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The NOVA SCOTIA MEDICAL BULLETIN

EDITORIAL

THE ROYAL COMMISSION ON HEALTH SERVICES

Organized medicine in Canada has long recognized the social economic problems complicating the provision of medical care. A "Statement of Principles and Policies" in this regard has been on record for years, and is periodically revised. At the Annual Meeting of The Canadian Medical Association in June 1960 the statement was approved that "The Canadian Medical Association believes

> the highest standard of medical services should be available to every resident of Canada.
>
> Insurance to pre-pay the costs of medical services should be available to all regardless of age, state of health, or financial status.
>
> Certain individuals require assistance to pay medical services insurance costs.
>
> The efforts of organized medicine, governments, and all other interested bodies should be coordinated towards these ends.
>
> While there are certain aspects of medical services in which tax supported programs are necessary, a tax supported comprehensive program compulsory for all is neither necessary nor desirable."

At its subsequent Annual Meeting in 1960 The Medical Society of Nova Scotia resolved itself as "in accord with a plan for medical services insurance for Nova Scotia so that the highest possible quality of medical services will be available irrespective of income; and furthermore The Medical Society of Nova Scotia believes that this can be brought about by the united efforts and cooperation of existing agencies interested in and responsible for the health of the people of Nova Scotia." Arising out of this resolution a Special Research Committee appointed by the Executive 10th September 1960 has been gathering background material relevant to this resolution, and finding that much necessary information has never been documented. They require both time and the active support of every member of the Society to complete their work.

It is gratifying that the importance of the social economic problems relevant to health have been recognized so promptly that representations to Government by the C.M.A. led to the announcement last December of the Royal Commission on Health Services. While the Special Research Com-

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THE MEDICAL SOCIETY OF NOVA SCOTIA

NOVA SCOTIA DIVISION
OF
THE CANADIAN MEDICAL ASSOCIATION

MEMBERS OF EXECUTIVE COMMITTEES

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President	R. F. Ross
President-Elect	D. F. Macdonald
Immediate Past President	F. J. Granville
Chairman Executive Committee	L. C. Steeves
Honorary Treasurer	J. F. Boudreau
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Cape Breton	H. F. Sutherland & J. R. Macneil
Colchester-East Hants	H. R. McKean
Cumberland	J. C. Murray
Halifax	D. M. MacRae, F. J. Barton & K. M. Grant
Lunenburg-Queens	S. B. Bird
Pictou County	M. F. Fitzgerald
Valley	D. MacK. Archibald
Western Counties	C. K. Fuller

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Chairman Public Relations Committee	S. C. Robinson
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COMMITTEE	CHAIRMAN	COMMITTEE	CHAIRMAN
Archives	C. M. Bethune	Maternal & Perinatal Health	M. G. Tompkins, Jr.
By-laws	H. J. Devereux	Medical Economics	H. E. Christie
Cancer	J. E. Stapleton	Membership	D. M. MacRae
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		Traffic Accidents	A. L. Murphy

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Nova Scotia Division of Canadian Anaesthetists' Society	C. H. L. Baker
Nova Scotia Association of Pathologists	J. H. Cooper

mittee was delegated the responsibility of preparing a Brief for the Royal Commission last February, work on this could only begin following publication of the terms of reference June 20th, and has been intensively pursued. Despite this effort, many background facts that would add much to the deliberations of the Royal Commission will not be available to the Medical Society at the time of the presentation of their Brief, as it has been decided that the initial hearings of the Commission will be in Nova Scotia on October 30th.

Recalling that The Medical Society of Nova Scotia was the first such in British North America, and that we provided the first President of The Canadian Medical Association, one feels that history is repeating itself when this Division of the Association is asked to present the first Brief dealing with the doctor's contributions to health services, to what is undoubtedly one of the most important Royal Commissions in our history. It is to be hoped that the contributions of the Society's members to-day will be as productive as were those of our predecessors a century ago.

The Medical Society of Nova Scotia welcomes the Royal Commission on Health Services and assures them of our utmost cooperation.

L.C.S.

"Concentrate on the objective of acquiring wisdom, the wisdom which will guide you in using the technical skills well, but also the wisdom to act as a confident friend and counsellor to your patients: and last, but not least to correlate your observations so that they may contribute to the total knowledge of mankind. Then you will not have lived in vain".

Irving S. Wright, Regent, American College of Physicians in The Bulletin of The American College of Physicians, November-December, 1960.

THE NOVA SCOTIA MEDICAL SOCIETY
REPORT TO ANNUAL MEETING
by the
CHAIRMAN OF THE EXECUTIVE COMMITTEE

Members of The Medical Society of Nova Scotia,

Once again, it is my privilege as Chairman of the Executive to comment on the activities of the Executive Committee since last reporting to the membership at the Annual Meeting 1960. The Executive Committee has held five regular meetings during the year, with one special meeting for the purpose of setting up the Special Research Committee, to name its Chairman and members and to discuss its possible terms of reference in keeping with the resolution passed at the last Annual Meeting which resulted in its formation. Further comment will be made regarding the activities of this Committee later in this report.

Several new Committees have been named, and have been particularly active during the year. These include:—

1. **Disciplinary:** This Committee is the result of an amendment by the Committee on By-Laws, recommending that matters having to do with discipline be handled by a Standing Committee reporting to the Executive, rather than as in the past by the Executive as a whole with the approval of the Annual Meeting. Fortunately, this Committee has had no problems to deal with to date, but it is felt that it will be in a position to deal with necessary matters in a more effective manner should the occasion arise.

2. **Radiology Standards Committee:** This Committee was approved by the last Annual Meeting of the Society on the recommendation of the Nova Scotia Association of Radiologists. As the name implies, it was designed to deal primarily with standards as they concern the provision of radiological services under the Hospital Insurance Plan. This Committee consists of three radiologists, plus an additional member of the Society, and has reported on several occasions throughout the year to the Executive. Members of this Committee are presently meeting with a special committee of the Society and a sub-committee of the Executive of the Nova Scotia Hospital Association, on matters of remuneration to radiologists providing services under the Hospital Insurance Plan. The liaison established between the Executive of The Medical Society and the Radiology Standards Committee has been most satisfactory and would appear to set a pattern for similar groups within the Society in the future.

3. **Special Research Committee:** As mentioned previously, this Committee was created by a resolution passed at the last Annual Meeting, primarily to determine the unmet medical needs in Nova Scotia and suggested methods of dealing with these needs. The Committee has held seven meetings throughout the year and have concerned themselves with drawing up specific terms of reference which have been submitted to and approved by the Executive. To date, they have been concerned mainly with developing a library of needs for medical services through information requested and received from individuals and groups within the profession and from others who are concerned with this problem. They have had the services of a part-time medical recording assistant whose contribution to date has been significant. This is a most important Committee whose activities warrant the support of the full membership. Details of their progress will be reported on from time to time through the pages of the Bulletin and the newly created Newsletter.

4. **Liaison Committee to Workmen's Compensation Board:** This is a newly appointed Committee arising from a recommendation of The Medical Society to a Royal Commission studying the Workmen's Compensation Act, which was agreed to by the Workmen's Compensation Board during the fall of 1960. This Committee has met with the W.C.B. on several occasions since its formation and has been concerned to date with possible revision of present forms used by the W.C.B. and also with discussion concerning the attitude to date of the Board regarding the fee schedule of the Society. It is to be hoped that these matters and others in the future will be more adequately dealt with through the creation of this Liaison Committee.

5. **A Special Committee to study the Organizational Set-up of The Medical Society of Nova Scotia:** This Committee resulted from a recommendation of the Committee on By-Laws suggesting that the present set-up of the Society may not be such as to

most effectively deal with problems facing organized medicine at this time. This Committee has studied the problems and have made an excellent report to the Executive. The report was distributed to Branch Societies who were requested to study and comment on it and forward their observations to the Executive. Many of these recommendations have been approved and forwarded to the Committee on By-Laws who in their report are suggesting certain changes for the inclusion of these recommendations.

6. **Committee on Child & Maternal Welfare:** It was proposed and approved at a recent meeting of the Executive Committee that this Committee now be two Committees to be named (1) Committee on Pre-natal & Maternal Health and (2) Committee on Child Health. This is in keeping with the recent formation of a Committee on Child Health at the C.M.A. level. The Committee on Child and Maternal Welfare have continued to explore the problem of perinatal and maternal mortality and morbidity in Nova Scotia and the results of their findings to date provides ample evidence of the value of this project. The Obstetrical Emergency Team devised by this Committee appears to be meeting a practical need but is capable of providing a greater service than has been requested to date.

Two new clinical projects are worthy of mention here as they have to do with child and maternal health. They include (1) an epidemiological study of mental retardation and (2) a study of carcinoma of the cervix. These projects are financed through funds made available to the Society through Federal/Provincial health grants.

Comment on the activities of the above new Committees in no way detracts from the efforts of standing and other Committees of the Society, all having made a real contribution during the year. It is not possible to make reference to the work of all Committees, but at the risk of over-emphasizing the importance of several of them, it would seem appropriate to mention the following in particular.

By-Laws.

This Committee has recommended the creation of Sections and Affiliated Societies as new categories within the parent body. It is hoped that by so doing, new and renewed interest will be shown by certain members who up to the present time have felt "left out" and without a voice in the affairs of the Society.

The Committee on By-Laws has also introduced certain changes in the organizational structure of the Society as they result from recommendations by the special committee appointed to study this matter. In particular, the Committee on By-Laws has re-defined the terms of reference of certain Officers and Committees of the Society. Details of these changes are to be found in their report.

Health Insurance.

This Committee with its new Chairman and nucleus members located in the Cape Breton Branch, has continued to keep abreast of the progress of the Hospital Insurance Plan with particular interest in its effect on medical services under the Plan.

Encouraging progress has been made through the creation of a special committee of the Society with representation by the Health Insurance Committee, and a similar subcommittee of the Nova Scotia Hospital Association who have met on several occasions in very frank discussions, in an attempt to reach a mutual and satisfactory solution to some of our problems.

At the same time the Committee on Health Insurance has been keeping up-to-date with the activities of political parties and others interested in insured medical services in Canada.

Medical Economics.

This Committee has presented excellent reports to the Executive during the year and has been mainly concerned with providing the Division with an up-to-date picture of the Medical Economics situation on a national level. The Committee on Economics is a major Committee of the Canadian Medical Association and much of its activity is on behalf of the Divisions. It is imperative therefore that our Divisional Committee establish and maintain this important liaison.

Public Relations.

This Committee has two particular projects before it at the present time that warrant comment. For approximately six months on a weekly basis it has worked in close co-operation with the Canadian Broadcasting Corporation in producing the television programme "So Grows the Child". This has required a tremendous effort on the part of those members of the Society who have participated both in the supervision and actual making of the programme, and to these members our sincere thanks.

The Committee on Public Relations has recommended to the Executive the distribution of a medical Newsletter. This has been approved and several copies have been circulated. This further attempt to inform the full membership of the activities of the Society is worthy of your attention. Read it, and know what is happening to organized medicine here, and elsewhere in the country.

