

Presidential Address

M. G. TOMPKINS, M.D., SYDNEY, N. S.

Honored Guests, Ladies and Gentlemen:

DEEM it a great honor and a singular privilege to be allowed to address you tonight as the 101st president of the Nova Scotia Medical Society.

It has been an interesting and pleasant experience to serve as your President and may I extend heartfelt thanks to the officers and members of the Society who have helped make my tasks less arduous and wholly pleasant.

Eleven months ago under the very able chairmanship of our esteemed Doctor Reid, we were told of the remarkable progress made during the past century in the advancement of Medical Science—a progress that has been phenomenal!

I thought that to-night we should consider some aspects of Medical practice as they will concern us greatly in the future—explore as it were some “*Pathways to the future*”—a theme phrase I have borrowed from another Association’s annual meeting.

“*Pathways to the future*”—it intrigues me and I felt when I read it how aptly it applies to what greatly concerns the Medical Society in its future work.

Firstly, let us consider the place of the medical practitioner in the Community—we are agreed I think that he has a foremost place—and the part he must play in bringing about a more amicable relationship between the medical profession and the general public.

We are pledged to work for the best interests of the public as regards medical care and we can demonstrate our interest by actively supporting and providing leadership in those areas of *Health Insurance*, *Hospital Accreditation*, *College of General Practitioner* and lastly by making known the views of the Medical Profession in the matter of licensing of foreign doctors, all of which I like to think as “*pathways to the future.*”

We shall stop briefly at the question of *Health Insurance!* The Canadian Medical Association has long been committed to the principle of Health Insurance. By that we hold that our fellow citizens and patients should have available to them a means of budgeting against the costs of illness. Since 1937, the medical profession in various areas of Canada has undertaken to answer the need for health insurance by sponsoring from their own resources their own service plans of prepaid medical care.

We in Nova Scotia have adopted this plan in recent years when the Maritime Medical Care was launched with your support and blessing. Many other groups have entered the field also, namely insurance companies, industrial groups, cooperative companies and hospital associations which have all contributed to the coverage of patients and the sum total is a matter of justifiable pride. The latest figures which I have been able to obtain show that by all voluntary agencies, exclusive of governments, more than five million are enrolled for surgical care and more than three million for medical services. Our enrolment in plans included in trans-Canada medical plans now exceed one and a half million.

We, as medical men, are all for this type of medical services, namely the voluntary payment of insurance premiums and the pooling of financial resources so that illness can be budgeted for, in advance.

Why are we opposed to compulsory health insurance? The idea of personal individual responsibility for one's spiritual and material welfare is not only a basic doctrine of the Church, but it is the *Cornerstone of Canadian Life*. Many people feel that we are losing our grip on this fundamental principle of personal responsibility and that we are submerging the dignity of our citizens in a welfare state.

We recognize the responsibility of society to create such conditions that will enable the individual to readily achieve a state of physical and spiritual well being. It is the business of society through private and voluntary associations as well as public agencies, to see that the necessary means are available for the social welfare of the individual.

It is not however, the business of the state to assume *all* the functions of society nor to relieve the individual of his own responsibility and deprive him of his freedom of choice. It is *most* necessary, we feel, that these truths be recognized as the strength and fibre of the state. There is both a social and individual responsibility. To ignore either phase of this working relationship is fatal to the whole!

The question at issue therefore, is not the promotion of better health care for the nation, concerning which there is full agreement but rather, a determination of the methods and policies which conform best to sound social principles.

Health care should be made available to all people in terms of reasonable cost to the public. We submit that a program of service by voluntary associations and private initiative backed by government financial support is more in keeping with this sound principle than a federal compulsory health insurance system.

Honorable Paul Martin said in his address to the Canadian Medical Association in June, 1953, and I quote, "I can assure you that no action taken by the present government will ever stifle or destroy the liberty of the individual doctor" end of quotation. Again he stated that the problem of working out a method of sharing the cost of illness on a sound equitable basis that is consistent with constitutional and professional tradition is a matter that is receiving careful and continuing study of the government. I suggest that it is a problem that should engage the attention of every member of the medical profession. For in all that concerns health the *doctors* should be the *leaders* in planning for progress.

Now, the second aspect. Three years ago the American College of Surgeons announced that they could no longer carry on the program of Hospital Standardization. Therefore, the task of promoting the highest level of patient care in the hospitals of Canada and the United States was assumed by the Joint Commission on Accreditation of Hospitals. We have in Canada, at the present time, one full-time inspector and one part-time inspector. The part-time inspector will inspect only those hospitals with French speaking personnel and patients. These men will work under the same conditions that apply to the other field representatives of the Joint Commission.

To be accredited a hospital will have to measure up to the accepted standards of organization as regards records, hospital facilities and services which should indicate that the level of patient care is high. Accredited will soon

begin to mean to both the public and the profession simply the highest possible medical care that can be obtained in our land.

I am rather disturbed at the report of our representative on the accreditation of hospitals. He states that the survey shows that in the United States of 25 bed hospitals and over, seventy-five per cent are fully approved. Whereas in Canada only 32.1 per cent are fully approved. Again of the 853 hospitals in Canada of 25 beds or over, only 318 or 38 per cent have applied for accreditation. Therefore, it should be the aim of our profession to so educate *ourselves* and our hospital administrators that no hospital in Canada will operate below the basic levels as laid down by the Joint Commission. I would urge each hospital representative here to-night to do all in his power to encourage and promote the best interests of his hospital towards attaining accreditation by the Joint Commission.

For the past number of years we have been greatly disturbed over the increasing number of specialists and specialties in the Medical Profession. It has been recognized by the general practitioner that something would have to be done to elevate the status and increase the prestige of the family doctor which tended to be lowered in this age of over-specialization.

The need for an organization to foster and recapture in the minds of the profession and laity alike the traditional dignity of the work of the family doctor has been admitted both in the United States and Great Britain and in *Canada*, the College of General Practitioners has emerged to meet that need!

While I was gathering material for this talk, I came across an address by a Doctor J. P. Saunders at Atlantic City several years ago. He had this to say in regard to General Practitioners. "I have advocated during my time of office that the best medical students should go into the general practice field—that it required the students to know so much about so many things, that if he were a dullard, he could not make a good general practitioner. If a student is not quite so aggressive or not *so* intelligent then he should be advised to go into one of the specialties—as he would not have to know so much about so many things."

It is at this point that I would like to refer again to a remark I made at the beginning of this speech. It is the licensing of foreign Doctors and what should be our attitude and Philosophy in accepting these Doctors into our midst. The European trained physician is in our midst and we must be prepared to recognize that as a profession we have a twofold interest in him, the first is to see that he has at least one year's acquaintance with Canadian Physicians, hospitals and sick at close range—because unless he has had previous registration in the British Isle he must qualify in Canada, satisfying our requirements. He should serve a regular internship of one year in as good a hospital as can be found for the purpose—misleading propaganda to the contrary, medical education in Europe during the years of the last war did not deteriorate in a hopeless fashion. The majority of immigrant physicians have received a theoretical training and practical hospital experience comparable to our own medical education.

Obviously not all our own graduates are Oslers or Listers and we cannot expect better of the average European doctors. Notwithstanding their professional attainments in their homeland, a year of hospital experience in the Canadian Hospital seems to be entirely in keeping with adjustment to prac-

tice in the new land. After this year of Hospital experience there should be adequate examinations—written, oral, and clinical. It should be the same examinations we require of our own graduates as it is the means we take to ensure that the public is adequately protected as far as professional attainments are concerned.

We have a second responsibility to make him a *good Canadian Physician*. Our talk of professional ideals and conduct is in vain if we cannot meet the challenge and treat the European Doctor no longer as foreign but as one of us, so long as his conduct justifies it—he must be accepted wholeheartedly in our midst and prejudice of any sort or shade should not be allowed to rear its head. We have to remember that at least one generation of war and political strife has affected his personality and his ideals and this cannot be overcome in a day. You will be accepting him as an equal when you help him with his cases and ask his help with yours. There you will be assisting him to develop his professional respect and become a better practitioner if we do not set an example for him to imitate can we expect him to rise above us in spite of us? Can we expect him to be tolerant if we are intolerant; professionally adequate if we are careless or indifferent in our work; immune to the greed of money if we are clearly obsessed with the idea that this is the main and only purpose of life?

Here and there in Canada under a variety of guises there exist obstructive barriers to the Doctor of European origin making a new start in the world. These are not worthy of us; they must not be allowed to grow!

Before we pass final judgment, let us consider the alternative to a constructive course of conduct. Any human being constantly thwarted in his desire to improve his lot becomes embittered against the group causing his frustration and against society as a whole. If he has had professional training and he finds that his best efforts while sufficient to overcome any educational inadequacies, cannot cope with deliberate prejudice and obstruction, he chooses the alternative, and becomes embittered, a skillful irregular, a thorn in the flesh, and in time of war or political stress a certain 5th columnist.

I am confident that sober consideration of these matters will lead us to the conclusion that we are big enough as men, we are scientific enough as physicians, we are wise enough as citizens of a free nation, and we are Christian enough as human beings to deal with any problem existing or likely to arise in this connection in a sane fashion.

And so in closing may I say that in attempting to point out these fast-developing—and what I think—are, important aspects of medical practice or what affects it, I do not presume to discuss these aspects exhaustively and conclusively, but merely to make a few pertinent remarks on subjects which affect us all as members of the Medical Profession and cannot but affect the public in which we are vitally interested.

Past experience has made certain things clear with regard to the maintenance of the high place in the community to which physicians aspire. Educational standards must be kept high but the medical curriculum must be flexible enough to allow for changes which will reflect changes or advances in Medical knowledge. The spirit of the Hippocratic Oath must continue to guide the practitioners of medicine and the physician must conduct himself in a sober, cheerful, and modest manner. If these precepts are observed the physician need not worry about his place in the Community.

The Role Of The Basic Sciences In Anaesthesia *

WESLEY BOURNE, M.D.

MONTREAL, QUEBEC

AS an epigraph for this discourse, I have chosen a few lines from Shelley's *Prometheus Unbound*:

One undivided Soul of many a soul
Whose nature is its own divine control,
Where all things flow to all, as rivers to the sea.

Thus, in 1819, while in Rome, our poet wrote his great lyrical drama and drew attention to the fact that man is involved in mankind, that we are dependent upon one another just as was pointed out by John Donne more than three hundred years ago in his seventeenth *Devotion*. While this conception is by no means new, considerable importance has been given to it in recent times as set forth by Ashley Montagu in his book, *On Being Human* (1950). Particularly does he point out that, as a basic discovery of modern science, man is born for cooperation and not for conflict. The principle of humanity, of one world, one brotherhood of peoples, may be measured by the extent and intensity of man's love for mankind. Human relations are the most important of all relations. Upon this understanding must be based all our educational policies. Teaching is a task which demands qualities of the highest order. The teacher must be temperamentally fitted for his profession, and he himself should be an exemplar of the art of living and the practice of human relations. Man cannot live by bread alone. Physiologically, biologically, psychologically and socially, he can retain his health and flourish only in love of, and co-operation with, his fellow man.

With this grand human imperative in mind, it may be seen that the establishment of centres, like unto that which exists in Dalhousie University, centres, for the provision of opportunity to learn anaesthesia, will be brought into being more and more. Each such centre will be conducted by a number of preceptors, from the laboratory and from the clinic, who, working together in harmony, will be constantly reviewing, replenishing, and re-affirming doctrines through scores of daily acts; all tending towards integration and leading to creative fulfillment. Then, on account of such an ever-widening partnership, with Lucretius, it may be said of them, that these "men live in a mutual dependence, and like runners transmit the torch of life".

They pass on the torch, but teachers should not forget that, by multiplying and refining the particular forms of specialization, men have become content to belong to detachments of men, indeed, to be isolated. The physician ceases to deal with the body as a whole, so much so that even Doctor Oliver Wendell Holmes mentioned specialists in diseases of the right leg, who would not treat those of the left. While it is true that we must have specialists, it is equally true that each man should be encouraged so to develop himself as to be able to understand the needs and desires and ideals of other men.

*Read at the Post-Graduate Course for General Practitioners conducted by The Post-Graduate Committee of The Faculty of Medicine of Dalhousie University, March 31, 1954, in Halifax.

Thinking along these lines, Lewis Mumford, in his book, *The Conduct of Life* (1951), treats of the subject of Wholeness and, in one part says that the scholar who values wholeness, who cultivates the ability to look around his subject, to include every aspect, to throw forth tentacles into related fields, will, with new standards of mind, find it desirable to do over the work of the past. Nothing that we do by routine is safe from corruption. In order to keep old truths alive, we must re-think them, every year and every generation, testing them in the light of further experience, and, indeed, even consider altering the very terms and words with which we express them so as to be sure that our thought is still active and dealing with realities. In order to keep good institutions in operation, we must re-dedicate ourselves to them, correct the errors time constantly discloses in their workings, even deliberately break up regulations and conventions that are about to fossilize to a point where they resist human intervention, resist all attempt at renovation. For, as man has created within himself the physiological equilibrium that is essential for both survival and growth, so, to active balance without retarding growth, and to promote growth without permanently upsetting balance, become the two great aims of organic education. Even Auguste Comte (1798-1857), in his conception of the party of order and the party of progress, has not shown at what point order and change, stability and variation, continuity and novelty are equally fundamental attributes of life. T. S. Eliot, in his *Selected Essays* (1917-1932): *The Function of Criticism*, gives the opinion that "the past should be altered by the present as much as the present is directed by the past."

