.65
Sydney, N. S.—Saskatoon, Sask.....	145.20	169.80
Truro, N. S.—Saskatoon, Sask.....	136.95	161.00
Yarmouth, N. S.—Saskatoon, Sask...	144.15	169.20

Sleeping car fares are additional to the above figures, and I am quoting below the one-way fares for various types of sleeping car space. Service is also available, via Toronto, and sleeping car charges would be slightly higher via that route.

			Compartment		Drawing room	
Between	Lower	Upper	For 1	For 2 or more	For 1	For 2 or more
Halifax and Montreal	$ 6.85	$ 5.45	$17.25	$19.55	$20.70	$24.15
Montreal and Saskatoon	19.05	15.25	47.75	53.50	57.50	66.70

A suggested itinerary is given below for those who desire to travel direct to Saskatoon, and back again.

Lv.	Halifax, N. S., No.1	3.10 p.m.	June 11th
Lv.	Truro, N. S.	5.15 p.m.	June 11th
Lv.	Amherst, N. S.	7.54 p.m.	June 11th
Lv.	Sackville, N. B.	8.21 p.m.	June 11th
Lv.	Moncton, N. B.	10.00 p.m.	June 11th
Lv.	Newcastle, N. B.	12.20 a.m.	June 12th
Ar.	Montreal, Que.	6.40 p.m.	June 12th
Lv.	Montreal, Que.	8.20 p.m.	June 12th
Ar.	Winnipeg, Man.	10.10 a.m.	June 14th
Lv.	Winnipeg, Man.	11.20 a.m.	June 14th
Ar.	Saskatoon, Sask.	10.45 p.m.	June 14th
Lv.	Saskatoon, Sask., No. 2	5.15 a.m.	June 18th*
Ar.	Winnipeg, Man.	6.00 p.m.	June 18th
Lv.	Winnipeg, Man.	6.45 p.m.	June 18th
Ar.	Montreal, Que.	9.00 a.m.	June 20th
Lv.	Montreal, Que., No. 4	8.00 p.m.	June 20th
Ar.	Newcastle, N. B.	12.25 p.m.	June 21st
Ar.	Moncton, N. B.	2.30 p.m.	June 21st
Ar.	Sackville, N. B.	3.40 p.m.	June 21st
Ar.	Amherst, N. S.	3.55 p.m.	June 21st
Ar.	Truro, N. S.	6.05 p.m.	June 21st
Ar.	Halifax, N. S.	7.50 p.m.	June 21st

*—(Sleeper parked for occupancy 10.00 p.m., June 17th)

In connection with the above schedule, we are prepared to set up a special sleeping car, to operate Halifax to Saskatoon and return to Halifax, with but one possible change, i.e., on the going trip, at Montreal, due to close connections, and a busy terminal, it may not be possible to operate the same car through. We would endeavor to have this car one of our new type sleepers. We can quote a price of $675.00 for this service, which will give the party exclusive occupancy of the car throughout, and will also permit car to be occupied while in Saskatoon, if desired, with air-conditioning equipment in operation, and car conveniently parked. You will note that if all space in

car is filled, or nearly filled, a substantial saving will be realized in sleeping car fares. It is anticipated that the equipment supplied will be either a car containing twelve sections, and one drawing room, or possibly a car containing eight sections, one drawing room, and two compartments. In order to take advantage of this offer, one Representative should be named to deal with the Railway, and assign space to members of the party. As equipment for use next summer already is being assigned, we should have early advice in connection with this car, not later than the middle of March.

I trust the foregoing information will be of interest to you, and to your members, and I will be glad to furnish any other information you may desire.

Very truly yours

W. C. Moir
District Passenger Agent

PHYSICIAN WANTED

The American Cyanamid Company need a doctor for their mining town of Kwakwani, British Guiana. The salary is $600 a month in British Guiana currency. They prefer a qualified doctor with some experience in tropical medicine. Further information may be secured through the Secretary.

