

AN EDITORIAL APOLOGY

With this issue of the Bulletin the editors offer their profoundest personal apologies to those readers who subscribe to the publication but are not members of the Nova Scotia Division of the Canadian Medical Association. There will be little if anything of interest to them within the pages of this number.

In the past it has been customary to publish minutes of meetings in the Bulletin, which is the official organ of the Division, dividing the material over several months. The editors, while of the opinion that another means should be found of circulating the minutes, were unhappily not in a position to introduce a new system. Upon the last occasion when the views of the editors upon this subject were expressed to a general meeting the organization passed a motion directing that the minutes should continue to be published in the Bulletin.

Having no choice, therefore, but to abide by the wish of the majority, the editors then decided that the printing of minutes in the Bulletin would serve its most useful purpose only if all the minutes were gathered together in one number and this brought out as near to the time of the next annual meeting of the Division as possible, so that members attending the meeting might have at their fingertips the report of proceedings of previous meetings.

Thus it is that no minutes have appeared in any issues within the past year, and so also this number is made up entirely of minutes. Our hope is that this arrangement will best meet the needs of those intimately concerned and at the same time cause a minimum of dissatisfaction to others.

M. E. B. Gosse, M.D., Editor

Minutes of the Executive of The Medical Society of Nova Scotia, 1951

The annual meeting of the Executive of The Medical Society of Nova Scotia was held in the Mens' Residence of St. Francis Xavier University, Antigonish, N. S., September 10, 1951, at 2.35 p.m.

There were present Doctor J. J. Carroll, President; Doctors L. M. Morton, H. G. Grant, R. O. Jones, M. G. Tompkins, G. R. Forbes, A. E. Blackett, D. F. Macdonald, A. R. Morton, J. R. Macneil, H. F. Sutherland, G. C. Macdonald, M. J. Chisholm, S. Marcus, H. F. McKay, E. T. Granville, C. H. Reardon, H. R. Peel, P. R. Little, J. S. Robertson, S. R. Johnston, H. J. Devereux, E. I. Glenister and A. G. MacLeod. Doctor H. B. Church, the President, Doctor A. D. Kelly, the Deputy General Secretary of the Canadian Medical Association, and Doctor Glenn Sawyer of St. Thomas, Ontario, representing the General Practitioner Section of the C. M. A. also attended.

The President called the meeting to order, and welcomed Doctors Church, Kelly and Sawyer to the meeting.

It was moved by Doctor R. O. Jones and seconded that the minutes of last year's meeting, as published in the Nova Scotia Medical Bulletin in October and November, 1950, be taken as read. Carried.

The Secretary read a resolution from the Pictou County Medical Society concerning the Registered Nurses Association Act of 1950. The resolution expressed the dissatisfaction of the Pictou County Medical Society that the Registered Nurses Association Act of 1950 had been passed without consulting the hospitals involved, The Medical Society of Nova Scotia or the Provincial Medical Board.

A resolution was passed that the Executive receive the resolution of the Pictou County Branch and agree with the opinions expressed. The Executive recommended that both the Department of Public Health and the Registered Nurses Association be informed that The Medical Society of Nova Scotia considers the passage of this legislation, without consultation with our Association, discourteous to the Medical Profession which is so intimately concerned.

A letter was received from Doctor A. D. Kelly of the Canadian Medical Association dealing with the matter of Public Relations. Following a brief discussion a resolution was passed that hereafter the Chairman of the Committee on Public Relations of The Medical Society of Nova Scotia be the corresponding member of the Public Relations Committee of the Canadian Medical Association.

The Secretary next read another letter from Doctor Kelly dealing with facilities for the care of arthritis. Following this it was agreed that the Nova Scotia Division of the Canadian Medical Association endorse the recommendation of the Canadian Medical Association which pointed out the need for additional beds and facilities for the care of arthritic patients, and that we recommend that an endeavour be made to effect an upward revision of the hospital construction grant with a view to providing a unit of forty beds in a teaching hospital connected with the Faculty of Medicine of Dalhousie University.

The next communication was from the Maritime Hospital Service Associ-

ation asking that we appoint two members to their Board of Directors. In connection with this the Secretary advised that at a semi-annual meeting of the Executive of The Medical Society of Nova Scotia held at the Dalhousie Public Health Clinic on Thursday, January 22, 1948, it was decided that they did not approve of the Blue Cross plan on account of its inadequacy and since the medical profession did not have control the Executive were unable to recommend the Blue Cross to The Medical Society of Nova Scotia. Doctor C. H. Reardon and Doctor H. J. Devereux both spoke in favour of Blue Cross. Doctor A. E. Blackett advised that Blue Cross had been accepted in Quebec for the reason that the Medical Society in that Province had no plan of its own. No action was taken at this time, but the subject was considered again at the evening session.

In the absence of Doctor H. B. Ross, Doctor H. G. Grant made an announcement regarding Post-Graduate Medical Education at the Dalhousie Medical School. He said that through the generosity of the W. K. Kellogg Foundation of Battle Creek, Michigan, Dalhousie is now in a position to offer post-graduate education to the general practitioners of the Atlantic Provinces. An office has been set up in the Victoria General Hospital, and a full time secretary employed. He asked for the frank opinion of members of the Executive regarding the kind of post-graduate teaching they felt to be most valuable. He told the Executive the Committee had in mind bringing to Halifax once a month outstanding men in different lines, and setting up various short courses, in such subjects as surgery, obstetrics, and general practice. He said the work is under the direction of Doctor E. F. Ross, who is chairman of the committee.

Doctor H. F. Sutherland advised that this matter had been discussed at the last monthly meeting of the Cape Breton Medical Society, and the consensus of opinion was that they would like to have visiting doctors come and at the same time be available for consultations at the various hospitals. He wanted to know if any of the money would be available for fellowships.

Doctor Kelly spoke on the Trans-Canada Medical Plan which had been brought to a head in July of this year at the meeting of the Canadian Medical Association in Montreal. He said that Trans-Canada Medical Services was an unincorporated organization having for its objective the promotion of non-profit voluntary medical care plans throughout Canada. He said also that the Provincial plans should be autonomous so that the resources and needs of their respective areas may be given due consideration. He expressed the hope that Trans-Canada Medical Services would be a great help to our Provincial organization.

A resolution was passed endorsing the Trans-Canada Medical Plan.

The next item was the report of the Committee appointed to study the need of a full-time secretary. Doctor C. B. Stewart, the chairman, was not present, but he had sent word that the Committee had nothing further to report at present.

Doctor L. M. Morton spoke in favour of a full-time secretary. Doctor H. F. Sutherland stated that in Cape Breton they thought the fees would have to be raised.

The matter was then referred to the general session.

It was agreed that the consideration of The Welfare Set-up be referred to the general meeting.

It was agreed that the consideration of Maritime Medical Care be referred to the general meeting.

Doctor H. G. Grant read the following motion that Article 9, paragraph 3, sub-section "a" be changed to read as follows:

The Executive Committee shall consist of:

- (I) The officers of the Society.
- (II) The member of the Society who has been appointed to the Executive of the Canadian Medical Association as hereinafter provided.
- (III) Two members elected from the membership of the Halifax Medical Society.
- (IV) Two members elected from the membership of the Cape Breton Medical Society.
- (V) One member elected from the membership of each other affiliated organization.

He explained that proper notice of motion had been given to the last annual meeting following the report of Doctor E. F. Ross to the Executive. At present our By-laws state "each Branch to have a representative for every twenty members or fraction of such number." The new Executive would consist of two representatives from the Halifax Society, two from the Cape Breton Medical Society and one from every other Branch Association.

Doctor L. M. Morton seconded the motion.

Doctor A. E. Blackett said there was a weakness in the notice of motion as it made no provision for alternates. He thought it would be very desirable if some provision could be made whereby an alternate can be named. He felt legal opinion should be obtained on that point.

Doctor Kelly stated that Doctor Blackett was correct, and that the By-laws should state that alternates be provided. He felt that the representative on the Executive of the Canadian Medical Association should also be a member of the Society's Executive Committee.

Article XIII of the Constitution and By-laws was read by the Secretary: "The Constitution and By-Laws of the Society shall not be repealed, added to, or amended, unless by a two-thirds vote of the members present at the meeting at which such alteration shall be submitted, and unless notice of such resolution to alter shall have been given in writing to the Society at the next preceding annual or at a special meeting of the Society, and incorporated by him in the notices calling the meeting."

At this point there was an intermission of five minutes following which the President, Doctor H. B. Church and Doctor A. D. Kelly, the Deputy General Secretary of the Canadian Medical Association, addressed the meeting. There was no report from the Legislative Committee.

Dr. S. R. Johnston next presented the report of the Cancer Committee. It consisted in a consideration of five hundred (500) cases looked at from many angles. The Executive decided that the Cancer Report be published in the Bulletin as a separate article.

Doctor J. S. Robertson presented the report of the Committee on Public Health as given below.

H. G. Grant, M.D.,
Secretary, Canadian Medical Association,
Nova Scotia Division,
Halifax, Nova Scotia.

Dear Dr. Grant:

The following is the report of your committee on Public Health for the past year:

A brief review of the statistical tables for the year 1949 would indicate that there has been a decline in the rates dealing with deaths and communicable diseases. Of the latter, there has been a definite further drop in the Tuberculosis and Venereal Disease rates indicating that the long term programme for control of these diseases is continuing to show results.

Among the causes of death, heart disease still leads, with cancer as the second most common cause of death. It would appear that this picture will not be changed until some specific treatment is found.

The deaths from communicable diseases present a very favourable picture, although it is felt that many of these deaths were preventable, for example, the eight deaths from whooping cough and the one death from diphtheria. There should be no relaxing in our programme of immunization; in this programme the General Practitioner should always play the most important part.

Measles caused twenty-three deaths—the greatest cause of death among the communicable diseases, yet some will say that every child should be exposed to measles. Typhoid Fever caused three deaths and poliomyelitis caused thirteen deaths. The year 1949 was notable for the large number of adults affected with polio and many of these had the dread bulbar type of infection. Scarlet Fever caused one death during the year.

The population of the Provinces continued to increase; in 1949 the estimated population was 645,000. In 1950, this was given as 658,000. Births and marriages have shown a tendency to lessen during the last year or so.

During the year 1949, there were twenty maternal deaths in the Province. It is felt that with proper pre-natal and obstetrical care that this figure can be substantially reduced. I noted recently in a report of the Women's Pavilion, Royal Victoria Hospital, that there were 3,200 deliveries without a single maternal death—an excellent record and one to be envied. Doctor Atlee and his associates have already made a start on a programme to improve the standard of obstetrical care in this Province and I trust that they will have the full support of the profession. Projects under this programme, as well as research projects, are being supported by the Province through Federal Health Grants.

There are still far too many infant deaths; to these must be added an even larger loss through still-births and miscarriages; in fact, many more potential citizens are lost in this way than there are deaths from tuberculosis. This fact, should, as the French say "cause one to think furiously." But more than thinking is required if this large unnecessary loss of life is to be lessened. We must have better pre-natal care, better obstetrics, better paediatric care, more well-baby clinics, in brief, more active attention to this problem than our doctors are giving it at present. In addition, the public must be better informed along the lines of prevention of miscarriages and the treatment of prematures.

With regard to older children, the importance of immunization must continue to be emphasized—only in this way can we continue to make inroads on the ravages of communicable disease. If every practitioner would immunize the babies in his practice starting at three or four months of age, then we would not need to worry over this matter.

There is little scientific information to indicate that immunization increases susceptibility to poliomyelitis—in fact there is more evidence implicating intramuscular injections of penicillin, liver extract and other similar substances. The immunization programme should be continued on its present basis until proper evidence is available to contraindicate this.

Penicillin is now available to practitioners for the treatment of syphilis in all cases and for the treatment of gonorrhoea in indigents. A release dealing with the modern treatment of syphilis has been sent to all practitioners. Distribution is from the Department of Health and part of the cost is met from a Federal Health Grant.

Streptomycin and P.A.S. are also made available for the treatment of tuberculosis in hospitals and homes as well as in sanatoria: requests should be made to Divisional Medical Health Officers; both pulmonary and non-pulmonary cases will be considered.

The Mobile X-ray unit continues to operate throughout the Province. This operation is a combined one between the Department of Public Health and the Nova Scotia Tuberculosis Association: numerous unsuspected cases of tuberculosis and other chest diseases are being uncovered.

The Association is probably aware that Public Health has now been accepted as a specialty in which physicians can be certified by the Royal College of Physicians and Surgeons. A group is being certified in that examination and at least eight of this group are members of your Association—the first examinations will be held this Fall.

No meetings of your Committee were held during the year and this report is therefore largely the responsibility of your chairman.

Respectfully submitted,

(Sgd.) J. S. Robertson, Chairman.

There was considerable discussion of the report. Doctor A. E. Blackett asked if the morbidity statistics of tuberculosis for Nova Scotia had been published. Doctor R. O. Jones wondered why no mention was made of mental health. Doctor A. G. MacLeod brought up the question of compulsory immunization and vaccination. Doctor A. R. Morton spoke on the question of compulsory immunization but suggested that the better way to get results was through education. The report was adopted.

The Committee on Historical Medicine with Doctor P. E. Belliveau recommended that in future the programme for the annual meeting should include a paper on historical medicine.

The following report of the Workmen's Compensation Committee was adopted.

To the President,
The Medical Society of Nova Scotia:

The relations of the Medical Profession and the Compensation Board have continued in their usual good tenor.

The committee has been attempting to deal with a letter from Doctor

H. L. Simpson of Springhill Medical Centre in which he is questioning the fact that their Doctors do not receive any compensation from the Compensation Board for the care of the injured miners on their check-off. He states that in the original contract it was understood that the Doctors will give this treatment without further compensation in lieu of the check-off and also because the Coal Company contributed to a welfare fund of the miners. In the present contract no such understanding is made and the Company does not pay into the Miners Welfare Fund. A statement from the Miners Union also is of the opinion that the Doctors should be paid.

The Committee met and it was decided to obtain further information from Doctor Simpson as to what he and his confreres had done, also that if necessary the chairman should consult a lawyer. By telephone Doctor Simpson said that he had consulted a lawyer who had interviewed Mr. Rowe of the Compensation Board, and was told that the Board could not pay them. In a subsequent telephone call from Doctor Ryan he said he would have their lawyer interview the Chairman as to what had been done. At the time of writing this report no such interview has taken place. Doctor Simpson and Doctor Ryan were told that the Committee has entertained their complaint with a great deal of sympathy, and asked them what they could expect the Society to do about this, and it was thought that a letter to the Board expressing our desire that the Doctors be paid would be helpful.

It would appear that there are some Doctors in the Cape Breton area in the same position but their considered opinion was not given. It is intimated they are sympathetic, but do not wish any very definite action taken at the present time.

Your Committee therefore finds it impossible to make any recommendation and refers it to the general meeting for consideration.

Respectfully submitted,

(Sgd.) H. D. O'Brien, Chairman.

Halifax, N. S.
August 31, 1951.

There were no reports from the Medical Museum Committee nor the Cogswell Library Committee.

As Doctor A. L. Cunningham was not present the report of the Pharmaceutical Committee was read by the Secretary.

New Germany, N. S.,
September 3rd, 1951.

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

Dear Doctor Grant:

The following is the report of the Pharmaceutical Committee for the year ending, which Committee was composed of Doctor P. R. Little, Truro, Doctor T. A. Kirkpatrick of Kentville and myself. It might be mentioned that the Council of the Nova Scotia Pharmaceutical Society solicited the co-

operation of our Medical Society regarding the sale of Appendix IV Drugs without prescription.

Excerpt from the Food and Drug Act, 1949, Section C-01-016: No persons shall sell a drug or a prescription containing a Drug named or included in Appendix IV except on prescription. Nor shall any person refill such prescription unless the prescriber thereof so directs in writing thereon.

The list of drugs on Appendix IV of the Food and Drugs Act is as follows:

Aminopyrine and any salt, homologue or derivative thereof.

Amphetamine and any salt thereof.

Aureomycin and any salt or derivative thereof.

Barbituric acid and any salt, homologue, or derivative thereof.

Cinchophen and Neocinchopen.

d-desoxyephedrine and any salt thereof.

Methedrine and any salt thereof.

Ortho-dinitrophenol and any compound, homologue, or derivative thereof.

Penicillin, its salts or derivatives, or preparations thereof, excluding preparations for oral use that contain not more than 3,000 International Units per dose.

Pervitin and any salt thereof.

Phenytoin Sodium.

Streptomycin and any compound thereof.

Sulfonamides and any salt, homologue or derivative thereof.

Tetraethylthiuram disulphide.

Thiouracil and any homologue or derivative thereof.

Thyroid.

Thyroxin and any salt thereof.

Urethane.

Co-operation between The Medical Society and the Pharmaceutical Society, working harmoniously, one with the other, should be encouraged at all times. Within the past year there have been scattered cases of complaints, throughout the Province, by the Pharmaceutical Society—chiefly against the *Dispensing Physician*. Likewise, many physicians have personal counter-complaints against the Pharmacist.

If such complaints continue to expand and interfere with the harmonious relationship which now exists between the pharmacist and the physician, it is the writer's opinion that a plan be instituted, such as recently took place in Ontario, whereby the Pharmacist and Physician frankly discuss their gripes. The Physicians presented a list of complaints they had against pharmacists—the pharmacists countered with a list of complaints against the physician. On that basis was started a discussion attended by four Ontario pharmacists and three Ontario physicians. When it was all over, all were unanimous that the meeting had been valuable, that similar sessions should be clearing houses for difficulties and misunderstandings.