Traffic Accidents.

The activity of this Committee during the past few years is soon to bear fruit. Many of its recommendations have been approved by provincial legislation, and their implementation awaits the naming of regional representatives to the Traffic Accident Board. This is part of an overall national programme of the medical profession aimed at lowering the traffic accident rate in Canada, and similar projects are being conducted in other provinces.

To the Chairman and members of the above Committees and to all other Committees of the Society the sincere thanks on behalf of the Executive for your contribution during the year. The appreciation of the general membership to these Committees can best be assured by the reading of their reports.

Other activities of the Executive to be mentioned briefly include—

Group Disability Insurance. After several years' work the Special Committee named to study this matter recommended the adoption of a plan proposed by Mutual of Omaha. This plan was approved by the Executive and at the time of writing of this report 232 members were participating in the Plan. The participation of approximately 100 additional members is necessary if we are to realize the original intent of those who proposed group disability insurance for the Society, namely, to provide insurance for those members who cannot provide evidence of insurability on the basis of their being disabled. A review of your present disability insurance with a view to possibly changing to group participation is necessary if all members of the Society are to benefit.

Scheduled Branch Meetings. During the year an attempt was made to have each Branch Society hold their meeting during a two-week period immediately preceding the regular Executive meetings. Available at these meetings were particular items requiring Branch discussion and opinion, and it has been generally agreed that this programme has been beneficial in providing more adequate liaison between the Branch Societies and the Executive Committee. It is to be hoped that this practice will continue and that with certain modifications, will be of continued value to the activities of the Society as a whole.

Maritime Medical Care Inc. We have continued to enjoy the closest co-operation with the Executive and Board of Directors of M.M.C. The Executive Chairman and Secretary have been invited to attend all meetings as observers, and have been kept informed of the activities of the Corporation throughout the year. Several matters in particular are worthy of comment.

1. The Board of Directors of Maritime Medical Care have approved the granting of the sum of $5,000.00 to the Society for the use of the Special Research Committee.
2. The Corporation have invited the Society to share its new quarters in the proposed addition to the Lord Nelson Hotel; it was the decision of the Executive to decline this offer in favour of our present location in the Dalhousie Public Health Clinic under the good graces of Dalhousie University.
3. Certain recommendations from Maritime Medical Care were reviewed by the Executive during the year and included (a) the need for a revision of our fee schedule to include certain procedures submitted to Maritime Medical Care for payment by participating physicians and for which a fee has not been established. These have been forwarded to our Committee on Fees for their consideration. (b) M.M.C. have long been concerned at being placed

in the position of having to deal in a disciplinary manner with certain members of the Society on matters having to do primarily with the provision of services to subscribers of M.M.C. Each Branch has been asked to name a Disciplinary Committee and this has been done in most cases. (c) At the request of M.M.C. for the Society to establish a specialist registry, a special Committee has recently been named to explore this possibility. Up to the present time, M.M.C. have been placed in the position of determining for themselves those physicians who qualify for payment by M.M.C. as specialists.

During the recent meetings of the Nova Scotia Legislature a meeting was held between members of the Executive and the medical members of the Legislature to inform them of matters concerning the Society which could come before the House at its current sitting.

A review of the Budget for 1961-62 has resulted in the Executive recommending an increase in annual dues for ordinary classification from $75.00 to $100.00; other classifications to be revised accordingly. This has become necessary on the basis of increased activity of the Society resulting in increased costs. Each Branch has had an opportunity to discuss this proposed increase in dues and with few exceptions all Branches have approved. This increased activity requires a review of our present administrative facilities which are presently inadequate. There would appear to be two possible solutions—(1) a review of the demands on the Secretary's office with a view to eliminating certain activities which up to the present time have seemed essential, but which now need to be replaced by more urgent matters. (2) The addition to the present secretarial staff of both professional and stenographic help to meet these extra demands. This matter requires serious review and the decision to employ the services of experts in office management to assist the Executive in dealing with this problem is presently being considered.

In summary, an attempt has been made to outline some of the activities of the Society during the past year; many other items have received the attention of the Executive Committee during the past year. These are described in more detail in the reports of Committees and again you are urgently requested to read these reports. I should like to take this opportunity to thank all members of the Executive for their co-operation in the giving of their time and talents during the year. It is again my pleasure to commend the Executive Secretary and his staff on behalf of the Executive Committee for their untiring efforts and for their continued contribution to the progress of the Society.

All of which is respectfully submitted,

DONALD I. RICE, M.D.,
Chairman, Executive Committee.

ANNUAL REPORT OF THE COMMITTEE ON LEGISLATION AND ETHICS

Summary of Annual Report.

1. The chiropractors did not present a bill this year. It is recommended that the medical faculty of Dalhousie University explore the possibility of incorporating the art of manipulation in the medical curriculum.

2. A meeting of the nucleus members of this Committee and the medical Legislators was held.

3. No new medical legislation was passed this year.

4. Patient complaint of a member was investigated.

5. When a consultant is giving evidence other than when called by the patient or his or her agent he should receive permission to examine the patient and all pertinent past and present medical data including X-ray plates.

6. Information is presented regarding employee-employer or partnership agreements; including conclusions of the American Medical Association Law Division analysis of "covenants not to compete in physician employment contracts"—otherwise called restrictive covenants. This and other literature will be available on loan from Dr. C. J. W. Beckwith's office for members planning to enter such agreements.

7. The formation of an Arbitration Committee is recommended for voluntary arbitration.

D. F. SMITH, M.D.
Chairman.

ANNUAL REPORT OF THE COMMITTEE ON HEALTH INSURANCE

Summary of Current Points in Regard to Doctors Rendering Insured Services under the N.S. Hospital Insurance Plan

1. Additional radiologists are urgently needed for Nova Scotia.

2. Advertising for radiologists has resulted in about fourteen replies of which about six indicated that absence of an approved fee-for-service schedule is a deterrent.

3. The Nova Scotia Hospital Insurance Commission would not approve fee-for-service because of the "excessive" incomes that would result due to the over-load being carried by almost all radiologists.

4. This overload will not be reduced until we have more radiologists.

5. In the meantime, the Health Insurance Committee and the Executive of The Nova Scotia Medical Society have agreed that they can support straight fee-for-service only to the limit of the optimum workload, so that "quality service" will obtain. (These principles are agreed to by the N.S.H.A.).

6. It has been recommended that the Society in general, with the radiologists' co-operation, make a concerted effort to eliminate unnecessary X-rays so that the number of annual examinations can be reduced closer to the optimum workload. The radiologists, feel that this rests with the medical fraternity and point out that limiting appointments to a normal monthly workload would soon result in appointments being made four to five months in advance, under existing conditions.

7. Before The Nova Scotia Hospital Insurance Commission will consider the principle of fee-for-service, we must be able to offer some method of remuneration in regard to the over-load which will not produce excessive incomes. We hope that some acceptable recommendation will come from the radiologists themselves, which may well be of a temporary nature and not entirely popular, in order to attain an ultimate goal in a few years time.

8. Pathologists: Their brief requesting an increase in the fee-for-service portion of income (40% to 50% of tariff) and increase in retaining fee (minimum of not less than $6,000.00 instead of $3,000.00) has been discussed with the N.S.H.A. and will be presented to the Commission.

9. Interpretation of E.C.G.'s:* The P.T.A.C. has recommended that "certification or fellowship in internal medicine" be regarded as a necessary prerequisite for those approved to interpret E.C.G.'s in hospital. This is the present policy followed by the N.S.H.I.C.

Respectfully submitted,

N. K. MacLennan, M.D.,
Chairman.

*Electrocardiograms

ANNUAL REPORT OF THE RADIOLOGY STANDARDS COMMITTEE—

Summary

The Radiological Standards Committee does not agree with the stand taken by the Nova Scotia Hospital Insurance Commission in its formula for remuneration of Radiologists. It recommends that:

1) For Radiological services a Radiologist shall be paid a fee for service with the tariff to be set by the tariff committee of The Medical Society of Nova Scotia.

2) The Radiological Standards Committee agrees that remuneration will probably be higher than the recommendations of The Medical Society of Nova Scotia until such time as more Radiologists are obtained, but it is only because of the excess workload and the total coverage of all out-patient services which latter was never agreed to by The Medical Society.

3) The Radiological Standards Committee can only see two ways out of the impasse:—
   a) More Radiologists be obtained or
   b) Severe curtailment of radiological services amounting to some 80,000 examinations a year must be instituted.

4) The Radiological Standards Committee agrees that the formula adopted by the Nova Scotia Health Insurance Commission is not attractive enough to induce radiologists to come to this Province.

5) The Radiological Committee agree that it is impossible for radiologists on their own to curtail services. It is traditional with them to accept all work referred to them and that workloads can only be brought within reasonable limits by the cooperation of the Medical Profession in general by more careful scrutiny of their referals and decrease in the number of multiple or needless examinations.

The Radiological Standards Committee urges that The Medical Society of Nova Scotia take strong action to resolve this situation in view of the present trend of the Dominion of Canada to complete health insurance. The conclusions reached were:

1 That a representative of the Hospital Insurance Commission should be invited to attend the proposed meeting between the sub-committee of the Hospital Association and The Medical Society.
(It is considered that after two years operation of the Hospital and Diagnostic Services plan a crisis of man power has been reached and that a solution will require the joint effort of The Medical Society, Hospital Association, and Hospital Insurance Commission. In view of the urgency of the problem, it is felt that a rapid solution can only be reached by immediate consultation of all three parties concerned).

2. That negotiation should proceed by two stages:— a) Attempts to reach agreement on fair terms for work loads which are at or below the agreed optimum of 9,000 cases or 30,000 R M units per year. b) Having done this, examination of methods of dealing with excess volumes.

(It is felt that previous negotiations have foundered because attempts have been made to deal with both these matters concurrently rather than consecutively. The solution of (a) is necessary in order to be able to offer terms which will attract new men into the province. (b) deals with a problem which is at present acute but will be relieved if and when new men fill existing vacancies. It is considered that The Medical Society should take a firm stand on (a) but be prepared to receive suggestions from the other parties on (b). We feel that the problem of overloads is primarily the responsibility of those who extended insured out-patient services without sufficient consideration of the availability of staff to provide these services, and that therefore suggestions on how to deal with the resulting overloads should come *to* The Medical Society rather than *from* The Medical Society.

It is also considered that any agreement which may be reached on (b) should be reviewed automatically after twelve months experience.

In making these suggestions we feel that by implementing them it may be possible to break the vicious circle whereby new men will not come into the province because present conditions of service are not competitive with other areas, while at the same time it is claimed by the Hospital Insurance Commission that the present situation cannot be improved until new men come into the Province, because improvement would result in "unrealistic incomes").