PHYSICIAN WANTED

There is a vacant practice at Kennetcook in Hants County, with a population of about 2,500. House assured. For further particulars apply to Rev. C. J. Scott, Kennetcook.

FOR SALE

Microscope
Electric Sterilizer
Folding Office Table
Nelson's Living Surgery, 1948

Apply to Mr. Paul Davis, 7 Beech Street, Halifax, N. S.

Memorandum for the General Council

Extracts from the Supplement to the British Medical Journal, Saturday, November 27, 1948, taken from the Report of the Secretary, Dr. Chas. Hill, dealing with the New Health Service.

"The defects of the Service are now becoming apparent. In general practice, with which this report deals, evidence is accumulating that the burden of work, particularly paper work, has greatly increased; that in many cases income has gone down; that private practice is much less than was anticipated and in many areas has virtually disappeared; that there are doubts abroad whether the *Spens Committee's recommendations are being fully applied; that the basic salary arrangements are being resented by some and disliked by many.

* Spens was Chairman of a committee which made an exhaustive inquiry into the economics of National Health Insurance, and recommended a basis of remuneration applicable both to National Health Insurance and the new National Health Service.

The ratio of visits to consultations is tending to rise and multiple consultations (mother comes not alone but with a complete family!) are becoming more frequent. While it is possible that some of this increase is temporary, arising out of the desire to use the service merely because it is free, there is good reason to believe that much of it has come to stay. At the present rate of work, practitioners with less than the maximum number of permitted patients are finding themselves more than fully occupied. Inevitably the question arises in the minds of some, should a reduction in the permitted maximum be sought on the ground that such is the amount of work involved that the care of 4000 persons cannot be undertaken without risk to health and so to efficiency.

It was perhaps inevitable that there should be growing pains in a new service of such immensity. The pains are worse than we anticipated and the General Medical Services Committee will not be satisfied until general practitioners in all areas, urban and rural, are enjoying a square deal under the new service.

One element in the increased paper work is, of course, certification.

The basic salary problem is agitating the minds of many."

In the same Journal, under the heading "Heard at Headquarters," is the following paragraph:

"Stories of heavy increases in the volume of work are heard on every side. Some people at the beginning were rather sceptical about it. How was it possible for the mere passing of an Act of Parliament to increase the incidence of sickness? But that view overlooked the resilience—is that the word?—of human nature. It was perhaps not foreseen that many people would make a visit to the surgery a weekly habit, perhaps undertaken on their way to the cinema. Then there are the hosts of patients who, having had their immediate ills attended to, say, "While I'm here, Doctor, will you . . .?" The most useful medical tool, said one member of the I.A.C. at its recent meeting, is now a ball-pointed pen. The most important person in the practice is the young lady who steers patients between the waiting-room and the consulting-room. This member said that it was no longer a question at a medical examination as between the shirt on and the shirt off; it was a question of the overcoat on or the overcoat off. The ordinary cold has become an occasion for a visit, a feverish cold for a night call. This is a new complication of things, and, multiplied by 19,000 odd practices, pretty serious."