Differences at a glance.

Some gripes and misconceptions by physicians about pharmacists; and by pharmacists about physicians were included in this presentation on inter-professional relations: Here's how they stacked up:

Pharmacists do not like:

1. Dispensing by physicians.
2. Quoting of prescription prices.

3. Handouts by office nurses.
4. Word-of-mouth prescribing.
5. Unreasonable service demands.

Physicians do not like:

1. Counter prescribing.
2. Over-charging for prescriptions.
3. Over-merchandising.
4. Substitution and switching.
5. Discordant pharmacy.

Such a scheme, as above, would serve a useful purpose should our differences become too great, and should be kept in mind for the future, if need be.

No pharmaceutical problems were referred to our Committee for consideration during the year, and consequently no meetings were held.

Respectfully submitted,

(Sgd.) Allister L. Cunningham, Chairman.

The most important part of this report was the conference between the Nova Scotia Pharmaceutical Association and the Pharmaceutical Committee of The Medical Society of Nova Scotia re the sale of Appendix IV Drugs without prescription.

Doctor A. D. Kelly spoke on the danger of the indiscriminate use of Penicillin, and urged that Penicillin be sold on prescription only.

The report was adopted and a resolution passed that the incoming Committee on Pharmacy be instructed to confer with a Committee from the Nova Scotia Pharmaceutical Association on this same matter.

Doctor H. F. Sutherland referred to the high cost of drugs.

The meeting adjourned at 6.00 p.m.

The Executive reconvened at 7.55 p.m. the same evening, September 10, 1951. The President, Doctor J. J. Carroll, was in the chair.

There were present: Doctors J. C. Wickwire, C. H. Reardon, A. G. MacLeod, D. F. Macdonald, D. M. MacRae, E. T. Granville, G. R. Forbes, M. J. Chisholm, M. G. Tompkins, H. F. Sutherland, A. E. Blackett, H. F. McKay, H. R. Peel, P. R. Little, A. R. Morton, J. S. Robertson, L. M. Morton, G. C. Macdonald, R. O. Jones, S. Marcus, H. J. Devereux, Eric W. Macdonald, H. G. Grant, J. R. Macneil, A. D. Kelly, Deputy General Secretary of the Canadian Medical Association, and by invitation Mr. D. C. Macneill, General Manager of Maritime Medical Care Incorporated.

The Executive continued to receive reports the first of which was that of the Committee on Industrial Medicine. This report commented on the improvement in Industrial Hygiene within the Province in the past few years. It referred to the establishment of a Laboratory of Industrial Hygiene by the Provincial Government in 1946. Also the employment by Industry of part-time medical practitioners.

It pointed out in particular the need in this Province for a rehabilitation centre and recommended that the Society request the Province to establish such a centre just as soon as convenient.

Also it recommended that the Post-Graduate Department of the Dalhousie Medical School should give a refresher course for Physicians in Industry.

The report was adopted.

The next item of business was a discussion of the relations of The Medical Society of Nova Scotia with Maritime Medical Care Incorporated. Doctor John C. Wickwire, Vice-President of the Corporation, gave a report to the Society which was in reality a resumé of the report of their Board of Directors to the House of Delegates for the period January 1st, 1951 to July 31st, 1951.

The main points in the report were as follows: A substantial and healthy growth of the Corporation manifested by an increase of thirteen thousand (13,000) subscribers since the first of the year.

The number of participating physicians has increased to 428. Accounts were paid at rates varying from 80% to 40%. The low rate he explained was during the influenza epidemic of January, February and March, 1951. He said the Executive of Maritime Medical Care Incorporated felt that a surplus should be built up to guard against future epidemics and that higher monthly payments by subscribers was under consideration. He pointed out that medical services in Nova Scotia per capita and per illness were much greater than in other provinces. He attributed this to abuse by the subscribers and over-servicing by the participating physicians.

He said that the Medical Taxing Committee had been very conscientious in the dispatch of their duties. He also reported that the Corporation was advertising for a Medical Director, but so far without success. He referred to the discontinuance of payment to non-participating physicians and institutions. He gave notice of certain changes in payments to participating physicians to begin September 1st, 1951, as follows:

(1) To allow \$3.00 for the first office call and \$2.00 for necessary subsequent calls. Nothing extra for urinalysis and haemoglobin on such calls. The figures here allowed are to include any necessary complete physical examination as well as such procedures as rectal or vaginal examinations when indicated.

(2) Specialist services to be provided as per agreement with the subscriber and such service to be paid for at the rate of \$5.00 for a single call as per the schedule of The Medical Society of Nova Scotia. If then the subscriber wishes to continue with such specialist physician the Corporation will pay \$2.00 per call and the subscriber will pay any difference as provided in the subscriber's contract.

(3) That since X-rays are part professional service and part hospital service, the Corporation will assume the professional part on the usual basis. As the proportion of professional service to hospital service is said to be 1:1, the Corporation would therefore pay on the basis of 50%, up to \$25.00 in any year. (This has been made necessary because of the fact that hospitals have been refusing to accept proration, billing the patient for the difference.)

(4) B.M.R.'s done by hospitals are not professional services but hospital service and with the same difficulty obtaining, it is felt that they should not be assumed by us.

On the other hand, since the interpretation of E.K.G.'s in hospital is a professional matter it is felt that they should be treated like X-ray service—part hospital and part professional.

Doctor Wickwire mentioned Trans-Canada Medical Services, and said that to date there was general agreement between it and Maritime Medical Care. He completed his report by giving the following statistical break-down of doctors' accounts allowed from January through June, 1951.

SUMMARY OF DOCTORS' ACCOUNTS ALLOWED — JANUARY — JUNE, 1951

	January	February	March	April	May	June
Office calls..	\$15,195.00	\$13,158.00	\$15,886.00	\$15,510.00	\$16,766.00	\$15,387.00
Home calls..	18,628.00	20,584.00	14,986.00	9,760.00	9,783.00	8,529.00
Hospital calls..	3,642.00	4,135.00	3,933.00	2,011.00	2,185.00	2,028.00
Laboratory..	441.00	426.00	743.00	752.00	665.00	580.00
Surgical..	9,833.00	10,425.00	10,786.00	11,039.00	14,023.00	16,500.00
Anaesthetic..	914.00	1,181.00	1,711.00	2,029.00	1,738.00	1,865.00
X-rays..	3,762.00	3,833.00	3,391.00	2,941.00	4,862.00	2,682.00
Special services..	5,390.00	5,919.00	3,415.00	3,107.00	5,320.00	3,413.00
Confinements..	710.00	2,350.00	1,837.00	2,150.00	2,500.00	1,800.00
Consultations..	364.00	560.00	742.00	880.00	660.00	720.00
Totals..	<u>\$58,879.00</u>	<u>\$62,571.00</u>	<u>\$59,430.00</u>	<u>\$50,179.00</u>	<u>\$58,502.00</u>	<u>\$53,504.00</u>

Total	1951 %	1950 %
\$ 91,902.00	26.79	28.99
82,270.00	23.98	19.16
17,934.00	5.23	4.85
3,607.00	1.05	1.72
72,606.00	21.16	25.90
9,438.00	2.75	3.67
21,471.00	6.26	6.49
28,564.00	8.32	6.53
11,347.00	3.31	1.43
3,926.00	1.15	1.26
<u>\$343,065.00</u>	<u>100.00</u>	<u>100.00</u>

Finally he emphasized a few points: Maritime Medical Care Incorporated were now paying medical accounts at 80% and hoped to improve. They planned to increase the rates in the near future. Some of the accounts rendered by participating physicians were too high. The Company badly needs a medical director to assess accounts and to deal with its medical business.

Following this there was a general and on the whole critical discussion. Doctor H. F. McKay wanted to know when Maritime Medical Care Incorporated were going to insure individuals who were not on payroll groups. Doctor J. C. Wickwire said that could not be done at present. Doctor A. G. MacLeod said that the rates of Maritime Medical Care Incorporated were the lowest in Canada. Doctor C. H. Reardon said that the Halifax Medical Society had asked for a report from Maritime Medical Care Incorporated but this had been refused. Doctor H. F. Sutherland said that he was a member of the House of Delegates but that he did not know what was going on. He said that there were three or four physicians controlling Maritime Medical Care Incorporated, and through it the practice of medicine. He did not think that Maritime Medical Care Incorporated was financially sound. He said that nothing was being done in the country. Doctor E. T. Granville thought that Maritime Medical Care Incorporated should employ an actuary.

Doctor A. E. Blackett said: "I am not a member of the Executive of Maritime Medical Care, but I am a member of the House of Delegates, and I would like to point out that this Executive Committee has absolute control over Maritime Medical Care because it appoints the House of Delegates from whose numbers are appointed the Directors and the Executive Committee of Maritime Medical Care. At the end of each year, if this Committee wishes, it may replace any or all of the Delegates. True you cannot have them reporting back every little while, nor—I believe—can you issue orders to them once they are appointed, but at the end of each year they must come back and report. Doctor Gosse's name has been mentioned. This year he wished to resign and it was with great difficulty that we persuaded him to remain. The House of Delegates unanimously requested him to stay on. It is not an easy thing. You have from Cape Breton a member of the Directors, and who is a member of the House of Delegates. I was present when the annual financial report referred to was presented. I asked questions and they were answered fully. I think I understood it fairly well and I was able to go back to our Branch and give them a report. The deficit was not entirely due to the 'Flu. One great trouble was that office calls were costing about \$4.00 on the average."

Doctor H. G. Grant mentioned the fact that a letter was sent to all delegates asking whether paediatrics should not be considered a specialty by Maritime Medical Care Incorporated. He confirmed Doctor Blackett's statement that The Medical Society of Nova Scotia controls Maritime Medical Care Incorporated and suggested that if we did not like the way things were run we should appoint new delegates.

Doctor R. O. Jones said "The impression has been given here that Maritime Medical Care works very well for the specialists. That may apply in some specialties but it certainly does not apply in my own. When we bill Maritime Medical Care we rarely hear anything of what is going to happen to that bill for several months and then it comes back the charges having been cut by two-thirds and then pro-rated on top of that. The result is that I

collect about a third of what I thought a proper fee without any particular way of finding out why this drastic cut was made. It is all right to talk of billing patients extra but if you have no idea of what fee you are going to collect, it is impossible to know what you should bill the patient and by the time you know about your fees the patient is well away and you are not able to bill them. If Maritime Medical Care continues to work as it is working at the moment I have a feeling that it will be imperative that at least our specialty withdraw from participating."

Doctor H. F. Sutherland again emphasized the fact that he was a delegate and yet knew practically nothing about Maritime Medical Care Incorporated. He said that Maritime Medical Care Incorporated was in the control of three or four members.

Doctor J. C. Wickwire said that it was our privilege to change the members of the House of Delegates. He also said that a surgical specialist may charge the patient an extra fee to that allowed by the Corporation.

Mr. D. C. Macneill, General Manager of Maritime Medical Care Incorporated, said: "The Medical Society of Nova Scotia minimum scale of fees and our contract with the subscriber do not agree in their entirety. The contract the subscriber has with the Corporation has certain limitations, for example, physical examination is allowed for \$5.00, while the schedule of fees allow \$10.00 by Specialists in Internal Medicine.

"We endeavour to have the Medical Taxing Committee meet on or as near to the 15th of each month as possible, but it is not always convenient for the three members of the Committee to meet as early as this date, and as a result the payment of accounts is delayed; and furthermore, on occasion, accounts are referred by the Medical Taxing Committee to the Executive. Such accounts are held in abeyance until the next meeting of that Committee, which may be any time from one to four weeks."

Doctor J. C. Wickwire said that charges for office calls were running about \$4.00 on the average, and that he thought that a \$3.00 limit was enough. He agreed that the rates should be increased but thought it was too early to do this.

Doctor S. Marcus asked if the first office call would be \$3.00, and after that \$2.00. Doctor J. C. Wickwire answered they were paying at the rate of just under \$4.00. Doctor G. C. Macdonald thought the rates should be increased. Doctor H. J. Devereux did not think a flat rate of \$3.00 fair.

Doctor D. M. MacRae said the Executive of Maritime Medical Care Incorporated had decided that the rates should be increased, and that Ontario had recently increased their rates 25%. He said that if we were to study the names of the House of Delegates that we would find with the exception of his own it was made up of senior members of our Society.

Doctor H. F. Sutherland said that the House of Delegates should meet after the meeting of the Executive of The Medical Society of Nova Scotia. He made a motion to that effect also requesting the Delegates to act according to the wishes of The Medical Society of Nova Scotia.

Doctor C. H. Reardon moved that the Executive of the Nova Scotia Branch of the Canadian Medical Association request the delegates to Maritime Medical Care to attempt to institute an actuarial survey of Maritime Medical Care at the earliest opportunity. This motion was lost by a vote of ten against, six for.

Doctor J. C. Wickwire did not think an actuary would be of much assistance. Doctor E. T. Granville said it was evident the meeting was not satisfied with Maritime Medical Care Incorporated. He said that the general practitioner should get more out of Maritime Medical Care Incorporated than he was now getting.

The following members were nominated to the House of Delegates of Maritime Medical Care Incorporated. Doctor E. T. Granville nominated the three men who represented Halifax, Doctors J. R. MacLean, C. H. Reardon and A. G. MacLeod; Doctor H. R. Peel nominated Doctor P. R. Little; Doctor A. R. Morton nominated Doctor D. F. Macdonald; Doctor H. F. McKay nominated Doctor A. E. Blackett; Doctor M. G. Tompkins nominated Doctor H. J. Devereux; Doctor S. Marcus nominated Doctors W. A. Hewat, H. A. Fraser and J. C. Wickwire; Doctor H. G. Grant nominated Doctor T. B. Murphy; Doctor H. F. McKay nominated Doctors N. H. Gosse, Eric W. Macdonald and A. L. Murphy; Doctor E. T. Granville nominated Doctor R. A. Moreash; Doctor H. R. Peel nominated Doctor D. M. Cochrane.

The next report received was that of the Provincial Medical Board, the main points of which were as follows: Doctor A. B. Campbell was appointed President to replace the late Doctor J. G. MacDougall. The Board has secured legislation to allow them to pay a sum not to exceed Five Hundred Dollars (\$500.00) to defray the expenses of a teacher in Medicine who will deliver the Doctor John Stewart Memorial Lecture at the time of the Dalhousie Refresher Course. It considered a resolution from the General Council of the Canadian Medical Association regarding the provision of a Basic License to practise in Nova Scotia. This resolution proposed to limit the rights of a practitioner to certain well defined limits and was not approved by the Board. The Board authorized the payment of \$300.00 for books to the MacDougall Memorial Library. Doctor H. D. O'Brien was appointed a representative of the Provincial Medical Board of Nova Scotia to the Medical Council of Canada.

The Public Relations Committee reported that after much discussion back and forth, notices were finally mailed by the Government to Old Age Pensioners, Mothers' Allowance Beneficiaries, and to Blind Pensioners describing the treatment they could expect under the agreement with The Medical Society of Nova Scotia and asking them to refrain from unnecessary calls. The notice to the Old Age Pensioners warned them that medical service would probably cease January 1st, 1952, with the abolishing of the Means Test for those over seventy. All of the notices sent out were approved by the Public Relations Committee and by the President and Secretary of the Society.

The Treasurer next presented his report including that of the Cogswell Library. Both of them are given below.

FINANCIAL STATEMENT
THE MEDICAL SOCIETY OF NOVA SCOTIA
Year Ending December 31, 1950

Receipts

Cash on hand January 1st, 1950.....	\$ 5,791.29
Subscriptions.....	8,837.00
Medical Bulletin.....	6,812.49
Canadian Medical Association Convention.....	310.15
Car Emblems.....	261.00
Interest on Savings Account.....	7.09
	\$ 22,019.02

Expenditures

Medical Bulletin..		\$ 4,474.17
Canadian Medical Association..		4,383.00
Canadian Medical Association Convention..		1,220.62
Salaries..		3,221.50
Travelling Expenses..		200.15
Sundry Expenses..		672.41
Bank Charges..		60.30
Car Emblems..		200.00
Cash on Hand December 31, 1950		
Current Account..	\$ 6,161.57	
Savings Account..	1,425.30	
		<u>7,586.87</u>
		\$ 22,019.02

Statement of Loss and Gain

Subscriptions..		4,454.00
Medical Bulletin..		2,338.32
Car Emblems..		61.00
Interest on Savings Account..		7.09
		<u>\$ 6,860.41</u>

Less:		
Salaries..	\$ 3,221.50	
Sundry Expenses..	672.41	
Travelling Expenses..	200.15	
Canadian Medical Association Convention..	910.47	
Bank Charges..	60.30	
		<u>\$ 5,064.83</u>
Net gain on year's operation.....		\$ 1,795.58

MEMO OF ASSETS

Cash on hand	\$ 7,586.87
Amount advanced as loan from Current Account to Maritime Medical Care Incorporated.....	2,000.00
	<u>\$ 9,586.87</u>

COGSWELL LIBRARY FUND
THE MEDICAL SOCIETY OF NOVA SCOTIA
Year Ending December 31, 1950

Balance on hand January 1st, 1950..		\$ 23.54
Income from year..		190.01
		<u>\$ 213.55</u>
Less		
Dalhousie University..	\$ 190.00	
Rent of Safety Deposit Box..	5.00	
		<u>\$ 195.00</u>
Balance on Hand December 31, 1950.....		\$ 18.55

Memo of Assets:

Eastern Can Savings & Loan—	3½%	due Jan. 2, 1951..	\$	500.00
“ “ “ “	3¼%	due Dec. 1, 1956..	\$	2,000.00
Province of New Brunswick—	3¼%	due Mar. 1, 1958..	\$	2,500.00
					<hr/>
				\$	5,000.00

The report of the Treasurer was adopted.