And so, one may envisage the graduate in Medicine who enrolls for training in anaesthesia will have the opportunity to learn from many masters in Anatomy, in Biochemistry, in Pharmacology and in Physiology, and, as well, many masters in Anaesthesia at several hospitals, for, I take it that the candidate should rotate from one hospital to another every six months. Of course each aspirant will have already served at least one post-graduate year in an approved hospital, preferably in Internal Medicine. Then, irrespective of the length of the course, that is, the number of years spent in clinical anaesthesia as a trainee, he will be obliged concurrently to take the ancillary courses in the basic sciences, conducted by the respective departments, and will attend weekly seminars and symposia, both carefully planned and supervised. Candidates will report on allocated readings, supply answers to questions which have been assigned to them and lead in the discussions. Each member will have to write a thesis on a chosen subject under circumscribed rules. After this is edited, he must give a twenty-minute presentation of it at one of the meetings. The writing of essays may be regarded very highly as it causes the candidate to use the library intently, gives him practice in writing and speaking and supplies thoroughly prepared and well-edited reviews for circulation. In effect, one could consider the publication of the better works.

Off and on, each academic year, it will be good to invite speakers of distinction belonging to other institutions. Besides the knowledge which such men impart, it is immeasurably advantageous that they be met, become known and be understood by the participants of the course in this immediate fashion, for these young men and women will have their thoughts tinged with a touch of new truth, so to attain those conceptions which are necessary and appropriate

to man in his acting and thinking (Santayana). Albert S. Schenkman wrote recently in the *Universities Quarterly* (*Idle Talk—or Vital Talk*, 6:384-389, Aug., 1952), as follows: "Regardless of the size, it is imperative that the group have opportunity to discuss with and to question experts on their particular topic. Such an outside stimulus is necessary to spark the discussion, to bring new ideas to the members, and to keep the group from working in a vacuum.

"It should be understood that we use the term *Expert* here to designate not necessarily a world authority on the subject but, perhaps, only a person who has more than the usual amount of first-hand information about a section of the over-all theme. By this definition a 'member' of one workshop might be an 'expert' if he met with another group. Often merely the presence of a new face does much to liven discussion. If nothing more, new contacts always serve to strengthen group members in the knowledge that they are not alone, and meeting with outside people convinces them that they are not carrying out abstract—and meaningless—discussion."

In such manner, we shall have the men of the next generation of anaesthetists learn that the real world flows and changes throughout its existence, and yet, in words like those of Josiah Royce (*The Spirit of Modern Philosophy*, 1892), it preserves its *logos* sacred and eternal just by changing. If we watch patiently, we shall see that, from the very wealth of forms, the true form which is present through all the changes will come to light. In such fashion, our instructors, in developing artists in anaesthetics, will be following a precept of Voltaire: "La base de tout art est la discipline." They will be inculcating the principles of absolute truthfulness, absolute respect for the rights and freedom of every one of their fellow-men, utter devotion to the cause of high-mindedness, of honesty, of justice, of simplicity, of honour; such is the ideal of Kant (1724-1804). It is a stern and rigid ideal, but it will triumph as it is the highest wisdom that reason conceives.

As in medicine generally, so in its branches, the so-called basic sciences ought to be understood, and it is not surprising to find those men who have to do with the teaching of anaesthesia emphasizing the importance of some special knowledge of anatomy, of biochemistry, of pharmacology and of physiology. You know that Jean Fernel was "the earliest to draw together into one discipline physiology, calling it for the first time by that name, and holding it to be the necessary introduction to scientific medicine. From his Paris folio of 1542, finely printed by Simon de Colines, the modern text-book of physiology starts." (Sir Charles Sherrington, *Man on his Nature* (1942.) Fernel wrote about nature and, in part, that "for the physician there is in man nothing whatsoever which does not come within the law of Nature, nothing whatsoever excepting only his knowledge and his power to will (cognito voluntatisque arbitrium)." Sherrington sings well the praises of Fernel.

The university's department of physiology will conduct a course in physiology especially intended for anaesthetists consisting of lectures and demonstrations followed by laboratory periods in which the salient points of the lectures will be studied experimentally. The main attention will be directed to three major systems most directly implicated in anaesthesia:

1. The Nervous System—The problems of (a) Pain, (b) Sleep and Unconsciousness, (c) Muscular Tone and Relaxation, and (d) the Autonomic System.

2. The Respiratory System—(a) Mechanical Factors, (b) Nervous Control, and (c) Chemical Control.
3. The Cardiovascular System—(a) the Heart, and (b) the Blood Pressure.

In pharmacology it is desirable to have several lectures, followed by appropriate demonstrations of specific phases of the subject. In a general way, four topics may be covered:

1. The pharmacology of the drugs used for premedication in all types of anaesthesia.
2. The pharmacological effects of the general anaesthetics on the various organs and systems of the body.
3. The pharmacology of the analeptic drugs.
4. The "local" anaesthetics, with special reference to their relative efficacy in different types of regional anaesthesia, and to their toxicity.

Similarly, in biochemistry, the following may be considered:

1. Blood preservation: the operation of hospital blood banks and the distribution of blood to hospitals; developments in apparatus for collecting, storing and administering blood; blood substitutes; use of preserved blood serum, plasma, albumin and globin; survey of blood groups and types; the Rh Factor and its clinical significance.
2. Body water and electrolytes, that is, salt and water metabolism.
3. Nutrition—basic considerations in energetics and nutrition.
4. Liver function and liver damage—critique of various tests of liver function; factors which cause liver damage; reno-hepatic relations.
5. Kidney function—current concepts of function and factors that lead to impairment.
6. Protein metabolism in disease—disturbance in nitrogen metabolism after trauma; restoration of nitrogen balance.

No doubt the professor of anatomy with his associates will endeavour to give to the graduate students in anaesthesia a thorough and reliable knowledge of the anatomy of all those structures with which they will be immediately concerned. That is to say, they will have to study thoroughly the anatomy of the vertebral column, the spinal cord, the meninges, and all the parts related to "spinal" anaesthesia and "caudal blocks". In like manner they should have a thorough knowledge of the anatomy of the nose, throat, larynx, trachea and lungs. As concerns regional anaesthesia, there may be a series of lectures on the distribution and relationships of the peripheral nerves. Meticulous attention will be paid to surface landmarks, and a thorough knowledge of the relationships of the nerves at the site of injection. One may be sure that several two or three hour periods will be spent in the laboratory where the students may carry out injections on the cadaver and do their own dissecting.

In keeping with the tendency to place mental illness beyond physical illness, the post-graduate student of anaesthetics ought to have a short course in psychiatry. It stands to reason that such instruction must have a definite value in helping the anaesthetist better to influence the *psyche*, better to gain reliance, better to induce obnubilation. Has not someone said that suggestion is an attenuated form of hypnosis?

Now, therefore, when any one candidate will have completed the whole course in anaesthesia, it may be said of him that "he knows other things than

anaesthesia". Just as the due de Savoi said of Ambroise Pare: "il connait d'autres choses que la chirurgie".

The importance of having the student anaesthetist move from one hospital to another every six months cannot be too strongly emphasized. By so doing he gains a diversity of experience under the tutelage of many leaders. In this way he cannot be "branded", cannot become hall-marked, by person or by place, even though these be all excellent! It is reasonable to believe that he who learns from many masters, all else being equal, will these outdo, as time goes on, in knowledge and in action. It is reasonable to believe that he will be more capable, more versatile, more percipient than he who ranges under one rubric. Indeed, the anaesthetist of tomorrow will surely be more accomplished than are we. On behalf of this not-too-small portion of super-organic evolution (Spencer), has it not become our bounden duty, in manner altruistic, so to provide? Has not Virgil said: "It is the lot of most teachers to be outgrown by their best pupils". Robert Bridges, in *The Testament of Beauty* (IV,684), has it:

if but the teacher be himself
virtuous or musical—an exemplar as such,
he will be keenly follow'd, and often in his love
that his pupil surpass him is his best reward.

Parenthetically, it may be said that, although the general practitioner can rarely find time to participate fully in such a course in anaesthesia as I am depicting, he may be assured that he is always most heartily welcomed by the university anaesthetist to take part at any time for as long a period as he may be able to spare. And, besides, he will find that, as is done at Dalhousie University, many university departments of anaesthesia conduct specially organized short courses in anaesthesia for the general practitioner. No doubt already you will have read the excellent and thought-provoking, leading article, entitled, "Comprehensive Medicine", in the Canadian Medical Association Journal of last month (February, 1954, 70: 116), by K. L. White, J. S. L. Browne and E. D. Wittkower. They discuss the many revolutionary changes which are being attempted and considered, and say that "Nothing is final or certain about any of these innovations but they represent some of the notable attempts to give new depth and meaning to the concept that the true physician must master both the science and the art of medicine." Also, they say: "An encouraging feature of these developments in medical care has been the willingness of specialists to relinquish 'sovereignty' and to cooperate in the re-orientation of their roles in the care of patients. It is not a question of minimizing the specialists' contributions but of utilizing their skill in ways which are most useful to the individual patient and medicine as a whole." And again: "Of greater importance has been the restoration of the general practitioner to his former role of family counsellor interested in his patients' health and welfare and not merely in 'episodic illness'." And further: "Individual private practice in isolated offices is being supplanted by group practice either in close proximity to hospitals or in health centres. General practitioners and internists are recovering their status as the family physicians, and a more realistic balance between 'generalists' and 'specialists' is being achieved."

Anaesthetists must not fail to follow the precepts of a great British physician concerning Clinical Science. "Research in teaching schools is important because research and teaching react favourably upon each other, together creating the right atmosphere and building up the right tradition." The research should be, (*preferably*), of the clinical variety wherein the work may be done equally freely in the laboratory, the operating theatre and the ward. Indeed, it is well for a department of anaesthesia to consist of two divisions, the one clinical and the other laboratory. All of the work should be led by the professoriate and encouraged among the members of the staff. The young students of anaesthesia should be given ample opportunity to recruit themselves into research work. I shall not dwell on this topic, but shall say that the general directions of Sir Thomas Lewis are ably set forth in the *Lancet*, May 13, 20 and 27, 1944.

Professor Stoddard and his colleagues are to be congratulated, for they have not hesitated before the magnitude of the task to accomplish. Now, they are being recompensed by success, for they have been resolved to go to the very end of their effort. Let us say with Molière, "que plus l'obstacle est grand, plus on a de gloire à le surmonter." (by how much the more the obstacle is great, by so much the more is the glory of accomplishment).

There is gratification in seeing teachers surrounded by circles of eager and often emulative youth. Such young people are apt to act as though they had read and learned what Bertrand Russell has written, namely "Imagination, memory, desire, thought, and belief all involve ideas, and ideas are connected with suspended reactions. Ideas, in fact, are parts of causes of actions, which become complete causes when a suitable stimulus is applied." (*Human Knowledge: Its Scope and Limits*, 1948). These young students of anaesthesia will remember what Pascal said in his *Pensée fait le grandeur de l'homme*: (Thought makes the greatness of man).

Man is only a reed, the weakest in nature, but he is a thinking reed, it is not necessary that the whole Universe arm itself to crush him, a dampness, a drop of water suffices to kill him. But when the Universe does crush him, man will be still more noble than that which kills him, because he knows that he is dying and he knows the advantage that the Universe has over him. The Universe does not know anything.

L'homme n'est qu'un roseau, le plus foible de la nature, mais c'est un roseau pensant, il ne faut pas que l'Univers entier s'arme pour l'écraser, une vapeur, une goutte d'eau suffit pour le tuer. Mais quand l'Univers l'écraserait, l'homme seroit encore plus noble que ce qui le tue, parce qu'il seait qu'il meurt et l'avantage que l'Univers a sur lui. L'Univers n'en sait rien.

Les Pensées.

Speaking Of Instruments

BERTHA OGILVIE ARCHIBALD
Halifax, N. S.

THE ailment know as Nostalgia although not a serious malady can affect one's emotions perhaps more than most diseases. Possibly other people beside myself had a touch of nostalgia as they viewed the old Victoria General Hospital being demolished. As I have said before if those walls could speak what interesting stories they could tell.

Years ago when graduates from McGill University wanted to register in the British Isles they came to Halifax and had to pass the Nova Scotia examinations. Some of the examiners were doctors on the staff of the hospital. Very frequently the students failed to receive their coveted diploma due to the fact that they could not identify the instruments in the operating room. The real reason was that some of the instruments were so very antiquated and obsolete that they had not even heard of them.

