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The Nova Scotia Medical Bulletin

SEPTEMBER 1959

OFFICERS OF THE MEDICAL SOCIETY OF NOVA SCOTIA AND THE BRANCH SOCIETIES

The Medical Society of Nova Scotia

President - - - - - - - - DR. W. A. HEWAT, Lunenburg, N. S.
President Elect - - - - - - - - DR. F. J. GRANVILLE, Stellarton, N. S.
Immediate Past President - - - - - DR. H. J. DEVEREUX, Sydney, N. S.
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Treasurer - - - - - - - - - DR. A. W. TITUS, Halifax, N. S.
Executive Secretary - - - - - - DR. C. J. W. BECKWITH, Halifax, N. S.

Branch Societies

(From Antigonish-Guysborough to Western Nova Scotia).

Antigonish-Guysborough Medical Society—President—DR. A. ELMIK, Canso, N. S.

Cape Breton Medical Society—President—DR. G. W. SODERO, Sydney, N. S.

Colchester-East Hants Medical Society—President—DR. D. F. MACINNIS, Shubenacadie, N. S.

Cumberland Medical Society—President—DR. K. V. GASS, Pugwash, N. S.

Halifax Medical Society—President—DR. J. W. Merritt, Halifax, N. S.

Lunenburg-Queens Medical Society—President—DR. J. B. CROWE, New Germany, N. S.

Pictou County Medical Society—President—DR. J. A. F. YOUNG, Pictou, N. S.

Valley Medical Society—President—DR. FRANK W. MORSE, Lawrencetown, N. S.

Western Nova Scotia Medical Society—President—DR. G. V. BURTON, Yarmouth, N. S.

Affiliated Societies

Nova Scotia Association of Radiologists—President—DR. C. M. JONES, Halifax, N. S.

The Nova Scotia Society of Ophthalmology and Otolaryngology—President—DR. L. F. DOIRON, Digby, N. S.

Nova Scotia Society of General Practitioners—President—Dr. A. G. MACLEOD, Dartmouth, N. S.

Nova Scotia Chapter of The College of General Practice—Chairman—DR. D. I. RICE, Halifax, N. S.

Nova Scotia Division of the Canadian Anaesthetists' Society—Chairman, Local Division—DR. A. S. MACINTOSH, Halifax, N. S.

Editorial

This issue of the Bulletin serves a dual purpose. Firstly, since it is a Business Number, it will help to acquaint our readers with the proceedings of the recent Annual Meeting of The Medical Society of Nova Scotia, held at Keltic Lodge, Ingonish. Secondly, it will serve to introduce your Editor, who was elected at that annual meeting. The Society has reluctantly and regretfully accepted the resignation of Dr. H. C. Still as Chairman of the Editorial Board and Editor-in-Chief of the Bulletin, after three years of faithful and valuable service. Dr. Still will, however, remain a member of the Editorial Board, where his sage counsel will be deeply appreciated. Your new Editor expresses the pious hope that he may, in some degree, be worthy of his predecessor, although he realizes that this is a rather large order.

It should be emphasized, however, that the task of the Editorial Board will be made much easier if the membership of the Society throughout Nova Scotia will cooperate in submitting scientific and other material for publication in the Bulletin. This matter is becoming increasingly important, since, as will be seen from the volume of business published in the present issue, The Medical Society of Nova Scotia is becoming an organization of formidable size and the Bulletin, as the voice of the Society, is undergoing comparable growth.

There is an increasing awareness in the medical profession, especially in the English-speaking countries, that improved communication between physicians and public, as well as between physicians themselves, is a matter of the utmost importance if the medical profession is to survive in a form even remotely resembling its present one—which most of us consider desirable. Such communication must be bilateral, free, candid, but, above all, dignified and considerate.

In theory the Nova Scotia Medical Bulletin, being the voice of The Medical Society of Nova Scotia, is also the voice of the medical profession of Nova Scotia. It will require unremitting application and whole-hearted co-operation for this ideal to become a reality. Your Editorial Board will supply the application. Your Editor earnestly solicits your co-operation.

S.J.S.

Please Note

Due to space required to publish the Transactions of The Society it has been necessary to delay publication of two addresses to the Annual Meeting, specifically, "The View from Other" by J. W. Reid, M.D. and that by Mr. R. MacD. Black, Chairman, Nova Scotia Hospital Commission. These will be published in the October issue.

Members of The Society are reminded that the volume of "Reports" presented to the Annual Meeting are available on request in the office of the Executive Secretary.

C.J.W.B.

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June 24th, 25th and 26th, 1959

FIRST BUSINESS SESSION—June 24th, 1959

The First Business Session convened at 9.30 a.m. with the President, Dr. H. J. Devereux in the Chair.

Forty members were present, this number increasing to fifty or more during the Session.

The Chairman welcomed the members on behalf of the Cape Breton Medical Society as the host Society and The Medical Society of Nova Scotia. Welcome was extended to Dr. A. F. W. Peart, Assistant Secretary, C.M.A. and Dr. M. M. Hoffman, speaker at the clinical session.

The adoption of the Minutes of the Annual Meeting for 1958 as published in the December 1958 issue of the Bulletin was moved, seconded and carried.

The Chairman drew to the attention of the Society that the Registered Nurses Association of Nova Scotia was having its 50th Annual Meeting at White Point Beach. It was moved, seconded and carried that the following telegram be forwarded:—

> "The Medical Society of Nova Scotia convened for its 106th Annual Meeting, extends to the Registered Nurses Association of Nova Scotia, congratulations on the occasion of its 50th Anniversary. We express sincere appreciation of the work of your Association, so closely associated with Medicine in the service to the public, and extend best wishes for your meeting and your activities in the years ahead."

In memoriam the President requested that the Obituary of members since the Annual Meeting in October 1958 be read. The Secretary, with regret, reported the death of Dr. Andrew Fraser Weir (Dal 1917) at Hebron on January 9th, 1959. One minute's silence was observed as a tribute to this member.

Application for Membership—(Annual Reports Page "D")

The names of 35 physicians, who had made application for membership in The Medical Society of Nova Scotia and the C.M.A. were read. These had been recommended by the Executive Committee for election to membership in The Medical Society of Nova Scotia. It was regularly moved and seconded that these physicians be so accepted. Carried.

Election of Nominating Committee

The President drew to the attention of the meeting the Bye-laws governing the election of a Nominating Committee. The following were the list of nominations and alternates as received in writing from Branch Societies:—

Branch Society	Nominee	Alternate
Antigonish-Guysborough	A. J. M. Griffiths, M.D.	T. W. Gorman, M.D.
Cape Breton	G. C. Macdonald, M.D.	J. A. McDonald, M.D.
Colchester-East Hants	no communication received	
Cumberland	G. M. Saunders, M.D.	K. V. Gass, M.D.
Halifax	F. A. Dunsworth, M.D.	H. I. MacGregor
Lunenburg-Queens	H. A. Fraser, M.D.	
Pictou	M. F. Fitzgerald, M.D.	H. B. Whitman, M.D.

Branch Society	Nominee	Alternate
Valley	G. D. Denton, M.D.	G. E. Kenny, M.D.
Western Counties	G. E. Belliveau, M.D.	D. M. Muir, M.D.

The President then asked for nominations to fill the vacancy for Colchester-East Hants; Dr. Clare Sodero was nominated as member with Dr. H. R. McKean as Alternate. He also drew to attention that Dr. H. A. Fraser the nominee from Lunenburg-Queens was not present and asked for a nomination to replace him. Dr. Duncan Campbell was nominated. The nominations were then again read and on motion declared elected as the Nominating Committee for the Annual Meeting 1959. The President requested the Nominating Committee to convene under his chairmanship at 10.30 a.m. on Thursday, June 25th.

Prior to proceeding with review and discussion of the Annual Reports, the Chairman stated that the Executive Committee had met for a Regular Meeting on Monday, June 22nd and had held its Annual Meeting on June 23rd. Any Executive discussion or motions relevant to a report being considered by the Business Sessions would be introduced during the discussion of the report.

ANNUAL REPORTS OF COMMITTEES AND REPRESENTATIVES

Editorial Board—N. S. Medical Bulletin—(Page 38 Annual Reports 1959) Chairman H. C. Still, M.B.

The Report was presented by Dr. Beckwith who moved its adoption which was regularly seconded.

Discussion—It was noted that the Bulletin had maintained its high standard and possibly improved over the past year; that the Editorial Board had been successful, through the cooperation of physicians in submitting articles, to be in the position to have publication arranged in advance of the actual issue and sought the continuing and improving support of the profession at large.

The Executive Committee had expressed through formal motion appreciation to Dr. Still for his work as Editor-in-Chief during the past three years.

The motion for adoption was carried.

Managing Editor of Bulletin—(Page 39 Annual Reports 1959)—C. J. W. Beckwith.

Discussion—The report stated that the new advertising rates as of January 1958 were now completely effective; that the financial aspects of the Bulletin required more accurate appraisal and that the Executive authority had been granted to introduce a cost accounting system for 1959; that the number of volumes per issue had increased from 750 during 1957 to 850 in 1959. The motion for adoption was carried.

Committee on Civil Disaster—(Page 47 Annual Reports 1959) Chairman Dr. J. W. Merritt.

This report was presented by the Secretary. Regularly moved and seconded for adoption. No discussion. Motion for adoption carried.

Report of Representatives to Board of Trustees—Maritime Hospital Service Association—(Page 57 Annual Reports 1959) Drs. H. E. Christie and C. Beckwith.

Presented by Dr. Beckwith. It was regularly moved and seconded for adoption.

Discussion—Paragraph B84 Page 59 was referred to. This presented a motion passed by the Annual Meeting in 1958 as follows:—

Moved by Dr. H. J. Devereux, seconded by Dr. F. A. Dunsworth, "That the prepaid medical care plans in the Atlantic Provinces get together to discuss the possibility of giving a more efficient service to the public. Be it further resolved that the initial studies be made by representatives of the medical profession. Be it further resolved that a special committee be named by the new Executive of The Medical Society of Nova Scotia. The representatives of the concerned prepaid plans would then discuss the details." Carried.

The Chairman explained that in the interval from October 1958 to the present, it had not been opportune to make this motion effective and it was now being presented again to the Annual Meeting for further debate. The recommendation in the report of the Representatives that this motion be implemented as soon as possible was endorsed. The motion for adoption was carried.

Report of the Representatives to Provincial Medical Board of Nova Scotia. Dr. A. E. Doull, Jr. (Page 55 Annual Reports 1959)

This was presented by Dr. F. J. Granville, a member of the Board, who moved its adoption which was seconded. There was no discussion. The motion for adoption was carried.

Report of Divisional Representative to Executive Committee of the C.M.A. Dr. R. O. Jones (Page 59 Annual Reports 1959)

Was presented by Dr. D. I. Rice, who moved its adoption which was regularly seconded.

Discussion—In response to questions, Para B90, which reads as follows, was further explained by Dr. A. F. W. Peart (re the Canadian Medical Retirement Savings Plan):

> "B90—This Plan has prospered very greatly, and it is said by the Association that it has done better financially than any other registered retirement and savings plan in Canada. At the present moment, 2050 doctors have enrolled and have made a total contribution exceeding $4,300,000. Investments results have exceeded expectations. During 1958 and 1959 monies invested in the insured annuity plan had been accumulated at an interest rate of 4.5%, and the unit value of the common stock plan has increased from $10.00 on December 31st, 1957 to $12.63 on February 28th, 1959. It would seem that out of the physicians of Canada however, more than this number should be taking advantage of what is apparently a very sound financial investment."

In reply to questions re Para B91, (Trans Canada Medical Plan) it was stated that this paragraph should be considered in the perspective of the review of the Divisional Representative to T.C.M.P. Commission, Dr. Murray Fraser, which would be presented later. In reference to T.C.M.P. and prepaid medical plans in general, Dr. Peart stated that a new Committee of the C.M.A. had been set up for the purpose of studying ways and means of providing health services for Canadian people from the standpoint of philosophy and policy. Under Paragraph B96 relative to the Committee on Approval of Hospitals for Training of Junior Internes, he stated that both the Executive Committee and General Council had gone on record as expressing that a more adequate income should be provided for junior internes, and that this matter should be further examined and discussed at the divisional level. Paragraph B101 referred to the retirement of Dr. N. H. Gosse as Chairman of the Executive Committee and General Council of the C.M.A. Dr. Peart paid additional tribute to Dr.

Gosse for his outstanding services to Canadian Medicine. The motion for adoption was carried.

Report of Committee on Medical Economics—(Page 20 Annual Reports 1959) Chairman Dr. A. L. Sutherland, who presented the report and moved the adoption which was regularly seconded.

Discussion—Dr. Sutherland amplified some of the points in his report in response to questions. The motion for adoption was carried.

Report of Committee on Rehabilitation—(Page 44 Reports 1959) Chairman Dr. A. H. Shears, was presented by Dr. Beckwith. Regularly moved and seconded for adoption.

Discussion—the effective work of this committee in the relatively new field of rehabilitation in Nova Scotia was emphasized. Indication of tangible progress was noted as follows:

(a) That the Nova Scotia Hospital Insurance Commission has approved in principle the erection of a rehabilitation centre in Halifax:

(b) That Dalhousie University has approved in principle the school of Physiotherapy and Occupational Therapy;

(c) That correspondence had been initiated with the City of Halifax directed toward obtaining land on which the Rehabilitation Centre might be built;

The motion for adoption was carried.

Committee on Bye-laws—(Page 40 Annual Reports 1959)—Chairman W. A. Hewat, M.D. who presented the report.

Discussion—Dr. Hewat wished to have the report reviewed in two sections, Paragraph A238-A249 being a final review of the amendments as approved at the Annual Meeting 1958 and published in the Bulletin December 1958 except the amendment pertaining to Chapter IV "Branch Society." This was regularly seconded and carried.

Dr. Hewat referred to Paragraph A230-A237 (the other section) which were the recommendations from his committee for amendments to the Bye-law relative to "Branch Societies." He explained that review of this section (Chapter IV—Bye-laws) and the amendment proposed in 1958 had been required as a result of an application from the Nova Scotia Association of Radiologists for recognition as a Branch Society with representation on the Executive Committee. He stated that the proposed amendments had been extensively debated at the Annual Meeting of the Executive Committee.

SECRETARY'S NOTE:—The Minutes of the Executive Committee are recorded as follows:

"Dr. Hewat stated that the application of the N.S.A.R. for recognition as a Branch Society with representation on the Executive Committee had led to re-examination of the Bye-laws with reference to Branch Societies. He referred specifically to Paragraphs A232 and A237 inclusive, stating that it was the recommendation of his committee that Branch Societies be classified as "Regular" and "Special." The "Regular Branch Society" would designate those of geographical distribution, in which it is required (with few exceptions) that physicians be members prior to becoming a member of The Medical Society of Nova Scotia and the C.M.A. The term "Special Branch Society" was proposed to apply to physicians who had specialized training and whose particular professional interests would result in a desire for closer association than could be provided through a "Regular Branch Society." Such "Special Branch Societies" must apply

for and receive recognition as an integral part of this Division and the members would of necessity be members of the "Regular Branch Society" and The Medical Society of Nova Scotia. The opinion was expressed that this recommended amendment could lead to considerable confusion as a result of terminology and it was considered that some term other than "Branch" would be desirable to clearly define the purpose of such Societies and their relationship to the Division. The term "Affiliated Societies" was proposed. The Secretary recalled that when the Nova Scotia Association of Pathologists wished to have recognition by the Executive Committee, that that group had applied for recognition as "an Affiliated Society" and that this had been approved by the Executive Committee in January 1959. As a result of that action by the Executive, it had been intended to bring the matter to the attention of the Committee on Bye-laws, but before this could be done the application from the N.S.A.R. had been received, presented to the Executive and referred to the Committee on Bye-laws.

"The Bye-laws of the Manitoba Medical Association were referred to in this regard as an example of what an "Affiliated Society" could imply.

"In reference to representation of the Special Groups on the Executive Committee, the opinion of the Executive appeared to be that such would be unwise since it would lead to:

"(a) a larger Executive than presently obtains, and

"(b) that it could mean double representation from the geographical Branch Societies.

"Dr. Peart remarked that the C.M.A. recognized two classes of Affiliated Societies, one purely medical, and the other medical lay groups, and that there were 19 or 20 of these entitled to representation on General Council, but not on the Executive Committee. A few moments were devoted to discussing whether The Medical Society of Nova Scotia is approaching the time where a "Council" might be considered. However, the opinion of the Executive appeared to be that representation on the Executive Committee should be confined to the present system of geographical Branch Society representation, and that the "Affiliated Societies" could have observers present on request or be invited by the Executive Committee to send observers for any particular purpose.

"The debate resulted in the following resolution:

Moved by Dr. F. A. Dunsworth, seconded by Dr. H. C. Still, "That Para A235 and A233 (ii) be amended to read "Affiliate Society" rather than "Special Branch" with wording to indicate that such Affiliate Society be permitted to send representatives to the Executive Committee Meetings on invitation or by application; that this section and related sections of the Bye-laws will be referred to the Committee on Bye-laws for proper wording to clearly state that the previously incorrect designation of Branch Society referring to Specialist Groups will be changed to the proper term and hereafter be clearly designated as an "Affiliate Society." Carried.

"Dr. Hewat moved adoption of the Executive Committee motion and referral of Paragraphs A230 to A237 to the Committee on Bye-laws for further study. This motion was regularly seconded and carried.

Committee on Traffic Accidents—(Page 7 Annual Reports 1959) Chairman Dr. A. L. Murphy. The report was read in its entirety by Dr. Tucker who moved its adoption, which was regularly seconded.

Discussion—There was an extended debate on this report. In answer to questions Dr. Tucker stated, as an example, that an epileptic should not qualify for a driver's license and that such cases should be reported to the proposed Board. An analogy was made to the requirement that cases of V.D. are reported to the Department of Health. He believed any ethical problem involved in reporting would be overcome by the patient's signature appearing on the form relative to "general fitness" which would include a statement to the following effect:

> "In the event of my developing any physical or mental disorder through the next two years, which might impair my ability to operate a motor vehicle, I hereby give permission for any qualified physician to make available to a medical representative of the Motor Vehicle Department his private records or any hospital records bearing on this disorder."

This "general fitness" form would be subject to review every second year.

A member expressed the view that such people should deal directly with the Motor Vehicle Department relieving the physician of the responsibility, but Dr. Tucker gave us his opinion that the family physician was the best qualified to judge these matters.

Moved by Dr. L. C. Steeves, seconded by Dr. J. O. Godden, "That Paragraph A37 '(b) A licensed physician may' be changed to read '(b) A licensed physician must'."

The effect of this motion would be that this section would read:

"(b) A licensed physician "must":

1. Advise a patient whose driving ability he believes to be impaired that he should seek advice of the Board.
2. Advise the Motor Vehicle Department of any person who, he believes should submit for examination."

The great responsibility imposed on a physician in taking such action was discussed. An opinion was expressed that "youthful exuberance" may be the cause of more accidents than epilepsy, to which Dr. Tucker replied that the aim of this committee is to make every driver a safe driver from the medical viewpoint, giving such examples as the hazards of visual defects, mental defects, angina, etc. A member suggested that such reports automatically forwarded to the Department of Highways might result in such people not going to a physician.