The meeting adjourned at 9.50 p.m.

The reconvened meeting of the Executive was called to order by the President, Doctor J. J. Carroll, on Tuesday, September 11, 1951, at 9.45 a.m.

There were present: Doctors H. G. Grant, H. F. McKay, A. E. Blackett, J. R. Macneil, E. I. Glenister, A. G. MacLeod, J. W. Reid, H. J. Devereux, C. H. Reardon, L. M. Morton, M. G. Tompkins, R. O. Jones, E. T. Granville, D. F. Macdonald, A. R. Morton, F. J. Barton, G. R. Forbes, G. C. Macdonald, Glenn Sawyer, A. D. Kelly and R. D. Roach, President of the New Brunswick Medical Society.

The first report received was that of the Secretary covering the activities of the Society from July, 1950 to September, 1951.

The report described the constant efforts of the Society through its Committee on Economics to improve our agreement with the Department of Health and Welfare of the Government of Nova Scotia concerning the medical care of indigents. After what properly might be called an heroic effort on the part of the Committee on Economics the Government agreed to increase the payment from 75c to 83c per month for the medical care of pensioners.

An agreement with the North American Life Assurance was arranged whereby our members are eligible for group insurance at reduced rates.

The membership for the year was given at 460, a reduction of six (6) members from 1950. In speaking of the growth of our Society the Secretary said that our members had increased from 246 in the year 1932-33 up to the figure of 466 in 1951.

The obituary list given below was read at the General Session, followed by one minute of silence in honour of departed members.

Philip Weatherbe, M.B., Edinburgh 1910, died at Halifax on September 14, 1950, at the age of seventy-five.

Edward Murray McDonald, M.D., Dal. 1898, died in Los Angeles, California, on December 29, 1950, at the age of eighty-one.

Arthur Silver Burns, M.D., McGill 1903, died at Lenoia, New Jersey, in December, 1950, at the age of seventy-one.

Albert Culton, M.D., Baltimore 1897, died at Shubenacadie on January 19, 1951, at the age of eighty-seven.

Millard James Fillmore, M.D., McGill 1914, died at Advocate on March 12, 1951, at the age of sixty-two.

Albert Meldrum Arbuckle, McGill 1928, died at Pictou on April 22, 1951, at the age of fifty-four.

Louis Morton Silver, M.B., Edinburgh 1889, died at Halifax on June 6, 1951, at the age of eighty-seven.

John Charles Morrison, M.D., Dal. 1903, Died at Halifax on June 30, 1951, at the age of seventy-six.

Zadok Hawkins, M.D., McGill 1907, died at South Ohio, on July 22, 1951, at the age of seventy.

The report was adopted.

The next report was that of Doctor N. H. Gosse, the Representative of The Medical Society of Nova Scotia on the Advisory Committee under the Federal Grant. This report will be printed and mailed to each member.

The two reports were adopted by the Executive.

Following these reports there were comments by Doctor A. D. Kelly, Doctor H. G. Grant and Doctor A. E. Blackett.

Doctor R. D. Roach, the newly elected President of the New Brunswick Medical Society was then introduced to the Executive by our President, Doctor J. J. Carroll.

A letter was read from the North American Life Assurance Company regarding the Group Insurance plan.

A resolution was passed requesting the North American Life Assurance Company to issue policies only to members of The Medical Society who are in good standing.

The Editorial Board's report was next presented, but was not read, as it already had been circulated to the members of Executive.

Report of the Editorial Board 1950-51

Mr. President and Members of the Executive:

I have the honour to present the report of the Editorial Board for the past year. First, however, may I be allowed to express my personal regret that I am not able to be present at this meeting. It has seemed desirable that I should accompany my husband, Doctor Norman Gosse, on his trip to attend the sessions of the World Medical Association in Stockholm. At this meeting Doctor Gosse is the official delegate from the Canadian Medical Association. It may be of some interest to the members of the Nova Scotia Division of that body to know that the meeting of World Medical Editors to be held on September 22nd in conjunction with the World Medical meeting will be attended by the editor of the Nova Scotia Medical Bulletin.

Another matter of regret is the resignation of Doctor C. B. Stewart as co-editor. He has been a very valuable and co-operative partner in the enterprise and it is fitting and proper that this should be recorded in this report.

Now for the Bulletin itself. The year has been no easier and no harder from the point of view of securing material, than others. We have lived our normal hand-to-mouth existence, meeting from month to month a dead-line that always seems to come too soon. We are sorry to have to relate that some Nova Scotia doctors, when they have put pen to paper, feel that their efforts deserve a better medium than our provincial publication, and try for bigger game. In a sense we have every sympathy with this attitude but feel that a fair arrangement would be one for each. Also it must be pointed out that the Bulletin would gain the desired prestige if writers made it their first consideration instead of a poor second.

The problem of how to bring about an improvement in the Bulletin has been much in the minds of the editors. A survey of provincial journals across Canada is interesting and revealing. Three main types present themselves; bulletins published less frequently than monthly dealing chiefly with proceedings of councils, medical boards, etc.; journals consisting mainly of re-

printed matter and staff meeting reports, and journals with a layout closely resembling the larger medical publications consisting of original articles, editorials, society proceedings, etc. It is in this latter category that the Bulletin has aspired to be, but none know better than the editors from year to year how far short we fall. That improvement is possible we know from the example of one provincial journal which has changed out of all recognition in the past two years, and were Nova Scotian doctors sincerely to desire a bigger and better Bulletin we could do no better than to suggest a study of the underlying reasons for this dramatic change in another provincial publication.

At one point it was thought that salvation might lie in the expansion of the Bulletin to include and serve the four Atlantic provinces. Some preliminary work on this suggested possibility was done and a report was submitted to the Executive at the semi-annual meeting. While the Executive at that time instructed the committee to proceed further with negotiations with the other provinces, no further steps have been taken. The reason for this inactivity is that there was a distinct feeling both here and in our sister province that it would be best to make haste very slowly and that while the idea should not be shelved entirely no further steps should be taken until opinion had had time to crystalize. Certainly it would be most unwise at this time to do anything to make the bringing out of any kind of medical periodical more difficult than ever. It is still better to have the Nova Scotia Medical Bulletin, such as is, than a weak offspring of an unwanted union with "no pride of heredity or hope of posterity."

One step in the direction of improvement, at least in the opinion of the editors, was attempted during the year. This consisted of an attempt to discourage the long-standing custom of printing unedited minutes of meetings, both executive and general, in the Bulletin. In spite of the "prophet being without honour" in its own country the Bulletin has a surprisingly wide circulation outside of Nova Scotia and it cannot gain any luster by the inclusion of ill-informed, wordy and often irrelevant discussions. The one effort toward change in this matter made during the year was not conspicuously successful, and it is doubtful if the summary of proceedings was any improvement over the original so-called minutes. But at least a start has been made and perhaps further efforts may be more rewarding.

Apropos of circulation outside of Nova Scotia we are constantly receiving requests that we exchange publications with "all sorts and conditions" of other journals. A year or so ago your editor sought direction in this matter from the executive and was given full authority to make decisions in such matters. Generally we have been governed by our judgment as to whether the Bulletin can possibly be of any interest to those requesting it. In many cases the publication offered in exchange is of less than no use to us, and since the Bulletin costs money to produce, more now than ever, we have been mindful of this too. Nevertheless it is stimulating to realize that we have at least been heard of in remote corners of the world.

Frankly copying the Ontario Medical Review, which last May had a booth in the exhibits during the annual meeting of the Ontario Medical Association, we are appending to this report a brief questionnaire which may serve as a guide to the incoming editorial board, and which will allow them to find out what the readers really want and how much they are willing to do to get it. But it will only do this if enough people answer it.

If this report seems somewhat longer than in other years we must point out

that there is a possibility that neither of the editors will be at the meeting and thus there will be no opportunity to gain further information on many of the points. Hence this rather full account, for which we offer no apologies.

Finally the editorial board presents the following recommendations:

1. That the possibilities of an Atlantic journal be not lost sight of, but continue to be explored.
2. That the negotiations with a view to securing for publication the reports of the Victoria General Hospital staff meetings, referred to in the semi-annual report, be continued.
3. That every co-operation be given the Medical Post-Graduate Committee of Dalhousie University. It is suggested that the Bulletin and the committee can be mutually helpful, and that a member of the committee be made a member of the editorial board of the Bulletin.

Respectfully submitted,

(Sgd.) Margaret E. B. Gosse, M.D.,
Editor-in-chief.

The Secretary asked for direction regarding the publication of minutes of the Executive and General Sessions in the Bulletin. After comments by Doctors H. F. McKay, H. J. Devereux, C. H. Reardon and J. W. Reid it was agreed that hereafter the minutes of the Executive meetings and General Sessions be published in the Bulletin. Doctor M. G. Tompkins moved the adoption of the report of the Editorial Board as amended. This was carried. The Report of the Committee on Economics was then read.

Sydney, N. S.
September 10, 1951.

Dr. J. J. Carroll,
President, Nova Scotia Medical Society,
Antigonish, N. S.

Dear Dr. Carroll:

The Medical Economics Committee wish to submit a brief report about their activities during the past year which are as follows:

1. We were asked to approve the idea of Trans-Canada Medical Care and at a meeting this was done.
2. Our big task was of course the effort to negotiate a new contract with the N. S. Government concerning the medical care given to Old Age Pensioners and the Welfare Group. It is not necessary to go into detail on this well-known matter, suffice it to say that we made five trips to Halifax to consider this matter and finally reached an agreement with the Premier and Minister of Health, after having been rejected a month earlier. While many may feel that we did not better ourselves a great deal, the Committee feels that we made the best of a poor bargain and have set the basis for further negotiations if they should be necessary. We also feel that we are in a much better position than we were a year ago insofar as public relations are concerned.
3. We met with Mr. David Macneill, Maritime Medical Care, concerning Dr. Wiswell's report and offered suggestions that we understand are to come up at this meeting.

4. We attempted to arrange a meeting with Dr. Brown, C.N.R. Physician, but were unable to get together, so that nothing has been done regards the C.N.R. fees.
5. We have acted on a request by the President that we discuss possibility of getting a new Contract to cover the medical care, the Welfare Group, and Blind Pensioners after Jan. 1st. Our decision was that a new Contract should be negotiated by the incoming Medical Economics Committee.

In conclusion, I as Chairman, wish to thank all the members of the committee for their interest and faithfulness in attending all meetings.

(Sgd.) H. J. Devereux.

The following four members were then elected to Honorary membership in The Medical Society of Nova Scotia: Doctor C. S. Morton nominated by Doctor E. I. Glenister; Doctor R. M. Benvie nominated by Doctor H. F. McKay; Doctor Lewis Thomas nominated by Doctor J. W. Reid and Doctor K. A. MacKenzie nominated by Doctor C. H. Reardon.

At this point the Secretary was asked to leave the meeting so that the matter of his honorarium could be discussed. Doctor A. E. Blackett suggested that on account of the increased amount of work now required of the Secretary that his honorarium be increased by four hundred dollars. Doctor E. I. Glenister thought we should have a full-time secretary. Doctor C. H. Reardon agreed with Doctor Glenister but said that in the meantime the part-time secretary's salary should be increased. It was finally moved by Doctor J. R. Macneil, seconded by Doctor E. I. Glenister and carried that the Secretary's salary be increased from \$1,200 to \$1,800.

The usual honoraria to the Treasurer and the Editorial Board were approved; also the salary of the clerical secretary.

The following were elected members on the Council of the Canadian Medical Association: Doctors E. I. Glenister, J. W. Reid, Eric W. Macdonald, J. J. Carroll, M. G. Tompkins, Sr., A. E. Blackett and G. R. Forbes.

Doctor M. G. Tompkins, Sr., was nominated as the representative of The Medical Society of Nova Scotia to the Executive of the Canadian Medical Association.

The meeting adjourned at 11.45 a.m.

The reconvened meeting of the Executive was called to order by the President at 7.45 p.m., September 11, 1951.

Present: Doctors J. J. Carroll, J. R. Macneil, M. G. Tompkins, J. W. Reid, D. F. Macdonald, H. G. Grant, H. F. McKay, H. J. Davidson, C. H. Reardon, H. J. Devereux, E. I. Glenister, A. G. MacLeod, L. M. Morton, C. G. Macdonald, A. D. Kelly and Glenn Sawyer.

It was moved by Doctor M. G. Tompkins, seconded and adopted that Doctor J. W. Reid be the alternate on the Executive of the Canadian Medical Association.

It was moved by Doctor J. W. Reid that Doctor G. R. Forbes be the representative on the Nominating Committee of the Canadian Medical Association.

It was moved by Doctor H. F. McKay that Doctor Eric W. Macdonald be the alternate to Doctor G. R. Forbes on the Nominating Committee of the Canadian Medical Association. Both these nominations were agreed to.

A letter was then read from Miss Jean MacLean, Director of Outpost Hospitals of the Canadian Red Cross, notifying The Medical Society of Nova Scotia that the Eastern Memorial Red Cross Hospital at Canso will be closed.

Next was a communication from M. R. Stalker, M.D., Secretary of the Section on General Practice of the Canadian Medical Association, asking for a representative to their executive. This was referred to the General Practitioners' Section.

Doctor V. D. Shaffner of Kentville was appointed the representative to The Medical Advisory Board of the Nova Scotia Tuberculosis Association.

It was agreed that a letter of appreciation be sent to the Halifax Infirmary expressing the appreciation of The Medical Society of Nova Scotia for the great help given by The Infirmary in connection with the annual meeting of the Canadian Medical Association held at Halifax in June, 1950.

The next item was a letter from the Dalhousie Medical Students' Society asking that The Medical Society of Nova Scotia give consideration to the establishment of a Loan Fund available to medical students of Dalhousie University. The letter follows:

101 Inglis Street,
Halifax, N. S.

Dr. J. J. Carroll,
President, Nova Scotia Medical Association,
Antigonish, N. S.

Dear Dr. Carroll:

A special Committee was formed last spring by the Dalhousie Students' Medical Society to investigate sources of financial assistance to students. After consultation with the President, Registrar and Dean of Medicine at Dalhousie, it was decided that an effort should be made to increase the capital of the Kellogg Loan Fund. This Fund provides loans at 2% interest payable one year after graduation to medical students only.

You already know many of the reasons why our students require the support of such a Fund. Our longer scholastic year makes the cost of room and board higher for medical students than for all other students at Dalhousie and there is a corresponding decrease in summer earnings. Moreover, the cost of books and instruments has increased. As manager of the Medical Book Bureau I know of several students who have been just too poor to buy all of the required texts.

The Kellogg Loan Fund now has a total capital of \$4,000.00. Of this \$625.00 is available for loans but commitments against this sum have already been made. At the suggestion of Doctor Scammell and with the approval of Doctor Grant, I would like to make application that this Loan Fund be considered on the agenda of your meeting early in September.

I trust that the Association may see fit to consider a contribution to this Loan Fund and I thank you for any attention which you may give to the matter.

Yours very truly,

(Sgd.) Eldred MacDonell,

Chairman, Committee on Student Finances,
Dalhousie Students' Medical Society.

Doctor H. G. Grant stated that there were no less than 60 out of 276 medical students who have to borrow money in order to continue their course. He said the present sources available were the Dominion Provincial Loan, The Kellogg Fund, and D. V. A. Loan Funds and that all of these Funds did not have sufficient funds to meet the needs.

Doctor J. W. Reid: "There was a movement afoot to circularize the doctors in the Province to obtain money to augment the Kellogg Fund. We should organize the Nova Scotia Medical Society Loan Fund for our own medical students and operate it apart or distinct from the Kellogg Fund."

Doctor H. G. Grant: "Some members of the Alumni thought they would like to do something along that line.

I do not think they would augment the Kellogg Fund. They started and were asked to desist because at that time we were collecting for the Canadian Medical Association."

Doctor J. W. Reid: "I think it would be a very nice gesture. It would at least provide some assistance. I would move that we open a fund and solicit subscriptions to the Nova Scotia Medical Society Medical Students' Loan Fund, and that we circularize our members in the hope of getting contributions to such a fund."

This was seconded by Doctor C. H. Reardon.

Doctor H. F. McKay: "How would that fund be administered?"

Doctor J. W. Reid: "I quite agree that some very concrete plan should be made to look after that fund. I would suggest in addition to my motion that a committee of the Society be appointed to draw up a plan for its administration. I would move that a committee of The Medical Society of Nova Scotia be appointed to draw up a plan for the solicitation of funds and the administration of funds of a Medical Students' Loan Fund."

Doctor Glenn Sawyer advised they had such a fund in Ontario, and at a recent meeting they had been advised they had more money than they could use, so some of it would be used for students taking post-graduate courses.

Doctor H. G. Grant stated that Dalhousie had recently received the sum of \$675.00 from the American Alumni of the Medical School.