The results of the work of this committee for the whole year were reviewed. It is felt that it has served The Medical Society in some ways—terms of agreement, survey of Radiological need and a search for new Radiologists, etc., but feels that it has not made a significant contribution within its terms of reference. I have nothing but praise for the members of this committee, their enthusiasm and willingness to give every problem consideration in relation to the whole field of organized medicine, but we feel that unless the committee can be broadened to include members of the Hospital Association and the N.S.H.I.C. it is doubtful that its perpetuation would be worthwhile. Many of the problems could be handled by the Radiologists themselves when they become a branch society of The Medical Society of Nova Scotia, but it is suggested the larger issues can only be studied with expedition by a conjoint committee of The Medical Society, Hospital Association and the Hospital Insurance Commission.

Respectfully submitted,

C. M. Jones, M.D.,

APPENDIX I.

THE MEDICAL SOCIETY OF NOVA SCOTIA

Balance Sheet

As at December 31, 1960

ASSETS

CURRENT ASSETS:			
Cash on hand and in trust company deposit account		$ 10,358.67	
Accounts receivable—members	$ 1,821.00		
—advertisers	613.54		
—other	56.40	2,490.94	
Amount due from the Province of Nova Scotia re Investigation of Maternal and Pre-Natal Mortality Project		94.40	
Amount due from the Cogswell Library Fund		232.50	
Accrued interest receivable		214.34	13,390.85
Investments, at cost			20,012.50
COGSWELL LIBRARY FUND:			
Bank of Nova Scotia—savings account		611.12	
Investments, at cost		5,020.00	
Accrued interest receivable		119.75	5,750.87
FIXED ASSETS, AT COST:			
Office furniture and equipment		2,975.92	
LESS: Accumulated depreciation		1,641.89	1,334.03
			40,488.25

LIABILITIES

CURRENT LIABILITIES:		
Bank overdraft	2,606.87	
Accounts payable	1,731.97	
Dues paid in advance	165.00	4,503.84
RESERVE FOR COGSWELL LIBRARY:		
Donation due to Dalhousie University (see footnote—	250.00	
Amount due to The Medical Society of Nova Scotia	232.50	
Reserve fund	5,268.37	5,750.87
CAPITAL:		
Capital account, per statement attached		30,233.54
		$ 40,488.25

NOTE: The amount of $250.00 was charged as an expense in the year 1959.

APPENDIX II.

STATEMENT OF CAPITAL

For the year ended December 31, 1960

Balance at December 31, 1959		$ 32,974.07
ADD:		
Adjustment of members' group insurance premium respecting prior years		58.00
		$ 33,032.07
DEDUCT:		
Excess of expenses over income for the year	$ 103.91	
Loss on sale of office equipment	231.02	
Employee's group insurance premiums of previous years	72.60	
Past due members accounts written off	2,391.00	2,798.53
CAPITAL		$ 30,233.54

ANALYSIS OF NOVA SCOTIA MEDICAL BULLETIN OPERATIONS

For the year ended December 31, 1960

INCOME:		
Advertising	$ 10,533.29	
Subscriptions	45.00	$ 10,578.29
EXPENSES:		
Publication costs		8,657.59
NET INCOME FOR THE YEAR		$ 1,920.70

The balance sheet Appendix I is self-explanatory and needs no comment. The Capital account sheet Appendix II shows a reduction of over $2000.00. This occurred because we wrote off as bad debts some old members accounts which are now not considered collectable.

Our investment account remains the same as last year. The total remains at $20,000.00 in government and civic bonds. The Cogswell Library Fund investment remains at $5,000.00.

We have continued to use the double bank account system begun two years ago. We have an account of about $7,000.00 in a savings account at Nova Scotia Trust Company earning 4¼% and a current account at the Bank of Nova Scotia for paying current expenses. We ran short at the end of the year in this latter account and carried an overdraft for a short time rather than withdraw money from the Trust Company where it was earning a higher percentage.

* Statement No. 4 compares our income and expenses for 1959 and 1960. These are actual figures, not budget. They show a net loss of $103.91. The statement includes a new column showing where we went up or down on actual income and expense this year.

* Statement No. 5 is a new one again and is for information only. It is information I believe the membership should have nevertheless.

The Bulletin profit is down considerably, which we had not planned on. This is accounted for by a change in format, reduced advertising income, etc. Accounts for the Bulletin are now kept separate and we should have closer scrutiny of its financial operations in the future. Previously its financing was done out of current income making it difficult to see what was happening.

Throughout the year there were no acute financial problems of any consequence. We ended the year with a deficit but we are still in good strong financial position. Your treasurer during the year asked for an increase in dues for the coming year which has not as yet been settled but appears to have been received favorably by most of the Branch Societies and has been approved by the executive. We have been unofficially informed that the C.M.A. is going to increase its dues shortly and along with our own increasing expenses it seems an increase is inevitable if we are to maintain our present savings. We have agreed to remain in our present offices and have refused an offer to rent space from Maritime Medical Care when it moves into its new quarters this fall. We would like to mention here that we have been unofficially told that Maritime Medical Care has voted a gift of $5,000.00 towards our expenses of the Special Research Committee. This is greatly appreciated and a vote of thanks is in order. This will go a long way in reducing our deficit for the coming year at least.

I have again attended all meetings of the finance committee and budget committee for the year and have had excellent cooperation from all concerned. Changes in the by-laws are being proposed for the coming year which will alter the present system and duties of the treasurer. These will be discussed in other reports so I will not dwell on them here.

Dr. Crossman Young has again attended the meetings of the Canadian Medical Retirement and Savings Plan in Toronto. Again my thanks to him and he will be reporting separately or as an appendix to this report.*

Folders received explaining the two plans are available and can be obtained at the registration desk.

It has been a pleasure to have been your treasurer for the past year and move the adoption of this report.

Respectfully submitted,

A. W. TITUS, M.D.,
Honorary Treasurer.

*Not included, available in the Society Office.

ANNUAL REPORT OF THE PRESIDENT OF M.M.C., Inc,

DR. F. MURRAY FRASER

Mr. Chairman and Members:

It is a privilege and pleasure to report to you on the progress of your Corporation since our last Annual Meeting.

I start where I left off in my last annual report, when I stated

1. We must establish the Corporation on a firm financial basis.

2. We must find ways of bringing our services to many who, at present, are unable to afford them.

3. We must be in a position to sell the public what they want, including Extended Health Benefits (E.H.B.)

4. We should investigate the possibility of a *single* Plan for the Atlantic Provinces. What progress has been made?

1. For the first time in our history income from subscriptions exceeded $3,000,000. In round figures, which I shall use throughout, $3,300,000. including $10,000 administration fee for the Province of N. S. Welfare Plan. Our Investment Portfolio and income from investments have doubled during 1960, and total respectively $870,000. and $45,000. This was due to the excellent work of our Finance Committee and Treasurer, who met frequently and kept a close eye on monies available for short-term investments at reasonable rates. Our General Reserve, as a result of a modest profit, this year, now totals $210,000. which while it sounds a lot must be remembered still totals less than one month's income, and recognized authorities advise that a reserve equivalent to three months' income is sound financing. Our 2% reserve for stabilization of proration now totals $95,000.

Our administrative expenses reached 10.2% compared to 9.2% in 1959. In this connection, when it is remembered that certain expenses, such as the introduction of the Seniors' Health Plan, the engagement of Business Consultants, and seeking a new General Manager, were unusual expenses and not likely to recur in the near future, it becomes apparent that the cost of operation for the year was not unreasonable.

From this brief survey of our financial position I trust you will agree that objective I as outlined in my 1959 report, is steadily being accomplished, and I would foresee that, providing similar progress is made in 1961, consideration might well be given to increasing proration to 90%

The introduction of our Seniors' Health Plan was a most important development in our 1960 operations and an attempt to begin to implement our objective No. 2.

This Plan now enrols about 8,000 people over 60 years of age: it is kept entirely separate financially from other contracts; provides in hospital services primarily, is prorated at 85%, and must survive on its own merits. So far it is standing up well.

M.M.C.I. was the first doctor-sponsored Plan in Canada to offer such a program: however, along with the honour of being the first in any field, goes the responsibility of watching our experience carefully, as the eyes of other Plans will be watching our progress with interest. The elimination of most exclusions for chronic and pre-existing conditions, and minimal waiting periods, would be a generous departure from normal underwriting practices with regular groups: however, to remove such limitations for persons 60 years or over, and enrolling on an individual basis, involves great risk for the Plan and its participating physicians.

There is another way by which objective No. 2 might be realized more expeditiously, and I quote from an editorial which recently appeared in the Halifax Chronicle-Herald and which expresses my own views very succinctly.

"The country is too deeply involved with necessary, yet expensive, provincial hospital insurance programs to embark upon state medicine in place of private and co-operative

schemes of the type that now exist. At the same time, one cannot remain satisfied with simple opposition to the former; there remains the duty to make every effort to extend, as widely as is possible, the benefits of such voluntary programs as Maritime Medical Care.

Officials of M.M.C., like the medical profession in general, are keenly aware of this. To their credit, the organization was the first, and to this date the only one in Canada to offer protection to individuals sixty years of age and older—those known these days as our "senior citizens". And, even now, studies are being conducted to determine other ways to bring about more extensive coverage which, in the past twelve years, has climbed steadily if not spectacularly to approximately 140,000 persons in the Maritimes.

Four general lines of approach readily suggest themselves. They are: (1) an intensified campaign to interest the self-employed in this form of protection, (2) a fresh examination of the possibility of selling schemes to groups not at present thought possible or desirable to be included, (3) a widening of benefits to cover the cost of drugs involved in medical treatment, and (4) an extension of the already accepted practice of co-operation between government and private enterprise to underwrite coverage for those experiencing financial hardship.

The last of these would be in the form of an expansion of the existing arrangement under which the Province contributes to Maritime Medical Care to allow treatment for approximately 9,5000 Nova Scotians in receipt of blind pensions and mothers' allowances. Certainly, a further development of this policy would not be out of place; government would meet a need and, unless tax support came to account for a significant portion of any private plan's overall income, the touchy issue of "socialized medicine" still would remain academic."

This subject might easily, at any time, become a political issue, and, in my opinion, it would be wise to maintain contact with government from time to time, intimating our willingness to co-operate in such a plan, if and when government reaches the stage of being able to afford it. Certainly it would cost far less than to introduce a comprehensive medical care program, and would ensure that medical services were available to all irrespective of income levels.

In my Annual Report to the Board I advised strongly the establishment of an agency, a subsidiary if you like, of M.M.C.I., to provide Extended Health Benefits.

Industrial concerns, and particularly those with branches or head offices in other provinces, are demanding more and more "comprehensive" contracts for their employees. The term "comprehensive" has taken on a new meaning, and includes not only the "basic" physicians' services, but also what has come to be known as E.H.B., i.e. "extended health benefits", such as drugs, appliances, ambulance, physiotherapy, nursing care (other than that provided by hospital commissions), etc. The demand for E.H.B. is becoming commonplace: many of our present subscribers are requesting this addition. In the past, and at present, we have been able to supply this form of contract on request by allying ourselves with a commercial carrier. In this arrangement M.M.C. takes the "basic", and the commercial carrier the E.H.B. factor. But competition, since the advent of the hospitalization plan, has become tougher. Most commercial carriers are now prepared, and do, "tailor-make" any type of contract desired by a prospective subscriber including physicians services. Only when, for various reasons, all hope of securing the entire coverage for themselves is lost, will they ally themselves with M.M.C. in hope of picking up the E.H.B. factor of the contract.