Dr. Steeves' motion was put to the meeting and defeated.

Further discussion emphasized the importance of this report, but presented other points of view as to how its objective could be accomplished. It was evident that the Society desires to do something constructive about it.

In answer to a question, the Chairman stated that the Executive Committee, after a detailed study of the report, had decided to refer to the Annual Meeting without comment, other than its importance.

The motion for adoption was amended to read

Moved by Dr. F. A. Dunsworth, seconded by Dr. H. C. Still, "That the report and recommendations of the Traffic Accident Committee be accepted in principle, but that it be referred back to the Committee for further study and clarification." Carried.

The Chairman welcomed the exhibitors to the meeting and invited the members to visit the exhibits. He extended an invitation to the exhibitors to attend the social functions.

The Chairman then announced that the time for adjournment of the First

Session was immediately at hand and that there was not sufficient time to introduce the item of New Business, which it had been intended to do at each Business Session. He requested members to inform either himself or the Executive Secretary of any items of new business which they might wish to have introduced. He announced that immediately following the adjournment of the Business Meeting there would be a coffee break, to be followed by a Clinical Session at which Dr. M. M. Hoffman of Montreal would present as a subject "Office Management of Diabetes." The Second Business Session would convene on Thursday, June 25th at 9.30 a.m. On motion the first Business Session adjourned as of 11 a.m.

SECOND BUSINESS SESSION—Thursday, June 25th, 9.30 a.m.

The Second Business Session was convened at 10 a.m. with the President Dr. Devereux in the Chair.

Committee on Public Relations (Page 37 Annual Reports 1959)—Chairman Dr. F. A. Dunsworth who presented the report and moved its adoption which was regularly seconded.

Discussion—Some questions were asked of Dr. Dunsworth. Referring to Paragraph A216, letter from the Maritime Regional Program Director of C.B.C. was read. This letter requested setting up "a mutually satisfactory arrangement under which members of the Society could appear as required on Canadian Broadcasting Corporation radio or television programmes to discuss medical subjects, or to comment on medical items in the news, which may be of general public interest." This had been discussed at the Annual Meeting of the Executive Committee when approval had been given to the action of the Committee on Public Relations.

The motion for adoption was carried.

Maritime Medical Care Inc.—(Page 50 Annual Reports 1959) Dr. F. Murray Fraser, President of Maritime Medical Care Inc. presented this report which was followed by the presentation of the Report on Trans Canada Medical Plans by Dr. Fraser as Divisional Representative to the T.C.M.P. Commission. He expressed regret that the latter report had not been prepared in time to be incorporated in the volume of the Annual Reports. He moved the adoption of both reports, which was seconded.

The Chairman, Dr. Devereux, requested Dr. Hewat, President-Elect to take the Chair so that he could attend the meeting of the Nominating Committee.

Discussion of Report of Maritime Medical Care Inc.—It was noted that dissatisfaction with M.M.C. had led to the appointment of a Committee of The Medical Society under the chairmanship of Dr. J. F. L. Woodbury, in 1956. Dr. Fraser reported that all recommendations of that committee had been implemented except one, namely Paragraph B30:

> "By accepting the pro-rating of doctors' accounts, the medical profession has subsidised M.M.C. since its inception. A new schedule of subscriber premiums should be formulated so that the subscriber, who benefits from the convenience of pre-payment, pays the cost of administration."

The implementation of this recommendation had not been possible although progress is being made. Dr. Murray Fraser, in answer to questions, explained in detail (expanding on his report) the reasons for this and what is being done to attain the objective. In answer to questions relative to the details of some contracts, Dr. Murray Fraser stated that it was planned to have available

the services of an actuarial consultant, and that experience rating would be studied. Referring to the "Health Security Plan" (which is not a new Plan) he believed an error had been made in drawing this plan to attention of subscribers at the time of the increase in rates; that there is evidence that the subscribers' interest lies in the comprehensive service plan and that this interest is being maintained. Indications are that many of those who had changed to the "Health Security Plan" (about 400) were changing back to the service plan.

The Chairman asked to have read the resolution referring to Maritime Medical Care Inc. from the Valley Medical Society, which is as follows:

"Be it resolved that the Valley Medical Society:

1. Does not accept the principle of pro-ration of physicians' accounts beyond the actual operating cost.
2. Does not accept the 2% levy for ten years.
3. Considers that M.M.C. is being operated at the expense of the participating physicians.
4. Would expect to receive some definite answer of steps being taken to rectify the present unsound situation and to ameliorate the existing inadequate proposals by July 1st, 1959.

"Otherwise the Society reserves the right to bill to the full differential of the 1958 scale of fees."

Dr. D. McD. Archibald of Kingston was invited to open the discussion. He stated that members of the Valley Medical Society felt they do not have sufficient information on activities of M.M.C. financially and policy-wise; that in effect the profession is subsidizing the plan as many subscribers can afford medical services on the basis of Schedule of Fees; that this is a form of corporate charity over which the profession has no control; that by accepting unlimited pro-ration the profession is practising a form of mass hypocrisy, since patients who are not subscribers to M.M.C. pay more for less. This he explained was in effect the background for the resolution.

Dr. Murray Fraser replied somewhat as follows:—That M.M.C. sincerely wished to have all members of the profession informed of what is going on and that such information would be available; that he recognizes pro-ration should be designed to cover only administrative costs; that the present conditions might have been avoided if action had been taken to absorb administrative costs in the subscribers' rates shortly after initiation of the plan. As matters are, however, it is probable that some pro-ration will have to continue; that the only way to attempt to reduce it and have stability is to create a "Reserve Fund" which will act as a buffer to the varying demands for medical service such as epidemics, etc. He then reviewed the financial reports of the Corporation and submitted that these justify the concept of a Reserve Fund.

The Chairman asked the members to express the will of the meeting in reference to the Valley Medical Society resolution. Dr. Archibald moved, seconded by Dr. G. R. Forbes that this resolution be received. Carried.

Discussion on T.C.M.P. Report—a member asked if it were a correct conclusion that medically sponsored prepaid plans are considering to make available ancillary services such as nursing, ambulances, etc. Dr. Fraser answered "Yes" and referred to the Federal Civil Service Contract in which the requirements include ancillary services. He believed that it is essential for Medicine to face up to these trends, examine the matter objectively and find a workable solution. In response to a question about relative competition

between commercial companies and medical sponsored prepaid plans, Dr. Fraser believed that medically sponsored plans offer infinitely better service because it is a "comprehensive" service. However, there is also competition financially. The commercial company must make a profit—the moneys available from premiums determine what medical services shall be available to the subscriber with a resulting financial profit to the company. Service is not their primary objective, the service made available through any contract depends upon the money paid. This approach is quite diffferent from that of Medicine, which has placed "Comprehensive Service" first on a non-profit basis. He cautioned that one area in which the point of view of the commercial companies became apparent was in the payment for professional services rendered. All physicians should, in dealing with commercial carriers, adhere to the Schedule of Fees of The Medical Society as the basis for payment for professional services. As Maritime Medical Care has adopted the Schedule of Fees of The Medical Society of Nova Scotia as a basis for payment, it is only right that physicians should insist on the same basis of payment for professional services from commercial companies. Dr. Sutherland, Chairman of the Committee on Medical Economics, expressed agreement with Dr. Fraser, stating that Medicine must be prepared to arrange to provide ancillary services, in order to have medically sponsored plans obtain their destiny in the provision of Health Services.

It was emphasized that there is real urgency for physicians to make themselves familiar with the purpose and operation of medically sponsored prepaid plans. The Report of our representative to the C.M.A. Executive Committee stated that the special C.M.A. Committee on T.C.M.P. had expressed grave concern about the lack of knowledge and the lack of interest of many of the medical profession, not only in T.C.M.P. but also their own prepaid plans.

Dr. Godden expressed his pleasure with the report on T.C.M.P. stating that commercial companies had great freedom in preparing policies. These may feature the dramatic and attractive, but do not reflect the basic medical requirements of the subscriber. He thought that Medicine must continue to offer "Comprehensive Service" and in doing so might be required to arrange through other organizations to provide ancillary services. Dr. Murray Fraser agreed stating that there is an increasing demand for prepaid medical "Comprehensive Service," that if it is necessary to have ancillary services in addition to this to satisfy the public, then Medicine would have to explore the possibility of having other organizations supply these services as additional service to the prepaid medically sponsored plan. It was suggested that this item should be referred to the Executive Committee for further study, with the expectation that a resolution would result.

The motion for the adoption of the two reports was voted on and carried.

As the time for adjourning was close at hand the attention of the members was drawn to the fact that only two of the six reports designed for this business session had been covered; that the meeting had been half-an-hour late in convening; and that there was still much important business to be discussed. Members were requested to be prompt in their attendance at the Business Session.

No new business was introduced.

On motion the meeting adjourned at 11 a.m. to reconvene at 3.30 p.m., following Dr. M. M. Hoffman's presentation "The Evaluation of Symptoms commonly met in Office Practice," which was scheduled for 2.30 p.m.

THIRD BUSINESS SESSION—Thursday, June 25th, 3.30 p.m.

The Meeting convened at 3.40 p.m. with Dr. D. I. Rice in the Chair.

The Chairman requested Dr. Devereux as Chairman of the Nominating Committee to present the report of that Committee, which was as follows:

Nominating Committee

For President—Dr. W. A. Hewat, Lunenburg.
President Elect—Dr. F. J. Granville, Stellarton.
Imm. Past President—Dr. H. J. Devereux, Sydney.
Chairman of Exec. Committee—Dr. D. I. Rice.
Hon. Treasurer—A. W. Titus, M. D.

Branch Society Representatives to the Executive Committee

Branch	Member	Alternate
Antigonish-Guysborough	A. J. M. Griffiths, Antigonish	T. W. Gorman, M.D.
Cape Breton	H. F. Sutherland, M.D., Sydney	J. R. Macneil, M.D.
	L. S. Allen, M.D., Sydney	C. D'Intino, M.D.
Colchester-East Hants	S. G. MacKenzie, M.D., Truro	H. R. McKean, M.D.
Cumberland	D. R. Davies, M.D., Oxford	J. C. Murray, M.D.
Halifax	A. M. Marshall, M.D., Halifax	R. L. Aikens, M.D.
	J. W. Merritt, M.D., Halifax	J. S. Robertson, M.D.
	D. M. MacRae, M.D., Halifax	L. A. Rosere, M.D.
Lunenburg-Queens	S. B. Bird, M.D., Liverpool	D. C. P. Cantelope, M.D.
Pictou County	M. F. FitzGerald, M.D., N. Glas.	H. B. Whitman, M.D.
Valley	D. McD. Archibald, Kingston	G. R. Forbes, M.D.
Western Counties	D. R. Campbell, M.D., Shelburne	D. R. Sutherland, M.D.

Representatives

Divisional Representative to C.M.A. Executive Committee — R. O. Jones, M.D.
Alternate — W. A. Hewat, M.D.
Representative to C.M.A. Nominating Committee—H. J. Devereux, M.D.
Alternate — J. R. Macneil, M.D.
Div. Rep. to T.C.M.P.—President of M.M.C. Inc— J. Murray Fraser, M.D.
Alternate — A. A. Giffin, M.D.
Representative to Trusteeship Committee Canadian Medical Retirement Savings Plan. — A. W. Titus, M.D.
Alternate — J. H. Charman, M.D.

The report was moved by Dr. Devereux and seconded by Dr. D. M. MacRae. The Chairman asked for further nominations. When none were forthcoming he put the motion for adoption, which was carried and declared the officers and representatives to the Executive Committee elected.

Report of Chairman of Executive Committee—(Page 2 Annual Reports 1959)—Chairman Dr. D. I. Rice who presented the report and moved its adoption which was seconded.

Discussion—Dr. Rice stated that the report was chiefly informative. He emphasized that the work of the Society required active interest and participation by the Executive members and that each member of the Executive should have the active support and be kept informed of opinion of the Branch Society which he represents. Resulting from visits to a few Branch Societies during the past year, Dr. Rice stated he had been impressed by the active interest of Branch Society membership in the affairs of The Society as well as the quality of debate. The Executive Committee is most desirous to have this developed to its greatest potential. He expressed the hopes that visits of the President and/or the Chairman of the Executive Committee would continue and increase during 1959 to 1960.

The motion for adoption was carried.

Report of Advisory Committee on Health Insurance (Page 26 A.R. 1959) **including Supplementary Report, dated June 19th** was presented by Dr. D. M. MacRae, Chairman, who moved its adoption, which was regularly seconded.

Discussion—several questions as to detail were answered. Dr. Corbett expressed his personal appreciation for the activities of Dr. MacRae as Chairman and the membership of this Committee.

Moved by Dr. D'Intino, seconded by Dr. H. R. Corbett, "That Dr. D. M. MacRae be tendered a vote of thanks by The Medical Society of Nova Scotia for the fine work done as Chairman of the Committee on Health Insurance." Carried.

In answer to a question, it was explained that it was desirable to change the name of this committee from an "**Advisory**" Committee on Health Insurance" to "Committee on Health Insurance" because the function of the committee had outgrown the strictly advisory phase.

The Chairman requested that a communication be read from the N.S.A.R. relative to financial assistance (50%) towards paying the cost of services of legal counsel. The letter in general terms outlined the services which had been rendered, the reason for these services, and stated the bill amounted to $450. The Chairman reported that this subject had been examined by the Executive Committee, when the following motion had been passed:

> "That this Society acknowledge this letter (from the N.S.A.R.) but regret that since the employment of a Solicitor was undertaken by the N.S.A.R. The Medical Society of Nova Scotia cannot take any action regarding payment of legal fees."

Discussion—Dr. H. R. Corbett, stated to the effect that although legal counsel had been employed by the N.S.A.R., he believed that the Society as a whole had received some benefit from the move and expressed the belief that financial assistance from The Society was justified. Dr. MacRae supported this view outlining the conditions which pertained at that time.

Moved by Dr. H. R. Corbett, seconded by Dr. D. M. MacRae, "That the question of payment of a portion of the legal fees as requested by the N.S.A.R. be referred to the new Executive of The Medical Society of Nova Scotia."

Dr. F. Murray Fraser opened discussion stating that he agreed wholeheartedly with the viewpoint of the previous speakers, but expressed his view that there should be an amendment that The Society pay the whole amount. This was seconded by Dr. Gorman. Dr. MacRae expressed agreement in principle, but thought that the matter should be reviewed by the new Executive before final action was taken. Dr. J. A. McDonald expressed concern that the amendment would establish a precedent; that any group within The Society might obtain and expect payment by The Society for legal services. Dr. T. W. Gorman stated that he had seconded the motion because it **does** establish a precedent; that what happens to one group of physicians within The Society is the responsibility of the whole Society and that The Society should give it full backing. A question was asked whether The Society does have legal counsel to which the reply was that no formal agreement exists but that such legal services as have been required have been provided by one firm. Dr. Murray Fraser urged that the payment in full would demonstrate the confidence and support of The Society.

Moved by Dr. F. M. Fraser, seconded by Dr. T. W. Gorman, "That The

Medical Society of Nova Scotia pay the legal bill incurred by the Nova Scotia Association of Radiologists in full forthwith, with the implicit understanding that this does not set a precedent and that any such action in the future must be authorized by the Executive of The Medical Society of Nova Scotia."

The Chairman accepted this as an amendment to Dr. Corbett's motion. The amendment was voted on by standing vote and carried by a majority.

In order to have complete clarification of the issue, the Chairman requested a vote on Dr. Corbett's motion. This was defeated.

The Chairman asked if there was any further discussion on the report of the Advisory Committee on Health Insurance; there being none the motion for adoption of the report was carried.

Note:—During the Fourth Business Session the Hon. Treasurer, Dr. A. W. Titus, asked permission to discuss this item. The Chairman advised that although the action at the Third General Session was accepted as final, he thought the Treasurer should be permitted to speak on the subject. Chapter 10 Section 3 of the By-laws was referred to as justifying this point of view. Dr. Titus expressed the opinion that it was wrong in principle for The Society to pay the whole bill, as only part payment had been requested by the N.S.A.R. The subject was again fully debated but without change from the attitudes expressed previously.

Committee on Maternal and Child Health—(Page 33 Annual Reports 1959)—Chairman Dr. M. G. Tompkins, Jr., who presented the report and moved its adoption which was seconded.

Discussion—Dr. Tompkins stated that there was a report available to physicians in addition to the Annual Report of his committee; copies of this additional report are available in mimeographed form at this meeting. The motion for adoption was carried.

Special Committee on Group Disability Insurance—Chairman Dr. J. W. Merritt.

This report was presented by Dr. A. J. R. Brady a member of the committee who moved its adoption which was regularly seconded.

Discussion—the discussion was lengthy covering all phases of Disability Insurance. In summary, disappointment was expressed that claims experience had led to pro-ration of benefits under this plan. It was emphasized that the **GROUP** principle in Disability Insurance made disability benefits available to those members of the Society who would have difficulty or find it impossible to provide proof of insurability required for individual policies. It was further pointed out that the present plan contains a non-cancellable clause. In answer to a question it was stated that 75% (as of May 1959) of participating physicians had renewed this **Group** Policy under the amended terms. The special committee recommended that the members continue with this policy and that members supplement it on the individual basis, remembering that proof of insurability is necessary to qualify for such a policy. The following motion from the Executive Committee was presented to and adopted by the General Meeting.

> "The present Group Disability Insurance Plan of Union Mutual be continued, but the Special Committee be requested to continue to actively study any modifications of this plan and report back to the Executive and to explore any possibility of other plans to cover Group Disability Insurance, and that the Report of the Special Committee on Group Insurance be presented to the Annual Meeting."

A motion from the Cape Breton Medical Society to the effect that efforts to have Group Insurance made available on a Canada-wide basis through the C.M.A. resulted in the information that this had already been explored in 1955 but was not possible at that time. It was agreed that this be referred to the Special Committee.

Further discussion led to a further verbal motion by Dr. H. F. Sutherland of Sydney which was seconded by Dr. H. R. Corbett and carried.

(**NOTE** A request was made to have this motion put in writing; as this written motion has not been received, no record of it exists.)

The motion for adoption of this report was carried.

The Chairman announced that the President's Reception, followed by the Annual Banquet would be in the Lodge and after the Banquet the Annual Dance would take place in the Recreation Hall.

No new business was introduced. On motion the meeting adjourned at 5.30 p.m. to re-convene for the Fourth Business Sesstion at 9 a.m. on Friday June 26th.

FOURTH BUSINESS SESSION—Friday, June 26th, 9 a.m.

The Meeting convened at 9.45 a.m. with Dr. W. A. Hewat, President, in the Chair.

Presentation of Annual Reports was continued.

Special Committee Studying Annual Meetings was presented by Dr. D. I. Rice, Chairman, who moved its adoption which was regularly seconded.