Doctor Reid's motion was seconded by Doctor C. H. Reardon and carried.

It was moved by Doctor H. J. Devereux that the usual procedure of pooling of expenses of secretaries to attend the annual meeting of the Canadian Medical Association at Banff next year be followed. This was seconded by Doctor D. F. Macdonald. Carried.

Doctor A. D. Kelly advised that the Canadian Medical Association pool the expenses of the ten divisions; the Canadian Medical Association pay 50% of the expenses, and the remainder is divided equally between the ten divisions.

It was moved by Doctor D. F. Macdonald that the present procedure of pooling expenses be followed and continued so that it need not be included on the agenda for next year. This was seconded by Doctor H. J. Devereux. Carried.

Doctor A. D. Kelly advised that nominations for senior membership in the Canadian Medical Association should be in the hands of the General Secretary by the first of March. The By-Laws stated that any doctor is eligible for senior membership who has attained the age of seventy years,

and has been a member in good standing of the Canadian Medical Association for the immediately preceding ten years.

It was agreed that this matter be deferred.

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

Dr. R. T. Annand, Bridgetown	Dr. D. G. McCurdy, Sydney
Dr. J. F. Boudreau, Halifax	Dr. J. C. MacDonald, Freeport
Dr. J. R. Brown, Dartmouth	Dr. D. H. MacKenzie, Sydney Mines
Dr. George V. Burton, Yarmouth	Dr. A. J. MacLeod, Moser River
Dr. D. A. Campbell, New Ross	Dr. N. G. B. McLetchie, Halifax
Dr. H. B. Colford, Halifax	Dr. M. Perchanok, Halifax
Dr. J. McD. Corston, Halifax	Dr. H. R. Phillips, Halifax
Dr. G. E. Davis, Annapolis	Dr. J. K. B. Purves, Halifax
Dr. R. A. P. Fleming, Halifax	Dr. N. D. Reid, Halifax
Dr. G. M. Fraser, Mulgrave	Dr. Rolf Sers, Goldborough
Dr. R. C. Fraser, Antigonish	Dr. A. H. Shears, Glace Bay
Dr. W. M. Grant, Amherst	Dr. D. J. Sieniewicz, Boston
Dr. F. H. Hicks, Halifax	Dr. F. D. Travis, New Waterford
Dr. J. E. Higgins, Newport	Dr. H. H. Tucker, Halifax
Dr. D. B. Keddy, Mahone Bay	Dr. C. D. Vair, Dartmouth
Dr. D. H. Kirkpatrick, Kentville	Dr. J. C. Vibert, Truro
Dr. D. E. Lewis, Digby	Dr. R. J. Weil, Halifax
Dr. H. J. Melanson, Weymouth	Dr. A. S. Wenning, Halifax
Dr. E. A. Moffitt, North Sydney	Dr. Francis Whyte, Antigonish

It was moved by Doctor J. E. Reid and seconded by Doctor E. I. Glenister that in the case of membership for Doctor Sers and his wife, who is also a doctor, that the Society follow the procedure of the Canadian Medical Association. Carried.

There was then considerable discussion as to the manner in which the business should be conducted in the future. This terminated in the passing of a resolution that hereafter the Executive should meet one full day before the general meeting, and that each speaker shall be limited to three minutes and to have the privilege of speaking only once.

The matter of reduced fees to recent graduates was then discussed. It was first moved that there should be no fee for the first year of practice. The final action of the Executive however, was that the same procedure be followed by our Society as is now in affect with the Canadian Medical Association, i.e. \$3.00 for the first year, \$5.00 for the second, and from then on the regular fee.

The Secretary asked for instructions regarding the payment of the expenses of committee members other than the annual meeting of the Executive. The Executive decided that out-of-pocket expenses should be paid.

There was considerable discussion and difference of opinion as to whether our Society should appoint two members to the Board of Directors of Maritime Hospital Association. Finally a motion was adopted recommending to the general meeting that two members be appointed.

A letter was read written by Doctor T. A. Kirkpatrick to Maritime Medical Care Incorporated in which he notified them that in the future he would not take care of welfare patients for the Province of Nova Scotia under the agreement between The Medical Society of Nova Scotia and the Department of Welfare of the Province of Nova Scotia.

The meeting adjourned at ten p.m.

**98th ANNUAL MEETING OF THE MEDICAL SOCIETY OF
NOVA SCOTIA, 1951****FIRST BUSINESS MEETING**

The first general business session was held in the Auditorium, St. Francis Xavier University, Antigonish, N. S., on Wednesday, September 12, 1951, at 9.25 a.m.

The President, Doctor J. J. Carroll, called the meeting to order. He expressed his appreciation of the great turn-out at Antigonish and welcomed them to the Town of Antigonish.

It was moved by Doctor C. H. Reardon and seconded by Doctor E. I. Glenister that the minutes of last year's meeting, as published in the October and November issues of the Nova Scotia Medical Bulletin be taken as read. Carried.

Doctor J. J. Carroll appointed the following Nominating Committee: Doctors D. F. Macdonald of Yarmouth, H. J. Devereux of Sydney, H. F. McKay of New Glasgow, A. G. MacLeod of Dartmouth, P. R. Little of Truro and J. W. Reid of Halifax. Doctor Macdonald asked to have his name withdrawn as he had to leave that day for Yarmouth, so Doctor Devereux was appointed as Chairman.

Doctor J. J. Carroll stated that the Executive had met and most of the items on the agenda had been discussed thoroughly but that a few items had been referred to the general meeting.

The first item was the resolution of the Pictou County Medical Society.

Doctor H. F. McKay said that the Registered Nurses Association, under the Registered Nurses Act, have taken steps to make regulations themselves, to tell the hospitals what they must have in the way of supervision, and in the way of teaching. He thought they should be told of the action of the Executive. He said there had been some difficulty as far as the nurses at Aberdeen Hospital were concerned, as they could be refused registration because the amount of instruction they had in other places had been limited.

Doctor C. H. Reardon pointed out that the Society had a Legislative Committee who were supposed to keep an eye on legislation which goes through the Province.

Doctor J. W. Reid thought that the Department of Health ought to do a little concrete work on the matter.

The resolution of the Executive was agreed to by the general meeting—"that the Executive receives the resolution of the Pictou County Branch (printed in the Executive minutes) and agrees with the opinions expressed. We recommend that both the Department of Public Health and the Registered Nurses Association be informed that The Medical Society of Nova Scotia considers the passing of this legislation without consultation with our Association was discourteous to the medical profession which is so intimately concerned."

The resolution of the Executive—"that the Nova Scotia Division of the Canadian Medical Association endorse the need for the provision of additional beds and facilities for the care of arthritic patients and recommends that an endeavour be made to effect an upward revision of the hospital construction grant with a view to providing a unit of 40 beds in a teaching hospital connected with the Faculty of Medicine of Dalhousie University"—was approved by the main body.

There then followed considerable discussion as to whether The Medical Society should appoint two representatives to the Board of Maritime Hospital Services Association. Doctor J. R. Macneil felt we should know what authority our representatives would have before we took any action. Doctor H. F. McKay said the Pictou County Medical Society had been advised by The Medical Society that they (the Pictou County members) should not participate in the plan of the Maritime Hospital Services Association. He felt the matter should be referred back to the Divisions for advice. Doctor E. T. Granville and Doctor C. H. Reardon both were in favour of appointing representatives. Doctor J. W. Reid thought our attitude towards Maritime Hospital Services Association should be a friendly one, but he advised against accepting the invitation at this time. Doctor O. C. MacIntosh thought it would be a wise policy on our part to nominate representatives to Maritime Hospital Services Association. The Secretary informed the general meeting that the Blue Cross Medical Plan had been disapproved by The Medical Society of Nova Scotia several years ago. He felt that the sending of representatives would be paramount to accepting the policies of Maritime Hospital Services Association. He thought we should have advice on this point before taking action.

Doctor A. D. Kelly said that the Canadian Medical Association asked the Branch Divisions which organization they wished to represent them. He agreed that we are in competition with Maritime Hospital Services Association, but felt we should co-operate with them to the extent of appointing two members to the Board. Doctor F. J. Barton was in favour of accepting the invitation; Doctor C. K. Fuller of Yarmouth was against accepting. He thought that Blue Cross was selling something they did not have. Doctor L. M. Morton suggested that a committee be appointed to study the matter and report back to general meeting.

In reply to a question Doctor A. D. Kelly said that the matter of medical control plans for prepaid medical care was held most important by the Canadian Medical Association. He felt that there should be medical representation on the Board.

It was finally decided that the Executive be requested to make a study of the question and if necessary report back to the Society. The motion carried with it the request that a special meeting be held for that purpose.

The meeting adjourned at 10.15 a.m.

The second business meeting of The Medical Society of Nova Scotia was called to order by the President, Doctor J. J. Carroll, at Antigonish, on Thursday, September 13, 1951, at 9.30 a.m.

The resolution of the Executive—"that the consideration of The Welfare Set-up be put under the Economics Committee"—was approved.

The resolution of the Executive—"that this Executive endorses the Trans-Canada Medical Plan as outlined by Doctor Kelly"—was approved.

The matter of a full-time secretary was fully discussed. Doctor Eric W. Macdonald moved that the question be deferred until we had a larger number present. Doctor E. T. Granville seconded this motion but modified it by adding that it also be referred back to the Societies. Doctor H. F. McKay moved that it be referred to the Committee on Economics and this was seconded by Doctor E. I. Glenister. The motion of Doctor McKay was carried.

The Secretary notified the meeting that the Report of the Cancer Committee will be printed in the Bulletin as a clinical article. Also that reports of the Public Health Committee, the Workmen's Compensation Board Committee, and the Industrial Medicine Committee would be published in the Bulletin.

The Report of the Pharmaceutical Committee and the resolution of the Executive concerning it were approved—"that the Report of the Pharmaceutical Committee be accepted and that the incoming Pharmaceutical Committee be instructed to confer with a committee of the Nova Scotia Pharmaceutical Society in a comparable manner to that followed in Ontario and report to us at our next annual meeting."

It was decided to publish the Treasurer's Report.

It was decided that The Medical Society of Nova Scotia continue to employ the present auditor, Mr. M. L. Bellew of Halifax.

The Secretary's Report was approved.

It was decided that the Report of our representative to the Advisory Committee be mailed to all members.

The Report of the Editorial Board and the resolution—"that the minutes of the Executive and General Meetings, as edited by the Secretary, continue to be printed in the Medical Bulletin as in the past" were approved.

There was considerable discussion as to whether or not the minutes of the Executive and the General Meetings should be published in the Bulletin. Doctor Eric W. Macdonald said that he had been embarrassed in the past by incorrect reporting. He felt that the full minutes or a synopsis of them should be published. Doctor J. W. Reid suggested that when important topics were discussed that the remarks of each speaker should be mailed to him for confirmation before they were published.

The Report of the Medical Economics Committee and the resolution were then read by the Secretary. Doctor J. W. Reid moved that our agreement with Maritime Medical Care be used as a basis for bargaining by the Committee on Medical Economics. Doctor A. G. MacLeod thought the payment for the blind and mothers' allowance dependents should be the same as those of Maritime Medical Care. The original motion of the Executive, namely—"that the Medical Economics Committee be given full power to negotiate for a new contract with the Welfare Committee should the occasion arise, and that the rates paid by Maritime Medical Care be used as the basis of bargaining by the Economics Committee"—were approved.

There continued a critical discussion of our agreement to provide medical care for the recipients of welfare of the Provincial Government. The kind of medical care expected and whether it was possible to provide partial medical care were thoroughly discussed and in particular the matter of mileage, and the difficulty of any satisfactory arrangements concerning mileage. Doctor J. W. Reid's amendment, namely, that "the rates paid by Maritime Medical Care be used as a basis for future negotiations with the Provincial Government in setting up a new contract" was carried.

The Secretary announced that the Executive had elected Doctors R. M. Benvie, C. S. Morton, Lewis Thomas and K. A. MacKenzie as Honorary Members to the Society.

The General Session approved the action in increasing the Secretary's salary to \$1,800.00 a year.

The Secretary announced the new slate for the Council of the Canadian Medical Association, also our representatives to the Executive and the Nominating Committee. They are: Council, Doctors E. I. Glenister, J. W. Reid, Eric W. Macdonald, J. J. Carroll, M. G. Tompkins, Sr., G. R. Forbes, A. E. Blackett and L. M. Morton and H. G. Grant, ex officio; Doctors M. G. Tompkins, Sr., and J. W. Reid as representative and alternate respectively on the Executive and Doctors G. R. Forbes and Eric W. Macdonald as representative and alternate respectively on the Nominating Committee.

The action of the Executive regarding a Loan Fund for medical students was approved.

The Branch Societies will be asked for nominations for senior membership in the Canadian Medical Association before the semi-annual meeting of the Executive in November.

The list of new members (as printed in the Executive minutes) was read to the meeting.

The Secretary told of having written a letter of welcome to recent graduates inviting them to join the Society at reduced rates for the first two years. Thirty-three (33) of these letters went out and as a result fourteen recent graduates took out membership. It was agreed that this policy be carried out each year.

The resolution of the Executive that they meet one full day before the General Session and that each speaker be limited to three minutes and only allowed to speak once on each topic was approved.

It was agreed that the present Executive attend the next semi-annual meeting and the new Executive be called at the next annual meeting. The Secretary was authorized to employ legal advice to properly reword the change in the By-Laws.

Doctor H. F. Sutherland's motion regarding instructions to our delegates to Maritime Medical Care and also the time of the annual meeting of Maritime Medical Care was approved.

Next came the report of the Nominating Committee as follows:

First Vice-President—Doctor J. W. Reid, Halifax.

Second Vice-President—Doctor M. G. Tompkins, Sr., Dominion.

Treasurer—Doctor R. O. Jones, Halifax.

Secretary—Doctor H. G. Grant, Halifax.

Place and date of 1952 meeting—To be settled by officers.

Legislative Committee—Doctors A. R. Morton, D. M. MacRae and W. J. MacDonald.

Cancer Committee—Doctors S. R. Johnston, N. G. B. McLetchie and O. C. MacIntosh.

Public Health Committee—Doctor G. G. G. Simms and the Executive of the Nova Scotia Medical Health Officers' Association.

Historical Committee—Doctors J. S. Munro, A. Calder and L. R. Meech.

Workmen's Compensation Board—Doctors B. F. Miller, H. B. Whitman, J. H. L. Simpson and J. R. Macneil.

Editorial Board Committee—Doctors M. E. B. Gosse and C. B. Weld.

Medical Museum Committee—Doctor J. J. Fodden.

Cogswell Library Committee—Doctors J. McD. Corston, B. K. Coady and R. L. Aikens.

Medical Economics Committee—Doctors H. F. Sutherland, G. C. MacDonald, A. E. Blakett, A. G. MacLeod and H. J. Devereux.
 Pharmaceutical Committee—Doctors R. A. MacLellan, J. E. LeBlanc and L. F. Doiron.

Public Relations Committee—Doctors C. H. Reardon, J. W. Reid, F. J. Barton, H. F. McKay and D. M. Cochrane.

Divisional Representative, Editorial Board of Canadian Medical Association—Doctor A. L. Murphy, Halifax.

Industrial Medicine Committee—Doctors J. C. Young, J. B. MacDonald and J. C. Acker.

Provincial Medical Board members, for 3 years—Doctors H. D. O'Brien, A. E. Murray, J. J. Carroll, E. I. Glenister, M. R. Elliott and M. G. Tompkins, Sr.

The Nominating Committee recommend to The Medical Society of Nova Scotia that they consider the retaining of a solicitor.

Also recommend that all chairmen of committees be contacted by the Secretary and informed of their duties.

The Secretary pointed out that neither Doctor C. B. Weld nor Doctor J. H. Fodden were members of The Medical Society of Nova Scotia. The Nominating Committee named Doctor H. W. Schwartz to replace Doctor Fodden and Doctor C. M. Harlow to replace Doctor Weld. The report was adopted. They also named Doctor S. G. MacKenzie, Jr. to replace Doctor J. J. Carroll who already is on the Provincial Medical Board nominated by the Provincial Government.

NOTE:—After the meeting adjourned it was discovered by the Secretary that Doctor M. G. Tompkins, Sr., who had been appointed by the Nominating Committee to the Provincial Medical Board, was also a member of the Provincial Medical Board appointed by the Government. This information was sent to Doctor H. J. Devereux, Chairman of the Nominating Committee, by wire, and in reply he submitted the name of Doctor H. F. Sutherland of Sydney.

The meeting adjourned at one p.m.

The Report of the Committee on Civilian Defence which was not presented at the meeting is given below.

The President,
 Nova Scotia Medical Society.

As the representative of The Medical Society, your chairman attended several meetings of the Provincial Central Disaster Committee. This latter committee has been organized by the Hon. A. B. deWolfe, who in turn has been appointed to this position by the Provincial Government.

Doctor Graham Simms of the Provincial Department of Health has assumed the task of heading the medical services sub-committee of this Central Provincial Committee. This Medical Services Sub-Committee, headed by Doctor Simms, has representatives of the nursing, dental, pharmacy and hospital associations, as well as other services such as mortuary, vital statistics, etc.

This committee will be the organizing medium of medical civil defence within the province, and it will be responsible for the training and instruction and general guidance of the medical profession in the event of a major disaster.