This has become a matter of some urgency in my opinion, and I would exhort the members of this society to give it serious consideration, and through your elected representatives present your views clearly, that the Board of M.M.C. may act according to your wishes with wisdom and courage for the future. The time has passed when the medical profession can dictate to industry or the public what it should have. If it is not harmful, it should be available— at cost price.

It might well be that specialists' services should be included in any plan for E.H.B., leaving the basic contract one of family doctors' services only, which was the original concept of M.M.C.I.

A special committee of this Society under the Chairmanship of Dr. A. A. Giffin, met with similar committees representing the Medical Societies of N.B. and P.E.I. during the year with a view to investigating the possibilities of a single prepaid medical care plan for

the Atlantic Provinces. A resolution was passed recommending that the Boards of Directors of M.H.S.A. and M.M.C.I. appoint committees to review these possibilities and produce concrete suggestions for possible implementation. It is my understanding that the Board of M.H.S.A. has recently approved this in principle, and that we shall shortly be receiving an invitation to appoint our committee to consult with them on this matter. This is something which I think should be given very serious thought by our Board, and every effort made to reach agreement on what could be a tremendous boon to the people and profession of these provinces.

This is a somewhat brief survey, then, of those things which in my last year's report I felt would be important, and I hope you will agree with me that some progress has been made toward accomplishing our objectives.

The number of our subscribers increased by approximately 8,000 during the year, to a total enrolment of 137,000. This is not a large increase, but considering the defections to the Federal Civil Service Medical Plan, represents excellent work on the part of our Sales Department. Much of their time during 1960 was spent waging a tremendous "retention" campaign, which resulted in M.M.C. losing to the new Federal plan only 25% of possible subscribers, the lowest loss of any prepaid care plan in Canada.

However, the Federal plan introduced difficulties for M.M.C. The Plan denied to new subscribers payroll deduction facilities for all other carriers, including M.M.C., although deductions for contracts in force at July 1st last were continued. We immediately arranged for "pay direct" facilities for all Armed Forces personnel and are continuing to enrol them, but obviously this is, and can become more so, a nuisance to them, and increases our administrative costs for this group.

Working intimately with the Public Relations Committee of this Society, your Executive informed by letter all the Federal members of Parliament for N. S. of this situation as it affected M.M.C.I., and made representations to the Minister of Finance against this iniquitous and discriminatory ruling, trying, so far in vain, to have it altered.

In addition one of our non-medical directors during a visit recently to Ottawa interviewed several of our Federal members personally, and the Minister of Finance, but found the latter adamant against any change in the present regulations.

Your Board at their Annual Meeting agreed that the Minister's of Health decision on this subject should *not* be accepted as final, and that further action should be taken on a national basis through the medium of T.C.M.P.

This conclusion will undoubtedly be discussed with the P. W. Committee before further action is taken.

I have strongly recommended to your Board that serious consideration be given to increasing the number of non-medical directors. At present the ratio is 11 medical to 3 non-medical. With the obvious increase in interest of things medical by government, industry, labour and laymen, increase to 5 non-medical directors would strengthen our Board tremendously, be a great asset in many obvious ways, and avoid criticism from any quarter in the future.

It is the opinion of your Board that larger quarters must be found immediately if we are to carry on efficiently the work of the Corporation. At present about 70 people are working in quarters which health rules would assign to half that number; storage space is at a premium, rest rooms are inadequate, ventilation is poor, and the whole set-up produces inefficiency, sluggishness, high sickness rate and absenteeism plus low morale on the part of our employees. Accordingly, a contract has been entered into with the new owners of the Lord Nelson Hotel Ltd. for approximately 10,000 sq. ft. of space available about October 1, 1961.

In this connection discussions are being carried on with the Executive of your Society with a view to having it erect a building suitable for itself, M.M.C.I. and other paramedical organizations, with M.M.C. providing the financial aid for a "lease-purchase" type of program, by investing in interest bearing bonds. This suggestion is of recent origin and has only reached a preliminary stage of discussion.

I would remind you, however, that ten years ago the idea of the Corporation building its own plant was first mooted, when land was cheap and building costs more reasonable

and was vetoed by the membership of this Society on the grounds that not until "proration" was abolished should "doctors' money" be used for this purpose. During those 10 years many thousands of dollars have been spent on rental and still we have nothing to show for it. It would seem wise, even at this late date, to plan for the future.

Your Board decided that rather than present a separate brief to the Hall Commission, the Corporation would hold itself ready to provide any statistical data which the S.R.C. of The Medical Society might require in presentation of a composite brief, and furthermore that the Corporation would contribute to The Medical Society the estimated cost of its share of the preparations of such brief, i.e. $5,000.

In spite of inroads made by commercial carriers in many national groups, we were able to re-negotiate our contract with the Railways for another two years. Included in the contract this time is provision for treatment of faciomaxillary injuries by dental surgeons. This is a definite trend and must be considered by your Board in any future contracts M.M.C. may produce.

I feel that for a long time in the future we have reached maximum premiums for our various contracts. Whereas prior to the last increase in rates the commercial carriers were at a definite disadvantage compared to M.M.C., now they are happy at the competitive level our premiums have reached, and are looking forward gleefully to any new increase we may contemplate, which, in their opinion, and mine, will price us out of the market. This we must avoid, concentrating rather on the control of the utilization of doctors' services by the patient, and the over-service of patients by one doctor. In an attempt to introduce such control, Management is studying carefully selected groups of individuals who have consistently been demanding, and getting, service above average. Your Board has empowered Management to bring this to the attention of such groups and individuals concerned with warning letters, a copy of which will be sent to the patient's doctor, and if no improvement is noticeable in due course, to transfer such to the Health Security Plan, which, as you know, does not cover Home and Office calls.

In addition the Medical Director has been instructed to use his Taxing Committee not only to judge individual accounts, but to review past accounts of doctors who persist in apparently over-servicing their patients, with a view to bringing them into line with the average services of doctors in similar locations and practices.

Experience of other Plans, as well as our own indicate that there is no simple solution to the problem of overservice by doctor and excessive demands of subscriber. This does not mean, however, that we should resign ourselves to this situation. We have a responsibility to the majority of our member doctors who are billing the Plan fairly and conscientiously, and to the subscriber who is using his protection reasonably and prudently.

It is our feeling that The Medical Society of Nova Scotia, not M.M.C., must be responsible for the discipline of its members, and where the Corporation fails to achieve cooperation from any participating physician, the Disciplinary Committee of the Society will be asked to take action on the facts presented to them.

We view with dismay the practice, which still exists widely, of participating doctors accepting as payment in full from third parties, fees which are substantially less than those of the Schedule of fees for N. S.

We feel strongly that in fairness to M.M.C. which has accepted the N.S. Schedule of fees and is trying its best to implement it, that when this happens a doctor should:

a return the cheque, enclosing his own account based on the Schedule of fees of N.S., or
b. bill the third party for the difference, or
c. bill the patient for the difference, or
d. make clear to the third party *and* patient that the lesser fee is being accepted as payment in full because of certain particular circumstances.

Only by the doctors so doing can M.M.C. be expected to maintain the Schedule of fees of N.S. in competition with other third party medical care programs.

At the end of 1960, 845 physicians had signed participating agreements with the Corporation, 636 or 75% were from N.S., 148, or 19% from N.B., and 51, or 6% from P.E.I. and Newfoundland.

Your Corporation has pointed out to the Executive of The Medical Society that to place

the responsibility for designating who is, and who is not, a specialist, upon the Corporation, is grossly unfair. Eventually, a difference of opinion will arise as a result of our decisions. Representations will continue to be made to The Medical Society on this subject until such time as they accept the responsibility which is rightfully theirs.

In July 1960, we were indeed fortunate to secure the services of Mr. Sam Brannan, previously Assistant General Manger of Medical Services Inc., Saskatoon, as our General Manager. Mr. Brannan arrived at a time our Office Management Specialists from Peat, Marwick and Mitchell were in the process of revising our internal administration. As a result of Mr. Brannan's practical experience of prepaid medical plans over a great number of years, many of the recommendations of our Consultants were not adopted, some were altered, and a few accepted. Though this naturally meant that we had spent some money fruitlessly, in my opinion, the changes wrought by Mr. Brannan during his short time here, have already proven their value and are bearing fruit. The changed attitude of our employees, due to his friendly, diplomatic but firm approach is most noticeable to those of us who have been in almost daily contact with them. Certain problems will take time to solve, many new ones will continue to arise, but it is encouraging to see the progress already made.

At the annual meeting in April 1961 my resignation as a representative of the Halifax Medical Society and as President of the Corporation, was accepted. Dr. A. A. Giffin was elected to the Presidency, Dr. H. B. Whitman, Vice-President, Dr. J. McD. Corston, Hfx., Dr. R. F. Ross, Truro, Mr. J. A. Walker and Mr. Noble Foster, Hfx., comprise the new Executive.

Mr. Victor Thorpe, Kentville, Dr. A. Elmik, Cumberland and Dr. Crossman Young, Dartmouth, are new members of the Board this year.

The relations of participating physicians and the Corporation have steadily improved each year, as mutual understanding of one another's problem has increased.

During 1960 the Executive of M.M.C. maintained the position that the setting of fees, and the interpretation of items of the fee schedule, were not their responsibility, and on occasions when a difference of opinion arose on such matters between physicians and Corporation, referred them to the Committee on Fees for opinion.

Close liaison between the Corporation and the Executive of The Medical Society was apparent throughout the year, and the Chairman of the Executive, Dr. D. I. Rice and the Executive Secretary, Dr. C. J. W. Beckwith, attended as observers, most of our Executive and Board meetings were their comments and advice were invaluable.

As this will, therefore, be my last Annual Report I make no apology for its length.

I feel very strongly that the members of this Society must be kept fully informed of all the activities and plans of your Corporation, and that only in this way can the whole-hearted support of its policies and practices be expected and obtained.

I would like, in closing, to express my sincere appreciation to you members of The Medical Society of Nova Scotia for the faith you have shown in me by allowing me to head your Corporation during the past three years, and for your loyal support, tolerance and encouragement during this time.

Respectfully submitted,

F. MURRAY FRASER, M.D.

PRESIDENTIAL ADDRESS—1961

F. J. GRANVILLE, M.D.

Mr. Chairman, Ladies and Gentlemen;

Tonight I, as the retiring president of The Medical Society of Nova Scotia, stand before you and have the privilege of addressing you. This position I was pleased and honored to have held this last year.

On the occasion of my retirement I have the privilege of expressing to you, without any fear, my own personal impressions gathered in the past year as president, and as a medical practitioner of some twenty-five years or more standing.

As the retiring president, I feel that one can freely express opinions, can reminisce, may make statements, may speak from the heart. This I plan to do without having anybody hold organized medicine responsible for anything I have to say.