Now these students were not the only people who sometimes failed in their finals. Our own students were often unable to talk intelligently of their uses and name them.

One day the head nurse in the operating room and her male nurse assistant decided to do something definite about those instruments. They gathered up a large bundle of them and away to the attic they went and hid them in the farthest corner under some old mattresses.

Examination day came. Doctor Murdock Chisholm, Doctor Norman E. MacKay and Doctor Vincent Hogan stormed into the superintendent's office to know what had happened to the old instruments. Mr. Kenny, the Superintendent, called the head nurse for an interview. She well knew by the tone of his voice over the 'phone just what was on his mind. She said to herself, "After all, I needed more shelf room for the shipment of instruments they said were ordered. Those poor students should have a break." Argue as she would her sensitive Presbyterian conscience was beginning to trouble her. But she stood resolute.

"Now Miss," shouted the Superintendent, snapping his fingers as was his custom when annoyed, "Where are the old instruments?" (He rarely remembered the nurses' names.) "Don't you realize that you are responsible for all instruments? And do you not know that the examinations are due in a day or so?"

"Well, Mr. Kenny," answered the nurse, "You must realize that I have to work every night there is an emergency, as well as carry on during the day so I just cannot be on duty all the time." She never divulged what happened to the instruments, and perhaps the workmen found them recently, when in process of dismantling the wings as both North and South wings of the hospital have now disappeared.

In the very, very early days of the hospital there was an unwritten rule pertaining to instruments. The internes for their year's service were remunerated with a few essentials for starting practice. However, one year it would seem that this privilege was somewhat abused, to such an extent in fact, that a

City Detective was engaged to make a raid on the internes' quarters to salvage some of their loot.

Someone tipped off the internes and the day before the grim visitor arrived, they one by one, crept up to the attic and hid their precious instruments on the beams and anywhere that offered sufficient concealment. These trips to the attic aroused the curiosity of the nurses, but those who were in on the secret never divulged it.

One day Mr. W. W. Kenny, the Superintendent, called me into his office. He said, "Miss—Miss—come with me." He took me into the Board Room. It was the first time that I had seen this sanctum-sanctorum. The long Board Room table was literally covered with all kinds of instruments, catheters, bougies, tubes of catgut, tubes of silk, needles, syringes, adhesive plaster and a conglomeration of things so antiquated that I am sure they must have been in use many years before I was born.

Beside the table was an old suitcase which had contained these things with a note attached to it but no name or address. The note read: "To the Supt. of the Victoria General Hospital. Hospital property returned. My conscience troubled me." This suitcase was thrust in the back door late one night. No one knew where it came from or who brought it. A demonstration of conscience delicate and tender!

Minutes of the Executive of The Medical Society of Nova Scotia

THE Annual Meeting of the Executive of The Medical Society of Nova Scotia was held at the Isle Royale Hotel, Sydney, N. S., September 6, 1954, at 9.40 a.m.

Present: Doctor M. G. Tompkins, President; Doctors D. M. Cochrane, A. G. MacLeod, D. F. Macdonald, C. G. Harries, W. M. Nicholson, A. L. Sutherland, E. F. Ross, C. L. Gosse, T. B. Murphy, A. D. Kelly, General Secretary of The Canadian Medical Association and W. Victor Johnston, Executive Director, College of General Practice of Canada.

The President called the meeting to order and welcomed Doctor Kelly and Doctor Johnston to the meeting. He stated that the Executive were missing a prominent figure for many years in the person of Doctor Grant who had unfortunately had a sudden call in May, and that the Society had lost a loyal and efficient Secretary.

It was moved by Doctor D. F. Macdonald that the Minutes as printed in the Nova Scotia Medical Bulletins of December, 1953 and January, 1954 be taken as read. This was seconded by Doctor T. B. Murphy. Carried.

Doctor A. L. Sutherland was appointed as Acting Secretary.

The following letter from Mr. N. E. Whynot, Sales Manager of Rolph, Clark, Stone Maritimes Limited, dated August 30th, was read by Doctor Sutherland.

"In response to your request we are quoting our price for letterheads embossed in color with your new crest.

We are attaching samples of No. 1 Bond papers which we are suggesting for the job and have figured our prices on the basis of using four colors in the crest and engraving the balance of the copy in black. Our engravers have suggested that the ribbon below the crest should be shown in white with a black outline and lettering and I am attaching a sample showing a full color crest that has been handled in this way.

The price for producing just 1,000 letterheads engraved in four colors with approximately the same amount of black copy as on your present letterhead and with the crest in full color except for the white in the ribbon is \$64.90. In addition to this there would be a charge of \$195 for engraving the dies.

If we were to produce the letterheads engraved in one color only the price for the letterheads would reduce to \$28.15 and the price for engraving the one-color die would be \$125.

The prices mentioned in this letter are f.o.b. Halifax but sales or other tax would be extra at time of shipment.

We will look forward to receiving your comment and instructions."

It was moved by Doctor C. L. Gosse that the Society carry on with the regular letterhead as used in the past. This was seconded by Doctor E. F. Ross. Motion carried.

The following resolutions from the Western Nova Scotia Medical Society were read by Doctor Sutherland.

1. That the Nova Scotia Medical Society be asked to request the Canadian Medical Society to take steps towards having the Proprietary

Drug Act changed so as to require the listing of the active ingredients on drugs offered for sale.

It was pointed out that several instances have occurred where children have taken overdoses of commonly used children's preparations or adult doses of other drugs and that the doctors attending these patients, not knowing the ingredients, could not render proper emergency treatment.

2. That the Nova Scotia Medical Society and Maritime Medical Care be written asking that Dental Anaesthesia be allowed as a charge under Maritime Medical Care. The members felt that this was purely a medical procedure and that patients could not understand why it was not allowed, requiring as it does, the services of a medical doctor.

It was moved by Doctor D. F. Macdonald that the resolution regarding the Proprietary Drug Act be referred to the Executive of The Canadian Medical Association for their ruling. This was seconded by Doctor E. F. Ross. Motion carried.

It was moved by Doctor D. F. Macdonald that the resolution regarding Dental Anaesthesia be referred to the General Meeting for their opinion. This was seconded by Doctor D. M. Cochrane. Motion carried.

The following resolution from the Lunenburg-Queens Medical Society was read by Doctor Sutherland, which had been passed unanimously by that Society on May 14th, 1954.

WHEREAS, The smaller local hospitals have, for some years, been laboring under a disadvantage in their inability to obtain X-ray and laboratory technicians, especially the latter, and

WHEREAS, such technicians are largely being trained at the taxpayers' expense in government owned and operated laboratories, and

WHEREAS, The smaller local hospitals constitute the first line of defence in safeguarding and maintaining the health of the people in their surrounding communities, and as such deserve far more consideration than they have been receiving,

Therefore, be it *Resolved*, that the members of the Lunenburg-Queens Medical Society, being fully cognizant of the situation, and of their responsibility to the people whom it is their privilege to serve most urgently request that the situation as it exists at the present time be corrected without delay, and that some of the technicians, now being trained in government-owned and tax-supported laboratories be released to the smaller local hospitals, in order that the benefits of adequate laboratory service be more equitably distributed, and

Be it further *Resolved*, That copies of this resolution be sent to the Executive Committee of the Nova Scotia Medical Society.

It was moved by Doctor C. L. Gosse that the whole thing be shelved and discussed with Doctor C. C. MacIntosh and a report be given at the next meeting of the Executive. This was seconded by Doctor D. F. Macdonald. Doctor E. F. Ross moved that the resolution be referred to the Nova Scotia Society of Radiologists and that this be included in Doctor Gosse's resolution. This was also seconded by Doctor D. F. Macdonald. Motion carried.

After a lengthy discussion as to whether the Society should have a full-time or a part-time Secretary the following resolution was moved by Doctor C. L. Gosse.

1. Resolved that the Executive of the Nova Scotia Division of the Canadian Medical Association is in favour of a full-time Secretary.

2. That the Executive reserve the right to allow such a Secretary to take on such additional duties as might be in the interest of the Nova Scotia Division and which might aid in defraying the salary of such a Secretary.

3. That a committee be appointed by the Executive to explore all possibilities and report back to the Executive with a plan and nominations for the position and that the Executive be given the power to finalize the arrangements.

This was seconded by Doctor D. M. Cochrane. Motion carried.

Doctor E. F. Ross spoke on the matter of full-time radiologists and pathologists at the Victoria General Hospital having been informed by the Department of Health that they must accept a full-time civil service appointment or be replaced by others who would. After some discussion it was moved by Doctor A. G. MacLeod that the Executive give Doctor Ross authority to bring this matter before the general meeting. This was seconded by Doctor W. M. Nicholson. Motion carried.

Doctor Tompkins stated that he had had a letter from Doctor H. F. McKay saying that he would not be able to accept the Presidency of the Society as he had taken a full-time position.

Doctor D. M. Cochrane, now Second Vice-President, agreed to act as President for this next year, and it was moved by Doctor C. G. Harries that this matter be referred to the Nominating Committee, and that the next meeting be held in Amherst. This was seconded by Doctor D. M. Cochrane. Motion carried.

At this point of the meeting Doctor G. F. Strong, the President of The Canadian Medical Association, arrived and was welcomed by the President, Doctor Tompkins.

The following letter from Miss P. Godfrey, Information Officer of The Canadian Welfare Council at Ottawa, dated August 13th, 1954, was read by Doctor Sutherland.

"On the request of Dr. A. D. Kelly, I am sending you as secretary of the Nova Scotia Provincial Division of the Canadian Medical Association 'The Policy Statement of Residence Requirements as They Affect Unmarried Mothers' (enclosed), based on the report of a joint committee of the Public Welfare and Child Welfare Divisions of the Canadian Welfare Council.

"As you probably know the following resolution was passed at the recent annual meeting of The Canadian Medical Association:

'THAT The Canadian Medical Association support the recommendations as set forth by the Canadian Welfare Council with regard to the financial responsibility for the maintenance of unmarried mothers and their children.'

"In his letter Dr. Kelly says, 'You are at liberty to say that we support your recommendations wholeheartedly, and will do everything possible to have them implemented.' He adds that as the matter is a provincial one

the most effective help can be given at that level. We should certainly be grateful for any steps you and your organization may care to take in the matter and shall hope to receive your comments on it.

"We should be pleased to supply you with further copies of the policy statement if you wish. We also have available the full report of the committee in mimeographed form."

It was moved by Doctor D. F. Macdonald that it be referred to the Committee on Public Health with the Executive's approval. This was seconded by Doctor E. F. Ross. Motion carried.

Regarding the appointment of honorary members it was moved that a committee be appointed to consider these appointments, and the committee appointed was Doctor D. F. Macdonald, Doctor E. F. Ross and Doctor A. L. Sutherland.

Doctor A. G. MacLeod read the following report of the Legislative Committee and moved the adoption of the report, which was seconded and carried.

"During the past year the only important Medical Legislation enacted was Bill 39—An Act to Amend and Consolidate Chapter 113 of the Revised Statutes, 1923, The Medical Act. Your preceding Legislative Committee was consulted about and aided in the revision of the previous Medical Act. The Amended Act as passed is therefore acceptable to the Society.

"At present the Government has formed a committee for the purpose of assisting in the drawing up of regulations for the licensing of practical nurses. The Society is represented on this Committee.

"A request from the Cape Breton Medical Society to the Nova Scotia Medical Society that an effort be made to terminate the Medical Reciprocity Act with Great Britain, was referred to this Committee. Your Committee is in full sympathy with this request but felt that the time was not favourable for further action. This matter should be kept in mind and brought up again at some more opportune time."

The following report of the Cancer Committee was read by Doctor Sutherland.

"I have your letter of August 2nd of notification of the meeting of the Executive of the Medical Society. A couple of attempts were made to get the Cancer Committee together this year but these failed. As a result, the Committee has no report to make for the annual meeting."

It was moved, seconded and carried that this report be received.

Doctor Sutherland next read the following report of the Public Health Committee.

"The annual report of the Department of Health of the Province of Nova Scotia is in the hands of the printers and will not be available for this report. The Deputy Minister, J. S. Robertson, M.D., D.P.H., was kind enough to send me the enclosed figures and a letter from which the following two paragraphs are quoted.

"With regard to Tuberculosis, about which you may wish to say something, you will note that the preliminary death rate for 1953 is eleven (11) which is the lowest rate yet reached in this province and is below the all Canadian death rate. However, the mortality rate does not tell the entire picture since we are still finding a large number of new cases and the morbidity

curve is at best only levelling off. This phenomenon is apparently all over Canada, that is, a marked decrease in mortality with a continued rise in morbidity. Several reasons have been advanced for this phenomenon such as the increased emphasis on case finding, mass X-ray surveys, increased interest of the doctors, more complete availability of X-ray equipment, and so on. The other reason which is causing us some concern is a theory only and has to do with new resistant forms of the tubercle bacilli resulting from indiscriminate and improper use of anti-tuberculosis drugs, particularly where they are used singly and not in combination since, as you know, there is a marked tendency for resistance to develop when a single drug such as Streptomycin is used. It is felt by some authorities that mutants are arising and these may be responsible for many new cases of pulmonary tuberculosis. However, this is only a theory and the probable explanation is the increased emphasis on case finding.