As any active measures on the part of our Society must at present remain on a voluntary basis, it is recommended that the Society approve of the following principles:

1. That we co-operate with the Central Medical Committee in providing training to the medical profession; this training to include the special methods to be adopted in the treatment of overwhelming numbers of special types of casualties, and also instruction in the overall administration of approved plans of evacuation, disposal, and liaison with other disaster services.
2. That we take active measures to promote first aid training to large numbers of laymen, and that such measures be considered by each local branch of the Society.
3. That we make provisional organizing plans in the selection of doctors to serve in the various medical installations that will be required, viz: (a) first aid teams, (b) casualty clearing posts, (c) special treatment hospitals, and (d) the care of the local population.

It is further recommended that each branch Society be requested to take active measures in executing these principles, and that the Secretary of each branch Society be asked to act as a liaison with the Central Medical Committee. In this way the medical profession will have a direct contact not only with the Central Medical Committee, but also with the various local chairmen of disaster committees that are being organized throughout the province.

Respectfully submitted,

(Sgd.) J. A. Noble,

Chairman, Committee on Civil Defence.

September 11, 1951.

MINUTES OF THE SEMI-ANNUAL MEETING OF THE EXECUTIVE OF THE MEDICAL SOCIETY OF NOVA SCOTIA, 1951.

The semi-annual meeting of the Executive of The Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, N. S., on Wednesday, December 5, 1951, at 2.35 p.m.

Present: Doctor L. M. Morton, President; Doctors J. W. Reid, M. G. Tompkins, Sr., H. G. Grant, H. F. Sutherland, G. C. Macdonald, P. E. Belliveau, J. J. Carroll, J. A. MacCormick, W. A. Hewat, S. Marcus, A. E. Blackett, E. T. Granville, A. E. Murray, A. W. Titus, F. Gordon Mack, G. W. Bethune, P. O. Hebb, H. R. Peel, P. R. Little, A. G. MacLeod, G. R. Forbes, G. G. G. Simms, J. S. Munro, M. E. B. Gosse, R. A. MacLellan, C. H. Reardon and E. I. Glenister.

The meeting was called to order by the President.

The first item on the agenda was the report of Doctor A. E. Blackett, the representative of the Society on the Executive of the Canadian Medical Association, who gave a most comprehensive report of their last meeting. He dealt first with the activities of the World Medical Organization and also

the World Health Organization, and referred particularly to Doctor Routley's activities. He then referred to the proposed establishment of sections of General Practice in Departmentalized Hospitals, and the fact that The Royal College had been approached and asked for sanction. Reference was then made to the proposed establishment of a Dominion Nursing Council, to be made up of two from the Registered Nurses Association, two from the Canadian Medical Association, and two from The Hospital Council of Canada. He brought to the attention of the meeting that provision is now made for free medical service for dependents of members of the armed forces by the R.C.A.M.C., meaning that there would be some 110,000 people now able to participate in this free treatment. He told us that suggestions had been made to the Minister of Defence that premiums should be paid for these people to any of the prepaid medical care schemes. Progress was reported in the matter of Hospital Standardization in Canada in association with similar standardization in the U. S. A. A report on this matter may be expected at the meeting of the General Council in June.

The Secretary asked what benefits the Society would receive out of the newly appointed firm of Public Relations by the Canadian Medical Association.

Doctor A. E. Blackett said he did not think he could exactly answer that question. He stated it would be of some value to the sub-divisions; they also supervise "On Call" issued by the Canadian Medical Association, but their big job is the publicity at the annual meetings of the Canadian Medical Association.

Doctor L. M. Morton: "It has been sort of taken for granted that we hold our next annual meeting at Yarmouth. The dates have been set for the 3rd, 4th, 5th and 6th of September next. The New Brunswick, Prince Edward Island, Newfoundland and Nova Scotia, four annual meetings are held seriatim, and the dates have to fit in. In Yarmouth we have taken over Lakeside Inn. They have forty-five rooms and five cottages with two rooms each. There are also rooms available at the Grand Hotel, and some very fine motels. We also have already made arrangements about the entertaining and so forth. I think I can assure you that you will have a pleasant time if you come to Yarmouth."

It was moved by Doctor A. W. Titus and seconded by Doctor C. H. Reardon that the annual meeting be held at Yarmouth on September 3rd, 4th, 5th and 6th. Carried.

Doctor L. M. Morton asked whether the first day should be confined to the meeting of the Executive, or whether one meeting should be held in the afternoon, one in the evening, and another the next morning.

Doctor H. G. Grant said he would like to know what should be carried over to the general meeting from the Executive meeting. How much should be brought before the general business meeting or should the secretary just give a general report of the activities of the Executive to the General Session.

Doctor H. G. Reardon asked what authority the general meeting had; he thought any general meeting can discuss any subject whatsoever whether the Executive have disposed of it or not.

Doctor H. G. Grant stated that the Executive could deal with most of the matters and indicate to the general meeting what matters they would like to have discussed.

Doctor L. M. Morton: "This morning we had one of the most important meetings we have had for some time. It was held down in the Maritime Medical Care office. We had a very good representation from both the members of Maritime Medical Care and The Medical Society of Nova Scotia. The Secretary and I were there as members *ex officio*. We had a very frank discussion. Doctor Gosse aired all his grievances and there were some unvarnished statements made. However there was a thorough discussion and finally we finished our meeting in a very harmonious mood. We came to the conclusion that the chief trouble was that the Society had not been given proper information, therefore practically all the members of our Society were ignorant of what was going on. I do not think it was intentional, but nevertheless it has occurred, and caused a lot of dissension in our ranks from one end of the Province to the other. Perhaps Doctor Tompkins would say a few words."

Doctor M. G. Tompkins: "I have not much to add. Doctor Gosse gave a very comprehensive report on Maritime Medical Care to date, and I think we will agree that many of the things he brought up were justifiable. I think that possibly a great number of The Medical Society have been unjust in their criticism of Maritime Medical Care. After all it was brought in to offset any health scheme that might be introduced. We should not only stand back of him but also of the officers and the Board of Directors of Maritime Medical Care. It seems now it is a question possibly of raising the amounts paid to the Maritime Medical Care so that we can have a better adjustment of our fees as submitted to the Board. I think the time has come when we have to get together and have a proper understanding between the Directors of Maritime Medical Care and The Medical Society, and it is to our best interest to carry this along and to try to put aside a fund which will gradually increase and carry us on in times of stress. I think some of the doctors are planning to bring a recommendation in this afternoon, that rates to the subscribers be increased, and have a closer relationship between Maritime Medical Care and The Medical Society of Nova Scotia."

Doctor A. E. Blackett: "I was one of the representatives of Maritime Medical Care. The matter of raising the subscriptions was coming up immediately. The matter of further information regarding the activities of Maritime Medical Care was brought up also and the idea was brought out that these would be attended to by articles in the Bulletin, and by Maritime Medical Care offering a speaker to any Branch in the Province who wanted one."

Doctor L. M. Morton: "I regret very much that all of you were not there this morning. This discussion was altogether different to that we had down at Antigonish. We sort of put the cards on the table and sat around and did something worth while. There were thirteen there. Doctor Sutherland has a resolution that I would like read and would like put through. We have either to carry it on and take care of it or abandon it."

Doctor E. T. Granville stated that he believed in principle in something like Maritime Medical Care. He stated they had had a meeting of the Halifax Medical Society a few weeks ago when the meeting as a whole showed they really wanted business. They asked for action and they got it.

Doctor P. R. Little: "Maritime Medical Care as far as I know has been doing a pretty good job. This morning I find out that the Halifax Medical Society has entered legal action against Maritime Medical Care or tried to and has gone so far as to get a lawyer. I do not think that all of the rest of us

agree with what Halifax has done. I am sure that some of the other Counties think it is regrettable that Halifax should have gone that far."

Doctor H. C. Reardon: "There was no legal action. Legal opinion was obtained by the Secretary of The Medical Society of Nova Scotia on behalf of a request from the General Practitioners Section, and that opinion was obtained by The Medical Society of Nova Scotia."

The next item was the nominating of a senior member in the Canadian Medical Association. The President stated that any member of the Association in good standing for the immediately preceding ten-year period who has attained the age of seventy years is eligible to be nominated. Cumberland Medical Society had sent in the names of Doctor B. E. Goodwin, F. L. Hill, W. T. MacKinnon and Dr. Murray. The Halifax Medical Society had sent in the names of Doctors Lewis Thomas, G. H. Murphy, C. S. Morton, J. R. Corston and P. S. Campbell. These men were voted on by ballot, following which it was stated that Doctor Dan Murray of Tatamagouche had been elected as senior member. It was later discovered that Doctor Dan Murray was already a senior member of the Canadian Medical Association. A vote of the Executive was taken by letter with the result that Doctor J. R. Corston was elected our nominee.

The Secretary stated that he had consulted legal advice and read the following to replace Article IX (3) (a)—

The Executive shall consist of:

- (i) The Officers of the Society.
- (ii) The member of the Society who has been appointed to the Executive of the Canadian Medical Association as hereinafter provided.
- (iii) Two members elected from the membership of the Halifax Medical Society or alternates elected from such membership to act in their absence.
- (iv) Two members elected from the membership of the Cape Breton Medical Society or alternates elected from such membership to act in their absence.
- (v) One member elected from the membership of each other branch Society of The Medical Society of Nova Scotia or an alternate elected from such membership to act in his absence.

A Branch of the Society may indicate to the Nominating Committee its own choice of representative or representatives on the Executive Committee, in which case the same or names so indicated shall be placed in nomination but should any Branch fail to do so, the nominating committee shall choose the name or names to be placed in nomination. Six members of the Executive shall constitute a quorum. The Executive Committee shall submit to the Constitution, attend to matters of business which arise between the annual meetings, which demand prompt attention and do not require a special meeting of the Society; shall arrange the general business for the annual meetings, and for any special meetings of the Society; shall recommend the appointment to honorary membership in the Society; shall watch municipal, provincial and federal legislation in so far as it may affect the interests of the medical profession and endeavour in every feasible way to properly safeguard such interests; shall nominate members to the Council of the Canadian Medical Association on or before March 31st in each year; shall nominate a representative on the Nominating Committee of the Canadian Medical

Association; shall nominate a member to the Executive Committee of the Canadian Medical Association; and shall fulfill other functions as may legitimately be assumed in the interest of the Society. For the more efficient discharge of its duties, the Executive Committee may appoint sub-committees from its own membership.

It was moved by Doctor J. W. Reid and seconded that the amended By-Laws be accepted. Carried.

The following report was read by Doctor H. F. Sutherland.

The Medical Economics Committee met with a Committee of the Directors of Maritime Medical Care this morning, relative to the subject presently under discussion.

As a result of these deliberations and brought out at a subsequent meeting of the Economics Committee, the following are the recommendations of the Medical Economics Committee.

1. That Maritime Medical Care Incorporated be afforded the all out complete support of every individual member of The Medical Society of Nova Scotia.

2. We view with alarm the gradually increasing adverse relationship existing between the members of The Medical Society of Nova Scotia and Maritime Medical Care Incorporated.

It is felt that in order for Maritime Medical Care Incorporated to properly fulfill its purpose much greater effort must be made to regain the confidence of the individual membership of The Medical Society of Nova Scotia.

3. We feel that this may be accomplished by—

- (a) Wider dissemination of the deliberations of the Executive meetings of Maritime Medical Care Incorporated.
- (b) That any change in the fee schedule should be submitted to The Medical Society of Nova Scotia for their consideration and appraisal.
- (c) This Committee feels that a limited term of service on the directorate of Maritime Medical Care Incorporated is desirable in order that more members of The Medical Society of Nova Scotia may become better informed of the internal working of Maritime Medical Care Incorporated.
- (d) Serious consideration should be given to the drawing up of new contracts for both subscribers and physician.
- (e) The Medical Economics Committee are in agreement with the intended increase in the subscribers' rates.
- (f) We recommend that the House of Delegates of Maritime Medical Care Incorporated meet at least twice yearly and that the second meeting be held in conjunction with but following the annual meeting of The Medical Society of Nova Scotia.

Doctor H. F. Sutherland moved the adoption of this report which was seconded by Doctor M. G. Tompkins.

Doctor J. W. Reid: "Could I ask the Chairman of the Economics Committee what one or two of the things were which opened his eyes so widely this morning?"

Doctor H. F. Sutherland replied that he was not qualified to cover the field.

Docor J. W. Reid: "The thing that occurs to me in this report of our Economics Committee is that it does not seem to have indicated any very great change in the state of affairs. It is true that there will be more financial information passed along. The other thing is that Maritime Medical Care should not change their fee schedule without consulting the Medical Economics Committee. It seems to me that the real difficulty has been the type of service which we are trying to offer for a certain fee. The Medical Society of Nova Scotia went on record some years ago of approving health insurance in principle, not the medically subsidized health care that we are being asked to give the people. The pertinent thing is that we make up our minds definitely as to how much service we are going to be able to offer these people, and we should have an actuarial basis; nothing short of a sound insurance basis. It seems to me that raising the subscription rates will serve only to cause a good many people to drop out."

Doctor A. W. Titus: "First it might be well to point out that two of the recommendations are the same as we had in our letter. We felt, as Maritime Medical Care does, that \$4.00 is too much for an office call—that this figure needs to be adjusted. We also feel that there is a right way to do it. We do not feel that Maritime Medical Care should have the right to change the fee paid us as already agreed upon without at least consulting us. We feel that the present contracts have been violated and that new ones should be drawn up between Maritime Medical Care, subscriber and participating physician. The Halifax Medical Society's action was merely a gesture to try to bring this about, thereby aiding public relations between these bodies."

Doctor C. H. Reardon: "Could we obtain Doctor Gosse's report and read it at this meeting? Is Maritime Medical Care going to carry on with their fee schedule, and if so are we going to accept it? We must come to some decision so that we may report to our Branch Societies. Either we work under a fee for service as set by this Society or under a fee set by a firm we are working for."

Doctor A. G. MacLeod: "In regard to our agreement with Maritime Medical Care, the only provision is default by either party; nobody was given any notice that these fees were to be changed. 'This agreement shall be for the term of one year from the effective date hereof and from year to year thereafter until terminated in accordance with the provision hereinafter set out.' If you do not run it properly why run it at all?"

Doctor P. R. Little: "I do not feel that our particular section has anything to do with it. It was due to the grievance of the Halifax Medical Society. Would you clear the matter up for us?"

Doctor H. G. Grant: "Doctor Gosse some few days ago called me on the phone and he asked me if I would arrange a meeting of a committee representing The Medical Society of Nova Scotia with a committee representing the House of Delegates of Maritime Medical Care. I called the President on the phone and made him aware of the request and after a little discussion he decided that the best committee to represent us was the Economics Committee. Later the President, Doctor Morton, felt that this Committee should be augmented and he added two members to it.

I was asked by the General Practitioners' Association if The Medical Society of Nova Scotia considered it legal that Maritime Medical Care should change the rates without consulting with The Medical Society of Nova Scotia.

As I could not answer that question myself I employed Mr. Donald McInnes, and after giving it some thought, he expressed the opinion that it was not considered legal."

Doctor P. R. Little: "Then Doctor Grant was questioned about that by the General Practitioners Group."

Doctor L. M. Morton: "It seems to me that if the Secretary is asked a question, and is unable to answer he has perfect right to ask legal advice."

Doctor H. G. Grant: "We have as branch societies our affiliated societies, the General Practitioners, the Radiologists, and so on, and it is my feeling that at any time any Branch Society can ask me for any information pertaining to that Branch."

At this point there was an intermission of ten minutes for afternoon tea.

Doctor C. H. Reardon asked to have the report of the Committee of Economics read again, which was done by the Secretary.

Doctor P. O. Hebb: "I would like to move an amendment deleting the first paragraph. It is a vote of confidence. I do not know anything more about Maritime Medical Care than I did yesterday. I would move an amendment that this report be adopted deleting the first paragraph."

Doctor J. W. Reid: "I would move an amendment to the section "D" dealing with contracts, that a new contract be drawn up for both subscriber and physician subject to the approval of the Medical Economics Committee."

Doctor H. J. Devereux stated they had gone to discuss relationship, and that all knew the general principles involved.

Doctor P. O. Hebb: "I can't vote to give them an all out support unless they have some reason why they could change the fee of The Medical Society of Nova Scotia without consulting us."

Doctor C. H. Reardon stated that the Society could not endorse fee charges which had already taken place.

Doctor H. J. Devereux stated that the House of Delegates had approved the change.

Doctor L. M. Morton: "Have you ever asked for a representative of the Maritime Medical Care to come before your Society for the purpose of giving you information regarding Maritime Medical Care?"

Doctor C. H. Reardon: "We asked the delegate for the report and we could not get it, and we asked for annual reports to be sent to all members and we did not get it. At the meeting of the Halifax Medical Society only one of the House of Delegates thought it proper to show up. He made it quite clear that he had only attended one meeting and that that was the only meeting called. What fee are we going to get?"

Doctor L. M. Morton: "I think Doctor Gosse will be available to appear before us tonight. We are not going to get anywhere here."

Doctor A. G. MacLeod: "If it is illegal, we are all non-participating physicians; that has not been settled."

Doctor A. E. Blackett: "Maritime Medical Care did not accept the contention that the change in the fees was illegal. At the meeting, one spokesman for Maritime Medical Care stated that after receiving the letter from the Halifax Division, they had referred the matter to their legal advisor who informed them the change was perfectly legal."