Master Minds

Mr. Fred Messer, Labour M.P. for Tottenham, holds the responsible position of chairman of the Central Health Services Council. He is also chairman of the North-West Metropolitan Regional Hospital Board. He has earned these positions of trust on his reputation as a highly able administrator with a special interest in and knowledge of hospital and medical services. But according to a recent report in the *Hendon Times* it would appear that Mr. Messer allowed himself to adopt a highly partisan attitude to medical men and the work they do. This was at a meeting of the North-West Branch of the Socialist Medical Association under the chairmanship of Dr. S. Leff, medical officer of health for Willesden. Mr. Messer is reported to have said this: "In the days before the new Act, the people were only allowed to be ill at certain times during the day—the times set down on the brass plate in front of the doctor's doors." What kind of confidence can the medical profession have in the chairman of the Central Health Services Council if he makes such ill-judged, inaccurate, and unjust remarks—remarks directed at men and women who after a hard day's work have to be ready to get up at any time of the night in response to a call for help? "For too long," Mr. Messer goes on, "the needs of the people have been subservient to the needs and training of the doctors." What nonsense this is! Mr. Messer again goes on: "Now for the first time *the health service as a whole will have a master mind behind it.*" Does he mean the mind of the chairman of the Central Health Services Council, or the uncoordinated mind of an endless series of Ministers of Health? The medical profession itself has always been in advance of the Government in pressing for improved organization and integration in medical services, and does not underrate the value of the administrator or deny the need for administration so long as it is made subservient to the need of the doctor to give to his patients in the most efficient manner the knowledge and experience wrung from stubborn nature by the master minds of medicine. Our new administrators have yet to learn the lesson of humility, the humility of the man who minds the machine created by men who understand how it works.—Editorial appearing in *British Medical Journal*, January 1, 1949.

Note: There are more than a few people in Canada outside the medical profession who would dearly love to push us into State Medicine and "Master Mind" the business for us.

T. C. R.

Sir,—With reference to the annotation headed "Master Minds" (Journal, Jan. 1, p. 23), I am instructed by my chairman to ask you to be good enough to publish a letter received by my committee from Mr. Messer, the contents of which are as follows:

"I am in receipt of your letter with copy of paper enclosed, which I am returning herewith.

This report has already been brought to my notice and I need hardly say that I read it with very great distress. It is an instance where tearing a pas-

sage out of the context makes a very great difference. All I was trying to do was to explain the difficulties under which the general practioners work and expressing the hope that the establishment of health centres would give them better opportunities. I have never, at any time, criticized the work of the general practitioner, as I realize the essential part they play in the Service.

"I have, from time to time, referred to the lack of organization of the general practitioner services, but this, of course, is a matter generally recognized.

"If anything I have said has given rise to a feeling that I have in any way reflected on the professional integrity of the general practitioner, I would be most anxious to correct it and I sincerely hope that the cordial relations which have existed between the profession and myself for so many years will continue."

Mr. Messer has given permission for his comments to be published,

I am, etc.,

D. F. HUTCHINSON,
Secretary
Middlesex Local Medical Committee.

London, W.C.I.

Reprinted from British Medical Journal, January 8, 1949.

Personal Interest Notes

TWO appointments to the professional staff of the Victoria General Hospital in the department of medicine were announced recently by Doctor C. M. Bethune, the Superintendent. Doctor R. L. Aikens and Doctor H. C. Read. Doctor R. L. Aikens, who belongs to Stellarton, graduated from Dalhousie in 1939, and last year was made a Fellow of the Royal College of Physicians and Surgeons of Canada. He served with the Canadian Army about five years, and has had post-graduate work in Montreal. Doctor H. C. Read graduated from Dalhousie January 5, 1943, and was with the Canadian Army from that time until 1946. From September, 1947, until 1948 he was with the Nuffield Medical Fellow in the department of clinical medicine at Oxford, specializing in heamatology.

Doctor R. C. Griffin of Antigonish left last month for a three months course in paediatrics at Harvard University.

The Council of the Canadian Association of Radiologists held a three-day convention at Halifax early in January, with meetings at Camp Hill Hospital, the Victoria General Hospital and the Halifax Infirmary.

Doctor S. W. Williamson of Yarmouth celebrated his eightieth birthday on January 20th, with a record of over fifty-two years of continuous medical service.

The Bulletin extends congratulations to Doctor and Mrs. B. J. D'Eon of Yarmouth on the Birth of a daughter on January 4th.

Socialized Medicine for Sweden.

Sweden is taking big strides toward socializing her medicine. A compulsory health insurance programme will start next year. Parliament, dominated by Socialists, is to consider an over-all health plan. Under that, virtually every doctor could become a public employee in ten years or so.