Discussion—Several details in the recommendations were explained. It was noted that the time interval is short between the C.M.A. meetings and the Annual Meetings of The Medical Society of Nova Scotia. The Chairman requested tht Resolutions from the Executive Committee pertaining to this report be read. These were as follows:

1. That "as an interim arrangement, the Annual Meeting of The Medical Society of Nova Scotia for 1960 be held at White Point Beach during the last week of June 1960."
2. That "whereas the rotation of locales for the Annual Meeting, as recommended (in this report of the Special Committee) is acceptable, nevertheless this meeting reaffirms the authority of the Executive as stated in Bye-laws Chapter 7 (i), to use an alternative location if circumstances warrant such in any one particular year."
3. That "the Special Committee on Study of Annual Meetings continue to act during the year 1959-1960 in regard to setting policy, especially the possibility of allowing scientific exhibits at Annual Meetings."

The General Meeting approved each of these motions.

The motion for adoption of this report was carried.

Report of Special Committee on Salaried Physicians—(Page 24 Annual R. 1959)—Chairman F. A. Dunsworth, M.D., who presented this report and moved its adoption. This was regularly seconded.

Discussion—Dr. J. S. Robertson spoke re the section of the report dealing with "Job Evaluation" stating that there has been misunderstanding as to what is being attempted by this survey; that Jerome Barnum Associates are employed to conduct a study of the complete Government Service entirely from the administrative standpoint; that the administrative study is both relative and absolute; that medical services are not being evaluated as such, although the responsibility will be recognized in the administrative study.

In reference to that section dealing with Salaried Physicians, he stated

that there are many such physicians outside government service; he recollected that at one time all physicians within the Department of Health had been members of The Society and each had taken an active interest, but that over the years only one or two had been appointed to office within The Society. He expressed the belief that the answer to present difficulties does not lie in reducing membership dues, but in recognizing that salaried physicians who have chosen to practise their profession under this method of remuneration, should be recognized as having an equal voice in the affairs of Medicine. He would continue to encourage membership and would look forward to formation of an affiliated Society as members of and within The Medical Society of Nova Scotia.

Reference was made to the C.M.A. report on Salaried Physicians' survey, stating that the first information available from this is now in the hands of the Divisions.

The following Resolution from the Executive Committee:

> "That the new Executive Committee consider the recommendations of the Committee on Salaried Physicians concerning the constitution of this Committee in the future."

was approved by the Annual Meeting. The motion for adoption of this report was carried.

Report of Committee on Finance—(Page 11 Annual Reports 1959)—Chairman J. H. Charman, M.D.—was presented by Dr. A. W. Titus, Hon. Treasurer, who moved its adoption which was regularly seconded.

Discussion—Dr. Titus referred particularly to the plan for the retirement of Mrs. M. G. Currie to be effective December 31st, 1959. He read a motion from the Executive Committee which amended the wording of Paragraph A59 for the purpose of clarification. The motion for adoption was carried.

Report of Hon. Treasurer—(Page 13 Annual Reports 1959)—was presented by Dr. A. W. Titus who moved its adoption which was regularly seconded.

Discussion—Dr. Titus answered several questions with reference to explanation of certain items. The motion for adoption was carried.

Reports of Representatives to Advisory Committees Dealing with Federal-Provincial Health Grants were as follows:

Cancer Control Grant	—	W. R. C. Tupper, M.D.
Crippled Children's Grant	—	B. F. Miller, M.D.
General Public Health Grant	—	J. R. Macneil, M.D.
Laboratory Grant	—	A. W. Ormiston, M.D.
Maternal and Child Health	—	M. G. Tompkins, Jr., M.D.
Medical Rehabilitation Grant	—	A. H. Shears, M.D.
Mental Health Grant	—	R. O. Jones, M.D.
Professional Training Grant	—	C. B. Stewart, M.D.
Public Health Research Grant	—	R. C. Dickson, M.D.
Radiology Grant	—	H. R. Corbett, M.D.
Tuberculosis Control Grant	—	W. I. Bent, M.D.
V.D. Control Grant	—	W. A. Hewat, M.D.

It was agreed that these were informative in nature and that they could be considered as a whole by the meeting. It was regularly moved and seconded that they be adopted.

Discussion—the Executive Secretary stated that, resulting from a Resolution at the 1958 Annual Meeting, discussions had taken place with the Director of Health Grants, Dr. J. J. Stanton, which had resulted in information

relative to the present standing of these Advisory Committees. This communication, which had been presented to the Executive Committee, was read to the General Meeting. The communication had served to clarify the present position of these Grants and the Executive Committee had concluded that some form of representation in an advisory capacity was most desirable.

Dr. J. S. Robertson recalled that at the time of initiation of the Federal Grants program all Advisory Committees had been active (1948); that the passage of time and the advent of the Hospital Insurance Plan had resulted in re-adjustments and that at the present time several of the Grants were following a definite pattern. This resulted in some being active and others inactive from the advisory standpoint. He stated it was mutually advantageous to the Department of Health and The Medical Society to continue the liaison but he believed that with conditions as they are a Committee of The Medical Society and one from the Department of Health could meet for discussion of these Grants as a whole. He considered this would be a much more practical approach. In answer to a question, he stated that the Committee from The The Medical Society would be free to add any physician who might contribute to the particular Health Grant under discussion.

Moved by Dr. H. R. Corbett, seconded by Dr. Lloyd Allen, "That the matter of naming such a Committee be left in the hands of the new Executive Committee in view of the fact that the Grants have now been stabilized and any matters pertaining to policy requiring consultation can be dealt with under one head."

The motion for adoption of these reports of representatives was carried.

Report of Committee on Fees—(Page 44 Annual Reports 1959.)—Chairman Dr. D.R.S. Howell, was presented by Dr. Ian MacGregor a member of that Committee, who moved the adoption which was seconded.

Discussion—Paragraph A253:

> "The attention of your Committee has been drawn to a discrepancy which exists between fees paid by the Federal Government and those paid by the Provincial Government to physicians serving on joint Federal Provincial Committees. . . . . ."

was explained. The recommendation of the Committee that action be taken in this matter was endorsed.

The motion for adoption was carried.

Committee on Cancer—(Page 9 Annual Reports 1959)—Chairman W. R. C. Tupper, M.D. was presented by Dr. Beckwith. It was moved and seconded for adoption.

Discussion—Dr. J. S. Robertson stated his belief that this Committee can be of great value to physicians as well as the Dept. of Health in the field of cancer control. Money previously spent on cancer patients in Hospital has been made available for other use since the inception of the Hospital Insurance Plan. He believed that members of the profession would have ideas relative for the proper expenditure of the moneys available and that these could be made known through the cancer committee.

In reference to Paragraph A44, re "Corresponding Members to this Committee from each Branch Society in Nova Scotia" it was

Moved by Dr. T. W. Gorman, seconded by Dr. A. Elmik, "That the Chairman of the Cancer Committee request the Branch Representatives to the Executive Committee to be the local corresponding members of the parent committee." Carried.

The motion for adoption was carried.

Report of the Committee on Post-Graduate Education—(Page 36 A.R. 1959)—Chairman Dr. J. A. McDonald, who presented the report and moved its adoption which was regularly seconded.

Discussion—Dr. H. R. Corbett stated that, as Secretary of the Cape Breton Medical Society, he had initiated correspondence with Dr. Steeves relative to changing the method of collection for fees for the post-graduate courses. He requested that this committee pursue this matter and make recommendations. The motion for adoption was carried.

Report of Post-Graduate Division of the Faculty of Medicine, Dalhousie—L. C. Steeves, M.D., Director. This report, (not included in Annual Reports) was presented by Dr. Steeves who moved its adoption which was regularly seconded. The motion for adoption was carried.

Authority of the General Meeting was given for the payment to the Post-Graduate Division of:

(a) the C.M.A. Grant amounting to $1,036.

(b) the amount which would accrue as of December 31st, 1959, from the $5. levy on members of The Medical Society of Nova Scotia.

Report of the Committee on Legislation—(Page 18 Annual Reports 1959)—Chairman Dr. J. McD. Corston, was presented by Dr. Rice. It was regularly moved and seconded for adoption.

Discussion—Dr. J. S. Robertson, speaking as Deputy Minister of Health, referred to the recommendation of the Committee that The Medical Society "should take the initiative now and offer the services of The Society in a consultant capacity to the government," pertaining to a Resolution adopted in the Legislature (1959):

> "That in the opinion of this Committee (Law Amendments) there should be some general regulation of the use of X-ray in the Province applicable to all persons and that this Committee recommends that the Government of Nova Scotia initiate a careful study of the problem with a view to preparing appropriate legislation for introduction at the next Session of the Legislature."

He stated that it would certainly be appreciated if a strong committee of The Society were set up for the purposes outlined.

Moved by Dr. T. W. Gorman, seconded by Dr. A .J. R. Brady, "That a small (3 member) committee be created to act with the Department of Public Health in drafting legislation for control of X-ray machines, etc. Special note be taken of the feasibility of having one or two Radiologists. Carried.

The Chairman stated that this information would be communicated to the incoming Committee on Legislation.

The Chairman announced that Dr. J. McD. Corston had completed 3 years as the Chairman of the Standing Committee on Legislation and recognized the outstanding services provided by him as Chairman of this Committee. The General Meeting endorsed these remarks.

The report was moved by Dr. Devereux and seconded by Dr, D. M. MacRae.

OTHER BUSINESS

Communication from the Superintendent of the **Maritime Division of the Canadian National Institute for the Blind** was presented in summary. This drew attention of physicians to the Nova Scotia Eye Bank Registry, the procedures leading to donating eyes and information for physicians. The Executive Committee had endorsed the project and given approval for assist-

ance by this Society as requested by the C.N.I.B. This action was endorsed by the General Meeting.

Payment of the usual Honorarium to the Hon. Treasurer and the Editorial Board of the Bulletin was authorized. The following Resolutions out of Executive Meeting were presented to, for approval, the Annual Meeting.

(1) Executive Meeting March 23rd, 1959

"That $100 will be allowed towards the expenses of each Delegate from Nova Scotia attending General Council, (C.M.A.) since this year's Meeting brings up special consideration and is not to be established as a precedent. All steps will be taken to have the Delegates raise funds from other sources to keep the drain on the Treasury to a minimum." Approved.

(2) From Executive Committee Annual Meeting—June 23rd.

"That the Chairman of the Committee on Medical Economics and the Chairman of the Committee on Public Relations should attend all regular meetings of the Executive as observers with their expenses paid in the same way as members of the Executive." Approved.

The Chairman asked if there was any new business to be presented to the meeting. There being none, on motion the 106th Annual Meeting of The Medical Society of Nova Scotia adjourned at 11.15 a.m.

C.J.W.B.

TRANSACTIONS
REGULAR MEETING
EXECUTIVE COMMITTEE
June 22nd, 1959

There were three Sessions of the Regular Meeting of the Executive Committee, the first being from 10 a.m. to 1 p.m., the second from 2.30 p.m. to 3.30 p.m., and the third from 8 p.m. to 10 p.m.

The First Session of the Regular Meeting was convened at 10 a.m. with Dr. Rice in the Chair. Present were:

H. J. Devereux, M.D.	—	President
W. A. Hewat, M.D.	—	President-Elect
A. W. Titus, M.D.	—	Hon. Treasurer
D. I. Rice, M.D.	—	Chairman—Executive Committee
C. J. W. Beckwith, M.D.	—	Executive Secretary
H. C. Still, M.B.	—	Editor-in-Chief of Bulletin

Representatives from Branch Societies

Branch Society	Member
Antigonish-Guysborough	J. A. MacCormick, M.D.
Cape Breton	L. S. Allen, M.D.
	H. J. Martin, M.D.
Colchester-East Hants	H. R. McKean, M.D.
	Alternate for S. G. MacKenzie, M.D
Cumberland	D. R. Davies, M.D.
Halifax Medical Society	F. A. Dunsworth, M.D.
	A. M. Marshall, M.D.
	A. J. R. Brady, M.D.
	Alternate for J. W. Merritt, M.D.
Pictou County	F. J. Granville, M.D.
Valley Medical Society	G. R. Forbes, M.D.
	Alternate for J. P. McGrath, M.D.
Western Counties	D. R. Campbell, M.D.

There was no representative from the Lunenburg-Queens Medical Society. R. O. Jones, M.D. Divisional Representative to Executive of the C.M.A. was not present, due to absence at the C.M.A.-B.M.A. Meeting in Edinburgh.

The Minutes of the last Regular Meeting, March 23rd, 1959, were, on motion adopted as distributed and as printed in the Bulletin.

BUSINESS ARISING FROM THE MINUTES

(1) **Special Committee on Group Disability Insurance**—Chairman Dr. J. W. Merritt.

It was agreed to present this report to the Annual Meeting, (see transaction Annual Meeting—3rd Business Session).

(2) **Resolution Committee**

This new Committee authorized by the Executive is under the chairmanship of Dr. A. M. Marshall. The Chairman noted that it would function for the first time during the present meeting, although the Committee had already reviewed Resolutions from the past year.

(3) **Application from Nova Scotia Association of Radiologists for Branch Society Status, including representation on the Executive Committee** had been referred to the Committee on Bye-laws from the previous Executive Meeting. It was agreed to defer this item to the Annual Meeting of the Executive Committee when the report of the Committee on Bye-laws would be considered, (see transaction Annual Meeting—3rd Business Session).

(4) **Special Committee Studying Annual Meetings**

This report was presented by Dr. D. I. Rice and several points were discussed. It is to be presented to the Annual Meeting together with Resolutions from the Executive Committee. The Executive adopted the report (see Transactions Annual Meeting—4th Business Session).

(5) **Proposed Agreement re "Welfare Group"**

The proposed agreement (1959-1960) between the Department of Welfare and The Medical Society of Nova Scotia is being reviewed by the Committee on Medical Economics.

(6) **Report on General Council, C.M.A.**

The Chairman, Dr. Rice, expressed the view of the seven (out of nine) representatives from Nova Scotia who had attended this Meeting in May, to the effect that the representatives had not been adequately prepared to contribute to the excellent quality of debate at that Meeting; that adequate study is essential in preparation for General Council, which is the policy-making body for Canadian Medicine, which results from adequate expression of opinions and points of view by Divisional Representatives. He urged the Executive to give this matter the serious study which it deserves to lead to improvement. Selection of the representatives early in the year, together with the agreement of each to attend was suggested. The subject of financial assistance to representatives resulted in the following motion. It was voted that:—

> "The Finance Committee of this Society be asked to consider the possibility of financial assistance to our representatives to General Council of C.M.A. and to report at the next Executive Meeting."

Special Executive Meeting April 26th, 1959

The Chairman recalled that this Meeting was for the purpose of considering the recommendations of the Advisory Committee on Health Insurance pertaining to methods of remuneration for Pathologists and Radiologists under Hospital Insurance. It was voted that the Minutes as distributed to members of the Executive be approved.

The Chairman remarked that the results of this meeting and further developments are included in the Annual Report of that Committee.

BUSINESS OUT OF THE MINUTES

(1) The invitation from the Hospital Insurance Commission to submit nominations for a Medical Review Board would be discussed during the present Annual Meeting and a further report made. It was voted that:

"The matter of nominations to the Medical Review Board be referred to the incoming Executive for further discussion."

(2) **Correspondence**

Communication from the **Valley Medical** included 2 Resolutions. That relating to Maritime Medical Care Inc. was discussed and referred to the Annual Meeting to be presented at the time that the report of Maritime Medical Care Inc. comes forward (see Transactions Annual Meeting—2nd Business Session).

The second Resolution had to do with Branch Society committee to act on political aspects of matters of interest to Medicine. This was regarded as information to the Executive Committee and further action was not deemed necessary.

On motion the first Session adjourned at 1 p.m. to re-convene at 2.15 p.m.

The Second Session of the Regular Meeting of the Executive Committee was convened at 2.30 p.m. with Dr. Hewat, President Elect, in the Chair.

Correspondence continued

A letter from the President of **V.O.N. Nova Scotia** requested that a representative of The Medical Society be named to the Advisory Board (Canada) and a representative to a similar Board for Nova Scotia when such is created. This was approved and referred to the incoming Executive for action.

A letter from the Superintendent of the **Maritime Division of Canadian National Institute for the Blind** informed The Medical Society of the Nova Scotia Eye Bank Registry and had attached:

(a) form to be used by Donor

(b) information for physicians relative to procedures to be followed.

The Executive endorsed the principle of the Registry and directed the Secretary to provide the requested assistance. The subject is to be referred to the Annual Meeting. (see Transactions Annual Meeting—4th Business Session)

A communication from the **C.M.A. re Public Relations Workshop** in Montreal November 5th and 6th, was introduced for expression of opinion as to whether it would be advantageous to have the Executive Secretary as well as the Chairman of the Committee on Public Relations attend the workshop. The decision was left to the Chairman of the Executive and the Chairman of the Finance Committee.

A communication from the Nova Scotia Chapter of the **Canadian Foundation for Poliomyelitis and Rehabilitation** included a Resolution of appreciation to the members of The Medical Society for cooperation during the series of free vaccination clinics and included the statistics pertaining thereto. The letter is to be distributed at the Annual Meeting.

A communication relative to representatives of the Society to the Advisory Committees of **Federal Provincial Health Grants** from the Director of these Grants was presented. This explained the varying present activities of the several Grants and their Advisory Committees. The Executive expressed the belief that representation from the Society should continue in some form. It was decided to introduce the letter when the reports of Representatives are

presented to the Annual Meeting (see Transactions Annual Meeting—4th Business Session).

A letter from the Executive Director of the **National Cancer Institute of Canada** requested endorsation of The Medical Society of Nova Scotia for a project designed to study deaths from Cancer of the Lung in this Province. This project was endorsed by the Executive and referred to the Annual Meeting.

A letter from the **General Secretary C.M.A.** transmitted an expression of appreciation from the Central Council of the Red Cross to the medical profession in Canada for the support given to the various phases of Red Cross Activities.

A letter from **Rev. D. F. Campbell**, St. Francis Xavier University, pertaining to the First Canadian Conference on Children in 1960 and a questionnaire to be sent to members of the profession relative to the subject of Marriage Preparation, was received.

A letter from the **Nova Scotia Association of Radiologists** requesting financial assistance toward payment of legal counsel for services rendered led to an extended discussion. It was referred to the Annual Meeting with an accompanying resolution from the Executive (see Transactions Annual Meeting—3rd Business Session).

NEW BUSINESS

(1) **Physicians' Office Secretaries**—The Executive Secretary stated that organization of this Group had taken place in Ontario under the auspices of the Ontario Medical Association. The opinion of the Executive was requested as to whether any exploration should be initiated along similar lines for Nova Scotia. No action was taken on this matter.

(2) **Emblems of The Medical Society of Nova Scotia for Doctors' Cars**—the Secretary reported that there were still requests for these emblems, that the Executive Committee had directed that they should **not** be continued. A review of this decision was requested. The previous ruling was re-affirmed.

(3) **Special Number Plates for Physicians' Cars**—the following motion resulted from discussion of this item:

> "That the incoming Executive of The Medical Society appoint one or more members to approach the Department of Highways to see if the wish of the Society could be implemented."

(4) **Presidential Insignia**—a verbal report was given of progress on this item. Two members of the Executive volunteered to explore the matter further.

The Second Session of the Regular Meeting of the Executive was adjourned at 3.30 p.m. to re-convene at 8 p.m.

The Third Session of the Regular Meeting of the Executive was convened at 8.15 p.m. with Dr. D. I. Rice in the Chair.