“If you wish, another part of your report might deal with the matter of maternal and child health which is an important item in our health programme. As you know, we now have a policy of establishing Well Baby Conferences all over the province and the medical profession take part in many of these particularly on the day when immunization procedures are carried out. In this way, we are getting immunization carried out at a very early stage and people are not letting their children go until they are of school age before they are immunized against smallpox, tetanus and diphtheria. Our figures would indicate that while well over 90% of our school children are immunized against smallpox and diphtheria that the infants are not so protected and as you know, the greatest danger, particularly in whooping cough, is under the age of one. There are now going on in Nova Scotia forty to fifty Well Baby Conferences and it is hoped that the number will be greatly increased in the future. The co-operation of the doctors in the community is worked well in towns where the Victorian Order of Nurses carry on the conferences and it is felt that our part in this programme has to do with the rural areas. A further step has been taken in this field by the appointment of Doctor E. L. Eagles as Director of Maternal and Child Health in this Department and the setting up of an advisory committee which will be broadened in the near future by taking in other groups interested in maternal and child health.

“I think it is fair to say that it is the intention of this Department to gradually take the emphasis off the tuberculosis programme and to place more emphasis on the maternal and child health programme, particularly in the rural areas where this Department has always placed emphasis leaving the cities and towns to develop a programme of their own under Municipal auspices.”

“The infectious diseases, mumps, measles and chicken pox appear to be prevalent, passing from one section to another aided by rural high schools and increase in automobiles and travelling. Quarantine appears to have become a thing of the past yet these diseases account for considerable discomfort and expense. Infectious hepatitis has appeared in several localities and points to poor sanitation as to water supply and sewage disposal.

“This committee strongly suggests that all infectious diseases be reported to the local medical health officer.”

DEATHS FROM SPECIFIC CAUSES

Nova Scotia 1951-52-53

	1951 Number of deaths	1951 Rate†	1952 Number of deaths	1952 Rate†	1953 Number of deaths	1953 Rate†
Cancer (Malignant Neoplasm).....	832	129.5	847	130.5	959	146.3
Diphtheria.....	1	0.15	1	0.15	1	0.15
Diseases of the Circulatory System.....	1,944	302.5	2,087	321.6	2,074	316.4
Infant Mortality.....	594	34.7*	615	34.3*	586	32.1*
Maternal Mortality.....	12	0.7*	14	0.8*	14	0.8*
Measles.....	10	1.6	9	1.4	2	0.30
Meningococcal Infections....	4	0.6	5	0.8	2	0.30
Poliomyelitis.....	23	3.6	7	1.1	6	0.91
Scarlet Fever.....	0	0.0	0	0.0	0	0.0
Tuberculosis (all forms).....	126	19.6	94	14.5	72	11.0
Typhoid Fever.....	0	0.0	1	0.15	0	0.0
Venereal Disease.....	23	3.6	10	1.5	11	1.7
Whooping Cough.....	8	1.2	0	0.0	6	0.91
†Rate per 100,000 population (Census)						
†Rate per 100,000 population (est.)						

All figures given for 1953 are Preliminary figures only and are subject to change at a later date.

*Rate per 1,000 live births

POLIO CASES BY COUNTY

Annapolis County.....	1
Antigonish County.....	2
Cape Breton County.....	21
Colchester County.....	2
Cumberland County.....	4
Digby County.....	1
Guysborough County.....	4
Halifax City.....	9
Halifax County.....	10
Kings County.....	6
Lunenburg County.....	-
Pictou County.....	2
Queens County.....	1
Richmond County.....	-
Shelburne County.....	1
Yarmouth County.....	1
Total	65

It was moved, seconded and carried that this report be adopted.

The Historical Committee reported that they had nothing to report on during the year.

The report of the Workmen's Compensation Board was read by Doctor Sutherland.

"The Workmen's Compensation Board Committee have had an inactive year due to the fact that there were no problems requiring their attention.

"Your Chairman had an informal discussion with the members of the Workmens Compensation Board. At this meeting it was pointed out that the scale of fees for The Medical Society of Nova Scotia had been revised in 1953. It was suggested that since no revision of the Workmens Compensation Board scale of fees had taken place since 1949 that some consideration should be given to this problem, and that further discussion might be held with the idea of bringing these two scales of fees into closer agreement. I suggest this problem might be given further consideration by the incoming Workmens Compensation Board Committee."

It was moved, seconded and carried that this report be received.

The report of the Medical Museum Committee was next read by Doctor Sutherland.

"The activity of your committee through the year has been confined to recovering lost ground. As you are aware, some years Doctor Kenneth MacKenzie gathered together many fine and interesting specimens of value in the medical history of Nova Scotia. He had a display case made and the exhibit was housed in the Pathological Museum at Dalhousie. When the museum was closed two years ago, the medical exhibit lost its home and its whereabouts was in doubt for some time.

"At present it is our belief that the exhibits we have located represent the whole collection, and the exhibit case is again within our control. It is our hope that with the assistance of Doctor Kenneth MacKenzie, and, if necessary, other members of our profession, the museum may again be put on display.

"We believe that the most suitable home for it would be somewhere in the Dalhousie Medical School, preferably in the Medical Library. We have approached Dean Stewart and asked him to consider this. If such a plan be acceptable to the Society, we would advise that the incoming Medical Museum Committee be given a directive to finalize arrangements with him.

"We wish to remind the Society that with the museum again on display it is desirable to gather together such valuable historical mementoes as still may be in existence throughout the province, and we would ask all our members to become conscious of our rich historical tradition with this objective in mind."

It was moved, seconded and carried that this report be accepted.

The report of the Cogswell Library Committee was not received until the meeting was over, so was not presented, but is herewith given.

"The Medical Library Committee held two meetings during the year. At the first meeting appropriations for the purchase of books were drawn up for the various departments. Each Department was notified of the amount available, and purchases were made as recommendations were received. The Cogswell Library Fund furnished \$150 of the total budget of \$1,000. Sixty-six books costing \$442 have been received.

"The following journals were added to the subscription list.

Analytical Abstracts
 British Abstracts of Medical Sciences
 Diabetes
 Great Ormond Street Journal
 Paediatric Clinics of North America

"The Librarian prepared a report on the development of a Library Extension Service for the Atlantic Provinces. This report was circulated among the County Medical Societies of Nova Scotia.

"During the year 235 books and journals were mailed to borrowers in the Maritimes.

"The Library is building up a duplicate file of journals, for use in out of town loans."

The report of the Pharmaceutical Committee was next read by Doctor Sutherland.

"I beg to report that the Pharmaceutical Committee for 1953-54 was practically nonfunctioning.

"On invitation your chairman attended a meeting of the Pharmacological Society at the Lord Nelson Hotel in November, 1953. No business was transacted, however, that pertained in any way to the duties of this Committee.

"Your Committee was ever ready and willing to carry out any directives from the Executive, but we received no instructions or requests that called for any meeting or investigation. We therefore feel, like many greater men on greater Committees, that we have done absolutely nothing, and have done it exceedingly well."

It was moved, seconded and carried that this report be accepted.

Doctor Sutherland then read the report of the Industrial Medicine Committee.

"The Committee appointed at the last Annual meeting of your Society in Industrial Medicine wishes to make the following report:

"Industrial Medicine includes five main topics:—

1. Preplacement examination for employment.
2. The general Hygiene of the plant covered.
3. The medical supervision of employees.
4. The care and treatment of accidents, and
5. The rehabilitation of accident victims and partially disabled employees due to sickness.

"To cover the actions I mentioned above in a report for your Executive would make tiresome and laborous reading but, we would like to suggest the opportunities open to members of the medical profession in your Province in the Industrial field.

"At the present time, only the larger Industries are covered by a complete Medical and Nursing scheme. Left for the general practitioner are all small Industries: garages, service stations, lumbering, fishing, hotels, restaurants, etc., and we feel, unless members of the profession accept their responsibilities and organize these Industries, that the Public Health Department of the Provincial Government will be forced to take them over.

"Therefore, we suggest a small Committee to make a survey of the Prov-

ince, as a whole, to see what Industries are not covered and the report to be forwarded to the Executive of your Organization promptly for consideration and suggested action.

"Hoping the above will stimulate some interest in this broad field, we beg to submit the foregoing report."

It was moved, seconded and carried that this report be accepted and placed on file for reference.

Doctor Sutherland read the report of the Medical Advisory Board to Lay Organizations which stated that they had nothing to report as no requests had been presented during the past year and no meetings had been held.

The report of Doctor D. M. MacRae, representative on the Board of Directors of the Maritime Hospital Service Association was read by Doctor Sutherland.

"This is my report to the Executive as a Medical Society representative on the Board of Directors of the Maritime Hospital Service Association.

"The annual meeting of the Association was held in Moncton on March 27, 1954. The Executive Medical Director's report showed there was a definite increase in the volume of work carried out in both the Blue Cross and Blue Shield departments. The Blue Cross enrolment had increased from 286,703 in 1952 to 293,134 in 1953. The Blue Shield enrolment had increased from 151,771 in 1952 to 162,547 in 1953. The number of participating physicians had increased from 849 to 887.

"The new contracts which went into effect in August, 1952, appear to have worked out satisfactorily from the economic viewpoint. At first they were the cause of many disagreements between plan, subscriber and physician. However, such safeguards were necessary if the plan were to remain solvent. For some unknown reason there always has been a much greater utilization of hospital privileges in this plan than other Blue Cross plans.

"Your representative was requested by the psychiatric group in Halifax to present their views on coverage of psychiatric treatments. Representation was made to the Medical Advisory committee on two occasions and was well received. As a result of discussions with their consulting Actuary, plans are underway to carry out a pilot study in the Halifax area of coverage of psychiatric patients treated with shock therapy.

"Representation was also made to the Medical Advisory committee on behalf of radiologists taking X-ray in their office in emergency cases. This request was turned down as X-ray coverage is provided only under the Blue Cross Hospital contract, not being included in the Blue Shield contract.

"Two special meetings were held on June 4th and 25th. The notice of meeting in each case was only ten days, and I was unable to attend.

"The meeting on June 4th was to consider changes in certain subscriber contracts as recommended by the Consulting Actuary and to consider appointment of directors to fill the vacancies which occurred through the deaths of Professor R. P. Donkin and Mr. George R. Melvin.

"The contract changes referred to were explained by the 'Briefs' of July 22, 1954, and the special reports sent out to all practising physicians.

"The meeting on June 25, 1954 was called to have the directors meet with the chairmen of the governing board of all member hospitals to discuss the above suggested changes before their implementation.

"In conclusion, I wish to tender my resignation and respectfully request you appoint someone to finish my unexpired term as Director."

It was moved that this report be accepted with recommendation to the Nominating Committee that they appoint a representative in Doctor MacRae's place. This was seconded and carried.

The report of the joint meeting of the Medical Societies of Atlantic Provinces regarding the 1958 meeting held at Moncton, N. B., July 28, 1954, was read by the President, Doctor Tompkins.

"The purpose of this joint meeting was to consider plans for the Annual Meeting of The Canadian Medical Association in 1958 in which year the Atlantic Provinces are designated as host for The Canadian Medical Association. The meeting was arranged by Doctor F. L. Whitehead at the request of the various Societies following informal discussions on the question during the Annual Meeting of The Canadian Medical Association in Vancouver in June, 1954.

"The following were present:

New Brunswick representatives:

Doctor G. F. Skinner
 Doctor C. L. Gass
 Doctor D. A. Thompson
 Doctor H. S. Everett
 Doctor F. L. Whitehead

Prince Edward Island Representatives:

Doctor J. H. Shaw
 Doctor J. H. Maloney

Nova Scotia Representatives:

Doctor M. G. Tompkins
 Doctor D. M. MacRae

Doctor C. L. Gosse of Nova Scotia, and Doctor P. Gallagher of Newfoundland were unable to be present.

"The meeting was called to order by Doctor Whitehead who requested that a Chairman of the Joint Committee be appointed. After nomination, Doctor M. G. Tompkins was duly elected Chairman of the Joint Committee and assumed the chair.

"After nominations, Doctor F. L. Whitehead was duly elected Secretary of the Joint Committee.

"After thorough consideration of all aspects of the question in which all members present took part, reflecting to the best of their knowledge the views of the Division they represented, it was moved by Doctor Skinner, seconded by Doctor MacRae, that the members of this Joint Committee recommend to their respective Parent Divisions that the Medical Societies of the Atlantic Provinces accept responsibility for sponsorship of the 1958 Annual Meeting of The Canadian Medical Association. Carried—one dissenter.

"Moved by Doctor Thompson, seconded by Doctor Everett, that this Joint Committee recommend to the Parent Divisions that the site of the Atlantic Provinces Meeting of The Canadian Medical Association in 1958 be Halifax, Nova Scotia. Carried.