If you will bear with me tonight I plan in my own personal way, to try to outline medicine as I have lived through it; the changes, the present status and the things that may be before us in the future. We all realize that we live, today, in a rapidly changing time. At present, people, rightly or wrongly, look forward to, and demand from government every service that they require and can not afford to pay for.

One of the services that comes under this category is Medical Care. Unfortunately in their thinking people feel that they can demand and get service, and if they ge it through government, feel that they get it for naught.

At this stage, with your kind permission, I would like to roll back the years to the time when I entered medical school. In doing so, I would express the hope that the present day medical student follows a pattern of thinking similar to our own at that time.

Why does the young man enter into the study of medicine? Why did he in my time? Did he enter the study of medicine only with the thought of how much money he could get in exchange for the service he rendered to the people he would serve in the future?

First of all I might say: "Was, or is, the student entering medicine dedicated?" I feel a sense of dedication or vocation is necessary to the young man entering the study of medicine. In my day there was instilled in us a sense of ambition, that sense of cultivating that token or talent which one had. In other words, he who possessed a talent should develop it instead of burying it.

Do you not think him dedicated who will spend 8 to 10 years preparing for a life work? Some years ago this represented a tremendous sacrifice on the part of parents. To-day those entering this study have tremendous help in their education through various aids, that is, Airforce, Army, Navy. Nevertheless, by grim determination and firm purpose they have stuck to a long course of study. They have done this to fit themselves for their life's work. Is this not dedication akin to the pioneer spirit which made a great country of this new world of ours?

After these years of preparation we have now produced a doctor. I will not labor the point further but I trust in my remarks, so far, I have attempted to define the type of man we now have entering into the practise of medicine. What faced him in the past? What faces him in the future?

You might at first call him a very skilled workman, and because of his

highly skilled type of work, he is, in my opinion, entitled to a better than average remuneration. The rewards due a doctor as a skilled practitioner should be no less than those obtained in other fields of endeavour. What type of life is the new doctor now entering?

In our present scheme we know that there are three parties involved. The first person involved is the producer; the second, the consumer and the third, the third party.

A word about the producer! In my opinion the medical doctors, in my time, have always done their best to give the highest service regardless of the means of the patient. Over the years, I feel, the poor and indigent have not been wanting for medical care. In fact, in my experience, the indigent has really gotten treatment, have gotten a multiplicity of treatment without any thought of any remuneration to the doctor involved. In other words medicine has given freely and subsidized, on its own, the indigent. So much for the past as far as medicine on the producer level is concerned.

What of the future? What is medicine doing to give to Canada and Nova Scotia the best of medical care? We have in existence today a branch of our Medical Society, the College of General Practitioners. The aim of this organization is to encourage the medical practitioner, to educate or keep abreast of the times,—in other words a purely educational programme. And here I might put in a plug that all General Practitioners should of necessity belong to their organization.

Over the years we also have had an increase in the number of graduates going in for specialization. Some years ago the Royal College of Physicians and Surgeons was organized and many of the young graduates of today go in for post-graduate work. In this we all trust that they have taken up a phase of medicine that they felt they were more adapted to and could of necessity give a degree of aid in diagnosis and improved treatment. At this point I may express a word of caution and trust that those certified will not give the impression that the general practitioner is an inferior person. By the same token I will speak to the general practitioner that he should use, in good patient care, the facility or aid of the specialist when he can help in the better care of the patient. In other words I feel and trust that organized medicine will continue to have a sense of unity, a sense of team work, a sense of dedication, a sense of giving to the people a better quality of care.

We all know that a large percentage of people can receive adequate care from the general practitioner and we all trust that the family physician will not be forced by a segment of medicine to be pushed into the background, for, I am all for that patient-doctor relationship! I am all for that treating of patient, not as a case, but as an individual, as a person treated as a whole case, that has that feeling of an individual whose general well-being is the interest and the personal concern of the physician. In other words it would be a sad day when we thought only as scientists and forgot the personal equation so necessary in the care and well being of the person whom we are treating.

The second phase of my talk will be a few comments on the consumer or patient himself. As I stated before, medicine has always given freely. The consumer should look to and expect from the doctor adequate and dependable and complete care. We believe that those judged to be able to pay for medical services, should, on their own initiative, undertake to have themselves covered by a pre-paid medical insurance scheme. On the other hand there are some people that we believe are not able to cover themselves and of necessity must have government subsidization.

Medicine has in the last number of years inaugurated in the various provinces and across Canada a pre-paid system of medical care. This has been able to cover a large segment, but all realize, the segment of which I speak cannot cover themselves under such a plan. Would not it be easier and less burdensome to the tax-payer if, rather than take over complete care of all the population, regardless of means, government subsidized these?

And this brings me to the third party. The third party may be an insurance company, pre-paid medical plan, such as our own Maritime Medical Care, or the government in a subsidization of any plan. In our annual meeting one year ago the resolution passed, expressing our feeling on such a third party endeavour. At that time we passed a resolution that we would willingly accept a third party in any future scheme. This, I believe, was a good resolution. We subsequently set in motion a research committee to look into this whole phase. Nova Scotia took a very definite stand and subsequently The Canadian Medical Assoc. asked government to create a royal commission to investigate all phases of Medical Care. We look forward to this and trust it will take out any future thinking of the using of medicine as a political football.

May their endeavours be marked with great success and may their deliberations come up with a scheme that is satisfactory to all three parties and give to the citizens of Canada a great protection of medical care. I know and I feel that medicine will cooperate and medicine will go forward keeping and retaining the care, research and advancement they have always done under the traditional type of medicine as we knew it.

At this stage I feel I have to interject rather an unpleasant note. It is this. Is medicine becoming too mercenary? I feel that we are all slaves of our own environment. In this day and age, rightly or wrongly, the almighty dollar has been too glorified. I hope that all phases, all divisions, all sections of medicine will not glorify too much the dollar and bring down on medicine adverse feeling from the government, which is now being pushed by labour to take upon itself the full control of comprehensive scheme. I feel that medicine, should not come under bureaucratic control. Why should medicine be singled out as a phase of living that should be bureaucratically controlled? I feel if such should happen we will take a far backward step. You would lose the type of boy I tried to outline to you—that dedicated person that goes into medicine for the spirit of ambition, a spirit of doing good for his fellow man. And by the same token receiving in return a scale of living commensurate with his training, with his will to work, with his dedication.

Is not a servant worthy of his hire? In my day we were taught that ambition, education, that will to train oneself brought back in return what you put into it with your effort.

Is the welfare state the answer to all our problems? Is it the proper answer to the best medical care? My feeling, as welfare state increases, is that we lose our individual freedom. As a consumer one loses his freedom; as a producer he also loses his freedom. In loss of freedom there is also a loss of ambition, loss of best producer.

In fact all phases of endeavor are curbed. Can one have freedom with complete bureaucratic control? I don't think so. Does the consumer get the best? Does the producer give the best? The consumer is controlled as well as the producer. In the whole scheme of events both sides lose.

I tried to outline to you at the beginning of the talk what medicine hoped

to get; the type of man to get; the type of individual who was worthy of training and, subsequent to his training, would give the best under a free enterprise.

Complete government control is a loss of freedom. Both parties lose out in the subsequent plan of things. I then say to you, do not change completely the scheme of things. Medical men, keep united; government, do not change too drastically. Let us have a free system of enterprise. Let us give as free givers the best medical men. Keep ourselves well trained. Let us, as medical men, keep that sense of cohesion. Let us continue to advance, to give as a free and united profession, as a profession willing to give freely, forgetting that sense of greed, as giving and receiving in return a just remuneration for service we always willingly gave to a people of a free and democratic state.

As we go to press we learn with deep regret that Dr. Granville died suddenly this morning. A tribute to our Immediate Past President will appear in next month's issue.

Editorial Office
September 19, 1961

ANNUAL MEETING OF EXECUTIVE COMMITTEE
JUNE 10TH & 11TH, 1961
AT KELTIC LODGE, INGONISH

The Annual Meeting of the Executive was convened at 4.30 p.m. on June 10th, 1961.

Present were:

PRESIDENT	F. J. Granville, M.D.
PRESIDENT-ELECT:	R. F. Ross, M.D.
CHAIRMAN, EXECUTIVE:	D. I. Rice, M.D.
TREASURER	A. W. Titus, M.D.
EXECUTIVE SECRETARY:	C. J. W. Beckwith, M.D.

Representatives from Branch Societies:

ANTIGONISH-GUYSBOROUGH	T. W. Gorman, M.D.
CAPE BRETON	H. F. Sutherland, M.D.—J. R. Macneil, M.D.
COLCHESTER-EAST HANTS	H. R. McKean, M.D.
CUMBERLAND	D. R. Davies, M.D.
HALIFAX	M. G. Tompkins, Jr., M.D.—F. M. Fraser, M.D.—A. J. Brady, M.D.
LUNENBURG-QUEENS	S. B. Bird, M.D.
PICTOU	M. F. Fitzgerald, M.D.
VALLEY	D. MacD. Archibald, M.D.

Observers:

CHAIRMAN, PUBLIC RELATIONS	F. A. Dunsworth, M.D.
CHAIRMAN, MEDICAL ECONOMICS	H. E. Christie, M.D.

The Annual Reports of Standing Committees, Special Committees and representatives of the Society to other organizations were considered prior to presentation to the membership of the Society at the Annual Meeting, June 12th-14th inclusive.

There were four sessions and a special session to cover the agenda. These were:—June 10th: (i) 4.30-6 p.m. (ii) 8.30-10.30 p.m.; June 11th: (iii) 10.00-11.15 a.m. (iv) 2.30-3.30 p.m. A special session was held from 11.30 a.m.-1 p.m.

Resolutions etc., arising from the meeting were presented to the Annual Meeting of the Society.

C.J.W.B.

Transactions

FIFTH REGULAR MEETING OF THE EXECUTIVE COMMITTEE—1960-1961

JUNE 10TH, 1961

KELTIC LODGE—INGONISH BEACH

The Meeting was convened at 9.45 a.m. by the Chairman, Dr. D. I. Rice.

Two sessions were required to complete the agenda: (1) 9.45 a.m.-12.45 p.m. (2) 2.30 p.m.-4.30 p.m.

The secretary read a letter from The Halifax Medical Society indicating their wish that Doctors F. Murray Fraser, A. J. Brady and M. G. Tompkins, Jr., be accepted as representatives of that Branch Society to the Executive Committee for the present sessions as the regular members were unavoidably absent. This was accepted by the Executive Committee.

Present were:

PRESIDENT:	F. J. Granville, M.D.
PRESIDENT-ELECT:	R. F. Ross, M.D.
CHAIRMAN, EXECUTIVE	D. I. Rice, M.D.
TREASURER:	A. W. Titus, M.D.
EXECUTIVE SECRETARY:	C. J. W. Beckwith, M.D.