OTHER BUSINESS

Correspondence from the **Canadian Life Insurance Medical Officers' Association** was reviewed with particular study of their most recent letter of May 1959. This communication had requested comment on recommendations from the Committee of the Association relative to simplifying and stabilizing Claims Forms as well as creating effective communication between Insurance Companies and the Divisions of the C.M.A. Dr. Peart explained that the C.M.A. Committee on Medical Economics had initiated the request, that this had resulted in the formation of the Committee of the C.L.I.M.O.A. and that a joint Committee of the C.M.A. and the Life Insurance Group had resulted.

The resulting forms had been submitted to General Council with approval in principle being obtained.

Lengthy discussion ensued on each item in the communication. The Executive Secretary was instructed to reply and to include the comments of the Executive Committee.

On motion the Regular Meeting of the Executive Committee adjourned at 10 p.m.

C.J.W.B.

TRANSACTIONS
ANNUAL MEETING OF EXECUTIVE COMMITTEE
June 23rd, 1959

The Annual Meeting of the Executive Committee was convened at 10 a.m. by Dr. D. I. Rice, Chairman. Three Sessions were held: 10 a.m. to 1 p.m.; 2.30 to 3.30 p.m.: 8.30 to 10 p.m.

The Minutes of the last Annual Meeting of the Executive were approved as printed in the Bulletin (December 1958)

The Meeting reviewed and discussed the reports of Standing Committees, Special Committees, Representatives to Organizations and Representatives to Advisory Committees on Federal-Provincial Health Grants.

(EXECUTIVE SECRETARY'S NOTE: The Transactions of the Annual General Meeting include remarks, resolutions and pertinent minutes of the Executive Committee resulting from the discussion of these reports—Please see Page 310 for index to Transactions).

There was no new business introduced.

The Annual Meeting of the Executive Committee adjourned on motion at 10 p.m.

C.J.W.B.

TRANSACTIONS
FIRST MEETING OF EXECUTIVE COMMITTEE
1959 - 1960
(Incoming Executive)
June 26th, 1959
Keltic Lodge, Ingonish, C. B.

The Meeting was convened at 2.15 p.m. with Dr. D. I. Rice in the Chair. Present were:

D. I. Rice, M.D.	—	Chairman
H. J. Devereux, M.D.	—	Past President
F. J. Granville, M.D.	—	President Elect
C. J. W. Beckwith, M.D.	—	Executive Secretary
		Representatives
A. J. M. Griffiths, M.D.	—	Antigonish-Guysborough Medical Society
L. S. Allen, M.D.	—	Cape Breton Medical Society
		Cumberland County Medical Society
D. M. MacRae, M.D.	—	Halifax Medical Society
		Lunenburg-Queens Medical Society
M. F. Fitzgerald, M.D.	—	Pictou County Medical Society
D.McD. Archibald, M.D.	—	Valley Medical Society
		Western Counties Medical Society

Dr. Rice welcomed the members to the First Meeting of the Executive Committee for 1959-1960, particulrly the newly-elected members. He stated that these would be starting a new experience and urged each Executive

member to take a very active interest in the Branch Society which he represents, making a point to attend all meetings. He requested that members should come to Executive Committee Meetings prepared for debate on subjects on the Agenda, being able to contribute to the discussion the expression of opinion of his Branch as well as his own personal opinion. He also requested each member to introduce at these meetings, or to notify the Secretary to have placed on the Agenda, items from Branch Societies which require the attention of the Executive Committee.

It was moved by Dr. Devereux, seconded by Dr. Granville that the Minutes of the last Regular Meeting of the Executive Committee be adopted as typed—carried.

Chairman of Standing Committees

The following were appointed:

Name of Committees	Chairman
Bye-Laws	Dr. H. J. Devereux (1)
Cancer	Dr. W. R. C. Tupper (2)
Child & Maternal Health	Dr. M. G. Tompkins, Jr., (2)
Civil Disaster	Dr. J. W. Merritt (2)
Editorial Board	Dr. S. J. Shane (1)
Fees	Dr. D. R. S. Howell (2)
Finance	Dr. J. H. Charman (2)
Health Insurance	Dr. C. B. Stewart (1)
Legislation	Dr. D. F. Smith (1)
Medical Economics	Dr. A. L. Sutherland (2)
Post Graduate	Dr. H. B. Whitman (1)
Public Health	Dr. T. B. Murphy (2)
Public Relations	Dr. F. A. Dunsworth (2)
Traffic Accidents	Dr. A. L. Murphy (2)

(1)—newly elected.
(2)—re-elected.

Chairman of Special Committees

Special Committee on Group Disability Insurance — Dr. J. W. Merritt
Salaried Physicians — Dr. A. G. MacLeod
Study of Annual Meetings — Dr. D. I. Rice

Representatives to Organizations

Board of Trustees Mar. Hospital Services Association — Drs. H. E. Christie, C. J. W. Beckwith
Board of Registration, Certified Nursing Assts. Act — Dr. C. J. W. Beckwith
V.O.N. Canada, Board of Governors — Dr. David Drury
V.O.N. Canada, Medical Advisory Board — Dr. J. J. Stanton
V.O.N. N. S. Medical Advisory Board (when created) — Dr. J. J. Stanton

Representatives to Advisory Committees for Federal-Provincial Health

Following adoption at the Annual Meeting of the following motion:

> "That the matter of representation on these Advisory Committees be left in the hands of the new Executive Committee in view of the fact that the Grants have now been stabilized and any matters pertaining to policies requiring consultation can be dealt with under one head."

It was agreed to further study this matter and report to the next Meeting of the Executive.

There being no further business, the First Meeting of the Executive Committee adjourned on motion at 4 p.m.

C.J.W.B.

PRESIDENT'S ADDRESS
THE 106th ANNUAL MEETING
of
THE MEDICAL SOCIETY OF NOVA SCOTIA
June - 1959

H. J. Devereux, M.D.

Mr. Chairman, Ladies and Gentlemen:

Tonight I finish my tenure of office as President of The Medical Society of Nova Scotia and my presidential address is arranged so as to briefly review the achievements of the past ten years, also to attempt a forecast of what may face us in the next decade.

What have been the outstanding events during the past ten years? I would list them as follows:

FIRST—The introduction of a prepaid medical plan sponsored by The Medical Society of Nova Scotia, namely Maritime Medical Care, Inc. This plan has grown from approximately 9,000 original subscribers in April 1949 to 120,483 subscribers in April 1959—a commendable increase, but still only giving coverage to approximately one-fifth of the population of Nova Scotia. If Maritime Medical Care is to be the profession's answer to adequate medical care, then the number of subscribers must be **at least** trebled within the next year or so.

SECOND—The adoption of a new constitution for our Society with the consequent "streamlining" of our activities, much along the lines of the Canadian Medical Association. There are some who still object to this change, and as some of you may recall, I originally objected strenuously, but now I believe that it is necessary and was a very wise move. However, I would voice a word of warning that we should never allow the centralization of too much power in too few hands. The safeguards are in the constitution and bye-laws, and it is the responsibility of each and every one of us to see that the Society remains democratic.

THIRD—The appointment of a full-time Executive Secretary. Again, an idea that met with considerable opposition, but I am sure that today, after seeing the excellent work done by our Secretary, all will agree that the appointment was a wise and essential one.

FOURTH—The advent of the Nova Scotia Hospital Plan on January 1st, 1959. Our first experience on a wide scale in dealing with governmental intrusion into the hospital-medical field. True, it does not apply to the practice of Medicine as a whole, but there is enough involvement of segments of the profession to show us the attitude of Government in dealing with the medical profession. Certainly there have been moments of great turmoil over the past year—ask any of the Radiologists or Pathologists ! !—but now the wrinkles are being ironed out, and I feel that soon the medical men involved will be quite satisfied. This state of goodwill has been brought about chiefly by two groups, viz—The Advisory Committee on Health Insurance and the Nova Scotia Hospital Insurance Commission.

The Advisory Committee on Health Insurance is a committee which has spent a tremendous amount of time, has shown good judgment and infinite patience in its dealings. Here is a committee which has set a pattern in the type of work that must be done in the future; staffed by men who sacrificed time, leisure and quite often took unjustified abuse, but throughout it all stuck to their basic principles.

The other group, namely The Nova Scotia Hospital Insurance Commission, has always sought advice on medical matters from the profession, and will continue to do so in the future. True, there are times when their decisions may not be palatable, but remember that they must deal with many different groups, and certainly cannot please everybody all the time.

FIFTH—The advent of the General Practitioner's Society. While still in its infancy, it is growing, and, if properly guided, should give a tremendous stimulus in keeping the General Practitioner up-to-date in knowledge and fully conscious of his importance in the general medical scheme.

FINALLY—Other points of interest have been:

(1) The steady numerical growth of the Society from 439 doctors in 1948 to 578 in 1958—this, despite an increase in our medical dues to $75.00 per year.

(2) The creation of new standing committees, such as the Committee on fees; the Advisory Committee on Health Insurance and the Medical Economics Committee. These committees have truly been the "workhorses" of the Society over the past few years, and show the trend of today in the medical profession towards a greater interest in the economic factor of Medicine. A word of warning in this regard: It is essential that when we, as medical men, become involved in the economic factor, that we do not lose our proper perspective and become more interested in dollars and cents rather than in making our services more available at reasonable cost.

So much for the past decade; and now to take a look at the next ten years —What does it hold for us? I feel that we will see ever-increasing pressure for a **complete** health care program. This will take time but the first straw in the wind was the announcement last April by Premier Douglas of Saskatchewan that a major plank in his platform for the next provincial election would be a compulsory health-care program operated along the same lines as the compulsory hospitalization service.

What is the Medical Profession going to do about this trend towards a complete health insurance plan?

First of all, we must recognize the changing economic atmosphere and realize that the social welfare state is now part of our lives and will not change —like it or not, we must quit crying for the "good old days" and go to work on moulding this welfare state, as far as Medicine is concerned, into a pattern that will preserve our **essential** rights.

Will Maritime Medical Care be our answer to the people's demand for complete or even adequate medical coverage? My answer is **NO**, judging Maritime Medical Care on its **present** status. The reasons: First of all it is not reaching enough people—only about one-fifth of the population, and that fifth is largely taken from the large organized groups. Secondly, it is not able to efficiently look after the small groups or the self-employed individual. Third, as far as cost to the subscriber is concerned, there is a real danger of reaching the point of diminishing returns.

If Maritime Medical Care is to survive and give the people the type of coverage that is necessary, in my opinion, it must give comprehensive coverage with no extra billing, it must cover the self-employed person and it must cover the retired person and pensioner. It should join forces with other non-profit groups such as Blue Shield and expand services to cover the four Atlantic Provinces.

This is a big order, and I have no ready answer as to how it can be done. However, we must come to grips with the problem NOW and if we cannot come up with a complete answer, then we should be prepared to say so and propose to Government a plan whereby public monies can be used to help implement a complete Medical Care Plan. I realize that this idea will not be too well received in some quarters, but if we do not take the initiative then Government will some day present us with their plan which could well be more unpalatable than the one I have just suggested.

And now a word about the future of the General Practitioner's Society. This Society has the possibilities of greatly improving the overall calibre of Medical Care but it must aim high. It is not enough to strive mainly for appointments in the larger hospitals—to do, as it were, the less important tasks, such as looking after emergency work in the O.P.D. The General Practitioner must accept that his place in the teaching hospital is going to be limited, but the denial of full privileges to the **qualified** G.P. in the non-teaching hospital, large or small, should not be tolerated. I use the term "qualified" for a purpose—because if the G.P. Society gives carte blanche to every G.P. to do **everything** in the non-teaching hospitals without first making sure that he is able to do so, then it surely will only hasten the day when less and less hospital privileges will be allowed to **any** G.P. When the day comes that the G.P. is shut out of hospitals—then, I say in all sincerity, the medical profession will have taken a backward and disastrous step.

Finally, let us look briefly at Health Insurance as we have it today in the Hospital Plan. By now most of you have been in contact with the workings of the hospital plan; you have your own opinions as to its worth but I'd venture to say that the majority of the public is in favour of it and I am sure that it is with us to stay. With this in mind, we accept the fact tht we have new responsibilities—namely the protection of public moneys and respect for Government regulations. The ultimate success or failure of this plan is dependent to a great extent on the physicians of this Province. You ask why—well, its simply due to the fact that we doctors control admissions and discharges of patients, the length of stay, the utilization of drugs and diagnostic aids. The profession sought this and got it, we dare not think of ever relinquishing it. Not only that, but we must be fully prepared to accept the responsibility that goes with it. If we don't accept this responsibility, then Government will enforce stricter regulations and we will have forfeited the trust given to us.

If this should happen, how then can we ever hope to influence Government thinking when medical care is eventually included in a complete health insurance scheme.

Speaking of a complete scheme, it is time for every doctor in Nova Scotia to study the statement of Policy of the C.M.A. and let his thoughts be known to our Executive. We should have a firm idea of the **true basic** principles that are included in our statement of Policy, the basic principles when we will make our stand and retreat no further.

In the future, we need an increased interest and activity on the part of all members, but especially on the part of our younger members. We need their imagination and flexibility of thought in combination with the maturity and wisdom of our more senior members. This combination will give us the unity and stability that we will certainly need in the coming years.

In conclusion, Ladies and Gentlemen, let us face the future with courage, clear thinking and, above all, the desire to maintain and improve a high standard of service to our patients.

To sum up, cooperation from the public, from hospitals and from you, the medical profession has allowed a first-class plan to be put in operation. Problems still exist. Time, experience and the same spirit of acceptance will work a lot of cures.

Hospitals are in the best position they have been for years. I say this, and I fully believe they will verify it, despite the fact that solution is still required in some financial areas. The hospitals are reimbursed for reasonable and proper operating expenses and they do have certain resources for non-plan items. But they still must make provision for depreciation, debt servicing and the balance of construction costs. Although they get depreciation on equipment it must first be bought and paid for and the reimbursement is over a period of years.

Once more we can be confident that a wise approach by all concerned and actual operating experience will solve these problems too.

As to the future, new services will come. Some may be announced shortly. Your own committee, which recommended the present sound level, is already at work on recommendations for more.

The same procedures which have had so much success to date: consultations with all relevant groups, full consideration of all proposals and the pooling of the products of many experienced minds; all these must continue.

If they do the future is sure to bring us a truly magnificent system of hospitals and the best in services and benefits for all our people.

REPORT TO ANNUAL MEETING 1959

by

CHAIRMAN OF THE EXECUTIVE COMMITTEE

D. I. Rice, M.D.

Mr. Chairman and Members:

The interval between the Annual Meeting, in Halifax in October 1958, and the present meeting is eight months. (1958 was business only, due to The Canadian Medical Association having been held in Halifax in June 1958).

The intervening months between the Annual Meetings have been busy and productive. Your Executive Committee had its first meeting on October 25th when Chairman of Standing Committees were elected. Subsequent regular meetings have been held on January 26th, March 23rd and June 22nd. A special meeting was convened on Sunday, April 26th, to consider the recommendations of the Advisory Committee on Health Insurance relative to remuneration of Pathologists and Radiologists under the Nova Scotia Hospital Insurance Plan. In December 1958 a communication from the Hospital Insurance Commission was received requesting nominations from The Medical Society from which members would be elected to form a Professional and Technical Advisory Committee. Because of the urgency of this matter, consultation was held with the seven members of the Executive Committee residing in the immediate vicinity. A list of nominees was prepared at this meeting and advice was also sought as to whether to convene a meeting of the full Executive Committee for the purpose of finalization. The considered opinion of those members present was to contact the other members of the Executive Committee by telephone and discuss the matter. This was done, each of the Executive members being informed of the background and names of the nominees. Questions were answered, suggestions requested and agreement obtained. The Hospital Insurance Commission was immediately informed of the results.

It had been anticipated that occasionally matters of this urgency might arise and the principle of seeking advice from a nucleus group of the Executive Committee had been discussed at the first meeting of the new Executive in October, 1958, with approval being given to the principle involved. The application of the principle in December was reviewed at the Executive meeting on January 26th. Thorough review and debate led to the following provisional conclusions:

(1) That opinion of Branch Society members could not be expressed nor conclusions made by telephone conversation as well as by convening a meeting.
(2) That similar urgent circumstances would arise only occasionally.
(3) That it is possible to convene, and members of the Executive would be willing to attend a meeting on 24-48 hours notice.

It has become more and more apparent that the pace of business has accelerated and the volume of business of the Society has increased. To keep abreast of current matters a regular meeting is held each week between the Secretary and myself, and there are telephone conversations between those meetings. The changing tempo and requirements for adequate and prompt attention as well as the necessity for liaison and communications expressing the opinion and judgment of the Society does require examination of our operating set-up to determine whether the present system and usage is adequate or whether it requires review.

The Office

The furnishings and equipment in the new office space on the ground floor of the Dalhousie Public Health Clinic is now completed and appear adequate to meet present demands. This office space is provided by the University rent free as has been the case for these many years. I am sure the Society is most grateful for this. It must be recognized, however, that with a growing medical school, space in the University buildings is already at a premium, and also that the space allocated to us, although adequate for the present, may not remain so because of the increasing demands on the Secretary's office by the business of the Society. This matter is referred to in the Report of the Committee on Finance and deserves serious consideration so that plans can be made to accommodate the future.

Personnel

Authority was received from the Annual Meeting 1958 to employ a second full-time qualified stenographer. During the preceding two years (1957 and 1958) part-time service had been obtained through the Personnel Pool. In December, 1958, the second full-time stenographer entered the employ of the Society. Prior plans of Miss Lovatt made it necessary for her to leave in April and her position has been taken over by Mrs. Dorothy Morgan.

You will find a recommendation in the report of the Finance Committee that Mrs. M. G. Currie be retired on December 31st, 1959. Mrs. Currie has given years of faithful service to the Society for which we are all most appreciative. The plan for her retirement as outlined by the Committee on Finance is drawn particularly to your attention.

Visits to Branch Societies

The President and myself were of the opinion that visits by one or both of us to Branch Society meetings would certainly be advantageous to ourselves in that we would have the pleasure of meeting the members and benefit from debate during the business sessions of these Branches. We hoped that the

Branches would receive some benefit in return. The Secretary wrote the Branch Societies and the response to the suggestion was most gratifying. I regret that it was not possible to attend meetings of all Branch Societies, but the President did visit Antigonish-Guysborough and Pictou County Medical Societies. I had the pleasure of visiting Antigonish-Guysborough, The Valley and Western Counties Societies. The Executive Secretary has been in attendance, at least once, at meetings of all Branch Societies.

I have been impressed by the debate and the attention given to the business of both the Branch and the parent Society. I would like to have these visits continue as I believe they will result in improved understanding of points of view and will be of benefit to the Society as a whole.

Membership

As of December 31st, 1958, membership (all classifications) stood at 579, of whom 551 pay dues, and 28 are honourary or senior. Of that number, 10 are in arrears for 1958 dues leaving 569 in good standing. This compares with 523 (all classifications) in 1957. There were 66 new members in 1958 and 20 deaths occurred. As of June 8th, 1959, 450 are in good standing having paid dues for 1959. This includes 32 new members.