"Moved by Doctor Everett, seconded by Doctor Gass, that the privilege

of nominating the President-elect of The Canadian Medical Association be observed in the following sequence, until circumstances warrant a change, beginning with the next meeting of The Canadian Medical Association in the Atlantic Provinces: New Brunswick Division, Prince Edward Island Division, Newfoundland Division, Nova Scotia Division.

"And that should a Division desire to pass up the privilege of nominating the President-elect, it shall automatically have first place in the sequence on the next occasion. Carried. One dissenter and one abstained.

"Moved by Doctor Maloney, seconded by Doctor Shaw, that the Division which nominates the President-elect be responsible for taking action initially to set up a Convention Committee representative of the four Atlantic Province Divisions to plan for The Canadian Medical Association Convention, in conjunction with officials of The Canadian Medical Association. Carried.

"Moved by Doctor Skinner, seconded by Doctor Thompson, that the Secretary forward a copy of the Minutes of this Meeting to all members of this Joint Committee requesting them to have this matter brought up for consideration at the 1954 Annual Meeting of their Parent Divisions, and to report the decision of their Division directly to the Secretary, and that the Chairman and Secretary review the replies received and be authorized to call a further meeting of the Joint Committee if they consider it necessary, and that The Canadian Medical Association be informed officially of the final action taken."

It was moved by Doctor C. L. Gosse that the Executive accept the recommendations and that Doctor F. L. Whitehead, Secretary of the New Brunswick Medical Society, be notified of this resolution. This was seconded and carried.

Doctor A. D. Kelly stated that this report had been endorsed by both the New Brunswick and Prince Edward Island Medical Societies.

The report of the Health Survey Committee was read by Doctor A. G. MacLeod.

"The following is the report of the Committee appointed to survey the Report on Health Facilities and Services in Nova Scotia by Doctor C. B. Stewart.

"The outstanding features of this report are:

1. The staggering estimated cost of complete health coverage in Nova Scotia of between 35 and 75 millions with the probability of the latter figure being more nearly correct.

2. The recognition of the general practitioner as the fundamental unit in any adequate health scheme with the provision of good medical care, i.e. general practitioner care, home nursing service, dental care, etc., a prime need and coming before even increased hospital services. This is in contradiction to the recommendations of the C.M.A.

3. The inadequacy of present hospital facilities especially as regards the mental and chronically ill. An estimate of the necessary requirements and cost is made.

4. Recommendation of the integration of hospitals into a provincial system with the establishment of standards and gradation.

5. Extension of Public Health Services both preventative and curative for children.

6. Extension and enlargement generally of Public Health Services.

"Our points of criticism are:

1. Question may be made of the accuracy of the figures used in estimating the cost of a complete health coverage. In fairness, it must be pointed out that the difficulty of securing accurate data is admitted.

2. It is felt that the estimated hospital needs and services may be open to question especially as regards specific areas.

3. Overemphasis on the extension and enlargement of Public Health Services? Possibly this is merely following the general socialistic trend.

"In the preface, to the Report, it is stated that the acceptance of this report does not commit the Government in any way. However there is every likelihood that it will play a prominent part in the shaping of government policy in this particular field. With this in mind, the suggestion is put forth that each branch society form a committee to study this Report as it concerns them locally and to appraise the situation from time to time. The chairmen could form a central committee.

"Finally, your Committee should like to commend Doctor C. B. Stewart on the excellence of his Report. It is an exceptionally fine piece of work."

Doctor MacLeod moved the adoption of this report which was seconded and carried.

The report of the Provincial Medical Board was read by Doctor Sutherland.

"I herewith present on behalf of the members appointed by this Society to the Provincial Medical Board a summary of the proceedings of the Board in the past year.

"Two regular and three executive meetings were held and attendance of members has been excellent.

"The Board has created from its funds two trusts to endow the Dr. John Stewart Memorial Lecture and the Dr. John George MacDougall Library. They have thus earmarked a considerable portion of the capital assets of the Board for these specific purposes. The Lecture endowment provides a maximum of \$500 a year. It is a contribution to the Refresher Course given annually by the Faculty of Medicine of Dalhousie University since 1923, to defray the expenses of a visiting teacher of outstanding merit in any field of medicine. One of his duties is to deliver the Dr. John Stewart Memorial Lecture during the Refresher Course proceedings. The excellence of the teachers procured by the Faculty and the benefit derived by the profession from their lectures and clinics made the Board feel that a degree of permanence should be given the project.

"The Dr. John George MacDougall Library was set up by the Board while he was still living and is being continued as a memorial to one of the great names of surgery and surgical teaching in Nova Scotia. The Library is housed and cared for in the Dalhousie Medical Library and its books are available to students and practitioners alike. The contribution for this purpose is about \$300 a year.

"It has been decided to assist financially Post-Graduate Medical Education as presently conducted in the Dalhousie Medical School and associated hospitals from time to time as its funds permit. This year a sum of \$250 has been earmarked for this purpose.

"The Medical Act, revised and consolidated, was introduced by the Honorable Minister of Health at the last session of the Legislature and was passed without opposition. It may be mentioned in this regard that no approach was made to the Legislature by the chiropractors at that session, but following their success in having an Act passed in the Province of Quebec further attempts will no doubt follow in Nova Scotia in the near future.

"One complaint against a physician was received and dealt with, as was also one concerning the conduct of a first aid official of a company in the Province. A communication from the Attorney General's Department involved a case in which successive calls to secure a doctor to care for the victim of an assault were not immediately successful and were the subject of criticism. The Board had investigated the complaint and was satisfied that while no physician involved could be properly censured, there was room for closer co-operation between the physicians in a community and the local police as a matter of public relations. Some understanding on the part of doctors in a town concerning emergency calls would appear highly desirable and this arrangement should be known to Town and Police officials and officers of the local Fire Brigade.

"The Board decided after due consideration that it was not within its province to submit a brief to the Royal Commission on problems relating to criminal insanity.

"A large amount of routine business was conducted but the above appears to me to be the points of greatest interest to the profession at large."

It was moved by Doctor T. B. Murphy that this report be adopted; this was seconded by Doctor D. F. Macdonald. Motion carried.

The report of the Chair of General Practice was read by Doctor Sutherland.

"As Chairman of the Committee of the Executive of the Nova Scotia Medical Society, appointed by Doctor M. G. Tompkins to discuss with the Medical Faculty the recommendation of our Committee meeting in December, 1953, I submitted a preliminary report of our first meeting with the Faculty to the special meeting of the Executive held in March, 1954. I was unable to attend this meeting. Subsequently, in April, 1954, our Committee were again called to meet the Faculty and we submitted a summary of what had been done at the previous meetings and also some suggestions for further study.

"This agenda was discussed at considerable length by the members of the Faculty Committee present and we were given to understand that considerable study and thought for the future of the general practice problem had already been made. A transcript of this meeting may be available from the Secretary of the Faculty.

"Our Committee felt that we had gone as far in our discussions with the Faculty as we had been commissioned by the Executive and no further meeting with the Faculty has been held."

Report of the April meeting is as follows.

"The general practitioner is responsible for at least 75% of the medical care of the people.

"There has been a world-wide feeling that the graduating medical stu-

dent to-day is not adequately equipped to administer this responsibility. The probable reason for this growing problem and some of the studies made thereon were mentioned at our last meeting.

"At the 1953 Annual Meeting of the Nova Scotia Medical Society this problem came up and a committee was appointed to study the feasibility of the establishment of a Chair of General Practice at Dalhousie University Medical School, the cost to be defrayed, at least in large part, by subscription by the members of the Nova Scotia Medical Society and perhaps other Maritime Medical Societies. The committee did not believe that this plan should be attempted at this time but suggested that a committee of the Executive of the Nova Scotia Medical Society to be appointed to discuss this problem with the Executive of the Dalhousie Medical Faculty.

"Our committee met the Executive Committee of the Faculty in January, 1954 for an informal discussion. The transcript of this meeting inadvertently is not available. No further meetings of our committee have been held and a report of this preliminary meeting was submitted by us to the last meeting of the Executive. It was felt that our committee was formed to study the problem along with the Executive of the Faculty and that although we might be able to point out some of the difficulties as they appear to us, the matter of the solution properly belonged to the Faculty of the Medical School or to joint conferences of several medical schools, perhaps along with some members of the undergraduate faculties.

"As general practitioners we are glad to give any assistance within our individual experience and we submit some suggestions from the literature for further study; some of these were discussed briefly at our last meeting:

Preceptorships.

General practitioners, wards in hospitals.

Hospital out-patients departments to be used for the training of internes and residents under the supervision of visiting medical and surgical staffs of the hospital.

The 'Integrated Medical Plan' of Peter Bent Brigham Hospital and Harvard Medical School, and the 'Comprehensive Medical Plan' of the University of Pennsylvania, the so-called 'Putting the family back in medical education.'

Undergraduate instruction in the use of community medical resources with emphasis on the necessity of consideration of conservation of the cost of medical care to the patient, family and community.

Internships and first year residencies to be used for general practitioner training only, subsequent one, two or more years being required for specialties."

It was moved by Doctor C. L. Gosse that this committee continue to function and that it be a standing committee. This was seconded and passed.

The Treasurer's report was next read by Doctor Sutherland.

"I am enclosing the financial statement duly audited and found correct of The Medical Society of Nova Scotia for the year ending December 31, 1953.

"You will note that we had a loss of \$1,131.62 on the year's operations and since it does not seem likely that there is going to be any increase in income during the present year, I think we will have to feel that we are spending

as much as we can and even a little more than that and be very cautious on embarking on new ventures which are going to require more financial resources.

"I think of this particularly in connection with the employment of a new secretary, because it is salaries that eat up the larger portion of our actual expenses. I should also report to you that I have followed the direction of the Executive at the half-yearly meeting and invested \$5,000 from our bank account in Province of Nova Scotia Bonds.

"I would like to express my regret at not being present at the 1954 meeting but unfortunately the hearings of the Royal Commission on Insanity as a Criminal Defense are opening in Winnipeg on August 31, and we have to go from Winnipeg on to Vancouver so that it will be completely impossible for me to be with you this year.

"May I express my very best wishes for a most successful meeting."

FINANCIAL STATEMENT

The Medical Society of Nova Scotia
Year Ending December 31, 1953

RECEIPTS

Cash on hand January 1st, 1953.....		\$10,211.49
Members, Annual Subscription to The Medical Society of Nova Scotia and The Canadian Medical Association.....		12,073.00
Receipts from Advertisers Medical Bulletin.....		7,300.63
Members, Levy re Centennial Convention.....	\$ 4,372.00	
Grant Canadian Medical Association to Convention.....	1,000.00	
Rental of booths at Convention, 30 at \$75.00.....	2,250.00	
		<hr/> 7,622.00
Premium on Group Insurance paid by members.....		7,822.09
Sale of Car Emblems.....		30.00
Repayment of Loan Maritime Medical Care Incorporated.....		2,000.00
Interest on Savings Bank Account.....		7.19
		<hr/> \$47,066.40

EXPENDITURES

Cost of publishing Medical Bulletin.....		5,769.71
Members fees paid to Canadian Medical Association.....		7,709.00
Salaries.....		4,479.00
Travelling Expenses.....		710.53
Sundry Expenses.....		1,846.28
Purchase of Car Emblems.....		200.00
Premium paid for Group Insurance.....		7,822.09
Bank charges, Collection costs and Exchange on cheques.....		92.56
Cost to Society of Centennial Convention.....		7,356.36
Cash on Hand, December 31, 1953, Current Account.....	\$ 9,634.88	
Savings Account.....	1,444.99	
		<hr/> 11,079.87
		\$47,066.40

STATEMENT OF LOSS AND GAIN

Annual Subscriptions after deducting amounts paid to Canadian Medical Association.....		\$4,364.00
Proceeds from Medical Bulletin after paying for publication.....		1,530.92
Proceeds after paying the cost of Centennial Convention.....		265.64
Interest on Savings Bank Account.....		7.19
		<hr/>
		\$6,167.75
Less:		
Salaries.....	\$4,479.00	
Travelling Expenses.....	710.53	
Sundry Expenses.....	1,846.28	
Purchase of Car Emblems.....	170.00	
Bank Charges.....	93.56	
		<hr/>
		\$7,299.37
Net Loss on Year's Operation.....		\$1,131.62
Examined and Found Correct, M. L. Bellew, Auditor.		

COGSWELL LIBRARY FUND

Nova Scotia Branch, Canadian Medical Association
Year Ended December 31, 1953

Balance on Hand January 1, 1953.....		\$ 19.84
Income Year 1953.....		188.20
		<hr/>
		\$ 208.04
Less:		
Dalhousie University.....	\$ 180.00	
Rent Safety Deposit Box.....	5.00	
		<hr/>
		\$ 185.00
Balance on Hand December 31, 1953.....		\$ 23.04
Examined and Found Correct, M. L. Bellew, Auditor.		

It was moved by Doctor C. L. Gosse that the Treasurer's Report be adopted. This was seconded by Doctor A. G. MacLeod. Motion carried.