Representatives from Branch Societies:

Antigonish-Guysborough:	T. W. Gorman, M.D.
Cape Breton:	H. F. Sutherland, M.D.—J. W. Macneil, M.D.
Colchester-East Hants:	H. R. McKean, M.D.
Cumberland:-	D. R. Davies, M.D.
Halifax:	F. Murray Fraser, M.D.—A. J. Brady, M.D.—M. G. Tompkins, Jr., M.D.
Lunenburg-Queens:	S. B. Bird, M.D.
Pictou:	M. F. Fitzgerald, M.D.
Valley:	D. MacD. Archibald, M.D.
Western Counties	No representative

Minutes of the 4th Regular Meeting, April 22, 1961 were adopted.
Business out of the Minutes:

(1) It was agreed to suspend circulation of minutes from each Branch Society to all Branch Societies.

(2) The following resolution was passed:
"That a summary of Executive proceedings only be published in the Bulletin of The Medical Society of Nova Scotia and that the complete transactions be sent to Branch Secretaries and that particularly important subjects, on completion, be published fully in the Bulletin".

(3) Dr. A. J. Brady requested co-operation of all Executive members in attaining applications for Group Disability Insurance forms. 51% of the members of the Society prior to the deadline of June 14. (Secretary's note.—51% of the members did make applications prior to the deadline. The Group Disability Insurance is now in full operation.)

(4) The Secretary announced that Dr. H. J. Martin had accepted the Chairmanship of the Committee on Specialist Registry.
Interim reports from the Hon. Treasurer (Dr. A. W. Titus), and from The Medical Society members of the Liaison Committee, W.C.B. were presented and adopted. A report from Dr. R. O. Jones, Divisional Representative to the C.M.A. Executive Committee was presented and adopted.

Correspondence—Nine communications were dealt with out of which:

(1) The Executive approved the actions of M.M.C. Inc., in its move to increase the number of lay members on the Board of Directors from three to five.

(2) The Secretary was instructed to express appreciation to M.M.C. for its grant of $5,000 to the work of the Special Research Committee.

(3) Dr. R. F. Ross, President, will represent The Medical Society at the Annual Meeting of the Atlantic Branch Canadian Public Health Association.

Other Business:

The nomination of Dr. S. H. Kryszek of Windsor to the Board of Directors of Maritime Medical Care to replace Dr. A. A. Giffin who had been elected President at the Annual Meeting 1961, was accepted.

The fifth and final meeting of the regular Executive Committee (1960-61) was adjourned at 4.30 p.m.

C.J.W.B.

Transactions

1st Meeting of Executive Committee 1961-62

June 14th, 1961

Keltic Lodge—Ingonish Beach

The meeting was convened at 3.30 p.m. on Wednesday, June 14th, 1961 by Dr. L. C. Steeves, the newly elected Chairman.

Present were:—

President:	R. F. Ross, M.D.
Past-President:	F. J. Granville, M.D.
Chairman, Executive:	L. C. Steeves, M.D.
Executive Secretary:	C. J. W. Beckwith, M.D.

Representatives from Branch Societies:

Antigonish-Guysborough	T. W. Gorman, M.D.
Cape Breton	J. W. Macneil, M.D.
Colchester-East Hants	H. R. McKean, M.D.
Halifax	A. J. Brady, M.D., (alt. for D. M. MacRae, M.D.)
	F. M. Fraser, M.D., (alt. for F. J. Barton, M.D.)
Lunenburg-Queens	S. B. Bird, M.D.
Pictou	M. F. Fitzgerald, M.D.

It was agreed to review the minutes of the fifth regular meeting 1960-61 at the second regular meeting 1961-62.

The report of the Committee on Committees was presented. This Committee had met at 7.30 a.m. on Wednesday, June 14th under the chairmanship of Dr. D. I. Rice. The report of the Committee included recommendations relative to Standing and Special Committees. The report also included nominations for Chairmen of Committees and representatives of the Society to other organizations. On motion the report was received and opened for discussion.

It was agreed that the Committee on Pharmacy continue.

It was agreed that the Radiology Standards Committee be discontinued.

A motion for the adoption of the report was carried; the adopted report follows:—

Standing Committee	Chairman
Archives	C. M. Bethune, M.D.
Budget & Treasurer	J. F. Boudreau, M.D.
By-Laws	H. J. Devereux, M.D.
Cancer	J. E. Stapleton, M.B.
Child Health	R. S. Grant, M.D.
Civil Disaster	S. B. Bird, M.D.
Discipline	F. J. Granville, M.D.
Editorial Board	E. H. Evans, M.D.
Fees	C. H. Young, M.D.
Health Insurance	N. K. MacLennan, M.D.
Legislation	D. F. Smith, M.D.
Maternal & Perinatal Health	M. G. Tompkins, M.D.
Medical Economics	H. E. Christie, M.D.
Membership	D. M. MacRae, M.D.
Nutrition	W. A. Cochrane, M.D.
Pharmacy	R. M. MacDonald, M.B.
Post-Graduate Education	D. C. Cantelope, M.D.
Public Health	S. D. Dunn, M.D.
Public Relations	S. C. Robinson, M.D.
Rehabilitation	G. J. H. Colwell, M.D.
Traffic Accidents	A. L. Murphy, M.D.

Special Committees

Annual Meetings	D. I. Rice, M.D.
Federal Health Mrants	C. J. W. Beckwith, M.D.
Group Disability Insurance	A. J. Brady, M.B.
Prepaid Medical Plan for Atlantic Provinces	A. A. Giffin, M.D.
Presidential Insignia	A. W. Titus, M.D.
Salaried Physicians	J. S. Robertson, M.D.
Special Research	A. A. Giffin, M.D.
Specialist Register	H. J. Martin, M.D.
Workmen's Compensation Board, Liaison Committee	A. W. Titus, M.D.

Others

Post-Graduate Division of Faculty of Medicine	L. C. Steeves, M.D.

Representatives

Mar. Hospital Services Assoc.	H. E. Christie, M.D.—C. J. W. Beckwith, M.D.
Board of Registration, Nursing Assts.	C. J. W. Beckwith, M.D.
Canadian Cancer Society, N.S. Div.	J. E. Stapleton, M.B.
Executive Committee of the C.M.A.	R. O. Jones, M.D.
V.O.N. (Canada) Board of Governors	J. J. Stanton, M.D.
Trusteeship Committee, C.M.R.S.P.	C. H. Young, M.D.
Dalhousie Medical Library	H. C. Still, M.B.

The Chairman of the Committee on Resolutions (Dr. M. F. Fitzgerald) presented a review of the resolutions arising from the Annual Meeting with recommendations for certain of them.

A recommendation for a consultation committee on the C.M.A. meeting 1965 to be held in Halifax was discussed and will be finalized at the next meeting.

The signing officers for the Society are to be the Honorary Treasurer (Dr. J. F. Boudreau), the Chairman of the Executive (Dr. L. C. Steeves) and the Executive Secretary (Dr. C. J. W. Beckwith).

The Executive Committee dealt with correspondence.

Dr. A. J. Brady, Chairman of the Special Committee on Group Disability Insurance announced that 51% of the membership had made application for the insurance and the plan is in full effect.

On motion, the first regular meeting of the Executive Committee 1961-62 adjourned at 5 p.m.

C.J.W.B.

NOTE: Transactions of the Business Sessions of the Annual Meeting will appear in later issue

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COMMENT

It was a pleasure indeed to publish the text of Miss Ruth Faulkner's paper on 'Virus Infections of Current Interest' in the June issue. It reminds us of two things. First of all, how to write clear, concise and descriptive prose on a subject that might not at first appear to lend itself to such excellent treatment. Secondly, of the fact that many brilliant workers have entered Medicine through portals other than those of the standard medical schools and are playing a primary role especially in the scientific aspects of preventive medicine, and the development of basic researches somewhat beyond the horizon of normal medical training. In the splendid material she has assembled, it is almost fantastic to note that the HeLa cell has already celebrated its tenth birthday of continuous line cultures; also that in spite of several teams of full-time workers, that hardy nut, the I. H. virus still eludes identification.

There is nothing so pleasing as bumping into old friends in unlikely places. So one felt on seeing the broad, genial features and polka dot tie of the Past President of the College of General Practitioners smiling faintly from the inner cover of the June issue of Reader's Digest above an impeccable piece of his own Digestese. As President of the College and also of M.M.C. his gavel has been a heavy one in past years and it is fitting that he has been singled out by the national edition of the Digest for a distinctive place in its pages.

To those of us who meet him about his daily chores, however, there appeared to be something missing in his picture. Where, Murray, were those supraorbital furnishings of yours? Where *were* your specs?

The delicate diplococcus that has harnessed the hot passions of *homo sapiens* to extend and perpetuate its own world-flung empire appears in no way perturbed by its high susceptibility to penicillin.* Oddly enough it is this vulnerability that seems to be assisting it in its spread. Because it may be eradicated from a single host with comparative ease it appears that gonorrhoea is no longer so much feared or guarded against. War and drink, quickly removing as they do the thin skin of civilized inhibitions, are its most active accomplices, and the enthusiastic amateur rather than the prostitute is the principal vehicle of spread in the Western world.

*Bulletin of the World Health Organization.

Dr. Roe's article on 'Cancer Hazards in our Environment.' earned a first Editorial in the Canadian Medical Journal. In the last paragraph the writer bemoans the fact that it has not reached a wider public. There is a simple answer to this. Reprint it in the C.M.J. It would be a gracefully paternal gesture to the provincial medical journals and would encourage an increasing interest in local publication and writing.

In the current issue we present the first of our 'Thousand Word' articles. We hope to publish one such article every month. In this aspiration we are fortunate to be able to draw upon an increasing team of highly specialised medical scientists. The idea is to furnish thumb-nail sketches upon topics of general application written by specialists from their own field. We supply the topic and invite the specialist to write upon them from his own every-day experience. The page is perforated so that it may be readily abstracted for future reference. Any topics will be welcome from members.

E.H.E.

BACK PAIN IN NOVA SCOTIA

R. H. JAMES, M.D.

Much has been written about back pain, and disc disease, I hope there may be some local interest in a few observations on some patients seen in Nova Scotia at the Neurosurgery Department of the Victoria General Hospital. I collected 169 cases who had attended between the years 1956 to 1958. They had all had lumbago and/or sciatica sufficiently severely for them to be ready to contemplate an operation for relief. Not all the patients with such pain turned out to have disc protrusion. 19 of the cases were found to be suffering from other diseases such as osteomyelitis, tuberculosis, and tumors, leaving 150 cases with a definite diagnosis of disc degeneration and protrusion. Of these there were 111 males and 39 females. The greater number of the patients lay in the age group 30 to 50.

One-third of the patients attributed the pain to heavy lifting and straining, and about a seventh of the patients complained of a previous blow or fall and dated their pain from this. But 'disc' pain often comes on spontaneously and there does not always have to be a story of strain.

Clinical Investigation

Pain, local and radiating, was the constant chief complaint (the only case in which it was not the most prominent symptom turned out to have progressive muscular atrophy, an exploration for a possible disc as a cause of the muscle wasting being negative). Spasm of the lumbar muscles, numbness, weakness, limitation of movement were also quite frequent complaints. On examination about 50% of the patients showed weakness of the affected leg, 50% had a positive Lasegue's sign, and diminution of reflexes, usually the ankle, was almost as frequent.