The STANDING COMMITTEES have been active; I would draw particularly to your attention:

1. **The Advisory Committee on Health Insurance**

The Report of this Committee merits close study. Particular attention has been given to Hospital Insurance in Nova Scotia and its impact on the practice of Medicine. The Hospital Insurance Commission for Nova Scotia took office in November, 1958. Dr. H. J. Devereux of Sydney was named a Commissioner. His name had been included in our list of nominees. The Hospital Insurance Commission replaced the Hospital Service Planning Commission which had completed its function.

2. **Committee on Legislation**

Dr. J. McD. Corston's Committee also had a busy time prior to and during the 1959 Session of the Legislature. Successful opposition to the Chiropractic Bill, consultation with the Committee on Legislation of the Provincial Medical Board and amendments to the Workmen's Compensation Act were matters requiring close study.

3. **Committee on Medical Economics**

This Committee was successful in negotiations with the Department of Welfare on Medical Services for the welfare group. The amount per recipient of medical services was increased from $1.00 to $1.15.

Having mentioned these three of the fourteen Standing Committees as examples, it becomes increasingly apparent that much of the important work of the Society must be at Committee level. An active Chairman and committee members will bring to the attention of the Executive and the Society suggestions and recommendations pertinent to their particular field of interest which could not be obtained from other sources. To all Committees, and particularly to those above-mentioned, I express the sincere thanks of the Executive.

With a view to maintaining the continuity and the effectiveness of Standing Committees I would recommend consideration be given to the appointment of A COMMITTEE ON COMMITTEES. Such a Committee would be made up of members of the Executive continuing in office for the succeeding year, with the Chairman being the Chairman of the Executive Committee.

In the interval between the Annual Meeting of the Executive Committee and the first meeting of the New Executive held at the conclusion of the Business Sessions of the Society, this Committee would examine Standing Committees, taking particular note of those Chairmen who are due for retirement and prepare a list of nominees to be considered by the incoming Executive at its first meeting, when such Chairmen are appointed. Benefit would result from such an objective annual review and would obviate the relatively hurried appointments made at the first meeting of the new Executive Committee. The same review could be made of representatives of The Medical Society to organizations and Advisory Committees.

SPECIAL COMMITTEES appointed during the year were:

(1) **Committee on Job Evaluation**

This grew out of the Job Evaluation Study undertaken by Government. Having been brought to the attention of the Executive Committee, a special committee was set up to study its relationship and implications for medical services.

(2) **Committee on Salaried Physicians**

Resulting from an increasingly active interest in this group on the part of Organized Medicine as well as a more active interest in Organized Medicine Medicine by those salaried physicians not already members of the Society, the Executive decided that a special committee should be set up to examine the situation as it presently exists, to encourage and foster the interest of salaried physicians as well as to be of assistance to them. This Medical Society has enjoyed membership by many of this group and we confidently expect the results of the work of this Committee will be of advantage to all concerned.

(3) **Committee on Group Disability Insurance**

This Committee, authorized at the Executive Committee Meeting March 23rd, will report to the Annual Meeting. It has examined our Group Disability Plan and will make recommendations as to future participation of the Society relative to this type insurance.

(4) **The Special Committee on Annual Meetings**

will make a report representing the activities of this committee during the past three years establishing a better basis for our Annual Meeting as regards time, place and financing.

A RESOLUTIONS COMMITTEE has been authorized by the Executive. This committee, made up of members of the Executive, will in general terms:

(a) Review Resolutions received from Branch Societies prior to Executive Committee Meetings.

(b) Review Resolutions emanating from the Executive Committee itself.

(c) Review Resolutions presented to the Annual Meeting from the Membership of the Society.

The purpose of this review in general terms would be:

(i) To examine the wording of Special Resolutions to ascertain that the intent of the Resolution is clear,

(ii) To recommend the course that a Resolution should follow, whether it should be presented to the Executive Committee and/or the Annual Meeting.

(iii) To examine the Resolution in the light of present knowledge pertaining to the particular subject in reference to what could be the ultimate result of the Resolution if made effective.

The general purpose of the Resolutions Committee is to review all the Resolutions in the perspective of the foregoing. Any changes suggested would have to be taken up with and agreed to by the Mover and Seconder and if such agreement is obtained then the resulting Resolution would be presented. If agreement is not obtained then the point of view of the Resolutions Committee could be presented when the Resolution is presented for debate. It is, of course, quite possible that discussion with the Mover and Seconder would clarify the purpose of the Resolution when it is desirable to have such clarification.

Additional items of interest to the Society are:

(1) That continued liaison and progress is to be reported in our association with the Canadian Life Insurance Medical Officers Association. A simplified Claims Form is about finalized and most recent correspondence is to be reviewed at this meeting.

(2) Of great interest is the Relative Value Studies being conducted by the C.M.A. A few studies have been done where the basis is relating the fee structure as it has existed. The C.M.A. is approaching the subject from the standpoint of the relationship of the services performed and the training skills and knowledge involved in providing it. This is a new approach to a perennial problem of long standing and carries the potential of developing a sound basis for the fee charged for a professional service.

(3) Maritime Medical Care Incorporated: This report presented to the Society by J. Murray Fraser, President of Maritime Medical Care Inc. is particularly welcome. It is factual, shows definite progress over the past year and includes observations pertaining to prepaid medical services which are notable. It is reassuring to have evidence that the apparent gap between the medical profession and Maritime Medical Care Inc. which it sponsors is being bridged and that the fervent wish of closer relations is being realized.

In the field of medically sponsored prepaid plans, a C.M.A. Committee, formed at the request of T.C.M.P. met with representatives of the Society early in the year. That Committee visited each of the plans in Canada and each of the Divisions. The resulting report was presented to General Council of the C.M.A. and this has resulted in a special C.M.A. Committee being formed which in general terms will develop a philosophy and policy for prepaid medically sponsored plans. C.M.A. desires to have a hard look at the situation aside from the purely business aspects to ascertain if the plans can be extended to include those of the population which under present conditions cannot be eligible for these services.

This introduces the 1959 General Council Session of the C.M.A. held in Toronto, May 29th and 30th. Of the nine representatives from Nova Scotia, two had to cancel plans at the last moment, leaving seven representatives in attendance. It was my first experience and I must say I was deeply impressed by the obvious preparation of divisional representatives and the presentation of the arguments during debate. Some of our representatives (5) had a meeting prior to going to Toronto when the reports to General Council were reviewed. In Toronto the seven of us had another meeting during which notes were made in order to have our representatives better prepared. These will be acted on in due course. My attendance left me with a deep conviction that General Council is worthy of the strong support of the Division and their representatives.

I have attempted briefly to outline the activities of the Executive Committee during the past year. It is obvious that the volume of work requiring the attention of the Executive and the Society as a whole is increasing at an unprecedented rate. This has necessitated extra demands on the part of the Executive Members and I should like to express my sincere thanks at this time for their faithfulness in attending meetings and for their careful and thorough consideration to all matters presented to them. Particular thanks is directed to our Executive Secretary who repeatedly has given far more than his office demands in the interests and development of organized Medicine in this division.

All of which is respectfully submitted.

REPORT OF N. S. REPRESENTATIVE
on
TRANS CANADA MEDICAL PLANS (T.C.M.P.) COMMISSION
To Annual Meeting 1959

F. M. Fraser, M.D.

Mr. Chairman and Members:

Trans-Canada Medical Plans, or as it is more familiarly known, "T.C.M.P.," is an organization of doctor-sponsored or doctor-approved prepaid medical service plans, established at the instigation of the Canadian Medical Association in 1951 and incorporated under the Province of Ontario in 1955, whose objects are:

(1) To promote the operation and establishment of voluntary non-profit prepaid medical care plans in Canada to meet the health needs of the public generally.

(2) To co-ordinate the activities, methods, procedures, coverage and data of voluntary non-profit prepaid medical care plans in Canada.

(3) To prepare statistical or other information and to provide counsel or assistance to medical care plans and to the public in all matters pertaining to the provision of prepaid medical care on a voluntary non-profit basis.

(4) To assist in arranging for the provision of medical care on a national basis through the medium of voluntary non-profit medical plans, and

(5) To assist in the development of an informed public opinion on matters of health.

It is controlled by a commission of twelve members, who are appointed; one from each of the member plans and one from the C.M.A. Responsible to the Commission and the Executive is a permanent Executive Director and Secretariat. Each plan contributes two cents per subscriber per year with a maximum of $8,000. towards its budget.

Almost since its founding there has been considerable difference of views among member plans as to the proper function of T.C.M.P. All are pretty well agreed on objects 1, 2, 3 and 5 but there is widespread disagreement on object No. (4), e.g., "to arrange for the provision of medical care on a national basis through the medium of non-profit medical plans." This reached such a state that in April, 1958, the C.M.A. Executive Committee was requested, and agreed, to appoint a special study committee with authority "to study T.C.M.P. in all its aspects." Subsequently, further terms of reference were granted to allow the committee to study the:

(1) "Development of a national co-ordinating agency for the advancement of prepaid medical care plans in Canada, and

(2) The delineation of the proper position and role in policy-making of the C.M.A. and its divisions for the betterment of health care in Canada."

With these extended terms of reference a questionnaire was prepared and sent to all plans and divisions. The Committee then travelled across Canada, meeting with representatives of each member plan and division, with the exception of Newfoundland. The questionnaire was used as a basis for discussion.

The Committee found that problems exist in T.C.M.P. for three reasons:

(1) Vague and uncertain leadership by organized medicine in the field of prepaid medical care,
(2) Differences in ideology,
(3) Differences in interpretation of words and phrases in the aims, objects and by-laws of T.C.M.P.

For the same reasons major problems developed in the relationship of member plans to T.C.M.P. in national selling and underwriting. The Committee's analysis of the problem can be summarized as follows:

T.C.M.P. is an organization composed of eleven separate corporate members. Each is autonomous. Some members of the profession and some plans would require all member plans to surrender a part of their autonomy in certain fields of interest to develop a national selling or underwriting programme within T.C.M.P. In most areas there was complete unwillingness to surrender any part of plan autonomy. This leaves T.C.M.P. in the position where it can not engage in national selling or underwriting unless or until unanimous agreement is reached in this field.

The highlights of the findings of the Committee are as follows:

(1) T.C.M.P. serves a useful purpose and should be continued,
(2) The organization should become largely a trade association only,
(3) National selling to be left to the member plans,
(4) Doctors throughout the country should become more informed on T.C.M.P. and the work it is doing,
(5) Membership on the Commission to be enlarged to two representatives from each member organization.

In order to implement these findings, the following recommendations are made:

1. That the C.M.A. provide leadership in the interpretation of the philosophy of medicine as it applies to prepaid medical care.

This will be accomplished, we feel, by:

(a) Creation of a special committee, appointed by the Executive Committee, under the chairmanship of the Chairman of the Committee on Economics, to consider all aspects of prepaid medical care and to work in close harmony with the Committee on Economics. One of its terms of reference should be to study the requirements of that portion of the Canadian population which is not covered by prepaid medical care.
(b) An increase in the C.M.A. representation on the T.C.M.P. Commission to two members, appointed by the Executive Committee of the C.M.A.
(c) Representation at all Commission meetings by the General Secretary of the C.M.A., or his alternate, as an observer.
(d) Educational programmes through:
    1. C.M.A. Journal and provincial bulletins.

2. Forums on prepaid medical care to be held as part of National, Divisional and Regional annual meetings.
3. Distribution of T.C.M.P. Commission Minutes to Divisional Secretaries and members of the C.M.A. Executive Committee.

(e) Public relations programmes directed to the Divisions and to the entire membership, in the interests of T.C.M.P.

2. Your Committee would have the Executive Committee recommend to T.C.M.P. that new bye-laws be enacted to meet the suggestions of the majority of Divisions and member Plans as to the scope of activity of T.C.M.P.

(a) 1. Upon request, to assist the C.M.A. and its Division in promoting the establishment and operation of medically sponsored or approved medical care plans in Canada.
2. Upon request, to provide advice and assistance to member Plans on administrative problems of prepaid medical care.
3. To encourage and assist member Plans to accept and put into operation such uniform methods and procedures as have been approved by the Commission.
4. To collect, study and disseminate statistical data.
5. To assist the C.M.A., its Divisions and member Plans in public and professional relations programmes.

(b) In order to clarify the position of T.C.M.P. in national selling, the following should be enacted as a bye-law:

That negotiation for medical care coverage be carried out as at present by the personnel of the member Plan in which area is located the head office of the company, and that any other Plan which has in its area employees of the prospective client "**may request participation in the negotiations.**"

(This was changed by the T.C.M.P. Commission to "**would be kept fully informed of the negotiations.**"

3. (a) That membership in the organization be restricted to those non-profit prepaid medical care plans in Canada which are sponsored or approved by the Division or Divisions of the C.M.A. in which the Plan operates.

(b) That Divisional sponsorship or approval be renewed each year by an official communication from each Division concerned, to the head office of the corporation.

(c) That each member Plan re-apply annually to T.C.M.P. for renewal of membership.

(d) That The Canadian Medical Association hold membership in the corporation and be represented to two Commissioners appointed by The Association.

(e) That meetings of the Commission should not conflict in date with meetings of the C.M.A. Executive Committee or General Council.

4. That the present method of selecting Commissioners be changed to allow Commission representatives from each member Plan—one a doctor member of the Plan Board of Directors, and the second may be the Plan Administrator. Each Commissioner should have full voting powers. T.C.M.P. should request member Plans to recognize the need for reasonable continuity when appointing Commission members.

5. That the duties of the Chairman and the Executive Committee of T.C.M.P. continue as at present.

6. That the senior administrative official of T.C.M.P. have the designation "**Executive Secretary**" and that his duties be set out in a general form and that his duties should not include responsibility for negotiation or selling of prepaid medical services.
(The Commission retained the designation "**Executive Director**")
7. That the Commission delineate by bye-law the area of corporate interest within which matters shall be decided by majority vote, and indicate clearly that in all other matters the decision of the Commission shall be construed to be a recommendation to member Plans.
8. That a memorandum of agreement be prepared which will include all pertinent matters enunciated above and that this agreement be signed by the corporation and each member Plan.

When this report was presented to the Commission of T.C.M.P. in May of this year, I, for one, was very disappointed. Perhaps I had expected too much. I had hoped for a blueprint for the future for prepaid medical care plans in Canada and in my opinion, was presented with a sterile, unimaginative review of the existing situation, with which we are all familiar and a solution which merely represents the present shortsighted thinking of the majority of the member plans. Indeed, I have taken every opportunity, during my one year of office, of criticizing my fellow Commissioners for their refusal to look beyond their own provincial horizons, and see the writing in the sky.

As an example of what is being written there, let me tell you about the proposed Federal Civil Servants medical coverage.

The Federal Government has indicated that it proposes to inaugurate a prepaid contributory medical care scheme for its Civil Service staff, numbering approximately 120,000 subscribers and totalling about 600,000 persons. Our knowledge of the proposals, up to the present, indicates that it is weighted heavily in favour of commercial carriers i.e. Insurance companies, with its inclusion of ancillary services such as ambulance service, nurses, drugs and appliances, as well as the basic medical services. As T.C.M.P. is now organized, Physicians' Services Incorporated, (P.S.I.) of Ontario, is the negotiating plan for all the member plans. While we have most implicit faith in P.S.I., the situation can be foreseen where P.S.I. would find the Government proposals unsatisfactory to its own Plan and then be in the position of carrying on negotiations for those plans who were interested (and that could be done with lukewarm enthusiasm) or, of withdrawing from the negotiations, when another Plan in the same area would have to be found to carry on, with all the difficulties which normally ensue when changing horses in midstream. How much more sensible, it seems to me, it would be to have a central body under T.C.M.P. which would negotiate, on behalf of all the plans, with any employer wanting a national contract, and having at its side a national underwriting agency which would underwrite the whole or any part of a national contract which the individual plan was unable, or did not wish, to accept!

It must be realized that more and more employers with national geographic distribution are demanding comprehensive coverage for their employees—the premiums may differ in each province but the coverage must be the same. If we refuse to accept this trend we put ourselves in the position of telling them what they can and cannot have and the commercial carrier will soon reap the benefit.

We have in the T.C.M.P. organization at least one plan, Quebec Hospital Service Association, and possibly a second in Maritime Hospital Service

Association, which all the other plans could use as an underwriting agency but because of the distrust which exists between plans at the moment, the fear that if a plan comes into another plan's territory it will compete with the "home" Plan, it seems unlikely that either of these Plans will be used in that way. Then we shall have the anomaly of asking commercial carriers to accept the portion of the contract which the Service Plans feel unable to accept; commercial carriers against whom we shall have to wage the greatest battle of our existence so far, in order to obtain this Federal Civil Service contract, and if we fail to get this contract, it seems to me that prepaid medical service plans will have been dealt such a severe blow that it will take a long, long time to recover.

At the meeting of the T.C.M.P. Commission in May, 1959, the recommendations of the Special Committee of the C.M.A. on T.C.M.P., with minor modifications were adopted.

In view of the several changes which would be required in the present Ontario charter of T.C.M.P., as a result of the recommendations made it was decided to apply for a Federal Charter under the Dominion Companies Act in place of the present Ontario Provincial Charter, as:

1. It being a national organization it was more advisable to have a national charter.
2. Corporations could be members of the national organization whereas, under the Ontario Charter this required named individuals.
3. There was rigidity in membership changes involved in the Ontario Charter which required supplementary letters patent in all such cases where changes were required.
4. The cost of obtaining a national charter varied only slightly from that required for amendments under the Ontario Charter.

In closing, two developments which I trust will bear fruit in the future, have recently taken place:

1. The C.M.A. at its annual meeting has appointed a Special Committee to review the function and future of prepaid medical care plans in Canada and,
2. has taken the lead in the formation of a Canadian Health Insurance Council which will consist of representatives of the Canadian Health Insurance Association, Canadian Life Insurance Officers Association, T.C.M.P., the Canadian Council of Blue Cross Plans and the C.M.A. with the object of studying health insurance in all its aspects.

This is a step in the right direction of co-operation in the interests of the health and welfare of the people of Canada.

REPORT OF PRESIDENT, M.M.C. INC.
to
ANNUAL MEETING, 1959

F. M. Fraser, M.D.

Mr. Chairman and Members:

It is now ten years since a group of doctors, two of whom are still members of the Board of Directors, with courage and vision, introduced to Nova Scotia a voluntary non-profit prepaid plan of medical service, sponsored by The Medical Society of Nova Scotia and called Maritime Medical Care Incorporated.

As its name indicated, it was originally hoped and planned to embrace the people and profession of the Maritime Provinces, but for various reasons many of these now forgotten, this dream still remains unfilfilled.

Initially, too, it was conceived as an attempt to provide a "family doctor" service, at home and in the office, for that large group of average income and wage earning families on which the cost of medical care fell most heavily. With the recent rapid growth of medical specialization, advances in medical therapy and techniques, and the ever-increasing demand of the populace for "comprehensive" medical coverage, Maritime Medical Care Incorporated has broadened its original conception beyond all recognizable bounds to make available almost all services provided by general practitioners and specialists, to any subscriber irrespective of income.