The report of the assistant secretary was read by Doctor Sutherland, all except the list of obituaries, which was read at the general meeting, when a minute's silence was observed.

"Owing to the sudden passing of the Secretary, Doctor H. G. Grant, on May 8th, the preparation of the following report has had to be assumed by the assistant secretary.

"The year was saddened for me personally, following a very happy association with Doctor Grant in our daily work, as well as for all the members of the Society.

"The year was also marked by the Centennial celebration held in conjunction with the Dalhousie Refresher Course, October 5th to 9th, which was an outstanding success. Doctor Reid and his committee are to be highly

commended for an excellent meeting. The Society was very much honoured when the Executive Committee of The Canadian Medical Association held their autumn meeting in Halifax, the first time a Division of The Canadian Medical Association was so honoured. The scientific part of the programme was in charge of the Dalhousie Refresher Course Committee and the contributors from outside were Doctor G. E. Tremble of McGill University, Doctor C. F. W. Illingworth of Glasgow, Scotland, Doctor W. Malamud of Boston University, Boston, Mass., Doctor W. O. Thompson of the University of Illinois, Chicago, Illinois, Doctor C. S. Keefer of Massachusetts Memorial Hospitals and Boston University, Boston, Mass., Doctor C. W. Burns, President of The Canadian Medical Association, Winnipeg, Manitoba, Doctor W. deM. Scriver and Doctor E. S. Mills of McGill University, Montreal. Doctor W. G. Penfield, Director of the Montreal Neurological Institute, Montreal, delivered The John Stewart Memorial Lecture. Local contributions were given by a large number of doctors. The social side of the meeting was well taken care of.

"The Annual Executive Meeting was held on October 7th and many important matters were dealt with. The formation of a Council of The Medical Society of Nova Scotia; a badge for the Society; two letters from the Maritime Hospital Service Association, one asking for two nominees, which was referred to the Nominating Committee, the other regarding publication of hospital statistics which was referred to the Society's representatives; a letter regarding the closing of the Eastern Shore Memorial Red Cross Hospital; a letter from Doctor A. D. Kelly regarding press arrangements which was referred to the Public Relations Committee; the Treasurer's report showed a balance of over \$2,800. The Report of the Committee on Fees was received and passed to the general meeting for further consideration with a motion that the fee schedule be printed in loose leaf form. A letter from Doctor N. H. Gosse asking that his name be excluded from the new House of Delegates of Maritime Medical Care was received. A letter was also received from the Halifax Medical Society enclosing a notice of motion to change their by-laws relative to membership; the Secretary was instructed to obtain more information in the matter and if necessary to employ legal advice. Reports were received from the Editorial Board, Public Relations, Legislative and Public Health Committees, to which latter a paragraph was added on motion of Doctor H. F. McKay regarding the fluoridation of water, Cogswell Library Committee, Committees on Economics, Pharmacy and Industrial Medicine, Medical Advisory Board Pension and Retirement Funds Committee, Secretary's Report, Health Survey and the Provincial Medical Board. There was a resolution from the Cape Breton Medical Society regarding the Medical Reciprocity Act now in force with Great Britain which was referred to the Legislative Committee. A letter was received from the New Brunswick Medical Society re The Canadian Medical Association Annual Meeting—Atlantic Provinces, 1958, and it was moved that the President appoint three members to meet with the New Brunswick group.

"The representatives to the Executive and Nominating Committees of The Canadian Medical Association, and representatives to General Council were elected, as also were the representatives to the House of Delegates of

Maritime Medical Care. Thirty-one new members were admitted. Doctors W. W. Patton of Glace Bay, C. M. Miller of New Glasgow and R. A. MacLellan of Rawdon Gold Mines were elected honorary members. Doctor C. S. Morton of Halifax was elected senior member of The Canadian Medical Association.

"At the three business sessions most of the important matters considered by the Executive were referred to or dealt with. At the first business session the resignation of Doctor M. E. B. Gosse as Editor-in-Chief of the Nova Scotia Medical Bulletin was read and a very sincere vote of thanks was moved to her for the work which she had done. At the second business session it was moved that a committee to consider and investigate the possibility of a Chair of General Practice being established at Dalhousie be appointed. A motion was passed that a letter be sent Doctor H. K. MacDonald expressing regret at his enforced absence from the Centennial celebrations. At the third business session a motion was passed that the Society move a vote of thanks to The Canadian Medical Association for their presence and for their gift of \$1,000 towards the Centennial. It was also agreed that letters of thanks be sent to Sir Lionel Whitby and the Canadian Pharmaceutical Society for their good wishes and the New Brunswick Medical Society for their presentation of a guest book. It was moved that a letter of greetings and best wishes for a quick recovery be sent to Doctor R. M. Benvie of Stellarton. It was also moved that a vote of thanks go to the various heads and their committees of the Centennial committee.

"The semi-annual Executive meeting was held in the Board Room of the Dalhousie Public Health Clinic, Halifax, January 12th, 1954.

"The President, Doctor Tompkins, advised that the next annual meeting would be held in the ball room of the Isle Royale Hotel at Sydney, starting with the Executive meeting on Monday, September 6th. It was moved that the Society charge \$100 for booths of the exhibitors. Doctor J. A. McDonald gave the report of the Committee of a Chair in General Practice at Dalhousie University. The President appointed a committee of four, Doctors J. A. McDonald, H. F. McKay, A. G. MacLeod and D. M. Cochrane to meet with a committee from Dalhousie Medical Faculty that same evening. The Secretary was instructed to bring up the matter of an annual charge against The Canadian Medical Association for collecting its dues at the meeting of the Divisional Secretaries in February. A letter was read from the Nova Scotia Pharmaceutical Society stating the suggestion that the Committee on Pharmacy of The Medical Society meet with a committee from their Society was a splendid one. The Secretary read the letter he had written as Dean of the Medical Faculty to the New Brunswick Medical Society regarding the expenses of the Post-graduate activities of Dalhousie Medical School. A motion was passed that the Executive of The Medical Society recommend to the Annual meeting that a levy of \$3.00 be made on the membership in 1955 for the 1955-56 programme, and a levy of \$5.00 yearly for this purpose beginning in 1956. A report was given on the revised schedule of fees with the information that 800 copies had been ordered and should arrive the end of January. The difficulties of the doctors of Pictou County with the Zurich Insurance Company were discussed and it was moved that this matter be referred to the

Economics Committee. Legal advice had been obtained regarding the formation of a Council to the effect that a notice of motion would have to be given in proper time before the next annual meeting if a Council were wanted. Legal advice was also obtained with regard to the power of the Halifax Branch of the Nova Scotia Division of The Canadian Medical Association to amend its By-Laws so as to make membership in that Branch contingent upon the applicant for such membership being a member of The Medical Society of Nova Scotia and The Canadian Medical Association and that they would have that power provided they obtained the concurrence of the Nova Scotia Division. It was moved that this matter be referred to the next general meeting. New regulations regarding enabling certificates of The Medical Council of New Brunswick were received and referred to the Legislative Committee. A report was read from Doctor D. M. MacRae, one of the Society's representatives to the Board of Directors of the Maritime Hospital Service Association, and it was moved that this be sent to the Committee on Economics. The Treasurer was empowered to purchase Five One Thousand Dollar Province of Nova Scotia Bonds.

"A special Executive meeting was held in the Board Room of the Dalhousie Public Health Clinic, Halifax, March 17th, 1954.

"The Secretary and Treasurer had been working on a badge for the Society with the help of Mr. Forbes Thrasher, an expert on heraldry. Mr. Thrasher, who had been invited to the meeting, spoke briefly on the subject and showed two coloured drawings, one in shield shape to be the coat of arms of the Society, and the other, a circle surrounded by a belt to be used as a badge for membership in the Society. They were both adopted, also a motto for the Society, 'For the health of humanity.' Mr. Thrasher advised in April that Sir Thomas Innis of Learney, the Lord Lyon, approved HEALTH OF HUMANITY for the coat of arms of The Medical Society of Nova Scotia. An interim report was received from the Public Relations Committee, and the Committee was authorized to establish health panels, or radio panels and other radio programmes as they saw fit. Mr. D. C. Macneill, Manager of Maritime Medical Care, who had been invited to attend the meeting, reported on the recent offer of the School Board to the teachers of Halifax to provide them with sickness insurance, which offer was afterwards voted down by a majority of the teachers. It was moved that Maritime Medical Care be asked to give a monthly news letter for publication in the Bulletin. A report was received from the Medical Economics Committee, and a letter of congratulations from the Minister of Public Health in connection with the medical care of Mothers' Allowance recipients. A new agreement has since been drawn up continuing the present care with the addition of fractures, tonsillectomies and minor surgery at the rate of 83c per patient per month. A classification of annual fees for membership was approved starting in January, 1955, to be ratified at the next annual meeting. A provisional programme for the annual meeting in Sydney was presented. It was passed that the Society refrain from using the front page of the Nova Scotia Medical Bulletin for advertising purposes. A letter was received from the Treasurer stating that he had been advised by a representation of the Royal Securities Corporation to purchase either guaranteed debentures of the Eastern Canada Savings and Loan Company or the

Nova Scotia Savings Loan and Building Society instead of Nova Scotia Government Bonds, and asking for advice in the matter. It was moved that the Society continue the former policy of buying Nova Scotia Bonds, which Bonds were later purchased. A report was read from the Committee of the Chair on General Practice, and it was moved that this Committee continue to function. A motion was passed that the Society write the Pictou County Medical Society calling their attention to the schedule of minimum fees, and suggesting that they advise the employers of its existence, and ask that subscribers be informed of their responsibility for any unpaid balance for professional services.

"The loan from Maritime Medical Care Incorporated of \$2,000, advanced in December, 1948, was repaid in December, 1953.

"Membership in the two Societies has increased slightly in 1954. In 1953 the conjoint membership was 454, including 19 honorary members, plus 9 honorary members who were not conjoint members, 30 members of The Medical Society of Nova Scotia only, and 2 who paid their dues to The Canadian Medical Association through The Medical Society of Nova Scotia, making a total of 505.

"In 1954 the conjoint membership so far is 468, including 23 honorary members plus 9 honorary members who are not conjoint members, 25 members of The Medical Society of Nova Scotia, and 4 who paid their dues to The Canadian Medical Association through The Medical Society of Nova Scotia, making a total of 506, less 5 members who died during the year.

"The Cape Breton Medical Society have been working hard preparing for the annual meeting, and everything points to a successful time.

"The following members have passed away since September 1, 1953:

"Cecil John Sparrow, M.D., Trinity College, 1901, died at Reserve October 31st, 1953, at the age of eighty-one.

"Hugh Allan Collins, M.D., Dalhousie 1935, died at Pembroke, Ontario, December 30th, 1953, at the age of sixty-one.

"Donald Francis MacLellan, M.D., McGill, 1922, died at New Glasgow, February 7th, 1954, at the age of sixty-two.

"Morris Jacobson, M.D., Dalhousie 1927, died at Halifax, April 13th, 1954, at the age of fifty-four.

"Harry Goudge Grant, M.D., Dalhousie 1912, died at Halifax, May 8th, 1954, at the age of sixty-four.

"David Wilson Archibald, M.D., McGill 1909, died at Sydney Mines, May 17th, 1954, at the age of seventy-one.

"Henry Kirkwood MacDonald, McGill 1896, died at Halifax, May 23rd, 1954, at the age of seventy-eight.

"Edward Dudley Dickie, M.D., Dalhousie 1941, died at Digby, August 30th, 1954, at the age of thirty-six."

It was moved and seconded that this report be accepted. Motion carried.

It was moved that the meeting adjourn at 12.45 p.m. to reconvene at 2.30 p.m.

The reconvened meeting of the Executive was called to order by the President at 2.30 p.m.

Present: Doctor M. G. Tompkins, President; Doctors A. L. Sutherland, A. G. MacLeod, D. M. Cochrane, D. F. Macdonald, T. B. Murphy, E. F. Ross, W. M. Nicholson and G. F. Strong and A. D. Kelly, President and General Secretary of The Canadian Medical Association.

It was moved by Doctor E. F. Ross that the salary of the late Doctor H. G. Grant be paid as authorized by Doctor M. G. Tompkins to Mrs. H. G. Grant until the end of August, 1954. This was seconded and carried. It was also moved that the honoraria of the Treasurer and Editorial Board be continued as usual. This was seconded and carried.

It was moved by Doctor C. L. Gosse that the salary of the assistant secretary remain as is until the committee re full-time secretary meet and review salaries. This was seconded by Doctor A. G. MacLeod. Motion carried.

The report of the Editorial Board Committee was read by Doctor C. M. Harlow, who came in for that purpose.

"One year ago with certain misgivings we undertook the Editorship of "The Bulletin" and with the invaluable help of the Assistant Secretary, Mrs. Currie, it has found its way each month into your hands. In the most effective manner possible that is our report to The Society. If it has pleased you it is a good report; if it has displeased you it is a poor one. Whatever your reaction we feel that we have a debt to acknowledge and a fund of experience from which to speak of the future of your official organ.