Doctor A. G. MacLeod: "It is not a matter of griping, we should find out where we stand."

Doctor A. W. Titus: "Suppose it is illegal, what do we propose to do next?"

Doctor L. M. Morton: "There is a motion before you gentlemen; what is your opinion?"

Doctor C. H. Reardon: "I would make a motion to the effect that any change in the present fee schedule that has been made by Maritime Medical Care be not recognized."

Doctor H. F. Sutherland: "This schedule of fees went through because it was definitely understood that they had to operate on the schedule of fees we laid down. We are just beginning now to get competition in Nova Scotia. We may be considering ourselves too important. One group has it that we are working on legal authority. I think we are living in a fool's paradise. It is time something should be done."

Doctor L. M. Morton: "We must get together on Maritime Medical Care, we have either got to support it or throw it out. If it is your wish I think Doctor Gosse will come here before us to-night. I think he will be agreeable to come and talk to the whole group if you wish. These amendments are not going to get us anywhere. This is an important thing. We have either got to do one thing or the other. Wherever you go every medical man seems to have a gripe about Maritime Medical Care. I do not know where it originated. I would like very much for you to hear Doctor Gosse's statement. I think you would see things differently. He has done that job gratuitously. I think you will take a different view. I would like to wait until we hear from Doctor Gosse to see if he will come before us tonight. Would you be willing to come here to-night?"

It was voted that the meeting reconvene at eight o'clock in the evening.

Doctor R. A. MacLellan moved that the resolution of the Committee on Economics be laid on the table to be taken up after Doctor Gosse spoke in the evening. This was seconded and carried.

Regarding the employment of a full-time secretary, Doctor G. C. Macdonald advised that the Cape Breton Medical Society had discussed the matter fully at a meeting held last week with an open mind as to what advantages would come by the appointment of a full-time secretary, and it was unanimously decided that the Cape Breton Medical Society go on record as being opposed to the employment of a full-time Secretary.

Doctor G. R. Forbes advised that the Valley Medical Society were to hold their semi-annual meeting next week when the matter would be taken up.

The Western Counties Medical Society were in favour of employing a full-time secretary. There was no report from the Cumberland Medical Society. Doctor J. J. Carroll advised that the Antigonish-Guysborough Medical Society were not in favour of employing a full-time secretary. Doctor Samuel Marcus stated that the Lunenburg-Queens Medical Society had not had an opportunity of having a meeting, but they would be having a meeting next week when they would be able to get a formal opinion. Doctor P. R. Little advised that at a previous meeting of the Colchester-East Hants Medi-

cal Society held sometime ago they were not in favour of employing a full-time secretary. Doctor A. E. Blackett advised that the meeting of the Pictou Medical Society was coming up the first of the year when the matter would be considered. Doctor A. W. Titus advised that the Halifax Medical Society were unanimous in their approval of the appointment of a full-time secretary.

The next item on the agenda was the loan fund for Dalhousie medical students.

Doctor L. M. Morton: "At the last meeting a resolution had been brought in by Doctor Reid that a students' loan fund sponsored by The Medical Society of Nova Scotia should be taken into serious consideration and a committee formed. To investigate the matter I appointed Doctors A. W. Titus, E. P. Nonamaker and W. G. Colwell. Doctor Titus has done a tremendous amount of work on this and he has a report to bring before us.

Mr. President:

Following the Annual Meeting of the Nova Scotia Medical Society at Antigonish, N. S., we were appointed as a committee to study the possibility of setting up a loan fund for needy medical students at Dalhousie University. Our terms of reference were as follows, "that a committee of The Medical Society of Nova Scotia be appointed for the purpose of drawing up a plan for the solicitation of and administration of a Student Loan Fund." A request for such a fund was received from the Dalhousie Students' Medical Society.

Accordingly, we held our first committee meeting in early October at which time we invited the committee on student loans from the Students' Medical Society to be present. We had previously requested them to canvass the medical students to see how large a fund would be required to meet present and future needs and also how many students were in need of loans. The following is a summary of their report.

	Number wanting loans	Immediate Needs (Total)	Average Yearly Loans	Total Predicted for Future
1st Yr.	18	\$4,970.00	\$ 355.00	\$28,400.00
2nd Yr.	14	3,500.00	250.00	14,300.00
3rd Yr.	30	14,100.00	470.00	12,200.00
4th Yr.	4	1,200.00	300.00	2,000.00
Total	66	\$23,770.00	\$1,357.00	\$56,900.00

No doubt you will be amazed at these figures as we on your committee were. We wondered how these students who are in immediate need of nearly \$24,000.00 expected to finance their way in medical school when they started. Not only this, but in order to finance their future years, are going to have to borrow over \$50,000.00 in order to graduate. This is all that is required by only 66 students and we were given to understand by the students' committee that more indicated they would apply for loans if and when such a fund were established.

In order to see the full picture, we conducted another student survey to determine where these students have borrowed from already and how they intended to finance themselves should this fund not become available. We found from this that most were indebted to family or close friends already to an extent of loans ranging from \$1,000.00 to \$3,000.00, and many, in addition, had also borrowed from D.V.A., R.C.A.F. Benevolent Funds, or their

respective Government-Provincial Loan Funds. A few had borrowed small amounts from the University's Kellogg Loan Fund, which is at the moment nearly depleted. During the past four years it has only been possible to make on an average, two to five loans ranging from \$100.00 to \$300.00 each from this fund because of the slowness with which the loans have been repaid by past borrowers. The Dominion Provincial Loan Fund has been used by some and they are allowed up to \$300.00 and a little more in exceptional cases. There is no interest on these loans and repayment starts in January of the year following graduation and payment in six units of \$50.00 each.

Armed with these figures and facts, we conducted still another survey to determine how many of these needy students were from which Provinces. The following were obtained:

	Number	N. S.	N. B.	P. E. I.	Nfld.	Outside
1st Yr.	18	7	6	4	1	0
2nd Yr.	14	4	4	4	2	0
3rd Yr.	30	13	7	6	4	0
4th Yr.	4	3	0	0	0	1
Total	66	27	17	14	7	1

These figures made us feel much happier for we felt if this fund were to be solicited and administered by the Nova Scotia Medical Society from its members, we should attempt to help our own provincial students and perhaps suggest to the other provinces that they do likewise. At our last meeting these figures were revised to the following on the basis of average required loans for each year as these were the only figures available to us:

	Number of Loans	Average Loan	Total Immediate	Predicted Future
1st Yr.	7	\$355.00	\$ 2,485.00	\$13,000.00
2nd Yr.	4	250.00	1,000.00	4,700.00
3rd Yr.	13	470.00	6,110.00	5,500.00
4th Yr.	3	300.00	—	1,500.00
Total	27	—	\$10,595.00	\$24,700.00

Now we only require \$10,000.00 immediately with a fund capable of loaning up to \$25,000.00 over the next four years. Still very large figures just for students from our own province.

At our last meeting we considered ways of soliciting such a fund and administering it; as far as building up a fund, it must be considered two ways. First, if we are to undertake a fund capable of covering all students, or second, are we to undertake a fund just for our own provincial students. If we are to try the first plan, it involves all four Maritime Provinces including solicitation of funds from Provincial Medical Boards, Governments, Dominion-Provincial Loan Funds, and solicitation or assessment of all physicians who are members of the provincial societies. Perhaps large industries and towns and municipalities in certain localities might be induced to help also. Your committee felt this is impossible, impractical, and would meet with failure.

The second plan, to care for our own Province, is on a smaller scale and might be more easily handled although solicitation of nearly \$40,000.00 is

still involved. The same sources listed above are the only ones available even here. We feel that, should we embark on this plan even though we fall short of our objective, even far short, we will probably be able at least to help a few needy students.

Administration of the fund was considered in detail and we felt it should be based on the following:

1. Administered by the Nova Scotia Medical Society with an advisory Board appointed by the Society to include the Dean of the Medical School.
2. Financial need to be the sole basis of making loans. Scholarship to be of secondary importance.
3. Loans to be secured by contracts; e.g. notes. Separate ones for each yearly loan if several are made.
4. Loans to be repayable starting one year from graduation and each yearly loan to be paid in successive years as borrowed, e.g. \$300.00 in third year, and \$300.00 in the fourth year loaned the student pays off the first loan in the second year of graduation and the second \$300.00 loan in his third year of graduation and so on.
5. No interest on any loans.
6. Loans to be limited to Nova Scotia students if second plan is adopted or open to all if plan one is adopted.

This is our report and we respectfully submit it for your approval and discussion.

(Sgd.) A. W. Titus, Chairman,
W. G. Colwell,
Paul Nonamaker

Doctor A. W. Titus moved the adoption of this report which was seconded by Doctor H. R. Peel. Carried.

Doctor L. M. Morton: "First, Doctor Titus may have been surprised when he was appointed chairman of this committee. The reason was because I knew he would do a very fine piece of work. This is a great eye opener. This is really something; whether we can take care of this is another question. It is a very serious problem if we are going to take it over."

Doctor H. G. Grant: "I would like to say something about this. One thing, the estimates are a bit high. I think the students are just like ourselves, they can always get along on a bit less. There is at present about \$700.00 or \$800.00 in the new \$2,000.00 Medical School Loan Fund and no requests in. We have a \$3,000.00 Kellogg Loan Fund and a \$2,000.00 Medical Society Loan Fund; both are rotating. We have a hard time to get this money back. I do not think they should start paying it back in January following their graduation. Over a long period of years the University has not lost any money. There is a real need. This is a very fine report."

Doctor M. E. B. Gosse asked if there were any reason why there were more needy students in the third year, and Doctor A. W. Titus replied that he could not answer that.

Doctor L. M. Morton: "I think this is something that will have to be gone into more thoroughly. It is something to think about. I do not think it could be financed through the medical profession in Nova Scotia. Thank you very much, Doctor Titus. You did a fine job."

Doctor H. J. Devereux asked if it had not been moved at the meeting at Antigonish that two members be appointed to the Maritime Hospital Service Association.

Doctor G. H. Grant stated at the first business meeting at Antigonish it had been moved, seconded and carried "that the Executive be empowered to look further into this matter and if necessary report back to the Board, with the addition that the Executive look into it and have a special meeting."

Doctor L. M. Morton: "Do you want to discuss this question of appointing two members? I brought it up to the members of our Society and they were agreeable to it."

Doctor A. E. Blackett: "I am opposed to the idea. I think we are subsidizing the opposition. This happened before and our President was put on the Board and he resigned."

Doctor L. M. Morton: "Why are they asking for two directors?"

At this point Doctor Morton left the room and the chair was taken over by Doctor J. W. Reid.

It was moved by Doctor A. E. Blackett and seconded by Doctor J. S. Munro that this matter be referred to each Division of the Society for an opinion. Carried.

Doctor H. F. Sutherland: "What was behind this? The thing they had against Blue Cross was that they were administering medical service with laymen on the Board. Here in Nova Scotia at that time we were told that prepaid medical services would be administered through Maritime Medical Care. They formed Trans-Canada Medical scheme last June, and Maritime Hospital Service Association has been recognized by them, also Blue Cross, Blue Shield and Maritime Medical Care."

Doctor A. E. Blackett: "In the Province recommending Blue Cross they have no competition. Quebec asked that Blue Cross be their official representative."

Doctor H. F. Sutherland: "In Nova Scotia Trans-Canada recognize officially Blue Cross, Blue Shield and Maritime Medical Care."

Doctor L. M. Morton returned and announced that Doctor N. H. Gosse would meet the Executive at eight o'clock to-night, and that any Halifax doctors were welcome to come.

Doctor P. R. Little: "I was present this morning, and heard Doctor Gosse's report. Are we going to be satisfied on these things?"

Doctor L. M. Morton: "If you have the President of Maritime Medical Care and if he gives the report I think you will be more clear. You heard him this morning. I do not know whether you have changed your opinion about Maritime Medical Care or not."

Doctor H. F. Sutherland stated that the Medical Economics Committee are to meet the Government with recommendations for a new contract and he wanted to know the attitude of the Executive towards the continuation of the contract. The reply was that the Medical Economics Committee had been given authority to go ahead and make a new contract.

The meeting adjourned at 5.30 p.m., to reconvene at 8.00 p.m.

The Executive reconvened at 8.12 p.m. the same evening, December 5, 1951, and there were also present a number of Halifax doctors. The President, Doctor L. M. Morton, was in the chair. Those attending were: Doctor L. M. Morton, President, Doctor H. R. Peel, P. R. Little, H. G. Grant, R. A.

MacLellan, W. G. Colwell, J. A. MacCormick, A. G. MacLeod, E. T. Granville, B. K. Coady, A. E. Murray, W. K. House, M. E. B. Gosse, N. H. Gosse, T. M. Sieniewicz, A. E. Blackett, D. R. S. Howell, C. L. Gosse, V. O. Mader, J. W. Reid, J. S. Munro, F. M. Fraser, S. Mareus, M.M. David, A. W. Titus, H. C. Still, M. G. Tompkins, J. H. Devereux, J. J. Carroll, G. W. Bethune, M. Roberts, E. I. Glenister, G. C. Macdonald, F. Gordon Mack, H. F. Sutherland, D. F. Smith, A. M. Marshall, I. A. Perlin, G. B. Wiswell, H. D. O'Brien, and W. E. Pollett.

Doctor L. M. Morton: "This meeting has been called for further discussion on Maritime Medical Care, which is nothing new for this society. This morning we had a very comprehensive frank discussion of Maritime Medical Care. Doctor Gosse has kindly consented to come here to-night and present it again."

Doctor N. H. Gosse read his statement dealing with the relation of Maritime Medical Care Incorporated and The Medical Society of Nova Scotia.

He began by refreshing our memories regarding the threats of the Government control of Medicine which had been recognized over recent years, and by calling to our attention the fact that following a rather quiet period it is with us again. He showed that partly as a means of offsetting this but partly also to fill a public need, different provinces of the Dominion had set up plans of prepaid medical care, and that in due course this province too felt the urge to do something about it. He showed the steps by which Maritime Medical Care was brought into being—of the great amount of study that had been given in committee, of the utilization of the experience of other plans, and of the care in the making of its constitution to keep the provincial control of the new body in the hands of The Medical Society. He reviewed the machinery of its organization to indicate that the method of control was fully available to the Society if it wished to use it. He, however, pointed out that the first great responsibility as well as the privilege of the Society was the selection of the House of Delegates, and that in this, though geographical or sectional representation is important, more important still is the quality and ability of the men elected. Out of the House of Delegates he said, must be selected the Board of Directors, who are the trustees of the Corporation, and from it in turn "the officers and executive, who will be interested enough (or as it is now being made to appear, foolish enough) to give to your affairs a very great deal of time and thought." He also mentioned the duty of such representatives to develop the proper relationship with the other sections of Canada which are endeavouring to meet the needs of the people of this country—

(a) Through provincial plans, and

(b) By the setting up of the over all co-ordinating and expanding body, Trans-Canada Medical Services.

He then went on to show something of the history and operation of Maritime Medical Care. He showed that as a basis for operation the experience of Physicians Services Incorporated of Ontario was taken as that most likely to be applicable to us—with comparable charges to subscribers and a comparable fee basis to doctors. He called to remembrance the fact that with high hopes the Directors had decided to pay doctors earliest accounts 100%. This was against his own personal judgment—which he registered at the time as being unrealistic—but that is what was decided upon and what was done. In due course, experience showed the level of solvency to be well below that—

well below what was fair, indeed—and that low figure gave the corporation great concern. The situation was carefully studied by the executive, and the experience of the Taxing Committee and the experience figures of the plan were carefully checked. From those sources, he said, it was made evident that both doctors or people, or both, were “milking” their plan by overservice. That this was not universal was of course apparent. A great many doctors were obviously playing the game very well; but the net effect was that all sections of the work was proportionately higher per capita for Nova Scotia than for any other province, and that this was especially true, by comparison, for the work done in doctors’ offices.

A further difficulty was found, he said, in the interpretation of the schedule of fees of The Medical Society. Bills came in for an office call, an urinalysis, a hemoglobin, an intramuscular or intravenous injection and about everything else that could be added to swell the bill for an office call—*because* they were listed in the schedule of fees. At first the Taxing Committee was generous and allowed much of it, later it tightened up somewhat, but even with that it still made the average cost for all office calls just above \$4.00 each. This was so far out of line that the whole matter had to be reviewed.

The first reaction of the Executive was that while there was something wrong here which had to be corrected, for it could not be accepted that Nova Scotians were the sickest lot of people in Canada; nevertheless, it was felt that subscribers’ rates were too low and should be raised. On that the Executive caused the General Manager and accountants to prepare a new set of subscribers’ rates, and the Directors were called together to consider the problem. He showed that at that meeting it was very properly recalled by one of the provincial members that the original idea and purpose of the plan was not to put *more* money in doctors’ pockets but to spread the cost of Medical Care by a plan of insurance—to take the present cost to the people and to redistribute it so it would not fall oppressingly heavily on anyone. The Board agreed that the average office call in Nova Scotia had never amounted to four dollars before Maritime Medical Care, and that therefore a different basis for the distribution of the subscribers money should be adopted.

He stated that when it became known that some of these pyramided charges had been paid by Maritime Medical Care, considerable adverse criticism was properly levelled at the corporation because its interpretation of the schedule of fees had been too generous. It was stated that because they were all listed was no reason why they should all be added together and paid—that it was never so intended—and doctors from different parts of the province added their support to that view.