It has, however, persistently maintained its non-profit motive! From its first year of service ending December 31st, 1949, with 9,000 subscribers, an income of $37,000.00 and a deficit of $9,900.00, it has grown by December 31st, 1958 to 120,000 subscribers, an income of over $2,000,000. and a profit of $50,000.00. This profit, unfortunately was not quite sufficient to cover 1958's deficit of $58,000.00 due largely to the famous 'flu epidemic of that year. So our non-profit objective is still maintained!

May I review briefly its two main, in my opinion, objects, as expressed at the time of its incorporation April 29th, 1948.

(a) To arrange for the provision of medical and surgical care, treatment and services by legally qualified medical practitioners with or without hospital care or treatment, or other ancillary services on a non-profit pre-payment basis, so as to best meet and serve the interests of those receiving and those rendering such services, and

(b) To establish and maintain effective collaboration with The Medical Society of Nova Scotia.

In 1956, as a result of considerable dissatisfaction among the profession regarding the Plan, a committee of The Medical Society of Nova Scotia, under Dr. J. F. Woodbury, was appointed, to "study the relationship of M.M.C.I. with The Society and the practitioners of Medicine," and I am happy to be able to state that all the recommendations of that committee, with one exception, have now been carried out. The report of that committee is almost as lengthy as my own today so I shall not review it in detail, but among the more important recommendations are the following:

UNDER SECTION I

1. Combining the junctions of the House of Delegates and the Board of Directors and increasing the House of Delegates to 14, of whom 11 are medical and 3 non-medical. This has been done by abolishing the House of Delegates, and The Medical Society via the Branch Societies appointing the Directors who in turn elect 3 non-medical members.

NOTE:—We are to-day asking the Executive of The Medical Society of Nova Scotia to increase the number of delegates to 15 so that the Branch Society from whom the President is drawn may still be represented by a voting member.

2. The method of election by The Medical Society through the Branch Societies to the Board of Directors has been adopted.
3. Board of Directors' Meetings and meetings of Executive are held regularly.

UNDER SECTION II

1. Extra billing is to be the privilege of all participating physicians.
2. Payment for physicians services only.
3. Fee Schedule of Medical Society of 1958 has been accepted as of July 1st, 1959.

UNDER SECTION III

1. A firm of Actuarial Consultants spent last year reviewing the set-up and workings of M.M.C.I. and their recommendations have been given the greatest study and consideration by your Board of Directors. It has been decided, too, to engage a Consultant Actuary to assist us in the future and Mr. Denis R. George of Wm. Mercer & Co. has consented to act in that capacity.
2. Taxing Committee: A rota of doctors who are willing to act has been drawn up and they will receive notice of meetings in time to be present.

SECTION IV

The Board of Directors is not—repeat NOT—considering a new building to house the Corporation.

The one recommendation of the Committee **not** instituted reads as follows:

> "By accepting the pro-rating of doctors accounts, the medical profession has subsidised M.M.C. since its inception. A new Schedule of subscriber premiums should be formulated so that the subscriber, who benefits from the convenience of pre-payment, pays the cost of administration."

If this had been done at the end of 1949, when with an income of $37,000 there was a deficit of $9,000 or even at the end of 1950 when with an income of $335,000 the deficit was $33,000, all might have been well by now; but in 1957 the subscribers' rates were raised and the increase brought in an extra $225,000 every penny of which was paid out to doctors by increased utilization of services, still at a pro-ration of 85% by the end of the fiscal year!

At the Annual Meeting of your Board of Directors in April 1959, with the agreement of our consulting actuary, it was decided once again to increase subscribers' rates.

In order to obtain a 90% pro-ration based on an estimated 3% increase in utilization over 1958, it was estimated that revenue would have to increase by $675,000 (more than 25% of last year's gross). This would necessitate raising subscribers' rates out of all proportion to other prepaid plans in Canada, among whom we now rank among the highest, e.g. the family rate would have to go from $7.30 to $11.00, an increase of approximately 33-1/3rd%. This was regarded by the majority of your directors as prohibitive and in due course an increase in all groups of 10-15%, yielding, we hope, approximately $350,000 was agreed upon. This raises rates in the comprehensive groups from single $2.80-$3.00, married $5.30-$6.50, family $7.30-$9.00, which we hope will not result in too many resignations among our subscribers. The balance required to maintain an 85% pro-ration must come from economics elsewhere. So I trust this explanation of our financial difficulties will explain why your corporation has not implemented the remaining item of the Woodbury recommendations.

At the Annual Meeting of April 27th, 1959 then to summarize the most important decision it was decided:

1. To adopt the 1958 Schedule of Fees of The Medical Society of Nova Scotia as from July 1st, 1959 and to attempt to maintain pro-ration at 85%.
2. To increase subscribers' rates by approximately 10-15%.
3. To allow extra billing to all participating physicians but to general

practitioners only where the demand for service in the opinion of the doctor or the corporation was excessive.

4. To experience rate groups and committees.
5. To inaugurate a Reserve Fund by setting aside 2% of the subscribers' dues for this purpose, with a view to building up a reserve equal to three months income of the Corporation—this reserve to be used only for the purpose of maintaining the pro-ration at a stable rate.
1. The term "reserve" has been used loosely for years in regards to the money the Corporation lists under "Investments." This money is **not** a reserve fund; it is money prepaid by subscribers for services either rendered or to be rendered and in the meantime it has been invested. We are always three months ahead with subscribers dues, one month before they are entitled to service, and, as you know, your own accounts are paid two months after rendering them. In future, to avoid any ambiguity, these funds will be designated as "Prepaid Funds."
6. To put a time limit of six months on the rendering of doctors' accounts.
7. The waiting time for obstetrics was reduced from 10-9 months and abortions, miscarriages and premature deliveries will be recognized if, had this misfortune not occurred, the nine months period would have been realized!
8. The onus for defining a specialist, when open to doubt, has been placed fully upon the Board of Directors of the Corporation.

There are other problems I would like to mention briefly. Year after year our statistical department shows us that the subscriber in Nova Scotia demands or gets anywhere from 10-15% more service than his counterpart elsewhere in Canada. Whether the fault, if it is a fault, lies with the subscriber, or the doctor, or is a combination of both, has yet to be proven. Certainly it is a well known fact that the younger physician in order to start a practice and to increase it will sometimes provide service above the average, either through an effort to impress his patient, or through lack of self-confidence or because he has more time at his disposal than the established practitioner. Also we all know the patient who is determined to get his money's worth out of any scheme to which he belongs, as well as the conscientious but unnecessarily worried parents of small children—all of these costs the corporation relatively large sums of money.

Recently, unknown to the Board of Directors of Executive, a questionnaire was sent to subscribers of 2 or 3 large groups asking how many times during the month of May the doctor visited. A footnote said "Don't bother your doctor with this, he's a busy man!" You can imagine the reaction—immediately every patient called his doctor to ask how many times he had visited him, adding "Don't they trust you any more?" At first I thought this was a decided example of poor judgment and poor public relations, now I'm not so sure. We all recognize that in our profession, as in any other, there is an element of dishonesty, tho' fortunately it must be very small but it exists. This questionnaire may have alerted many of our patients to this fact, and perhaps some will start keeping a record of their doctors visits, (I know some of mine already do!), in which case the man who may have "padded" a few extra in the post, will now hesitate to do so. He who considers a telephone consultation as an office visit and charges it accordingly, may have second thoughts; he who sees a member of a family who is not in M.M.C. and,

to oblige, charges the care to a member of the family who is on M.M.C. may hesitate before doing so. I once had a very good patient inform me she had now joined M.M.C. and would I put the account which she owed for services previously rendered, in as a charge on the Corporation! Asked it in all seriousness too. You will ask if these things are going on, why don't you stop them. If they are not, why discuss them. My answer is that we do **not** know that they exist, but Medical Directors and Administrators of other plans have told us that they do exist in their plans, and, is human nature so different from place to place? I do not wish to emphasize these factors, for they must be indeed small in number, but if they do exist they are bleeding our plan and where discovered will be dealt with energetically. It may be necessary to introduce some form which the patient will fill out each month and return to the Corporation, verifying the visits of the doctor.

Now that we have adopted the 1958 Schedule of Fees for the Corporation we appeal to each one of you once more to use it as your own Schedule; where services are rendered for less than the scheduled fee the patient should be clearly shown that it is a reduction for reasons stated. It is most important, as Administrators of M.M.C. have so frequently pointed out, that when dealing with other medical plans, particularly of the commercial carrier type, that unless the payment represents the full scheduled fee, the patient be billed for the difference and told why, for unless this is done one of our strongest selling points i.e. that Insurance Companies do not pay our schedule of fees in many instances, goes by the board.

Mr. Noble Foster of S. Cunard & Company Halifax joined the Board of Directors during the year and will bring experienced and wise counsel to our deliberations.

Dr. Hugh Christie, of Amherst, resigned from the Board at the Annual Meeting and Dr. Park of Oxford replaces him. All other members were re-elected. The Executive was also re-elected for another year and comprises myself, Dr. Whitman, Westville, V.P.; Dr. Bob Ross, Truro and Dr. A. A. Giffin, Kentville. Mr. J. A. Walker is the non-medical member. I think you will agree in the light of this report, that your Board is taking a very active interest in the affairs of your corporation.

Throughout this report, the stress has been on money; what the doctor will receive; what the subscriber must pay for the services he demands. I need not, perhaps emphasize, that the Directors represent **you** and are vitally interested in your welfare. But as Directors of the Corporation they must also think of the Subscriber, and when the two interests clash, must independently do what they think is best and fair for both parties. Sometimes you may think we move too slowly or in the wrong direction. The remedy is in **your** hands. If you insist upon your representative reporting on the activities of the Corporation at your Branch Meeting; if you indicate to him at that time your feelings and desires regarding the Corporation; if you take an interest, not only in the financial side, but in every other aspect of the Corporation, then, your representative will be a valuable asset to the Corporation and help to make it the useful instrument both to those who give and those who receive, which our founders wished it to be.

And what of the future—In my opinion,

1. We must establish the Corporation on a firm financial basis,
2. We must find ways and means of bringing our services to a great many, who at present are unable to afford it,

e.g. the old age group
the uninsurables and chronically ill
the low income group

3. We must realize that when employers are approached to buy prepaid medical care they look firstly at the cost, secondly at the service. We must be in a position to sell employers fundamentally what they want including what is commonly becoming known as "Major Medical" and including Ancillary services, such as nursing, ambulance, drugs and appliances. To do this, and not involve the Plan in other than actual physicians' services, a national underwriting agency must be developed, but at present there is considerable opposition in many Plans to this view.
4. We must consider the advisability of combining with other prepaid medical care plans in the Maritimes or of evolving a new Atlantic Provinces Medical Care Plan which will cover the Atlantic Provinces, A.P.E.C. has shown how cooperation can be carried out to everyone's advantage and I feel the time is rapidly coming when the medical profession might take a leaf out of their book and strive to unite our forces in the interests of all.

Finally, with regret, I tell you that our General Manager, Mr. D. C. Macneill is now under medical treatment in hospital, and has been granted three months leave of absence on the advice of his physician. I'm sure we all wish him a speedy return to health.

Meanwhile the duties and responsibilities of the Medical Director will be greatly increased, necessitating the greatest zeal, devotion to duty and diplomacy, and allowing ample scope for initiative and judgment. The same applies to the Assistant General Manager, Mr. Frank Glaven. I ask the cooperation of each one of you in making their tasks as easy as possible.

REPORT OF ADVISORY COMMITTEE ON HEALTH INSURANCE 1959

D. M. MacRae, M.D., Chairman

Mr. Chairman and Members:

The Advisory Committee on Health Insurance had another active year with many meetings in addition to the regular weekly meeting. The Committee has already reported to the Executive Committee at the regular meetings on January 26th and March 23rd and a special meeting on April 26th. Since the information provided to the Executive at the last two meetings required fifty-three typewritten pages, only a very brief resume of the year's activity will be presented.

November 4th, 1958:

A meeting was held with members of the Nova Scotia Association of Radiologists to discuss a communication from their legal counsel reporting on a meeting held with the chairman and vice-chairman of the Hospital Insurance Commission before drawing up a standard hospital contract. He had been told that hospitals should only make contracts after their budgets had been approved, that the proposed scale of remuneration was too high, and that the Hospital Commission was not altogether in favour of the proposed fee schedule, since it would leave the control in the hands of The Medical Society, a body outside of the control of the Commission. We suggested to the Radiologists that since the proposals of The Medical Society of Nova Scotia had been based on sound principle they should submit a budget from their hospital based on The Medical Society recommendations.

November 6th, 1958:

At the press conference called by the Hospital Insurance Commission, your chairman had the opportunity to express the Committee's objections to the proposed coverage of non-insured out-patient medical services by the Insurance Commission.

November 11th, 1958:

The Advisory Committee met with the representatives of the Nova Scotia Association of Radiologists to review the first draft of their proposed contract. Some suggestions were made for a revision of several parts.

November 13th, 1958:

There was a conjoint meeting of the chairman and vice-chairman of the Hospital Insurance Commission with Mr. D. Gillis and Mr. McCallum of the Hospital Advisory Committee and Dr. Donald Rice, Chairman of the Executive, and Dr. D. M. MacRae to discuss the question of payment of uninsured services. The Commission members stated that from the earliest discussions it was understood that the Commission would pay for both insured and uninsured services. Exception was taken to this statement by both hospital and medical representatives and arguments put forward why out-patient uninsured services should not be paid by the Commission. The hospitals would lose money on bad debts as they would have to pay for both the technical and professional component of the services. If they were not under Commission jurisdiction, the hospital would charge the patients only for the technical part, while the doctor would charge for the professional component. We felt that a most important principle was involved here, namely, the opportunity for a direct doctor-patient relationship and the opportunity to charge the patient on a fee-for-service method and not accept a payment set by the Commission. It should be one method by which the doctor could maintain his identity as a physician.

November 19th, 1958:

Mr. R. Black, Chairman, 'phoned to report the Commission had agreed that uninsured out-patient services would not be covered by the Hospital Insurance Commission. At this time we enjoyed a good relationship with the Hospital Advisory Committee on the level of mutual determination to avoid dictation from the Commission. We had received a letter from this committee suggesting that a joint approach be made to the Commission to change their anticipated refusal on the out-patient services coverage; also, to discuss some variation of the retaining fee and fee-for-service method with a view to reaching a joint decision of ascertaining the budget for insured services for each hospital. Mr. Gillis stated "On this matter it seems to me, we will have to reach agreement ourselves or again the Commission will be deciding these matters for us."

The Advisory Committee considered the problem of remuneration in view of comments of both Hospital Insurance Commission and Hospital Advisory Committee that the income of a radiologist starting practice would be unreasonably high, and that in several locations as a result of a heavy work-load the radiologists would receive too much of an increase from the previous year. The Committee worked out another method by which the annual retaining fee would be changed to Three to Twelve Thousand with an increase of One thousand each year for nine years. This would result in very little change to radiologists presently in practice and would provide a point for negotiation with the Hospital Advisory Committee.

November 27th, 1958:

A meeting was held with representatives of the Radiologists and Pathologists prior to a meeting arranged with the Hospital Advisory Committee for the following day. We explained the sitution to both groups and asked for endorsation of our recommended change in the annual retaining fee. The Executive members of the N.S.A.R. retired to a meeting of their Society, held the same evening, for a decision on our recommendation. This resulted in a refusal to consider any change from the previous recommendations passed by The Medical Society. The Pathologists stated they would follow the decision of The Medical Society.

November 28th, 1958:

The Advisory Committee met with the Hospital Advisory Committee and reviewed the question of remuneration of Radiologists. They said they could not recommend the proposed method of remuneration since it would result, as a result of their method of application to the work-load of 1957 in eight hospitals, in an unreasonable increase in remuneration. They asked if we could suggest any changes that might prevent such a large increase. We told them that according to our method of application the resulting incomes would not be unreasonable. Since they stated quite frankly that they could not recommend this method of remuneration, we asked if they were in agreement with the general principles recommended (other than remuneration). We were told that they could accept the other recommendations.

November 29th, 1958:

The Hospital Advisory Committee met with Doctors Roby, James and Legal Counsel representing the Radiologists, and some members of the nucleus committee on Health Insurance for a review of a proposed radiologist-hospital contract. This was discussed clause by clause with some amendments being made and the amended contract with the exception of the part dealing with remuneration, appeared to be satisfactory to the Hospital Advisory Committee. Unfortunately, no copies of the amended contract were left with the Hospital Advisory Committee for study and reference.

Our relationship with the Hospital Advisory Committee, which had deteriorated as a result of our inability to propose any change in methods of remuneration, reached a new low when individual hospitals received copies of the contract from Legal Counsel of the N.S.A.R., with the request that any comments on the contract should be sent to him rather than communicating directly with the Association or any of its members.

December 3rd—The Hospital Advisory Committee sent a letter to all hospitals stating that The Medical Society formula, unless varied, is unacceptable since the application of the formula indicates an unreasonable increase to the hospitals for these professional services.

December 11th—A letter was received from the Hospital Insurance Commission in answer to our recommendations submitted on September 26th in which they said that the document could only be regarded as information to the Commission rather than concrete proposals as most of it dealt with matters that essentially must be regarded as matters of negotiation between individual medical specialists and individual hospitals and therefore outside the authority of the Commission.

December 12th, 1958

The President of the Nova Scotia Hospital Association wrote the individual hospitals advising them to be cautious about signing any hospital contract for radiological service.

December 18th, 1958

The Advisory Committee received two copies of the final contract drawn up by the Nova Scotia Association of Radiologists.

December 24th, 1958

The Advisory Committee sent a letter to the radiologists with comments on the contract and recommendation for further action.

December 31st, 1958

Several Radiologists were informed by hospitals that they had been informed out-patient radiological services should be charged to the Commission at a certain rate for each radiological unit. The Advisory Committee was requested to meet with the Executive of the N.S.A.R.

January 1st, 1959

Meeting held with the Executive and local members of the N.S.A.R. Our Committee members felt that due to lack of information we should seek an immediate meeting with the Hospital Insurance Commission and that in the meantime, we would advise the radiologists to carry on their professional activities on the same basis as usual.

January 2nd, 1959

Dr. Rice, Chairman of the Executive Committee, as a result of a telephone conversation with Mr. Black the previous day, wrote the Commission formally requesting a meeting with the Hospital Insurance Commission the next week.

January 5th, 1959

Mr. Black replied to the above letter with a partial explanation of the information sent to hospitals on December 31st.

January 8th, 1959

Mr Black wrote to Dr. Rice explaining the present situation in more detail and stating that a meeting was not deemed advisable at the moment but would place any further submissions before the Commission on January 14th.

January 12th, 1959

The Advisory Committee replied to Mr. Black's letter of the 8th with a recommendation for an early meeting and also a recommendation that the Commission inform the hospital boards that they may continue their 1958 relationships in respect to working conditions and remuneration until a mutually satisfactory understanding between the Hospitals, Medical Profession and Commission is attained.

January 21st, 1959

Mr. Black replied to the above letter stating that a meeting will be arranged for an unofficial discussion with members of the Health Insurance Committee after the interim budgets have been discussed with the hospitals.

The details of the letters referred to will be found in the appendage provided for use of the Executive Committee.