"First of all it is a pleasure to express our thanks to our many contributors. Papers read before the Society, before those attending the Dalhousie Refresher Course, and in Dalhousie Post-Graduate Course, were made available and permitted us to publish a good deal of original work of high order. In addition, faithful contributors for many years continued their support, and we especially welcomed a small number of new ones. The General Practitioners' Association reported organizational and other activities of interest to the profession, as also did the Provincial Department of Health, and Maritime Medical Care Incorporated. We are grateful to all of them, and without their united support there would not have been a publication. From a financial standpoint there would have been no publication without the advertising contained in each number. We bespeak your patronage of those companies which so handsomely support our efforts.

"Having said this we feel that we should devote a word to the great majority of the profession in the Province who did nothing at all of which we were aware. They neither approve nor disapprove. They contribute nothing. They are inert or at most apathetic. An approach for a contribution of any sort receives one of these answers:

" 'I can't write well enough.'

" 'I have no time to write.'

" 'I have nothing to write about that would be of interest.'

" 'I'll do something for you right away.' (He never does).

" 'When I work up something I wish to put it in a worthwhile journal.'

" 'I never read the Bulletin anyway so why should I write for it.'

"This attitude on the part of so many of our medical brethren has made your Editors doubt whether the time spent in this task is not largely wasted. They feel that the time has come when the Society must adopt a vigorous and

forthright policy with respect to its publication or else abandon it entirely. Too much is expected of too few, and this statement will apply to any Editorial Board in future trying to work under similar conditions. If the Society wishes a journal that is worthy of the name we respectfully offer the following suggestions, arising out of our experience, as likely to effect that end:

1. That the Society lay the task at the door of each of its Branch Societies of producing at least TWO papers a year for the Bulletin.

2. That the Society appoint the Secretaries of all Branch Societies to the Editorial Board of the Bulletin.

3. That the Society enjoin the Officers of all Branch Societies not only to give effect to the first of these recommendations, but to make monthly contributions of notes of interest, and to furnish adequate obituary notices when the need arises.

4. That several Committees of the Society, and in particular those dealing with Public Relations, Economics, and History, contribute articles, notes of interest from other countries in their field of effort, and otherwise continuously demonstrate to the Society their participation in the task entrusted to them.

5. That Dalhousie University Medical School and the various specialist medical groups, such as the Atlantic Division of the Canadian Public Health Association, Nova Scotia Division of the Canadian Arthritis and Rheumatism Society, etc., be asked to make regular contributions to the Bulletin.

"It is suggested that many members of the Society could contribute articles on various aspects of practice in their locality, problems of practice, hospital facilities, etc. These would be of immediate value to practitioners in other areas and would also have a permanent value as future sources of reference to present day practice. The Bulletin is extensively used at the time of our anniversaries as a source of historic data.

6. That the Society require of the Editors a specific report of what has been done by each of the above individuals and groups each year.

7. That the society establish an award, known as the President's Award, to a value of One Hundred Dollars per annum, to be made annually to the Member of the Society exclusive of the members of the Editorial Board who contributes the best article or articles each year to the Bulletin. The Editorial Board would be the Judges and the Award would be given on the basis of time and work involved in production as well as on the excellence of presentation and interest.

"We submit that the above is constructive and reaches every member of the Society. Unless there is general and active interest the quality of the publication will deteriorate, advertising will fall off with consequent financial loss to the Society, and the comment, 'When I work up something I wish to put it in a worthwhile journal, and not the Bulletin', will be amply justified.

"Your Editors feel that this must not happen at all costs. The Bulletin in the past has proven its worth. In future it can be made better than ever. No money is required. A bit of interest, a morsel of honest effort on the part of every member will produce the desired result.

"To this end we respectfully request that the following resolution be placed before the General Meeting:

WHEREAS, the Bulletin is considered worthy of the interest and support of every member, and

WHEREAS, the Editors in their report have suggested the following for its improvement: (Items 1, 2, 3, 4, 5, 6 and 7).

Therefore, be it RESOLVED, That the Society give full approval to these recommendations, and require that they be implemented to the fullest extent."

It was moved that a representative from each Branch Society be appointed on the Editorial Board and that this report be presented at the general meeting. This was seconded and carried.

Doctor A. G. MacLeod and Doctor A. A. Giffin were reappointed representative and alternate on the Executive of The Canadian Medical Association.

Doctor C. G. Harries and Doctor J. R. Macneil were appointed representative and alternate on the Nominating Committee of The Canadian Medical Association.

The report of the Committee on Economics was given by Doctor H. J. Devereux who came in to give his report.

"As Chairman of the Committee on Economics I attended a meeting of the Committee on Economics of The Canadian Medical Association in Toronto on April 8th, 9th and 10th. The following topics were discussed:

(A) *Sick Mariner's Fund*: Doctor A. D. Kelly indicated that the recommendation made at the last meeting (a) the appointment of additional port physicians and (b) the utilization of the D.V.A. schedule had been accepted by Doctor Reid, the M. O. in charge of Sick Mariners' Service. The aid of the Divisions concerned would be sought with respect to appropriate appointments of port physicians.

(b) *D. V. A. Schedule of Fees*: So far, not much progress has been made in revision of this schedule, and it was felt that the time had come to present a brief to the Minister of Veterans Affairs, outlining and substantiating the need for an upward revision of the D. V. A. schedule of fees. This brief would ask for a one dollar increase for home and office calls, and an upward revision in some of the surgical procedures. The brief would also indicate the willingness of the Canadian Medical Association to partake in the preparation of a new D. V. A. schedule.

(C) *Indian Affairs*: A schedule of fees was presented by the Indian Health Services which was in effect a schedule of fees for indigents. The Committee felt that it could not accept such an idea, and so the schedule was not accepted. The Committee also felt that there should be a Federal schedule of fees to cover all Departments.

(D) *Reports to Insurance Companies*: Work has progressed on the adoption of a more simplified form for group accident and sickness insurance. This form also shall have a 'consent form' to be signed by the patient.

(E) *Federal Health Grants*: The progress in the various Provinces was reviewed, and it would seem that we in Nova Scotia are far behind the other provinces. We feel that the Nova Scotia Medical Society is forfeiting its chances to give leadership in this very important field. There are now medical advisory committees set up to study these Health Grants, and to the know-

ledge of the Medical Economics Committee our Society is not represented. We feel that the Society should go to the Government and help them formulate their plans rather than wait around and do nothing but complain. Remember if we do not give leadership now, very soon it may be too late. The Medical Economics Committee suggests to the Executive that (1) careful study be given to these Health Grants, (2) That the Society appoint representatives to the different Medical Advisory Committees, (3) That the men so appointed take an active interest in the formulating of all policies by the Advisory Committees.

(F) *Provincial Welfare Account*: Here our surplus has grown to \$28,261.29 as of June 30, 1954—this, despite the fact that our services have been increased. The Medical Economics Committee now suggests that further increase in services be made immediately in an effort to cut down this surplus.

“No other problems have been presented to us, hence this is our full report.”

Doctor Devereux moved the acceptance of this report, which was seconded by Doctor D. M. Cochrane. Motion carried. It was agreed that the recommendations in this report should be brought before the general meeting.

After a short discussion it was moved by Doctor C. L. Gosse that the Society ask the Deputy Minister of Health to be a member ex officio of the Executive. This was seconded by Doctor D. F. Macdonald. Motion carried.

Doctor F. J. Barton was present to give the report of the Public Relations Committee.

“I respectfully submit herewith, the report of the Public Relations Committee for the year 1953-1954.

“The highlights of the year are as follows:

1. “The publication of four newspaper articles of public relations interest, in the Halifax papers, February 16th to February 19th inclusive; the titles are, ‘Medical Ethics,’ ‘Medical Licencing,’ ‘Medical Education,’ and ‘The Doctor’s Attitude Towards Health Insurance and Pre-paid Medical Care.’ Reprints of these articles were later published in the Yarmouth Herald. It has been very hard to assess the value of these articles and the public response to them. We did feel, however, that we did not have the full co-operation of the Press, in that the articles were placed in obscure places in the paper, and were not given the prominence that they deserved. In only one instance was there a photograph to head off the article, and this was the one that was most widely read, because of the fact that it attracted more attention. We feel, however, that the articles were a worthwhile effort, and the experiences gained from the preliminary experience with the Press will assist us in bettering our efforts in the future.

2. “Our representation at the Toronto meeting in February last, of all the Provincial Public Relations Chairmen from Newfoundland to British Columbia, where we learned of the multiple and successful public relations activities in the Provinces west of the Maritimes. In particular, open health forums and radio panels were the activities that we heard most about. We were unable to detect any feeling of pessimism concerning these efforts from any of the promoters, and we are now convinced that Ontario and British

Columbia in particular, are more than enthusiastic about the value of these public relations activities.

3. "The directive from the Executive at its March meeting to proceed with plans for an experimental series of radio panels on Medical topics—prior to instituting health forums. This directive followed the report to the Executive of the success of radio panels and health forums in the Provinces from Quebec west, and in particular, Ontario and British Columbia. It has been impossible to set up the machinery for these activities in the interim, and we will make certain recommendations concerning these, later in the report.

4. "Further direction from the Executive to arrange for the appointment of Liaison Officers in each County Society, whose duty it will be: (1) to meet the Press regularly on matters of Medical interest; (2) to arrange a roster of speakers in each area, for appearances before lay organizations, service clubs, etc.

5. "The setting up, for the first time, of a Press room near the Convention Headquarters to provide a centre of activity for Public Relations activities covering the Convention. In a modest way, this is patterned after The Canadian Medical Association set-up, and provides for more cordial relations with the Press and we trust will make for improved coverage of all Convention activities.

6. "The Committee was asked specifically to act in two instances of so-called unfavourable publicity in the Provincial papers.

(a) "The first was a complaint from the Halifax Medical Society concerning a series of what were termed 'undignified ads' in the Halifax papers, promoting the wares of Maritime Medical Care. The ads carried cuts which were regarded as not being in keeping with the high standing of the services that were being rendered by Maritime Medical Care. Two members of the Committee had a very cordial meeting with the General Manager of Maritime Medical Care, with very satisfactory results. It was agreed that the nature of the advertising, while being very worthwhile from a promotion standpoint, and while it had definitely brought results, was probably not in keeping with the usual standard of advertising for medical services; so we were given complete assurance from the General Manager that that type of advertising would be discontinued, and before launching a further campaign, that the Committee on Public Relations would be consulted.

(b) "A complaint from the Cape Breton Society was filed with us, concerning unfavourable editorials in the Sydney Post and the Canadian Doctor. Our stand in this case was not to take any active part in these cases, as it would have prolonged the controversy and probably worsened the position of the Medical Profession in the Public eye. To us, this pointed out the real need for improved Press relations, with regular conferences between the Press and representatives of the Medical Society in each local area where there is a paper; a measure that we feel would ward off very effectively the appearance of unfavourable write-ups that appear from time to time. A recommendation concerning this will be made at the conclusion of this report.

Recommendations to the Executive of The Medical Society for the Coming Year

"The following recommendations are respectfully submitted for the consideration of the Executive:

1. "That each Branch Society be asked by the Parent Society to appoint to its Executive, a Committee on Public Relations, whose duties it would be (a) to meet the Press on regular occasions to discuss Medical Press releases prior to their appearance in the paper; and be authoritative spokesmen in the area, on matters that require a positive stand. (b) To provide a roster of Medical speakers for lay organizations, to improve the service to these organizations.

2. "That the Society give further endorsement to a series of radio forums in at least two Provincial Centres, by appointing in two areas (say Halifax and Sydney) two separate Committees to finalize necessary arrangements, with the assistance of the Public Relations Committee.

3. "The regular appointment of a publicity chairman for a publicity committee of two or more members, whose specific duty it would be to cover all the arrangements for publicity and press radio relations at the next and succeeding Annual Meetings. Ideally, this committee should be located in the area where the convention is to be held.

"All of which is respectfully submitted."

It was moved and seconded that this report be received. Motion carried.

The Committee appointed to name honorary members of the Society presented the names of Doctor S. W. Williamson of Yarmouth, Doctor J. R. Corston of Halifax and Doctor J. G. B. Lynch of Sydney. Doctor D. F. Macdonald moved that they be appointed honorary members of the Society, which was seconded by Doctor A. L. Sutherland. Motion carried.

The President read the following letter from Doctor J. S. Robertson, Deputy Minister of Health, dated August 2nd.

"Re: Advisory Committees on Federal-Provincial Health Grants

"It has been decided to set up new Advisory Committees to assist in the utilization of the following Federal-Provincial Health Grants:

1. Tuberculosis Control Grant.
2. Mental Health Grant.
3. V. D. Control Grant.
4. Cripple Children's Grant.
5. Cancer Control Grant.
6. Public Health Research Grant.
7. Public Health Research Grant.
8. Medical Rehabilitation Grant.
9. Child and Maternal Health Grant.