We can get an idea of the value of various methods of diagnosis by checking with the findings at operation. On *clinical* grounds the probability of disc protrusion had been raised in all of 169 cases but was not sustained in the 19 cases which proved to be suffering from a different disease. In addition to these 19 cases there were 16 of the 150 operated upon in whom no disc was found at surgery. Further, in 18 patients diagnosed as having disc protrusion, in whom the surgeon found a disc, the level of the suspected protrusion was at variance with the actual finding. To summarise, there was about an 80% accuracy in the clinical diagnosis, while in that 80% the physician was not always successful in diagnosing the exact level of the protrusion.

X-Ray Investigations

The X-ray investigation consisted of two parts, firstly by the use of plain films, including oblique and special projections, and secondly by the use of contrast material in the form of pantopaque myelography.

With regard to the value of the plain radiographic investigation, this was successful in showing the 19 cases where other pathology was present. In 9 cases in whom the plain films were considered to show no abnormality, a disc was subsequently found at operation. In 7 cases in which no disc was found surgically the plain films had been interpreted as showing evidence of disc degeneration. This would give this method of investigation about 90% accuracy.

Myelography seems to be a very accurate method of investigation and in the 16 cases operated on, but in whom no disc was found, no less than 12 had been given a negative myelographic report. In 12 cases in which myelography

was not helpful, or was even at variance with the other findings, no less than 6 patients had had operations before for disc trouble; previous surgery always makes the interpretation of any deformity seen on myelography very difficult, as one does not know whether it is due to scarring or further disc protrusion. Myelography will often appear to show local indentations despite the fact that there may be no clinical evidence of disc disease; indeed, it is said that in 100% of older people lumbar myelography will show apparent disc protrusion though comparatively few of the patients may have had symptoms. Since the patient is operated on for his symptoms and not because of myelographic findings, the clinical diagnosis will always overrule the myelographic report, as for example in the 12 negative cases already quoted. For this reason there are many centers especially in the United States where myelography has been given up as a routine procedure. This avoids the complications and unpleasantness of myelography and also diminishes the danger of subsequent litigation. It does seem that myelography is helpful as a confirmatory procedure and may occasionally help the surgeon by indicating a level for the protrusion different to that which he had expected, or show additional unsuspected protrusions. Very rarely some different pathology comes to light, such as a thoracic cord tumor which has produced leg symptoms.

What are the clinical effects of minor congenital abnormalities picked up by chance on routine X-ray? In this series there were no less than 22 cases with abnormalities of fixation, mostly sacralization, i. e. about 12%. Spina bifida and spondylolysis were other fairly common chance findings. Easily the commonest anomaly is to see variations in the plane of the apophyseal joints, especially at the lower two levels of the lumbar spine. Actually it is quite rare to see a patient with the text book anatomical symmetrical arrangement of the facets. Although one would expect some strain to occur when joint surfaces face in different planes, there did not seem to be any ill effects so far as one could judge in this group. I may say that other series have been published where routine lumbar X-rays have been made, as for example, as a preemployment test, in which a similar high incidence of congenital abnormalities has been noted in symptomless patients.

Value of Surgery

A followup was directed to doctors and patients mainly through the mail to find out the value of surgery to the patient. The results showed, speaking broadly, that about one third of all the cases operated on might be considered as cured, losing all their pain and disability. Another half the patients stated that they had been improved; usually they lost their sciatica and root pain, but were left with some degree of weakness and aching in the back and tended to be limited as to the amount of heavy work and strain they were able to undergo. The remaining 15% of the patients said they were either not improved or worse. It seemed that perhaps the results were rather better in the male cases than the female. It is impossible to give any reason for many of the failures. Some of them have been operated on more than once. In some the diagnosis of disc degeneration had been incorrect. In the 16 cases operated on in whom no disc was found at surgery, there were quite a few, about 1/3 of them, who said they were greatly improved or cured after the operation, Dr. Stevenson says the operative relief is due to the clearing of the inflammation of the roots and not just to the removal of the protruded disc, so perhaps this is the explanation. I was particularly interested to see that the cases who had the congenital abnormalities in the spine did no worse than those without such anomalies so that there is no need to refuse surgery or in most instances do any additional procedures such as fusion, because there are congenital anomalies of this type present.

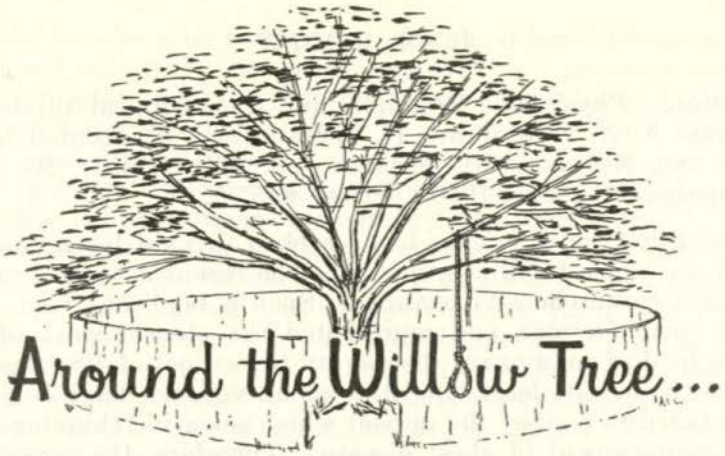
BOOK REVIEW

Respiration. Physiologic Principles and their Clinical Applications. By P. H. Rossier, A. A. Buhlmann, K. Wiesinger. Translated by Peter C. Luchsinger and Kenneth M. Moser. pp. 501. Illustr. 95. The C. V. Mosby Company, St. Louis, 1960. Prince $15.75.

Until recently, the physician has searched in vain for a concise volume which would introduce to clinical medicine the recent advances in respiratory physiology in a comprehensive manner. Such a book has been available to those able to read German and represented the pioneer work of clinical research in the field of pulmonary disease by the school of Professor Rossier of Zurich, Switzerland. At least two other small volumes have ben available in English, but failed to convey the impact which scientific thinking has made in the modern management of chest disease. Therefore, the important contributions of the Zurich School made available in translation are most welcome. The book really constitutes a mile-stone in the advance of medicine in the twentieth century. It gathers together the careful thinking and specialized knowledge of a number of individuals who since 1933 have carefully adapted the tools of physiology to the care of patients with chest disease. It can best be summarized by the final paragraph of the historical introduction on page 21 which states: "Thanks to the intensive effort of several generations of investigators, we may say today that among the organs of the body, the functional status of the lungs can be determined with unsurpassed ease and precision. To be sure, this progress has been a consequence of constantly improving investigative technique and equipment, but the greatest impetus to development in this field was provided by the method of approach; a mathematically oriented way of thinking. Such thinking forms a scientific basis of medical knowledge and is the back-bone of adequate research. Unfortunately, such thinking continues to intrude itself only slowly and painfully into clinical medicine."

The authors are careful not to depict the advances on a conventional and parochial basis and their outlook is truly international The American School, guided by Cournand and Riley as well as Comroe and others, are placed in juxtaposition with the achievements from Britain and the continent of Europe. Respiratory physiology is treated as an exacting science in this volume which, nevertheless, is easily read and followed. Its outstanding contribution is the link which the authors have forged between the measurements derived from modern tools of research and the profound clinical experience that guides their day-to-day management of respiratory disease. The clinician will find this aspect of the book invaluable. It offers a refreshing approach to critical evaluation of drug effects upon disordered function caused by well-known chest diseases. If this volume does nothing else but initiate a critical attitude towards the accepted methods of management in chest disease, it will indeed become more than a mere reference work. For the senior intern and resident it should become a companion, a hand-book to be constantly consulted (at $15.75? ED.) while engaged in the bustle of patient management. For the medical student this volume has much to offer, (same comment ED.) particularly in forging a scientific link between the basic science of physiology and disordered function of the lung as seen on the wards. The volume, therefore, can be recommended to all members of the medical profession and the reviewer wishes the authors and the publishers well for under-taking this venture.

L.C.



WELCOME BY THE VALLEY MEDICAL SOCIETY TO THE REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA AT THEIR ANNUAL DINNER.
Kentville, June 7, 1961.

Mrs. Mack, Your President, Mayor Calkin, Ladies and Gentlemen;

I consider it an honor and a privilege to be asked to address you to-night,—and, as the Official representative of the 60 Doctors from Windsor to Digby—I should like to extend to you, a very warm and heartfelt welcome,—to this Valley.

And in doing so, I would like to say that the Valley Medical Society, feel that your deliberations will be thoughtful, constructive and beneficial, to the Public, to us and to yourselves.

We want you to know, that we are deeply interested in these deliberations, —because—our two Professions, Nursing and Medicine, are integrated and complementary to each other, and have been so,—from the days of Florence Nightingale down to the present time—*and should remain so.*

It is a wonderful working partnership, based on the Christian principles of thoughtfulness, kindness,—and helpfulness, to our ailing human beings; carried out, in a highly ethical and scientific manner.

Without one—the other, could not properly function or exist. Good diagnosis and good treatment, is of little avail, to the patient, if not translated by yourselves, into the tender bedside care, that you so painstakingly render, *And*—we are willing and anxious, to assist you; in maintaining that high standard of which, you must be so justifiably proud.

When Mrs. Fox asked me to speak at this Dinner—she said—we would like you to say a little more than a *welcome*—but *not* a full after-dinner speech —In other words—Something like a Ladies Dress—"Long enough to cover the subject, but *short* enough, to be interesting".

If I may be permitted a short personal observation, after 44 years in the practice of Medicine, I would like to reminisce and say,—one sees many changes in drug Therapy, types of disease and methods of nursing, in that period.

One thing that deflated me badly when I first came to Kentville, was the fact that patients came to the door, and enquired if my Father was in.

At the Victoria General Hospital, in 1917, there were 70 cases of diphtheria: at one time. This disease could usually be detected by the odor;—when one entered the room. Tracheotomy was often indicated; death was frequent and antitoxin was the last resort.

No known cure existed for pernicious anaemia, scarlet fever, typhoid or small pox, at that time.

Diabetes, tuberculosis and lobar pneumonia were prevalent and either ended fatally or necessitated months and years, of treatment.

Osteomyelitis, general peritonitis and puerperal sepsis were frequent and fatal.

X-ray and laboratory techniques were crude, to say the least. R.H. Factor, the P.H. and the typing of blood were unknown. The giving of blood was by direct transfusion, vein to vein, patient to patient.

Anaesthesia—consisted mostly of the administration of chloroform—Dr. J. Y. Simpson of Edinburgh, was the discoverer of the use of this drug, and first used it in child-births. He was knighted by the Queen, for this contribution to the cause of Humanity. A friend of his, visiting him afterward said,—"*John* now that you are Knighted you must have a "Coat of Arms". Dr. Simpson said, "What would you suggest"? The friend replied—"I think that the Crest should be—*A New Born Baby*".—and the motto "Does your Mother know your out".