January 26th, 1959

The Advisory Committee met with the Executive Committee and after discussion of the Committee's report, the following two motions were passed by the Executive Committee:

(1) Uninsured in-patient medical services should not come directly under the Nova Scotia Hospital Insurance Commission and that our Advisory Committee be instructed to discuss this matter with the Hospital Insurance Commission.

(2) The Chairman of the Executive Committee and the Chairman of the Advisory Committee on Health Insurance be empowered to meet

with the representatives of the Radiologists and Pathologists and then to appoint a representative committee to apply the recommendations of The Medical Society of Nova Scotia concerning workloads in individual hospitals.

January 31st, 1959

A letter was sent to Mr. Black informing him of the first motion and that this could be one of the matters which the committee wished to discuss with the Commission at our next meeting.

After meeting with representatives of the Radiologists and Pathologists the special committee was appointed as follows:

Dr. A. W. Titus, Chairman
Dr. W. Taylor,
Dr. I. MacLeod,
Dr. D. Howell,
Dr. A. Sutherland,
Dr. C. B. Stewart

This committee met on two occasions with the Advisory Committee and twice with Dr. O. C. MacIntosh. The special Committee reviewed the work done in radiology in seven hospitals during January 1959, and has recommended changes in the methods of remuneration to the Radiologists and Pathologists. This committee decided that it was not realistic for the medical profession to continue to discuss professional radiological services in terms of "examinations" and the hospitals and Hospital Insurance Commission in terms of "R" units. The latter felt that examination varied too much in value for accuracy and that they should be expressed in terms of some unit value. The Nova Scotia Hospital Insurance Commission adopted the "R" Unit as proposed by Dr. O. C. MacIntosh even though it had been rejected by the Nova Scotia Association of Radiologists several years ago. The Radiologists objected to the "R" unit because it was based mainly on a time factor evaluation. The special committee studied "R" Unit and after several meetings with Dr. O. C. MacIntosh has recommended that a new "N" Unit be used in lieu of the "R" Unit. The "N" Unit is a compromise between the "R" Unit and the fee schedule made after considerable study of relative value studies and factors other than the time involved.

The nucleus members of the committee were increased by the addition of Doctors R. Dickson, I. MacLeod and W. Taylor.

March 23rd, 1959

An interim report was made to the Executive Committee.

April 2nd, 1959

The Special Committee presented its report to the Advisory Committee. It was reviewed in detail with the Special Committee, and after discussion, it was adopted.

April 10th, 1959

The Advisory Committee together with the Chairman of the Special Committee, met with the Executive of the N.S.A.R. to present the recommendations of the Special Committee.

April 11th, 1959

The Advisory Committee had arranged to meet with the Executive of the Nova Scotia Association of Pathologists, but the latter felt the proposed meeting was not necessary.

April 18th, 1959

The N.S.A.R. held a general meeting and agreed to accept the recommendations of the Special Committee, but suggested two amendments which were agreeable to the Advisory Committee.

April 19th, 1959

The N.S.A.P. endorsed the recommendations and suggested several amendments which were agreeable to the Advisory Committee.

April 26th, 1959

The report of the Special Committee was presented to the Executive Committee at a Special Meeting with Dr. H. Roby and Dr. C. Jones, Radiologists and Doctors G. Maxwell and J. Gray, Pathologists, present as observers.

The Report of the Special Committee represents an exhaustive study of all factors involved and provides recommendations which are within the objectives of the Medical Society, namely:

(1) A reasonable work-load to provide
(2) A reasonable remuneration which will include
(3) The principle of fee-for-service combined with an annual retaining fee as a basis for remuneration for professional services rendered.

The Advisory Committee on Health Insurance recommended adoption of these recommendations to the Executive Committee as a basis for negotiation between physician and hospital for the provision of insured medical services under the Hospitalization Plan. This was adopted by the Executive Committee, and subsequent approval given the additional recommendations:

(1) That the Schedule of Fees for Pathology and Radiology be adjusted to incorporate the changes noted,
(2) That your Committee be authorized to finalize sample contracts which may serve as a basis for negotiation with hospitals for the provision of insured medical services.
(3) That your Committee arrange a meeting with the Hospital Advisory Committee to present the revised recommendations and arrange a later meeting with the Hospital Insurance Commission.

Section I and Section II attached herewith are the recommendations as presented to the Advisory Committee of the Nova Scotia Section of the Maritime Hospital Association and subsequently to the Hospital Insurance Commission.

Section I—Remuneration of Radiologists under Nova Scotia Hospital Insurance Commission.

Section II—Remuneration of Pathologists under Nova Scotia Hospital Insurance Commission.

Two unofficial meetings were held with the Chairman and Vice-Chairman of the Hospital Insurance Commission to discuss these proposed changes in methods of remuneration for Radiologists and Pathologists. We furnished them with details and a copy of the re-adjusted achedule of fees so they could apply these to the actual work-load of hospitals for the first four months of 1959. They have agreed to meet with us on an official basis around the middle of June.

May 9th, 1959

Doctors W. Taylor, I. MacLeod, C. Beckwith and D. MacRae met with the Advisory Committee of the N. S. Section of the Maritime Hospital Association in New Glasgow to present the new recommendations for remuneration of Radiologists and Pathologists under the Nova Scotia Hospital Insurance

Plan. We also supplied them with a copy of the schedule of fees for diagnostic radiology and a schedule of fees for laboratory services, along with a sample contract for radiologists and a sample contract for pathologists, which could be used as a basis of negotiation between hospitals and physicians providing insured services. The hospital group, after a short discussion, said they would study the report and would present it to their Annual Meeting scheduled to be held on June 5th. They thought from their preliminary review that it should be favourably received. We are awaiting their decision before officially presenting these recommendations to the Hospital Insurance Commission, feeling that a favourable report would support our presentation to the Commission.

This Committee was appointed to act in an advisory capacity on Health Insurance to Government. With the appointment of the Nova Scotia Hospital Insurance Commission, the original terms of reference no longer apply. We now suggest the appointment of a Health Insurance Committee to engage in a serious study of Health Insurance in all its ramifications. It is important for organized Medicine to be prepared to assume its responsibility and also protect its basic rights by providing leadership in this field.

I wish to express my appreciation to the members of the Committee for their fine contribution, involving much time and effort, to committee affairs. I am sure their recommendations, particularly the basic principles involved in providing insured medical services under the Hospital Insurance Plan will stand the test of time, since they were scrutinized in the light of what was best for the patient, and the hospital, as well as the doctor.

I wish to thank Dr. Charles Beckwith for his help and advice during the past four years, and express my admiration for the enthusiasm and energy he devoted to this task.

I respectfully submit my resignation as Chairman.

DONALD M. MacRAE, M.D.

June 1st, 1959

SECTION I

RECOMMENDATIONS RE REMUNERATION OF RADIOLOGISTS UNDER THE NOVA SCOTIA HOSPITAL INSURANCE PLAN

The following recommendations incorporate the principles already approved and submitted by The Medical Society in November of 1958. Within these principles the formula for remuneration has been re-examined in the light of additional information and actual experience prior to and since the Hospitalization Plan became effective on January 1st.

The 1958 Schedule of Fees of The Medical Society of Nova Scotia for Diagnostic Radiology was first modified to the nearest even dollar. Units of 25 cents were dropped, units of 75 cents were increased to the nearest dollar. Units of 50 cents were increased to the next dollar if preceded by an odd number and dropped if preceded by an even number, i.e. $2.50 was changed to $2.00, $3.50 changed to $4.00.

The rounding off to the nearest dollar resulted in:

10 items dropping 50 cents
8 items increasing 50 cents
8 items dropping 25 cents
9 items increasing 25 cents.

A comparison was made of the Nova Scotia R Units with The Nova Scotia Medical Society fee schedule as rounded off to the nearest dollar. If the Nova

Scotia R Unit included the basic unit in all instances the differences between the fee in dollars and the Nova Scotia R unit were relatively small, only exceeding plus or minus one in 14 examinations on the fee schedule. The number of pluses just about balanced the number of minuses.

At a meeting of the Sub-Committee, consisting of Dr. O. C. MacIntosh, Dr. Ian MacLeod and Dr. C. B. Stewart, a comparison of the Nova Scotia fee to the nearest dollar and the Nova Scotia R Unit plus the basic unit was made. In all instances the difference was considered and the Committee tried to arrive at a compromise figure. In several instances the fee in dollars was increased to take account of injections by the radiologist, fluoroscopy, or other additional procedures not specifically mentioned in the fee schedule. The Nova Scotia R unit was significantly higher than the fee schedule for many of the gastro-intestinal examinations. In those instances the compromise unit was nearer the Nova Scotia R unit. In others it was nearer the fee in even dollars.

Recommendation 1

It is recommended that the new N unit be accepted as the basis for the Nova Scotia fee schedule in dollars and be accepted by hospitals and the Hospital Insurance Commission of Nova Scotia in lieu of the former R unit.

The new N unit has been applied to the workload of 7 hospitals for the month of January 1959. The N unit represents a 7.1% increase over the R units as formerly calculated. 3.9% of this increase is due to the inclusion of the basic R unit in all examinations. 3.2% is due to altered unit values.

Recommendation 2

It is therefore proposed that the optimum workload be 26,500 N units (representing the average of 8,000 examinations) and that the maximum workload be 30,000 N units (equivalent of the average of 9,058 examinations)

Recommendation 3

It is recommended that a workload of 26,500 N units be paid for at 40% of the fee-for-service schedule of the Nova Scotia Medical Society.

Recommendation 4

It is recommended that the hospital retaining fee be not less than $3,000 for a qualified radiologist with annual increments of $1,000 at the time of Certification to a maximum retaining fee of $12,000. For newly appointed radiologists it is recommended that the increments date from the time of Certification by the Royal College of Physicians and Surgeons. While the usual range of retaining fee is $3,000-$12,000, under special circumstances (such as low case load), a higher retaining fee may be required and may be negotiated between the hospital and radiologist concerned. Any radiologist practising full-time in Nova Scotia as a radiologist as of January 1st, 1959, shall be considered as having the status and privileges as though he were certified from the date when he started full-time practice in radiology.

Recommendation 5

It is recommended that the full-time director of a department with three or more radiologists be paid an additional retaining fee of $4,000 and the full-time associate in such a department an additional retaining fee of $2,000, and that the full-time director of a department with two radiologists be paid an additional retaining fee of $2,000.

Recommendation 6

It is recommended that a radiologist who serves two or more hospitals in separate towns be paid a supplement of not less than $500.00 and not more than $2,500. as negotiated between the radiologist and hospitals concerned.

Recommendation 7

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

Recommendation 8

Non-insured work is included in calculating total workload but fees for non-insured examinations shall be charged on basis of 100% of schedule of The Medical Society of Nova Scotia.

Recommendation 9

In teaching hospitals where internes and residents are being trained, the qualified radiologist or radiologists will be unable to do a full workload of 30,000 N units, but the residents will themselves aid by providing service to the hospital. It is recommended that the work done by residents be credited to the qualified radiologist, in lieu of a reduction in their optimum workload.

Recommendation 10

It is recommended that the foregoing be reviewed following 12 months experience and periodically thereafter. This recommendation is based on the premise that actual experience for 1959 (the first year of operation of the Hospital Insurance Act) cannot be known before the expiration of one year's experience.

Our recommendations provide that a reasonable workload will provide a reasonable remuneration on the basis of the foregoing.

April 26th, 1959

SECTION II

RECOMMENDATIONS RE REMUNERATION AND WORKLOAD FOR PATHOLOGISTS UNDER HOSPITAL INSURANCE IN NOVA SCOTIA

The following recommendations incorporate the principles already approved and submitted by The Medical Society in November of 1958. Within these principles the formula for remuneration has been re-examined in the light of additional information and for actual experience prior to and since the Hospitalization Plan became effective on January 1st:

Recommendation 1

Remuneration should be on a combination of retaining fee and fee-for-service.

Recommendation 2

It is recommended that the hospital retaining fee be not less than $3,000 for a qualified pathologist with annual increments of $1,000 at the time of Certification to a maximum retaining fee of $12,000. For newly appointed pathologists it is recommended that the increments date from the time of Certification by the Royal College of Physicians and Surgeons of Canada or its equivalent. While the usual range of retaining fee is $3,000-$12,000, under

special circumstances (such as low workload) a higher retaining fee may be required and may be negotiated between the hospital and pathologist concerned.

Recommendation 3

The fee-for-service for insured examinations shall be 40% of the 1959 M.S.N.S. Schedule for Laboratory Services.

The fee-for-service for non-insured examinations shall be at 100% of Schedule. Such examinations shall be calculated within the workload.

Recommendation 4

We recognize that the N. S. Technician Unit, being defined as ten-minutes of non-professional staff time, is inherently no direct index of professional workload; we suggest, however, that pathologists in mixed hospital laboratories accept this unit meantime as a basis of professional load and that the optimum workload be 120,000 units per pathologist per annum.

Recommendation 5

It is recommended that the hospital budget for an additional pathologist at a part-time or full-time basis if in four consecutive months the workload exceeds 11,666 units, (equivalent to 140,000 units per year); that the Hospital Insurance Commission permit the hospital to budget for an additional pathologist to take care of the additional work on a part-time basis if arrangements can be made with another hospital in the vicinity to engage a part-time pathologist, or for a full-time pathologist if such an arrangement is impossible; that the hospital must advertise the position for at least one year and if no suitable arrangements for additional pathologist is made, it will be necessary after this time to reduce the workload to 140,000 units. The overload after this one year of negotiation will no longer be paid for, either to the pathologist or the hospital or hospitals concerned, unless there is mutual agreement for acceptance of overload by pathologist and hospital and the Hospital Insurance Commission.

Recommendation 6

It is recommended that a pathologist contracting with two or more hospitals in separate towns receive an annual supplement of $500-$2,500 as negotiated by him with the hospitals.

Recommendation 7

It is recommended that the full-time director of a hospital with three or more pathologists be paid an additional retaining fee of $4,000 and the full-time associate in such a hospital an additional retaining fee of $2,000 and that the full-time director of a hospital department with two pathologists be paid an additional retaining fee of $2,000.

Recommendation 8

In teaching hospitals where internes and residents are being trained, the qualified pathologist or pathologists will be unable to do a full workload of 120,000 units, but the residents will themselves aid by providing service to the hospital. It is recommended that the work done by residents be credited to the qualified pathologists, in lieu of a reduction in their optimum work load.

Recommendation 9

It is recommended that the foregoing be reviewed following 12 months' experience and periodically thereafter. This recommendation is based on the premise that actual experience for 1959 (the first year of operation of the Hospital Insurance Act) cannot be known before the expiration of one year's experience.

Our recommendations provide that a reasonable workload will provide a reasonable remuneration on the basis of the foregoing.

SUPPLEMENTARY REPORT
of
ADVISORY COMMITTEE ON HEALTH INSURANCE
(June 1959)

Mr. Chairman and Members:

On June 16, 1959, subsequent to the preparation of our report to the Annual Meeting, your Committee and the Advisory Committee of Nova Scotia Hospital Association met with the Hospital Insurance Commission. The meeting started at 2.30 p.m. and adjourned at 6.45 p.m.

A summary of the discussions based on the recommendations of The Medical Society of Nova Scotia is as follows:

(1) The Hospital Advisory Committee stated they found all the recommendations acceptable, but queried the amount of the annual increments, although they did not wish to suggest any particular alteration.

(2) The Hospital Insurance Commission agreed to accept the "N" Unit which has been developed by The Medical Society.

(3) The Hospital Insurance Commission suggested that we consider making the workload of 30,000 "N" Units (9,000 examinations) both the optimum and the maximum workload rather than having the optimum at 26,500 "N" Units (8,000 examinations) and the maximum at 30,000 "N" Units (9,000 examinations)

(4) The annual increment of $1,000 was queried.

(5) It was suggested that the fee-for-service portion of remuneration should be on the basis of 30,000 "N" Units rather than the proposed 26,500 "N" Units. This in effect would mean 35% of the fee-for-service instead of the recommended 40%, i.e., placing the value of the "N" Unit at 35c rather than 40c.

Subsequent to this meeting certain suggestions were made in an unofficial discussion with the Vice-Chairman of the Commission relative to modification of the basic annual retaining fee and the annual increments.

The results of the meeting of Tuesday, June 16th and the foregoing suggestions were considered by your Committee at a meeting on Friday, June 19th. Dr. Titus and Dr. Howell of the Special Committee were present on invitation. Resulting from this your Committee recommends:

(1) That the workload for Radiologists be accepted at 30,000 "N" Units (9,000 examinations) providing it is acceptable to the Nova Scotia Association of Radiologists.

(2) That all other recommendations stand without alteration.

(3) That the recommendations for Pathologists remain as presented to The Hospital Committee, the Hospital Insurance Commission and as they appear in the Annual Report.

(4) That all possible be done to have these recommendations implemented as a basis of negotiation between physician and hospital at the earliest possible date.

THE MEDICAL SOCIETY OF NOVA SCOTIA
EXECUTIVE COMMITTEE — 1959-1960

OFFICERS

President	—W. A. Hewat, M.D., Lunenburg, N. S.
President Elect	—F. J. Granville, M.D., Stellarton, N. S.

Past President —H. J. Devereux, M.D., Sydney, N. S.
Honorary Treasurer —A. W. Titus, M.D., Halifax, N. S.
Executive Secretary —C. J. W. Beckwith, M.D., Halifax, N. S.

Representatives from Branch Societies

Provincial Society	Member	Alternate
Antigonish-Guysborough	A. J. M. Griffiths, M.D.	T. W. Gorman, M.D.
Cape Breton	G. C. Macdonald, M.D.	J. A. McDonald, M.D.
Colchester-East Hants	T. C. C. Sodero, M.D.	H. R. McKean, M.D.
Cumberland	G. M. Saunders, M.D.	K. V. Gass, M.D.
Halifax	F. A. Dunsworth, M.D.	H. I. MacGregor, M.D.
Lunenburg-Queens	H. A. Fraser, M.D.	D. A. Campbell, M.D.
Pictou	M. F. Fitzgerald, M.D.	H. B. Whitman, M.D.
Valley	G. D. Denton, M.D.	G. E. Kenny, M.D.
Western Counties	G. E. Belliveau, M.D.	D. M. Muir, M.D.

S. J. Shane, M.D., Chairman, Editorial Board

Observers

Representative to C.M.A. Executive — R. O. Jones, M.D.
Chairman, Committee on Medical Economics — A. L. Sutherland, M.D.
Chairman, Committee on Public Relations — F. A. Dunsworth, M.D.

NEW MEMBERS

Between October 26, 1958 and June 10, 1959, the following physicians have made application for membership in The Medical Society of Nova Scotia and are recommended by the Executive Committee to the Annual Meeting for election and membership in The Medical Society of Nova Scotia.