"These Advisory Committees would consist of representatives from various interested agencies such as the Hospital Association, Tuberculosis Association, Medical School Faculty and so on. It is also felt that the Nova Scotia Medical Society should have representatives on these various Advisory Committees. We would request that you officially name a representative to each of the committees mentioned above.

"It will be the responsibility of the nominating agency to look after the matter of expenses in connection with meetings of the committees at which their representative attends. It is probable that most of the Committee meetings will be held in the City of Halifax.

"It is hoped to hold meetings of the Advisory Committees as soon as we receive word regarding membership."

Doctor Tompkins asked for approval of the representatives he had named as follows: 1. Tuberculosis Control Grant, Doctor C. J. W. Beckwith; 2. Mental Health Grant, Doctor R. O. Jones; 3. V. D. Control Grant, Doctor A. R. Morton; 4. Cripple Children's Grant, Doctor B. F. Miller; 5. Cancer Control Grant, Doctor N. H. Gosse; 6. Public Health Research Grant, Doctor C. B. Stewart; 7. Laboratory and Radiological Services, Doctor H. R. Corbett; 8. Medical Rehabilitation Grant, Doctor A. W. Titus; 9. Child and Maternal Health Grant, Doctor C. G. Harries.

It was moved by Doctor C. L. Gosse that these appointments be approved. This was seconded by Doctor T. B. Murphy. Motion carried.

Doctor M. G. Tompkins next read the following letter from Doctor J. S. Robertson, Deputy Minister of Health, dated September 2nd.

Minister of Health, dated September 2nd.

"Re: Advisory Committee—Radiological and Laboratory Grant.

"We have recently heard from you regarding the nomination of a representative from the Nova Scotia Medical Society to the above Advisory Committee, the representative named being Doctor H. R. Corbett, Sydney.

"This grant consists of two parts, namely the Radiological portion and the Laboratory portion, and we propose dealing first with the Laboratory part of this grant. Accordingly, it would be appreciated if you would ask the Society to name another representative to the Committee who would deal with the Laboratory part of the grant, and Doctor Corbett could continue on the Committee when the question of the Radiological part of the grant is being considered.

"It is hoped that we can hold a meeting of this Advisory Committee sometime in September or, if not, early in October.

"Your attention to this matter would be appreciated."

It was moved by Doctor E. F. Ross that Doctor H. C. Read of Halifax be appointed. This was seconded by Doctor A. G. MacLeod. Motion carried.

The members of Council of The Canadian Medical Association were elected as follows: Doctor D. M. Cochrane, President; Doctor G. R. Forbes, First Vice-President; Doctor M. R. Macdonald, Secretary; Doctor H. J. Devereux, Chairman of the Medical Economics Committee; Doctor F. J. Barton, Chairman of the Public Relations Committee; Doctor A. G. MacLeod; Doctor J. R. Macneil; Doctor E. F. Ross and Doctor W. G. Colwell.

After discussion with Mr. D. C. Macneill, General Manager of Maritime Medical Care Incorporated, with regard to seniority and status on Maritime Medical Care Executive, the following were appointed to the House of Delegates of Maritime Medical Care Incorporated: Doctors J. C. Wickwire, C. G. Harries, H. E. Christie, D. M. MacRae, E. F. Ross, H. B. Whitman, J. A. McDonald, G. C. Macdonald, A. G. MacLeod, A. L. Sutherland, R. A. Moreshead, D. F. Macdonald, J. A. MacCormick, R. F. Ross, F. M. Fraser and R. G. A. Wood.

It was agreed that the nomination of a senior member to The Canadian Medical Association be sent in by January, 1955.

It was moved by Doctor C. L. Gosse and seconded by Doctor A. G. MacLeod that a letter of thanks be sent to the Cape Breton Medical Society for the excellent luncheon given to the members of the Executive to-day. Passed unanimously.

It was moved and seconded that the following new members be taken in as members of The Medical Society of Nova Scotia. Motion carried.

Doctor Robert N. Anderson, North Sydney.

Doctor James R. d'A. Baker, R.C.A.F., Overseas.

Doctor David H. Blinkhorn, Glace Bay.

Doctor Mendel E. Burnstein, Halifax.

Doctor E. J. Cleveland, Digby

Doctor G. J. H. Colwell, Halifax.

Doctor Joan M. Crosby, Halifax.

Doctor H. E. Evans, Rockingham.

Doctor R. S. Forse, Glace Bay.

Doctor C. C. Giffin, Inverness.

Doctor Maurice Glickman, Halifax.

Doctor Ann F. L. Hammerling, Halifax.

Doctor A. R. Hansen, Canso.

Doctor G. R. Hennigar, Richmond, Virginia.

Doctor Solomon Hirsch, Halifax.

Doctor Emeric Hofstaedter, Halifax.

Doctor Helen M. Hunter, Halifax.

Doctor W. H. Jeffery, Shelburne.

Doctor F. W. Knowles, Halifax.

Doctor J. W. Lewis, River John.

Doctor Arthur H. Mercer, Great Falls, Montana.

Doctor Margery U. Morris, Dartmouth.

Doctor Bruce St.C. Morton, Halifax.

Doctor Hugh N. A. Macdonald, Rochester, Minnesota.

Doctor Eldred H. MacDonell, New Waterford.

Doctor Daniel S. Nathanson, Halifax.

Doctor G. McK. Saunders, Amherst.

Doctor P. M. W. Sigsworth, Halifax.

Doctor Kevin P. Smith, Spryfield.

Doctor Marjorie L. Smith, Spryfield.

Doctor J. Murray Snow, Fairview.

Doctor V. C. Starratt, Halifax.

Doctor T. N. F. Todd, New Waterford.

Doctor M. G. Worthylake, Kennetcook.

It was agreed that the appointment of a representative on the Executive of The Canadian Medical Association Section of General Practice be left until after the meeting of General Practitioners to be held in the evening.

It was moved that the meeting adjourn at 4.35 p.m.

The College Of General Practice

AT a luncheon in the Palomar Supper Club of Vancouver, B. C., on June 17th, Doctor Fritz Strong, the President of The Canadian Medical Association, installed Doctor Murray Stalker of Ormstown, Quebec, as the first President of the College of General Practitioners. Doctor Stalker accepted the honour with a very thoughtful address, which will appear in an early issue of The Canadian Medical Association journal.

Doctor W. B. Hildebrand of Menasha, Wisconsin, President of the American Academy of General Practice, brought greetings and a stimulating message from this sister organization.

Doctor William Pickles, President of the College of General Practitioners of the United Kingdom, sent a cordial and sincere message of congratulations and good wishes.

Doctor T. C. Routley followed with a very interesting presentation to our first President. About a year ago, when Consultant General to the World Medical Organization, Doctor Routley asked Doctor A. Mantellos of Greece if he could obtain for him a piece of wood from the Island of Cos, the birthplace of Hippocrates. From this wood Doctor Routley hoped to have a gavel made. He heard nothing further until this Spring, when he received a gavel, entwined with a serpent, the whole beautifully carved from one piece of wood taken from a Plane tree believed to be 3,000 years old. This was prepared by the Hippocratic Medical Society of the Island of Cos, the oldest Medical Association in the world dating back to 400 B.C. Accompanying it was a scroll signed by the officers of that Society. This, indeed, is a unique gift to the College of General Practice.

The following regulations for qualification for Fellowship are suggested for further study.

- A. 1. Three Year's interneship plus three year's general practice
Or
- 2. Two year's interneship plus five year's general practice
Or
- 3. One year's internship plus ten year's general practice.
- B. Submission of fifty case histories for review.
- C. Submission of copy of medical audit report from local hospital(s).
- D. Written and oral examinations of applicant.
- E. Provision for continuing programme of post-graduate study.

F. MURRAY FRASER,
Secretary, General Practitioner's Branch.

Annual Dalhousie Refresher Course

October 25th - 29th, 1954

Plans have been completed for this year's 28th Annual Refresher Course, which will be of an exceptionally high standard. Not only will there be presentations of current interest to practitioners by our own Faculty members but our guests are of international reputation in their chosen fields.

We feel that members of the profession would like to know a little more about our guests and the following thumb-nail sketches may be of interest.

DR. WALTMAN WALTERS

Dr. Waltman Walters, Professor of Surgery, Mayo Foundation, University of Minnesota, is to give the John Stewart Memorial Lecture. Many will know of him, not only as a distinguished surgeon, but as Editor in Chief of Lewis' "Practice of Surgery," and Chief Editor A.M.A. Archives of Surgery. Dr. Walter C. MacKenzie, Professor of Surgery at University of Alberta writes:

"I was delighted to hear that your committee had chosen Dr. Walters because I know of no surgeon in America, or in fact anywhere, who has had a wider experience in the surgical treatment of gastric and duodenal lesions.

Dr. Walters has primarily been interested in upper gastro-intestinal lesions, including the gastro-intestinal tract, the stomach and duodenum and the biliary tract but he has in every sense of the word been a general surgeon. His many contributions to the Urological field as well as other surgical fields are well known.

Waltman Walters has had many honours from many Universities in this country, in America, and Abroad and it gave me a particular pleasure as a Dalhousie graduate and as an Alumni of the Mayo Clinic to hear that the invitation to deliver the John Stewart Memorial Lecture at Dalhousie has been added to that list which he has already received."

PROFESSOR JOHN CHASSAR MOIR

Professor Moir, Nuffield Professor of Obstetrics and Gynaecology at Oxford, is a Scot who emigrated to England in the role of a general practitioner following graduation from Edinburgh University. He practised there for some years before entering the field of Obstetrics and Gynaecology at the University College Hospital, London. His notable contributions in the specialty are the discovery of Ergometrine and its specific action on the uterus, original work in X-ray Pelvimetry in Obstetrics, the problem of vesicovaginal fistulae and its treatment and research in the activity of the uterus. He has made many contributions to the literature and is Editor of the standard textbook, "Munroe Kerr—Abnormal Obstetrics."

In 1947-48 he was resident in Canada for one year as exchange Professor of Obstetrics and Gynaecology at Queens' University, Kingston, Ontario.

DR. NORMAN WRONG

Dr. Norman Wrong, Senior Attending Physician in Charge of Dermatology, Toronto General Hospital is to be the guest in Dermatology. As Consultant in Dermatology to the Canadian Army Overseas he is well known to many former service personnel. Dr. Ian Macdonald, Chief of Medicine at Sunnybrook Hospital, Toronto, and a Dalhousie Graduate writes:

"I was glad to hear that you have invited Norman Wrong to be a guest speaker at the Refresher Course in October. We think very highly of him here, both as a dermatologist and as a person, and I am sure that he will make a good impression on a Nova Scotian audience.

Perhaps the most striking thing about Wrong is his ability to come to definite decisions and to express his views in understandable language. He is first of all a good physician and consequently he is more inclined than most dermatologists to consider the whole person. He is conservative in his approach and at the same time he is quick to assess advances, not hesitating to advance unfavourable views even when some new therapy is at the peak of its popularity."

DR. H. EDWARD Mac MAHON

Dr. H. Edward MacMahon, Professor of Pathology at Tufts College Medical School will be known to many who have attended or read the "Clinicopathological Conference" of the Pratt Diagnostic Clinic of the New England Medical Centre. Dr. J. S. Campbell, Assistant Professor of Pathology at the University of Ottawa, and a Dalhousie graduate states:

"Let me congratulate you on the choice your committee has made in your guest in Pathology. Dr. MacMahon is certainly and easily the most inspiring teacher of pathology that I know of, and I am not alone in the conviction that he is one of the most competent and thorough pathologists to be found anywhere in the English-speaking world."

DR. FRANZ J. INGELFINGER

Dr. Franz J. Ingelfinger, Associate Professor of Medicine at Boston University is on the Editorial Board of a number of medical journals and is Editor, Gastroenterology Section of the Year Book of Medicine. Although still a relatively young man he has graduate students, trained in his laboratory, spread over Mexico and Canada as well as U.S.A. Dr. John Bingham, Toronto Western Hospital, who spent several years in Boston remarks:

"Ingelfinger has carried on the tradition established by the Philadelphia School under T. Grier Miller and W. O. Abbott. He has established in Boston a gastrointestinal department renowned both for research and for the excellency of training of young physicians as gastroenterologists. Dr. Ingelfinger's contribution to the literature covers almost all aspects of the gastrointestinal tract. In particular he has made contributions to the physiology of the gastrointestinal tract, diseases of the esophagus and liver function tests."

It will be apparent that with the tradition of former Refresher Courses and the outstanding guests of this year that an unusually fine program has been

arranged. It is hoped that all members of the profession who can avail themselves of the opportunity to attend will do so. The main hotels in Halifax are expecting to cater to visiting doctors and their wives and they request early application to ensure accommodation.

**PLEASE MAKE EARLY RESERVATIONS FOR HOTEL
ACCOMMODATION DIRECTLY WITH THE HOTEL OF CHOICE.**

POSITION WANTED

Physician registered in Nova Scotia available for relieving duties for week-ends and evenings in Halifax area. For further particulars apply to the Assistant Secretary.

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Established Medical Practice for Sale. For particulars apply to P. O. Box 365, Dartmouth, N. S.