He further said that many doctors had told him that they had never thought of billing the plan on that basis, but as they heard of others doing it they thought it right that they should do it too, and so the thing grew. *The Directors thereupon decided that the subscribers’ rates be not raised until a proper interpretation be put upon the schedule of fees.* The executive was advised accordingly and was instructed to work out such an interpretation and put it into operation.

But study by the executive showed several possibilities, and, as in any case it meant a considerable change from the too generous interpretation complained of, it was agreed that the whole House of Delegates should be consulted. That was done. The alternative suggestions were submitted

and a mail vote taken as provided in the constitution. *At the same time—on April 9th last—the whole matter was submitted to the Committee on Economics of the Nova Scotia Division with a request for their opinion.*

Of the sixteen Medical delegates all but one voted and among them there was complete agreement on one of the plans offered by the Executive. No word was ever received from the Committee on Economics. After waiting some time for their reply the decision of the delegates—the sixteen men nominated by the Society—was given to the whole profession, and many expressions of satisfaction have since come in from men in different parts of the province.

Doctor Gosse then gave his view and that of the Executive that that was still not adequate—that subscribers' rates should still be advanced for the corporation to be able to make payments that it would like to make, and he said that the staff had been working on a new subscribers premium schedule in the light of later experience and on a proper "actuarial" basis.

He said that at the moment however, that was not their chief concern and not the purpose for which they requested the Executive of The Medical Society of Nova Scotia meet their House of Delegates to-day. It was rather that they may consider fully and frankly the relationship that exists and that should exist between Maritime Medical Care and The Medical Society; and in particular to consider the recent action and attitude of one of the branches, the Halifax Medical Society.

He said that the feeling is widespread, and it would seem to be a fact, that the general relationship of The Medical Society and its plan of Medical Care had deteriorated to a very low position. He gave it as his own conviction that it is the worst in all Canada, and that, not because doctors in Nova Scotia are not getting quite as good a deal as men in other provinces received at the same stage in the life of their plans, but because Nova Scotia doctors *in their organization* are not willing to come out and properly support their plan. "Indeed," he said, "the reports from the Antigonish meeting indicate that the opposite is true." He suggested that a small group of the men had "ganged up" to discredit everything and particularly every one having to do with the plan, and that such tactics constituted the most effective form of sabotage whether they meant it to be so or not. He knew, he said, that many—indeed scores, of the better thinking men—did not want to have part in such tactics, yet because they took no action to check-mate them, they could scarcely escape the position of being accessories, in spite of themselves. He said that since they were in the majority they should control by their votes, if not by argument, the decisions of Society meetings.

Doctor Gosse went on to say that from the point of view of organized Medicine in this province Maritime Medical Care was organized for the purpose given above. That purpose, he said, is now more important than ever. He said "the other day in Toronto the National Chairman of the Committee on Economics was reporting on the progress of Trans Canada Medical Services, and in doing so reminded his hearers "that the joint Committee of the Commons on Health Insurance would probably be meeting some time after the Christmas recess and that to show that 'Trans Canada' was actually moving towards the ideals which its founders had for it was important at this time; but, he said, its ultimate success depended upon the degree to which doctors get behind and support their provincial plans; that it is of the greatest importance to spread and advertise and support in every way the Society's medically

sponsored plans of medical care—of much greater importance actually than to determine whether the proportion shall be 70% or 72% or what-not." It was there made clear, that it is a time for vision and maturity of thought on the part of organized Medicine in every province, if the original purpose with respect to these plans is to be accomplished.

Dr. Gosse then referred to the Financial Post article of some months ago on the subject of the plan known as "The Windsor Medical Services". This plan too had its headaches at first but is now a very successful plan though it does not recognize all the specialties. The very prominently placed article gave the answer of one practitioner working under the plan, when asked as to why it was working so well. The answer was "Because the doctors decided to give it their full support and to *make* it work." He said that, from the point of view of public relations that was the best kind of publicity that at this time any community or the medical profession in general could have, and, he said, the need in all provinces is the same.

He then went on to show that in this province, instead of that, the Halifax Medical Society on more than one occasion before had gone out of its way to be unfairly critical, and recently served notice on "your corporation" that it had exceeded its authority in improperly interpreting the schedule of fees of The Medical Society of Nova Scotia, and that it had broken its contract to both doctors and subscribers. It, or its General Practitioners Section had induced the Secretary of The Medical Society of Nova Scotia to present certain facts to a legal firm and had received its opinion which confirmed their position. On this it now tells Maritime Medical Care that unless action is taken to correct all this *they* would have to consider what action they would take—"not the Medical Society of Nova Scotia, whose child we are, but the Halifax Medical Society—verily a case of the tail wagging the dog."

Doctor Gosse asked the executive to note that this was not done in the name of the few noisy gentlemen who have engineered all this internecine activity, but in the name of the Halifax Medical Society, and that it therefore makes every member of the Branch a party to this most irregular procedure, even though the more reasonable among them do not subscribe. "The Executive of Maritime Medical Care considering this arraignment both on its own merits and in conjunction with the reported discussion at the Antigonish meeting decided that the time had come for those of us who have worked so assiduously for your interests to ask the Division to re-declare itself respecting this plan; and it was for that purpose that we requested that this Executive meet the whole House of Delegates of Maritime Medical Care to-day. In the wisdom of the Society you offered us a joint committee. That, we of course accepted, and we spent the morning in a very profitable session, from which it is understood your representatives on that joint committee have presented you with a report. It is my understanding that our Halifax representatives—some of them at least—on this executive were not ready this afternoon to accept the findings of your representatives, and here we are again."

Doctor Gosse said that he had told the committee this morning that in his judgment this meeting must be regarded as perhaps the most momentous occasion in the life of organized Medicine in this province; that they were being asked to answer certain questions, as being necessary to the future of Maritime Medical Care, first for themselves, and then to consider its affairs in such a

way as would enable them to take recommendations to this executive later to-day.

He said that the questions given the committee this morning and now appropriate for the consideration of every executive member are:

"1. Shall our plan of Medical Care continue, or shall it fold up because of lack of support by the Society which created it?

"2. If it is decided that it shall continue shall it do so as it is now constituted, maintaining its proper relations with this Society, the body that set it up?

"3. If yes, will that body—this Medical Society—protect it from the unreasonable attacks of those who would destroy it, and will it order and provide that any complaints which its Branches may have against the personnel or against the operations of the plan shall be funnelled through this executive or through any committee of this executive which you may set up by proper constitutional practice, and generally stand up for and protect its child against the malicious and false representations of irresponsible people, at least until some informed and reliable person or committee shall have investigated such representations?"

"In other words, can this plan expect from the decent doctors of this province the support and co-operation which has so contributed to the success of similar plans elsewhere?"

Doctor Gosse said that it had been suggested to him by more than one person that there is something sinister in the action of the group to which he had referred, and that their objective is to destroy the plan, or at least to so cripple it that someone else will be able to take over—without medical control. He did not know about that, he said, but as he took second place to none in service to the profession of this province he would claim the right to bring into the open—on his own account as a doctor, and at the risk of bringing offense to some—something which gives support to the suggestion that it is not the interest of organized medicine in Nova Scotia that is the first consideration of this group.

"Many of you," he said, "are familiar with the report that this group went to Antigonish, organized to get as far as they could towards control of Maritime Medical Care. Whether this is so or not must have been decided by you who watched their antics, but it is known that a decision looking to that end was taken quite some time before, and it was also observed that men who have been greatly interested in the plan and had given very valuable help were pushed out and replaced by the nominees of that group.

"What special interest might have been served by such changes at this time, when knowledge and experience are at such a premium is a question that may be well asked; but of this I am fully satisfied it was not the best interests of organized medicine in Nova Scotia, and not those of Maritime Medical Care. The loss that is here noted is both stupid and unnecessary, and that is no reflection on the new men.

"If I am asked if I would keep the same men on forever I would say 'certainly not', but I would show that Doctor Corston has gone, that my term of office will end with the annual meeting of Maritime Medical Care, and that the loss of these two who have been at the heart of things from the beginning will reduce very heavily the experience which has been acquired and put at the service of the plan. In view then of that loss of experience, should

not good sense dictate that we should, if possible, retain such other experience as is available, until others shall have gained experience to take their place? Specifically to kick off men like Doctor MacRae and Doctor Blackett who have been so valuable on executive and on directorate, at such a time as this—one of the most crucial in our history—is to show an utter disregard for our true interests as a profession so that some lesser interest might be served. Doctors may not be good business men but there are few among us who do not know that success in business is built largely upon experience and that no corporation anywhere would, if it could prevent it, drop three-fourths of its executive in a single year. Certainly no plan in Canada has ever done so.

“It is largely this group which has here shown such complete lack of business acumen that has led the Halifax Medical Society into its most recent display of immaturity. (How are the mighty fallen!)

“If their ‘legal opinion’ which they induced the Secretary of our Division to get for them is as it was given, then it is my judgment that it was probably given on inadequate submission of the facts, for, from independent legal sources—one of which is a prominent corporation lawyer—I am given to believe that the action of our House of Delegates has been entirely legal.”

He said that he mentioned this business of legal action only in passing, for completeness, and not because he did not think there were enough level-headed men in the Halifax Medical Society to smash any further nonsense about their further action if Maritime Medical Care did not jump to change the action of the House of Delegates. He could but register his surprise however, that “at a time when the world is striving to settle its strifes by discussion and agreement rather than with the sword, any supposedly intelligent group of professional men should be expected to approach the settling of their differences with a shillelagh! At a time too, when the rest of Canada is attempting to replenish its medical reserves against an enemy that is virtually knocking at our gates. It is no credit to us to allow a few persons to wreck our unity, no matter what their motive. Fortunately there is increasing evidence that the serious men among us are seeing the risk of that and will be more watchful in future.”

He then said that one of the complaints of the Halifax group, advanced as justification for attack, is that they could get no information concerning Maritime Medical Care. He was undertaking to answer that mis-statement because it is so unfair as well as untrue. He said that its falsity is seen in the fact that the Halifax Medical Society has never taken any reasonable or intelligent action to secure any such information. He made comparison with other Branches. In the Pictou County Branch, for example, when they wanted to hear him they knew where to find him and there he had found the members exceedingly well-informed with respect to Medical Care, Health Insurance, and associated problems. In other Branches too, provision was made for their representatives in Maritime Medical Care to keep them informed. In the Halifax Branch, however, he said that to his knowledge there has never been provision in its programmes for any such reports and certainly no one of its three members of the executive of Maritime Medical Care had ever been asked to give any informative talk on any such subject, general or specific, unless one includes the springing of some question at some meeting, as was done at a most unpleasant dinner meeting some time back, for which

several members later expressed their shame. He was sure too that no request had ever been made officially to Maritime Medical Care and probably never to its parent the Nova Scotia Division, for any such information. As far as Maritime Medical Care is concerned they must have known from the many private conversations that had been held that every member, of the executive at least, has always been ready to discuss with doctors, individually and collectively, any matter within their competence to discuss.

"Since then," he said, "if any intelligent person or group required information, he or they would have sought it, in either of those very obvious ways, and since such information was *not* sought, there can be only one conclusion; they did not desire it, and therefore the making of such baseless complaint must be regarded as further evidence that the purpose of the group referred to is to discredit the plan and its directors by fair means or foul."

There had been other complaints or criticisms from this same and from some other sources also which he said should be mentioned:

(a) That Maritime Medical Care does not employ an actuary, and

(b) That it does not have more meetings of the Board of Directors and the House of Delegates. Doctor Gosse dealt with these. He said that there had not been found any great need for an actuary, that their present accounting staff could give them any calculation they required at present. He said it would be nice to have an actuary but he wondered how much more proration would be accepted to pay for what at this juncture would be a luxury.

As to more meetings: He "would be happy if there could be meetings of the House of Delegates and the Board of Directors every month on the grounds of spreading interest and spreading responsibility. We have, as far as possible, tried to spread knowledge of the plan by progressive changes in the Taxing Committee. But the rules for the guidance of the Corporation being clearly set down, frequent meetings of either of the larger bodies are unnecessary and would be expensive. As has been shown here, when anything of any significance arises the Executive is anxious to have Board or House of Delegates make the decision respecting it and that is its practice. Whether meetings are called, or mail votes taken, as provided for in the Corporation's By-laws, may of course be subject for debate, but again it has to be realized that the cost of any such meeting is quite considerable and the more there is spent in that way the less there will be for doctors' accounts. It is your money that is being considered." The main purpose of fewer meetings then, he said, was conservation of funds, and he asked the meeting to believe that the democratic method was in no way encroached upon because all the funds were paid out to doctors and not for expensive meetings or for expensive specialists help.

He indicated however, that there is very real need for a part-time Medical Director (full-time when they can afford it) whenever it is decided that a satisfactory one has been found—that the right kind of doctor in the office of the Corporation, one that the profession could feel is trying to be fair to all concerned, could be of very great help to all.

"In all matters of his kind," he said, "you took the risk, in nominating us, that the decision of your directors would be sound. Are they now to understand that you regard the judgment as being no longer sound?" He asked that that question be considered seriously, and answered, for voluntary workers will find little pleasure doing the work in a "no confidence atmosphere."

Doctor Gosse said that he wished to make it clear that he spoke for Maritime Medical Care only as far as the position of the plan is concerned. In the rest he had expressed his own wishes as a member of this Provincial Division, the position of which would be seriously prejudiced by the destruction of the plan which has been threatened by the immature and destructive processes that he had noted. He was sorry that he had to show up his own Branch Society as he had. It had called for more determination than many would realize and the taking of a risk that could and probably would be costly. He felt, however, that these had to be assumed so that the truth of the position might be made apparent and in the hope that the Branch may some day again regain a position of leadership in organized medicine in Nova Scotia which for the moment, it seems to have lost to other Branches.

As for the Executive of The Medical Society of Nova Scotia he felt that there were enough men of mature thought to assess these matters as they should be assessed, and he hoped that they would to-day re-establish the position of the Division in responsibility and maturity which appears to visitors among us, and to an increasing number of themselves, to be wellnigh lost, but which he believed to be only temporarily displaced. He felt confident that "with this clearing of the air we would go forward towards a happier service to our profession and to our people and (and I say it now for the benefit of our successors) a little better appreciation and understanding of those who gratuitously serve you under conditions not always too pleasant."

Doctor L. M. Morton: "You have heard this very comprehensive statement which we had this morning. We asked Doctor Gosse to come here because we wanted you to hear all the facts. The meeting is open for discussion. Any questions you have to ask Doctor Gosse I am sure he will be very willing to answer.

Doctor V. O. Mader: "Is anyone at this meeting entitled to break? This is apparently only a meeting of the Executive. Are we entitled to speak? Is this document which Doctor Gosse just read available for those of us who wish to peruse it? Is the letter written from the President of the Halifax Medical Society available so that we could hear what was written?"

Doctor L. M. Morton: "We asked all members to be present here tonight. As far as Doctor Gosse's report is concerned that is his own property. The letter from the Halifax Medical Society: I do not know the whereabouts of that. Doctor Gosse has done a very fine job. He has spent his money and his time. If you have any gripes let us have them."

Doctor E. T. Granville: "On the direction of a general meeting of the Halifax Medical Society I wrote this letter. When we looked at the representatives on the Board of Directors there were four surgeons and one public health man representing this particular Branch. For a plan that was started as a general practitioners plan that was not good enough, that Halifax should be represented by four surgeons and one public health man. That is one of the reasons. I was one of the members that changed the representatives of the Halifax Medical Society. At a meeting of the Executive last year the President of Maritime Medical Care got very much annoyed because the Executive were going to make it so that the surgeons could not send in a bill to the patient, even though it was advertised as a complete service. General surgeons were going out and sending bills to their patients. That was incorrect advertising that was used and we cannot take that either. The Executive decided they

would do away with that. Doctor Gosse came down and talked and it was changed. If I practise obstetrics and am not a certified obstetrician \$50.00 is as much as I can send in a bill for and I get \$37.50. A certified obstetrician can collect \$37.50 and collect on the other end."

Doctor A. G. MacLeod stated that the advertising stated Maritime Medical Care covered all services, and that the Society had two opinions as to the legality of Maritime Medical Care changing the schedule of fees, and that if it were illegal, the Society did not have any contract.

Doctor V. O. Mader asked that the letter from the Halifax Medical Society be read, which was done by Doctor A. W. Titus.

254 Quinpool Road,
Halifax, N. S.
October 29, 1951

Maritime Medical Care Incorporated,
31 George Street,
Halifax, N. S.

Gentlemen:

As President of the Halifax Branch of the Nova Scotia Medical Society, I am instructed by the Society to write you the following in regard to your recent action changing certain fees being paid participating physicians of your Corporation.

At our meeting on Sunday, October 28, 1951, it was felt by all present that your action has broken your agreements with us, the participating physicians. In that agreement, signed by all participating physicians, are two clauses making it illegal for your Corporation to make such a fee change. First is that pertaining to the scale of fees to be paid. It is definitely stated that this scale is to be the most recent revised scale of minimum fees of the Nova Scotia Medical Society. Your new fees do not conform to this scale. Second, the term of the contract is to be for one year from the effective date of the contract and renewable from year to year thereafter. You cannot change the contract in mid-year, at least not without the consent of both parties, and a new agreement being signed. We feel we were not consulted in any way regarding this change in fees, and thus, on both counts, you have violated our contracts with you.