In the field of nursing, at that time,—most confinements were done in the home, with an *untrained elderly neighbor*, as the sole nursing helper. We also of course, had the devoted hard working Graduate—often on 24 hour duty, grabbing a few hours sleep—*when possible*, and poorly paid; if paid at all.

They tell a story—of the old doctor, who went to the house and found the nurse in bed and had refused further duty. He went to interview her, and she said, "I've been here 6 weeks, and haven't been paid, so I'm staying in bed, until they pay me". Whereupon he replied—"I've looked after these people for 16 years and haven't been paid either"—"*So move over*".

Financial consideration is always an important one—But not paramount—We must never let materialism; either in the form of Unionism or Socialism, *destroy* the great tradition of our two professions, which it is the fortunate privilege of you and I, to follow and enjoy.

Mass effort is prone to produce loss of individualism and craftmanship. Assembly line techniques, can only result in a reduction of Medical and Nursing Standards. Integrity and personality should *always* be reflected, in ones work.

The *seriously* ill patient, requires variations of pattern-treatment; which often means to *him*, the difference between the present and the hereafter. In the eyes of that patient, *you* are truly "Angels of mercy", and it is *your* pride—in *your* work, and *gentle care*, that he is interested in.

Yours is a sacred trust;—not shared by others.

Never let this great tradition of your noble profession;— which has been handed to you—*fall from your hands.*—

In the words of that immortal wartime poet,—Dr. John MacRae;

To *You* is thrown the Torch,
Be yours to *hold* on high,
If *Ye* break Faith with us who die,
We shall not live.

Thank You.

J. P. McGrath, M.D.

PERSONAL INTEREST NOTES

Cumberland Medical Society

Dr. DeW. H. Fisher spent his holidays in the southern United States.

Halifax Medical Society

Drs. Victor C. Starratt and Ernest B. Johnson have recently removed their offices for the general practice of medicine from 51 Coburg Rd. to 109 Coburg Rd., Halifax, Phone 423-7167.

Dr. J. H. Malloy, who practiced for some years in St. John's, Newfoundland, has recently opened an office at 141½ Coburg Rd., for the practice of diseases of the eye, ear, nose, and throat. Phone 423-7822.

Dr. Byron L. Reid, has recently become associated with Drs. J. H. Slayter and D. I. Rice, in the practice of general medicine and obstetrics at 158 South St. Phone 423-9239.

Valley Medical Society

August 2, 1961—Hon. R. A. Donahoe, Minister of Health of Nova Scotia, opened the $1,200,000 Soldiers' Memorial Hospital at Middleton. Sixty-eight of its 125 beds are ready for patients. Mr. Donahoe applauded the local effort which led to the rapid completion of the hospital, and pointed out that only $135,000 of the total cost of the project remains unpaid and about a quarter of it is already pledged.

Federal Revenue Minister, George C. Nowlan, making his first public appearance in three months, following his recent illness, said it was the first hospital to be partly financed by the Department of National Defence, which made a grant of $135,000, because of the close association between Middleton and the R.C.A.F. base at Greenwood.

It is also the first new, fully equipped hospital to be built under the Nova Scotia Hospital Insurance Act.

Other speakers at the opening ceremonies, included Middleton Mayor, M. P. Armstrong, Medical Staff Chairman, Dr. G. R. Mahaney, and Chairman of the Board of Management, Mr. Paul H. Roop.

Western Nova Scotia Medical Society

Dr. R. B. Auld has taken over Dr. O. Hunter's practice in South Ohio. Dr. Hunter is now taking post-graduate training in Radiology at the Victoria General Hospital in Halifax. Dr. Auld's first patient was his six weeks old girl, who had to have a Fredet-Ramstedt operation.

Dr. Wm. F. Mason has taken over Dr. M. W. O'Brien's practice in Tusket; Dr. O'Brien is also taking post-graduate training in radiology at Halifax.

Dr. M. J. Cassells is now in Yarmouth as full time pathologist. His wife, also an M.D., has taken Dr. I. F. Bruce's practice in Hebron. Dr. Bruce has left for Edinburgh where he is taking post-graduate training in Otolaryngology.

Dr. (Mrs.) Bergman-Porter has established an office for private practice in Yarmouth.

Dr. F. S. Oznegy is now full time radiologist of the Yarmouth General Hospital.

Dr. Alpheus M. Wilson, Barrington, was the victim of a head-on collision, and is presently resting comfortably in the Yarmouth General Hospital in a body spica, having received a fracture of the acetabulum among less serious things.

University

As part of the program of affiliation between Dalhousie and the Halifax Infirmary Dr. Srul Tul Laufer, Chief of Medicine at the Hospital has been appointed Associated Professor of Medicine at the University on a part-time basis. Dr. Laufer, a graduate of Naples University, Italy in 1930, came to Halifax in 1939, when he joined the staff of the Halifax Infirmary.

Dr. Gordon H. Hatcher, (McGill 1944), has been appointed Professor and the Head of the Department of Preventive Medicine, effective January 1, 1962. Dr. Hatcher is presently in Miami, Florida as Director of a Chronic Illness project and an Associate Professor of the University of Miami School of Medicine. He has done extensive work in the Public Health Field as well as for medical care plans in Canada and the United States.

Dr. J. Donald Hill (Dalhousie 1960) has been awarded a fellowship by the Canadian-Scandinavian Foundation for further study in Sweden. Dr. Hill, who has spent the past year doing post-graduate work in surgery at the Cincinnati General Hospital, plans to use the fellowship for a year of research at the Karolinska Institute in Stockholm. He leaves for Sweden, August 1, 1961.

Congratulations

To Dr. and Mrs. C. B. Weld, Halifax on the recent marriage of their son, Robert John Rudolph Weld to Miss Heather MacLeod MacDonald, Sydney.

Coming Meetings

Specially Arranged Post-Graduate Courses—The Director of the Post-Graduate Division, Faculty of Medicine, Dalhousie, advises "The Post-Graduate Division is particularly anxious that more practitioners take short periods of full-time post-graduate training, or year-long periods of once weekly training, by special arrangement with various Departmental Heads at the University. The Director of the Division is prepared to assist in making these arrangements not only at Dalhousie, but is also prepared to obtain information regarding opportunities in other post-graduate training centres, on behalf of interested practitioners within the Atlantic Provinces."

September 25-29, 1961—The Annual "Week in Anaesthesia" conducted by the Department of Anaesthesia through the Post-Graduate Division, Faculty of Medicine, Dalhousie will be held in the Victoria General Hospital. Detailed programs will be mailed to all practitioners at the beginning of September. If you plan to attend, please notify the Division at an early date as the numbers to be accommodated are limited.

October 2-6, 1961—47th Annual Clinical Congress of the American College of Surgeons at Chicago Illinois. Address inquiries to Dr. W. E. Adams, Secretary, American College of Surgeons, 20 East Erie St., Chicago 11, Illinois.

November 6-9, 1961—35th Annual Dalhousie Refresher Course, Halifax, N. S.

November 13-18, 1961—Canadian Heart Association and National Heart Foundation of Canada, joint annual and scientific meetings in Vancouver, B. C. Address inquiries to Dr. J. B. Armstrong, National Heart Foundation of Canada 501 Yonge St., Toronto 5, Canada.

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

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

October 7-13, 1962—The 4th World Congress of Cardiology will be held at the Medical Centre, Mexico City, Mexico. Address inquiries to the General Secretary: Dr. Issac Costero, 4th World Congress of Cardiology, Institute N. De Cardiologia, Avenida Cuauhtemoc 300, Mexico 7, D. F.

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

SHIELDS, L. H.; SMITH, D. A.; COOK, R. W.; WITTE, E. J.; GARLAND, D. L. A Local Outbreak of Trichinosis: Annals of Internal Medicine, *54*: Page 734 to 744, April 1961.

"Trichinosis, a helminth infestation harbored by 25% of North Americans at some time during their lives, causes death in 5 to 6% of symptomatic patients." "11.2% of garbage fed hogs in the east were infested". "There is also an immense reservoir of this helminth in rats and other rodents".

This article reports an outbreak in a small Pennsylvania community of twenty-five hundred, in which seven patients became seriously ill with trichinosis. Ten others were suspected but not proven to be involved. Prolonged diarrhoea and peripheral nerve involvement occurred as unusual manifestations. Six of the seven cases ate raw sausage. The other used a kitchen utensil that had been in direct contact with raw sausage.

This article is of particular interest in Nova Scotia because of the periodic outbreaks of similar nature reported here.

L.C.S.

INFECTIOUS DISEASES—NOVA SCOTIA
Reported Summary for the Month of May, 1961

Diseases	NOVA SCOTIA 1961 C	NOVA SCOTIA 1961 D	NOVA SCOTIA 1960 C	NOVA SCOTIA 1960 D	CANADA 1961 C	CANADA 1960 C
Brucellosis (Undulant fever) (044)	0	0	0	0	18	8
Diarrhoea of newborn, epidemic (764)	1	0	0	0	6	3
Diphtheria (055)	0	0	0	0	2	2
Dysentery:						
(a) Amoebic (046)	0	0	0	0	0	0
(b) Bacillary (045)	0	0	0	0	89	166
(c) Unspecified (048)	61	0	0	0	95	26
Encephalitis, infectious (082.0)	0	0	0	0	0	9
Food Poisoning:						
(a) Staphylococcus intoxication (049.0)	0	0	0	0	0	0
(b) Salmonella infections (042.1)	4	0	0	0	110	0
(c) Unspecified (049.2)	0	0	60	0	0	206
Hepatitis, infectious (including serum hepatitis) (092, N998.5)	12	0	95	0	566	355
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	3	0	0	0	9	10
Meningococcal infections (057)	0	0	0	0	2	14
Pemphigus neonatorum (impetigo of the newborn) (766)	0	0	0	0	3	1
Pertussis (Whooping Cough) (056)	1	0	7	0	406	432
Poliomyelitis, paralytic (080.0, 080.1)	0	0	0	0	8	13
Scarlet Fever & Streptococcal Sore Throat (050, 051)	66	0	97	0	1054	1509
Tuberculosis						
(a) Pulmonary (001, 002)	25	2	19	2	0	342
(b) Other and unspecified (003-019)	1	0	12	0	0	122
Typhoid and Paratyphoid Fever (040, 041)	1	0	0	0	17	21
Venereal diseases						
(a) Gonorrhoea —						
Ophthalmia neonatorum (033)	0	0	0	0	0	0
All other forms (030-032, 034)	9	0	21	0	1111	1008
(b) Syphilis —						
Acquired—primary (021.0, 021.1)	0	0	0	0	0	0
— secondary (021.2, 021.3)	0	0	0	0	0	0
— latent (028)	0	0	1	0	0	0
— tertiary — cardiovascular (023)	0	0	1	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	2	0	181*	118*
(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	1	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	11	0	10	0
Tularaemia (059)	0	0	0	0	1	0
Yellow Fever (091)	0	0	0	0	0	0

*Not broken down

C — Cases D — Deaths

Complete figures for T.B. in Canada are not known

C.D.C. 7