Many Swedish doctors object that Sweden cannot afford the programme and that it will bring other disadvantages. Proponents admit the project is costly but contend the medical care it will offer will be far superior to any now existing.

As evidence that socialization of medicine is already far advanced in Sweden, authorities note that only 13 of 651 hospitals of all kinds are private enterprises. The others are managed by provincial governments or city councils.

Sweden's present medical organization also comprises a school health service, free or inexpensive dental treatment for school children, vaccination, tuberculin tests and a nation-wide anti-tuberculosis campaign, child health centres with free care for infants and expectant mothers.

In line with these developments is a new law making general health insurance compulsory from July 1, 1950. To be financed by a special tax and government appropriations, it will give all working adults sick relief pay of 3.50 crowns (97 cents) a day.

Doctors Objecting to National Health Bill.

The Australian Government's National Health Bill providing for partially-free medical services for all is meeting with as much opposition from doctors as the free medicine plan did earlier in the year.

The Health Bill has passed all stages in the House of Representatives. It was introduced in the Senate by Health Minister Senator McKenna last November 24th.

Under the scheme, the Government proposes to pay half the fees of patients whose doctors participate in the plan. Free dental treatment for children aged from two to five is also planned.

But doctors of the British Medical Association have given a definite "no" to Senator McKenna's attempts to get them to put the plan into operation.

Doctors argue that the bill would make the Health Minister a virtual dictator over doctors and the medical profession. They oppose the scheme because they say it will be used to implement the Government's expressed plan to do away with private practice and make the medical profession a government service.

The British Medical Association issued a statement to this effect and gives a number of reasons why the doctors will not co-operate. Principal objection is based on their determination to keep the profession free from Government control. Fear that the long-standing rule of keeping clinical records of a patient secret from a third party—lay or medical—will be broken is also stressed.

They make it clear that they believe the right of a patient to treatment should not depend on any arrangement between a doctor and the Government.

The Government proposes to pay the doctors by cheque on receipt of periodic returns. Fees payable would be drawn up in co-operation with the British Medical Association. The Bill authorizes the Director-General of Health to check the qualifications of any doctor and satisfy himself that the doctor is qualified to call himself a specialist before specialist fees can be claimed.

Senator McKenna declares that the scheme will not interfere with the present practice of medicine, or introduce any form of civil conscription of doctors.

According to top-level information here, the Government plans a large scale publicity campaign early this year to plug the benefits of the scheme and counter the British Medical Association's opposition. It is claimed that the Government will stop at nothing in an all out fight to force the British Medical Association into submission.

Preliminary estimates put the cost—if operated—at around $32,000,000 a year.

Department of National Health and Welfare.

On the recommendation of Hon. L. D. Currie, Minister of Public Health for Nova Scotia, the federal government has agreed to aid construction of the Guysborough Memorial Hospital, Guysborough, Nova Scotia, with funds from the national health grants.

The Guysborough Hospital, which has been under construction since last June and is soon to be completed, replaces an abandoned six-bed hospital. Estimated to cost $45,000, the new institution fits into the province's over-all

plan for extending hospital services to all parts of the province. It will serve an area with a population of about 7,000.

In addition to the federal and provincial contributions, the hospital is being financed by voluntary contributions and loans. The Canadian Red Cross Society will provide part of the necessary equipment and will meet any operating deficit.

We regret to learn that Doctor M. J. Carney of Halifax has undergone an operation at the Victoria General Hospital.

Obituary

The Bulletin extends sympathy to Doctor Hugh MacKinnon of Halifax on the death of his father, Rev. Alexander D. MacKinnon, at the old family homestead at East Lake Ainslie, on January 30th, at the age of 82. Sympathy is also extended to Doctor R. C. Griffin of Antigonish on the death of his father, Mr. Roy Griffin, K. C., on February 9th, at the age of 78.