Balazs, Leslie L., Dartmouth	First year practice
Biechl, Anna, Halifax	Post-graduate
Brown, Donald C., Tatamagouche	First year practice
Bruce, Ian F., Dartmouth	Ordinary
Bugden, Cyril M., Halifax	First year practice
Bustard, Victor W., Halifax	First year practice
Casey, M. Thomas, Halifax	First year practice
Cochrane, William A., Halifax	Ordinary
Ferguson, Pierre J., Dartmouth	Ordinary
Gladwin, Kenneth D., Dartmouth	First year practice
Green, B. Lawrence, Glace Bay	Post-graduate
Gunn, S. W. A., Glace Bay	Ordinary
Hebb, Alan R., Halifax	First year practice
Imrie, George G., Clark's Harbour	Ordinary
Johnston, Albert E., Halifax	Post-graduate
Mathieson, Robert, Sydney	Ordinary
MacFadgen Donald A., Truro	First year practice
McJannett, William A., Truro	Ordinary
MacLean, Norman J., Inverness	Ordinary
MacLean, Walter D., New Glasgow	First year practice
Nason, Harold O., Woodside	First year practice
Nugent, Edward A., Halifax	Ordinary
Park, James N., New Glasgow	Ordinary
Purkis, Ian E., Halifax	Ordinary
Robinson, Stuart C., Halifax	Ordinary
Saffron, Dorothy, Halifax	Post-graduate
Shephard, Kenneth N., Truro	First year practice
Sinclair, Albert McM., Halifax	First year practice
Skinner, Edison B., Pictou	First year practice
Sorger, Karl J., Halifax	Post-graduate
Stirling, Mary, Halifax	First year practice
Tainsh, John McN., Halifax	Ordinary
Tompkins, Kevin J., Glace Bay	Second year practice
Willison, John M., New Glasgow	Ordinary
Wiseman, Lester J., Mahone Bay	Second year practice

PRIZES WON IN GOLF TOURNAMENT. 103rd ANNUAL MEETING KELTIC LODGE, 1959

The Archibald Gosse Deming Prize in Urology for proficiency at number three, the water hole, won by Doctor A. E. Murray (8).

The Prize in Mathematics, for the highest reported score on a single hole, won by Doctor J. R. McCleave (13).

The John Appleseed Prize in Forestry, for the greatest amount of time spent in the woods, won by Doctor J. K. B. Purves (45 minutes).

Prize for the most double bogies, won by Doctor W. A. Curry (6).

The George Washington Prize for honesty (high gross) won by Doctor Douglas H. MacKenzie (126).

Prize for greatest improvement in score of back nine over front nine, won by Doctor Harold S. MacDonald (72-46).

Low gross among Pharmaceutical detail men won by Mr. Ronald Hamilton (87).

Runner-up Low Gross for 10 holes, won by Doctor R. Gordon Simpson.

Runner-up Low Gross for 18 holes, won by Doctor Donald I. Rice (102).

Low Net for 10 holes, won by Doctor J. R. Kerr (40).

Low Net for 18 holes, won by Doctor R. A. Moreash (Annual trophy, score 77).

Low Gross for 10 holes, won by Doctor George M. Saunders (58).

Low Gross for 18 holes, annual trophy and permanent replica, score of 92, won by Doctor A. W. Titus.

Correspondence

The Radicles
Chester, N. S.
September 1, 1959.

The Editor,
Nova Scotia Medical Bulletin.

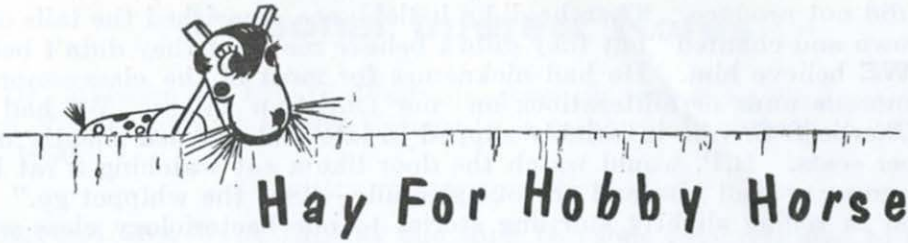
Dear Sir:

As an amateur antiquarian I should like to comment on "Midsummer Madness" (Hay for Hobby Horses) N. S. Med. Bull. Aug. 1959, p. 301. In his essay on the origin of vacations Brother Timothy is quite right in attributing the custom of the "bashh" to the Kentish Picts. However, I doubt that this tribe would associate a Germanic word like "Hun-goffer" with their festival. Mildew and Umbrage (Minutiae of Archaeology and Paeleontology XI, 222, 1913) failed to find any such term in their review of the literature. Could Brother Timothy be thinking of the "hann-dover," a ritual of appeasement common among the Pictish Kents? In this custom, still practised among primitive tribes, the warriors surrendered the spoils of war to their womenfolk after a successful raid.

Yours in antiquity

Maxwellton Braes, M.B.

late of Chyl Blynes
Bucks, England.
Fellow of the Royal Society of Antiquarians.



Hay For Hobby Horses

A FLAVORING OF CHARACTERS

Every institution needs a flavoring of characters. I do not mean characters in the "Beatnik" sense. We have far too many yahoos for whom conformity and purpose requires more stamina and intellect than they can muster. The faddists and synthetic rebels on the lunatic fringe of every society are the antithesis of the characters we require. We can reach early agreement on the desirability and value of characters. All education has for its object is the formation of character. Without further definition let me propose that it takes character to be character. Bartlett has many quotations on the subject of character in the first sense but none in the second or personalized sense. The only one that serves my purpose does so in contrast. Hemingway says: "A writer should create living people not characters. A character is a caricature." He is right in a narrow academic sense but I am sure he, as an artist, is enthusiastic about "living people" who are also characters.

The criteria for admission to this select group run something like this: he or she will be a non-conformist, an iconoclast, an idealist, a cynic, learned, critical, self-confident but selfless where **the cause** is involved, an actor, a humorist at war with orthodoxy and an untiring and productive worker. This is a large order. Could we afford one if we could find him? Some of these attributes seem contradictory, for if a man is to be a self-confident critic of conformity how can he also be untiring and productive worker. Let my proposition rest for a moment. Our character will be an idealist although he would refuse this label with exasperation. He goes to great pains to conceal his idealism under a mantle of lofty cynicism. However, he is of a restless disposition and has an eye to the distant prospect of a better world. His cause justifies his impatience, his occasional corrosive comments on the performance of his colleagues or his subordinates and the unrest he generates. Many, unfamiliar with his cause and knowing only his jibes and complaints, resent him acutely. The character makes it difficult for the rest of us to appreciate him. He conceals his selfless ambition for the common good and prefers the role of critic-at-large. His juniors hold him in awe—his fierce questions strike them dumb and his wrath leaves blisters. But our characters are well worth the wear and tear they inflict on us. It can be said of us that, "whom the Lord loveth he chasteneth." These men leave something behind them. Their students, with mental flanks sore from so much rowelling will help to bring the Chief's dreams to pass.

I have only known two characters in medicine. One is no longer with us—the other very much so. Both would resent any syrupy accolade from me. Ralph Patterson Smith needs no tribute. He could and did put the fear of God into us. We learned and remembered a good deal of pathology. At our first introduction he told of threatening to pluck the entire class ahead of us

if they did not produce. Then he did a little dance, flourished the tails of his black gown and chanted "but they didn't believe me—but they didn't believe me." **WE** believe him. He had nicknames for most of the class—more or less humorous puns or alliterations on our Christian names. We had one fellow Charlie O'C. who invariably slipped in late and scuttled silently up to the upper seats. R.P. would watch the door like a cat watching a rat hole, hug his gown around him and cry out gleefully—"See the whippet go." He delighted in telling slightly startling stories to our bacteriology class which always contained a number of comely student technicians. One was a grisly tale about a Scot whose wife was lost in a boating accident which concluded—"Sell the mussels and reset the bait." Another concerning a patient who coughed while the physician was performing an endoscopic procedure. He observed that she had a cold. "My! can you tell that from down there?" Another echo comes back to me—R.P. would occasionally use a pungent Anglo-Saxon word, then bow to the class and say "Forgive me ladies. That word means 'an old gentleman who sits in the chimney corner.' As you know Prof. K—— and I are active in the Society for the Preservation of the Purity of University Language." I tell these stories not because they were characteristic of the man but because they are part of my student memories and may remind others of the adventure that was third year medicine. He was colorful, entertaining and dedicated to the teaching of his specialty which he considered, as did his friend William Boyd, the foundation of medicine. One of R.P.'s most celebrated pupils who is now Chief of Pathology at the Mayo Clinic was a bit of a character in his own right. His peculiar fame was still lingering in local memory when I became a student. He wrote a series of barbed tributes to the medical faculty in rhyme. If any reader has one or more of these I should be happy to reprint them here for the edification of all. Malcolm also wrote pathology requisitions in rhyme. A request for an examination of a stool specimen for ova began "Three years ago one stormy night—this blighter passed a parasite —."

The other character is still with us and long may he remain to add his inimitable flavor to the profession of this province and to Dalhousie. I passed him some weeks ago as he stood by his car waiting to cross to Dunbar's drug-store in Bedford. He was on his way home to Eagle Rock. If he remembers, I hope he will enjoy this reminiscence.

Yours sincerely,

BROTHER TIMOTHY

GENERAL PRACTITIONER WANTED

General Practitioner required to practise in association with long established group in Dartmouth, Nova Scotia. Applications should be addressed to: The Business Manager, Dartmouth Medical Centre, Dartmouth, N. S.

Personal Interest Notes

Dr. Malcolm R. Elliott, Wolfville, recently retired as Chairman of the Board of Governors of Acadia University, a responsibility which he has borne since 1930.

Dr. and Mrs. W. A. Murray and their two sons have returned to Halifax after ten months in Europe where Dr. Murray was working with the R.C.A.F. (Medical Branch).

Dr. and Mrs. S. D. Dunn, Pictou, have left for the Public Health course at the University of Toronto.

Dr. A. F. Miller, Kentville, Medical Superintendent of the Nova Scotia Sanitorium from January 1910-January 1948 is now nearing his 82nd birthday, and was recently written up at length in the Halifax Chronicle-Herald for his tremendous early work to combat TB in the province.

BIRTHS

Dr. and Mrs. Ross MacInnis—A son, Kevin Ross, at Grace Maternity Hospital on September 3, 1959. A brother for John and Ann.

Dr. and Mrs. H. P. Poulos—a son, Robert Kirk, at Grace Maternity Hospital on August 5, 1959. A brother for Beth and Peter.

Dr. and Mrs. Hari C. Misir (Linda Trask)—A daughter, Angela Kim, at Grace Maternity Hospital on July 10, 1959. Their first.

ABSTRACT

Cataract Extraction by Enzymatic Zonulolysis. Boyd. Highlights of Ophthalmology III, No. 1, 60, 1959.

Since 1959 a new process of cataract extraction originated by Joaquin Barraquer of Barcelona, Spain, has come into widespread use. Enzymatic Zonulolysis is the process by which the lens of the eye is separated from its zonular attachments by means of a chemical substance, an enzyme known as alpha-chymotrypsin. It is a proteolytic enzyme obtained from female calf's pancreas. In the operative technique mechanical manoeuvres with pressure-traction have become practically unnecessary. No harmful side reactions have been observed associated to the effect of the enzyme, but there have been strong warnings against its use in children under age ten years, due to complications associated with anatomical factors inherent to the intraocular structures at this age.

J.H.Q.

Obituary

The death occurred Monday, August 10th at the Halifax Infirmary following a brief illness of only two days, of Bernard Charles Sullivan, age 65.

A veteran of World War One, he returned to Toronto following the cessation of hostilities and continued his studies in Medicine later opening a practice in that city.

Following the opening of hostilities in World War Two he came to Halifax in 1940 at the request of the Department of National Health and Welfare to assist in the medical care of seamen in convoys in and out of the Port of Halifax during the war. He remained with the Department as Immigration Medical Officer and later became Medical Officer-in-Charge at the Port, which position he held until the time of his death.

Surviving him are his wife, Marie, one daughter, Esther, and two sons, Charles Barry at home and Clare of Loretta, Ontario; also two brothers, Rev. Basil Sullivan and Jack, Toronto.

The Bulletin extends sympathy to Doctor Garnett W. Turner of Windsor on the death of his father, Doctor William Abner Turner of New Minas, on September 5th.

ABSTRACT

Atherosclerosis, Infarction, and Nutrition. Lown, B. and Stare, F. J. Circulation, 20: 161-167, (August) 1959.

These authorities from Harvard University state "Dietary factors are now generally considered to play a causative role in myocardial, cerebral, renal, aortic and peripheral atherosclerosis." They examine the soundness of this theory emphasizing species differences, altered effects resulting from variations in the major components of the diet even additional to fat. They advise caution in transferring observations of experimentally induced atherosclerosis to the human disease, pointing out that "concomitant pathology of the smaller arteries and arterioles, frequent in man with such serious sequelae as retinitis and renal dysfunction, has not been seen in the experimental animal." They feel that in the present state of our knowledge, nutritional therapy should be limited to patients already affected with sequelae of atherosclerosis or having a strong family history or marked lipid abnormality. The approach recommended is reduction of weight by less total calories and less total fat. Such fat as is consumed should be rich in linoleic and arachidonic acids. Moderate exercise is also favoured.

L.C.S.

INFECTIOUS DISEASES—NOVA SCOTIA
Reported Summary for the Month of June, 1959

Diseases	NOVA SCOTIA 1959 C	NOVA SCOTIA 1959 D	NOVA SCOTIA 1958 C	NOVA SCOTIA 1958 D	CANADA 1959 C	CANADA 1958 C
Brucellosis (Undulant fever) (044)	0	0	0	0	8	0
Diarrhoea of newborn, epidemic (764)	7	0	0	0	10	0
Diphtheria (055)	0	0	0	0	2	3
Dysentery:						
(a) Amoebic (046)	0	0	0	0	0	0
(b) Bacillary (045)	0	0	0	0	46	0
(c) Unspecified (048)	0	0	0	0	12	0
Encephalitis, infectious (082.0)	4	0	0	0	6	3
Food Poisoning:						
(a) Staphylococcus intoxication (049.0)	0	0	0	0	0	0
(b) Salmonella infections (042.1)	0	0	0	0	0	0
(c) Unspecified (049.2)	0	0	0	0	54	0
Hepatitis, infectious (including serum hepatitis) (092, N998.5)	5	0	26	0	212	0
Meningitis, viral or aseptic (080.2, 082.1)						
(a) due to polio virus	0	0	0	0	0	0
(b) due to Coxsackie virus	0	0	0	0	0	0
(c) due to ECHO virus	0	0	0	0	0	0
(d) other and unspecified	0	0	0	0	24	0
Meningococcal infections (057)	0	0	0	0	14	21
Pemphigus neonatorum (impetigo of the newborn) (766)	0	0	0	0	1	0
Pertussis (Whooping Cough) (056)	3	0	179	0	389	661
Poliomyelitis, paralytic (080.0, 080.1)	0	0	0	0	5	9
Scarlet Fever & Streptococcal Sore Throat (050, 051)	130	0	77	0	1817	518
Tuberculosis						
(a) Pulmonary (001, 002)	18	3	15	2	357	446
(b) Other and unspecified (003-019)	2	1	4	1	132	42
Typhoid and Paratyphoid Fever (040, 041)	0	0	1	0	41	16
Venereal diseases						
(a) Gonorrhoea — Ophthalmia neonatorum (033)	0	0	0	0	0	0
All other forms (030-032, 034)	21	0	15	0	1067	1066
(b) Syphilis — Acquired—ordinary (021.0, 021.1)	0	0	0	0	0	0
— secondary (021.2, 021.3)	0	0	0	0	0	0
— latent (028)	2	0	0	0	0	0
— tertiary — cardiovascular (023)	0	0	0	0	0	0
— ,, — neurosyphilis (024, 026)	0	0	0	0	0	0
— ,, — other (027)	0	0	0	0	0	0
Prenatal—congenital (020)	0	0	0	0	0	0
Other and unspecified (029)	1	0	5*	0	182*	174*
(c) Chancroid (036)	0	0	0	0	0	0
(d) Granuloma inguinale (038)	0	0	0	0	0	0
(e) Lymphogranuloma venereum (037)	0	0	0	0	0	0
Rare Diseases:						
Anthrax (062)	0	0	0	0	0	0
Botulism (049.1)	0	0	0	0	0	0
Cholera (043)	0	0	0	0	0	0
Leprosy (060)	0	0	0	0	0	0
Malaria (110-117)	0	0	0	0	0	0
Plague (058)	0	0	0	0	0	0
Psittacosis & ornithosis (096.2)	0	0	0	0	0	0
Rabies in Man (094)	0	0	0	0	0	0
Relapsing fever, louse-borne (071.0)	0	0	0	0	0	0
Rickettsial infections:						
(a) Typhus, louse-borne (100)	0	0	0	0	0	0
(b) Rocky Mountain spotted fever (104 part)	0	0	0	0	0	0
(c) Q-Fever (108 part)	0	0	0	0	0	0
(d) Other & unspecified (101-108)	0	0	0	0	0	0
Smallpox (084)	0	0	0	0	0	0
Tetanus (061)	0	0	0	0	0	0
Trichinosis (128)	0	0	0	0	0	0
Tularaemia (059)	0	0	0	0	0	0
Yellow Fever (091)	0	0	0	0	0	0
N.S.U.	5	0	0	0	0	0

C — Cases D — Deaths

*Unspecified

Abstract

BRONCHOGENIC CARCINOMA

A Mass Radiography group Compared with a Practitioners' Group.

Cuthbert, James B. J. of Diseases of the Chest (1959) 53:217

From March 11th to April 12th, 1957 an X-ray campaign against tubercylous was waged in the city of Glasgow and 714,915 persons were X-rayed by 37 units. Sixty-five persons with suspected malignant conditions within the thorax were seen at the Chest Clinic for the South-eastern part of the City and, in this group were forty-eight cases of proven bronchogenic carcinoma. These forty-eight cases of bronchogenic carcinoma discovered by a city-wide Mass Radiography Survey are compared with forty-eight consecutive cases sent with symptoms to the Clinic by general practitioners. The majority of cases in each series are in the age group 50-65. The ratio of males to females in the 96 cases under review was approximately 13 to 1. The frequency of histological types of tumor in the entire series were known is (the M.M.R. group first), adeno-carcinoma 3-1, epidermoid carcinoma 20-14, undifferentiated carcinoma 7-7. In the M.M.R. group 25 were judged to be inoperable and in the control group 37. Only 12 of the M.M.R. group had no symptoms and this group is assumed to be a symptom-free class. When the principal symptoms only, in the two series, are compared there is no great difference in the length of time that the symptoms had been present in each series. In the M.M.R. and control series 4 and 8 patients gave haemoptysis as a principal symptom noted on the average of 1.4 and 1.3 months previously. The cases sent in by practitioners took less time to diagnose conclusively than the M.M.R. cases. The whole study shows that they were more advanced. Difficulties of diagnosis arose with those cases which presented as pneumonia, peripheral abscess, or with lymphangitis carcinomatosa, resembling tuberculosis on the X-ray and with negative bronchoscopic findings. On the whole the M.M.R. group fared better than the practitioners group and at eighteen months from first attending the clinic 13 of them were alive, compared with 8 in the practitioners group. Operation, be it removal of one lobe or pneumonectomy, offers the best hope of survival to eighteen months. In those operation cases surviving over 18 months those who had one lobe removed fared as well as those having pneumonectomy. Only two patients in each group survived for 18 months without surgery.

J. O. G.