Legal advice has been sought in this matter and I am enclosing a copy of the report received from the legal firm of McInnes, MacQuarrie and Cooper of Halifax. This report was requested by the Nova Scotia Medical Society through its Secretary, Doctor H. G. Grant, and the President of the General Practitioners Society of Nova Scotia. This report, as you can see, gives us legal backing in making this claim. We would appreciate as immediate a reply from you as possible, preferably before our next meeting in about two weeks time, as to what action if any, you intend to take in this matter. If you decide to take none, then the participating physicians of the Halifax Medical Society feel that they must.

It is not our intention to harm Maritime Medical Care Incorporated by this action as we feel the plan is good and can be brought to a workable basis but we do feel that closer co-operation between the corporation and its participating physicians is required if it is to operate to the satisfaction of all concerned.

This is not overlooking the subscribers, many of whom feel as we do, that their contracts have likewise been violated.

We hope then, that this present matter may be settled amicably so that the future Maritime Medical Care Incorporated will be stronger than before.

A copy of this letter is being sent to the Nova Scotia Medical Society.

Very truly yours,

(Sgd.) E. T. Granville, President,

Halifax Branch of the Nova Scotia Medical Society

Doctor V. O. Mader: "I submit in this letter there was no threat of legal action as stated by Doctor Gosse in his letter. It does state that if we cannot receive any answer the participating physicians of the Halifax Medical Society feel they must take action. This letter also incorporates one very important point, that the Halifax Medical Society wishes to make Maritime Medical Care Incorporated work and work well. We are greatly concerned about it. In Doctor Gosse's report he made several remarks which I will quote. These words were 'sabotage, threatened, foolish, malicious, sinister, cripple, stupid, internecine, most unpleasant and greenest doctors, baseless, discredit' and others. Now gentlemen is that the way to address a letter to an educated body from a professionally educated man? I would just like to point out that the Halifax Medical Society in meeting on that Sunday afternoon a few weeks ago did instruct the President to do exactly as he did in so writing that letter; nor did that letter contain any of the innuendoes suggested in Doctor Gosse's report."

Doctor C. H. Reardon: "In reply to Doctor Gosse and his accusations of medical men generally and the group of Halifax doctors particularly. In reply to his statement of packed meetings and replacing of tried medical men with young greenhorns on Maritime Medical Care I would state I have made it a point in the past four or five years to attend every medical meeting that it was humanly possible for me to attend. I attended meetings at Keltic Lodge, Liverpool, Halifax, Montreal and I believe, if Mrs. Currie refers to the register of Nova Scotia meetings, she will find very few changes in the attendance record-the same men attend each year without thought of packing the meeting or kicking off the older men.

I do not remember having a talk by Doctor Gosse that did not start or finish with the threat of a bogey man, usually in the form of State Medicine or Government. He has attempted to lead us to believe that all the Brains of the Society are at the top and that the rest just peer through the coat-tails. I would counsel Doctor Gosse that green is a bright colour and that many a green fruit or vegetable has reached maturity. We hear that Maritime Medical Care advised our Economics Committee of changes in the fee schedule, and that the Committee failed to even answer the letter. I suggest that if the letter had been sent to the President of the Society as is proper form it would have received attention in the usual manner. It would appear that Maritime Medical Care received the same lack of response that it accords subscribers and doctors alike. Immediately on my return from Antigonish and after consultation with other practitioners I forwarded an application to Maritime Medical Care, in accordance to their ad, for the position of part-time medical director. Not until I hear at this meeting, that suitable applications were

not received, am I notified of the handling of this application. Is this the business-like manner of which Doctor Gosse speaks? The delegates to Maritime Medical Care have a great responsibility. How can this responsibility be carried out on so few meetings a year?

The Executive of Maritime Medical Care on such a contentious subject as fee changes saw fit to write delegates to vote by mail—no chance was given for explanation or discussion. This method does not seem to me to be in the best interest of the medical practitioner.

If searching for information is, as Doctor Gosse suggests, making a Roman holiday of meetings then I can only recommend more holidays. Branch Medical Societies should not have to formally ask delegates for information, they should be disseminating it all the time."

Doctor A. E. Blackett: "I regret leaving, but I have to drive back to New Glasgow to-night. One bit of information I would like to submit for the Pictou Branch. When we received the proposals from Maritime Medical Care, every doctor was asked what he thought about them; they agreed unanimously on the alternative, that has since been adopted, and that is all we thought about it."

Doctor J. W. Reid: "Out of all this talk one thing seems very clear, and that is that all the doctors would like to retain Maritime Medical Care except myself. If the solidarity of The Medical Society could be improved by wiping out Maritime Medical Care by a stroke I would gladly do so. I make this statement because I have certain convictions which are not shared by most of the men. The first is that I believe that no matter what sacrifices we make in subsidizing medical health the Federal Government will destroy it entirely when they come to apply their own scheme. I heard Doctor Routley make that statement at White Point Beach, and believe it. I think that if the doctors wish to retain Maritime Medical Care let them do so by all means, but let them do so amicably. No insurance scheme in this world could survive if they could not strike a rate. It seems to me that there has been talk of an actuary. No one had any thought of employing one permanently. I still think an actuary should be employed. I also think that the service we are attempting to give the people is entirely too broad and must be cut down. The old gripe of reduction of fee, proration, and so on, will have to go on so long as the service is as wide as it is now. Further the doctors of Nova Scotia have gone on record as approving a prepaid medical care scheme in principle. When they did that they did not think they were approving a medically subsidized plan for medical care. I would move that the Executive of The Medical Society of Nova Scotia recommend that The Medical Society of Nova Scotia discontinue Maritime Medical Care."

Doctor L. M. Morton: "You have heard this motion made by Doctor Reid; he is very frank in his statements. Will anybody second that motion?"

Doctor P. R. Little: "I second that motion; I think it should be seconded properly."

Doctor C. H. Reardon: "I do not think that we can consider that motion. We must keep our sanity. Maritime Medical Care is a concern sponsored altogether entirely from the Nova Scotia Medical Society. It can only be dissolved by the House of Delegates and Directors in session. I do not think that the Nova Scotia Medical Society can dissolve it."

Doctor H. J. Devereux: "That motion is out of order."

Doctor J. W. Reid: "It is not out of order for this Executive body to make such a motion if it sees fit because it can recommend to The Medical Society of Nova Scotia that it no longer appoint delegates to the House of Delegates. I gladly withdraw that motion. It was put for the purpose only for testing the spirit of this meeting with regard to Maritime Medical Care. It is very difficult for volunteers to give the time and effort. I just wanted to get the feeling of the meeting so that they would be prepared and willing to vote for Maritime Medical Care."

Doctor N. G. Gosse: "It is a great pity if that motion is withdrawn. I would like to submit that since it is this body which nominates the Delegates of Maritime Medical Care, that this is the body which has the power to instruct the House of Delegates of Maritime Medical Care as to how they should act. The Executive may think that the body is too large. I would like to see the motion kept in and voted on."

Doctor H. G. Grant: "All the comments so far have been directly against Maritime Medical Care and I do not feel that is quite proper. This morning Doctor Gosse made a statement which I think is quite true, that the feeling of the whole profession is that health insurance is getting closer and closer, and I would like to believe that Maritime Medical Care is going to stop it, but I do believe it is our only hope. If we cannot go to the Government with a scheme that is accepted by the whole profession of Nova Scotia we are going to have health insurance put on us. We should endorse Maritime Medical Care and finish this meeting with much more cordial relations than have existed up to the present moment."

Doctor E. T. Granville: "I have felt from the very first that something of Maritime Medical Care was a good thing; we are in it too deeply. The general public feel that Maritime Medical Care is a good thing; it would be a very great loss of prestige if we let it drop. Over the last twenty years the standing of the profession with the general public is not as good as it was twenty years ago. I may say that I have been pretty critical of Maritime Medical Care but I do not think that we should be allowed to drop it."

Doctor M. G. Tompkins: "Have we not got a motion before the House which was given this afternoon?"

Doctor H. G. Grant read the report presented in the afternoon by Doctor H. F. Sutherland as follows:

The Medical Economics Committee met with a Committee of the Directors of Maritime Medical Care this morning, relative to the subject presently under discussion.

As a result of these deliberations, and brought out at a subsequent meeting of the Economics Committee, the following are the recommendations of the Medical Economics Committee.

1. That Maritime Medical Care Incorporated be afforded the all-out complete support of every individual member of The Medical Society of Nova Scotia.

2. We view with alarm the gradually increasing adverse relationship existing between the members of The Medical Society of Nova Scotia and Maritime Medical Care Incorporated.

It is felt that in order for Maritime Medical Care Incorporated to properly fulfill its purpose much greater effort must be made to regain the confidence of the individual membership of The Medical Society of Nova Scotia.

3. We feel that this may be accomplished by—
- (a) Wider dissemination of the deliberations of the Executive meetings of Maritime Medical Care Incorporated.
 - (b) That any change in the fee schedule should be submitted to The Medical Society of Nova Scotia for their consideration and appraisal.
 - (c) This Committee feels that a limited term of service on the directorate of Maritime Medical Care Incorporated is desirable in order that more members of The Medical Society of Nova Scotia may become better informed of the internal working of Maritime Medical Care Incorporated.
 - (d) Serious consideration should be given to the drawing up of new contracts for both subscribers and physician.
 - (e) The Medical Economics Committee are in agreement with the intended increase in the subscribers' rates.
 - (f) We recommend that the House of Delegates of Maritime Medical Care Incorporated meet at least twice yearly and that the second meeting be held in conjunction with but following the annual meeting of The Medical Society of Nova Scotia.

Doctor L. M. Morton: "It was moved and seconded this afternoon and then discussed at some length and laid on the table until after we had met Doctor Gosse. It is now open for discussion. This is the recommendation of our Economic Committee."

Doctor M. E. B. Gosse: "Reference has been made to the document which Doctor Gosse has prepared and read. I would like to know it if should be published in the Bulletin. Personally I do not think it should be published."

Doctor V. O. Mader: "I think that document should be preserved, but I agree with the Editor that it should not be published under any circumstances."

Doctor E. I. Glenister: "When is there going to be a financial statement available from Maritime Medical Care? A motion was put asking that a statement be published or available."

Doctor N. H. Gosse: "The financial statement of Maritime Medical Care is sent out to all the House of Delegates and the House of Delegates represent every County Branch. There is nothing in the world to suggest that Maritime Medical Care should circularize every doctor in Nova Scotia."

Doctor M. G. Tompkins: "I would like to make the following motion. Resolved that the Nova Scotia Medical Society re-affirm its confidence in Maritime Medical Care and its management."

Further resolved that in order to create better relations between Maritime Medical Care and the Nova Scotia Medical Society that efforts be made to familiarize the Branch Societies and its members in general with the activities of Maritime Medical Care by various means, such as special representative speakers, articles in the Bulletin and any other means available."

Doctor M. E. B. Gosse: "A questionnaire was handed to all members at the meeting at Antigonish. I am ashamed to say that two answers were sent in. One of the questions was the matter of what new material the members would like to see in the Bulletin. A regular column on the doings of Maritime Medical Care was suggested as a possibility."

The motion of Doctor M. G. Tompkins was seconded by Doctor H. J. Devereux.

Doctor C. H. Reardon: "We have not gotten answers to some contentious points. What scale of fees are we to follow? Are they to take the scale of fees of The Medical Society of Nova Scotia or not? We are not getting any information on the fees."

Doctor N. H. Gosse stated that Maritime Medical Care had first taken the vote of the House of Delegates, some of which had consulted their Branch Societies. In any event, they were the men who had been selected by The Medical Society of Nova Scotia to represent their interests in Maritime Medical Care.

Doctor C. H. Reardon: "What scale of fees are the doctors to follow; the scale set by Maritime Medical Care or the scale of fees of The Medical Society of Nova Scotia? I think that letter was sent to the wrong person."

Doctor N. H. Gosse: "The only change made in the schedule of fees was to raise the office calls from \$2.00 to \$3.00. Consultations have not been changed in the least bit. Consultation fees have certainly not been changed.

Doctor Maureen Roberts: "Has Maritime Medical Care sent a notice to all its subscribers that the doctors are only being paid eighty per cent or perhaps less? Maritime Medical Care allows the people to think they are completely covered while it is cut down. I understand that in the subscribers' contracts they are definitely told they are covered."

Doctor N. H. Gosse: "A notice has been sent to every group notifying them of the interpretation of the fees."

Doctor C. H. Reardon: "We have to see these people and examine them. It is not a good thing to say we have raised the fees. It is not the same scale of fees. If you are going to change the scale throughout put the general practitioner on the same scale as the specialist."

Doctor L. M. Morton: "The motion of Doctor Tompkins is before the House."

Motion carried.

Dr. L. M. Morton: "If you look over the approved scale of fees for The Medical Society of Nova Scotia every item practically is 'and up'. All the fees are so much minimum and up."

Doctor N. H. Gosse: "I think there is very little left to be said. The scale of fees for subscribers is going to go up. I wanted it last September. We are now at the point when the fee to subscribers is to be raised. Our only hope is that we can get enough money from our subscribers. We do not know whether the people in Nova Scotia are going to be sicker than they are in British Columbia. It is costing us a great deal more for the sickness of Nova Scotia than it is costing any other plan.

Doctor L. M. Morton: "We have accomplished something here to-night. We have done something worth while because we are decided that we are going to sponsor Maritime Medical Care one hundred per cent."

"All members of the Executive attending this meeting are requested to send in their out-of-pocket expenses to Doctor Grant. If there is no further business will somebody move the meeting adjourn.

Meeting adjourned at 10.08 p.m.

ITEMS OF INTEREST

At the Eighty-Third Annual Meeting of the Canadian Medical Association held in Banff, Alberta, from June 9th to 13th, the General Council elected a new chairman in the person of Doctor Norman H. Gosse of Halifax. Doctor Gosse succeeds Doctor Harris McPhedran of Toronto who served the Association in this capacity for seven years and who retired as immediate Past-President just before assuming responsibility in the Council chair. Doctor Gosse also has passed from the role of Past-President to the more secluded but nonetheless arduous duties of the council chamber and the executive committee. The exigencies of staging an annual meeting of the C.M.A. in this day and age being what they are it is in the nature of things that presidents from the Maritime provinces have been relatively rare. A Chairman of Council from the Maritimes would appear to be rarer still, since this is the first occasion, at least to our knowledge, when such a thing has happened. Doctor McPhedran relinquished the office with "blushing honours thick upon him," and many have voiced the conviction that his successor will in no way dim the lustre of the light shed abroad by the Canadian Medical Association.

A worthwhile innovation at the Banff meeting was the Public Relations Forum held on the Thursday evening. The Moderator was Doctor A. D. Kelly, Deputy General Secretary of the C.M.A., and the participants were:

Dr. Elinor Black—Professor and Head of Department of Obstetrics and Gynaecology, University of Manitoba.

Dr. Norman Gosse—A Past President of the Canadian Medical Association.

Dr. J. A. McMillan—Prince Edward Island, President of P. E. I. Division of the C.M.A. and Med. Director of the Maritime Hospital Services Assoc.

Dr. Gordon Johnston of Vancouver—Chairman of the Public Relations Committee of the British Columbia Division of the C.M.A.

Mr. Kenneth McTaggart—A medical news reporter with the *Globe & Mail*, Toronto.

Mr. Sidney Katz—Assistant Editor of *MacLean's Magazine*.

It is to be hoped that a fairly full account of this very interesting session will be given in the C.M.A.J. and no extensive description can be attempted here. The event was noteworthy for several reasons: the size and interest of the audience, the duration of the discussion, (from 8.30 till 11.30), the pertinent nature of the questions and the liveliness of the answers. Additional interest was created by the presence on the panel of Mr. Katz whose feature article on "The High Cost of Being Sick" in the June 15th number of *MacLean's* had reached the newstands only the day before. Mr. Katz defended his statements with vigour and skill and contrived to overcome at least some of the animosity which had been produced in some quarters by the article in question. A lively question period followed the panel discussion and when the evening was over it was felt that much had been gained by both listeners and speakers. Regret was expressed that the forum had not been broadcast but the airing of a completely unrehearsed program would have been perilous and would have necessitated cutting the whole discussion short. In view of the well-sustained interest in a three-hour sitting any abbreviation would have been far from welcome.

CORRESPONDENCE

The Editor,
The Nova Scotia Medical Bulletin:

Madam:

Through the medium of the "Bulletin" I would like to congratulate the Canadian Medical Association on its selection of Doctor Norman H. Gosse as Chairman of Council. As a Maritimer I am pleased at such an exhibition of sound judgment. Doubtless his several years on the Council in connection with the Presidency demonstrated his grasp of parliamentary procedure, and his ability to express himself clearly and to think quickly.

He is sure to annoy some of us, particularly if he persists in adopting the irritating technique of being almost always right and adding insult to injury by failing to say: "I told you so!" He can be a "thorn in the flesh", although I would not like to continue the Pauline quotation and say "the messenger of Satan." One must overlook these eccentricities with Christian fortitude.

I am confident that, if granted good health, his energy, thoroughness and Canada-wide interest will with the passing years place us more and more in his debt.

I am, etc.,

Halifax

HUGH W. SCHWARTZ

P.S.: Recently I have learned that Doctor Gosse was elected National Vice-President of the Canadian Cancer Society at the Edmonton meeting this year. So, putting one and one together it would appear that our learned friend has something to offer in more fields than one. H.S.