Provincial Medical Board

OFFICERS AND COMMITTEES

1965-1966

President	Dr. John R. McCleave
Vice-President	Dr. G. J. LeBrun
Registrar-Secretary-Treasurer	Dr. M. R. MacDonald
Executive Committee	Dr. J. R. McCleave, Chairman
	Dr. Gerald J. LeBrun
	Dr. Maurice F. Fitzgerald
	Dr. J. A. Myrden
	Dr. Gordon C. Macdonald
Committee on Discipline	Dr. J. R. McCleave, Chairman
	Dr. A. R. Gaum
	Dr. G. J. LeBrun
	Dr. Robert Campbell
	Dr. Lloyd A. MacLeod
Committee on Legislation	Dr. J. R. McCleave, Chairman
	Dr. G. J. LeBrun
	Dr. J. A. Myrden
	Dr. D. F. MacInnis
Committee on Credentials	Members of the Executive Committee
Solicitor	Donald MacInnes, Q.C.
Auditor	L. E. Peverill, C.A.

Representatives to the Medical Council of Canada

Dr. J. R. Macneil
Dr. G. J. LeBrun

ADVERTISER'S INDEX

Astra Pharmaceuticals (Canada) Limited	50
Arlington - Funk Laboratories, Div. U.S. Vitamin Corp., of Canada Ltd.	I.F.C.
Bell, Alfred J. & Grant Limited	52
Frosst, Charles E. & Company	43, VII
Connaught Medical Research Laboratories	IV
Montreal Trust Company	II
North American Life Assurance Company	50
Ortho Pharmaceutical (Canada) Limited	32, I, VI
Parke, Davis and Company Limited	III
Pitman-Moore, Division of Dow Chemical of Canada Ltd.	O.B.C.
Seaman-Cross Limited	VII
Searle & Company (Canada) Limited, G.D.	44, V
Winthrop Laboratories	55

DALHOUSIE
MR. 24 1966
MEDICAL DENTAL LIBRARY

THE NOVA SCOTIA MEDICAL BULLETIN

Editor-in-Chief
Dr. J. F. Filbee

Board
Dr. W. A. Condy
Dr. G. H. Hatcher
Dr. G. R. Langley
Dr. R. B. Nichols
Dr. I. E. Purkis
Dr. I. D. Maxwell

Editorial Board

Corresponding Members
Secretaries of Branch Societies

Managing Editor
Dr. C. J. W. Beckwith

Departments
Personal Interest Notes
Dr. R. B. Nichols
Thousand Word Series
Dr. G. R. Langley

A Grim Fairy Tale

Those Doctors who protest so vehemently against the ruling of the Provincial Medical Board announced on February 30th, 1977, whereby the Board will not entertain any application for the annual renewal of a doctor's licence to practice if that doctor has engaged in practice outside the Government Medicare scheme during the previous year, really have only themselves to blame.

Indeed, all the doctors of the Province of Nova Scotia, present and past, share the shame of having allowed themselves to drift into a situation where they have virtually no control over their own licencing, standards of practice or discipline. The writing has been on the wall for many years past, not only since the Social Democratic Government was elected to power in 1971. Of course, their immediate implementation of the Medical Society's recommendation to broaden and strengthen the representation and powers of the Provincial Medical Board did backfire on the Medical Profession in a way that none of the doctors of that day foresaw. We are all aware that the "lay members" provision led to the appointment of Social Democrat orientated union leaders, and the clause dealing with "representatives of salaried physicians" led to the appointment of similarly orientated government physicians, in addition to those already appointed by government choice. The dice were further loaded, of course, by the selection of government orientated doctors from among those nominated by the Medical Society, and their continual reappointment in spite of the protests of this Society. It was inevitable, even without the obvious direction of the Minister of Health, that this loaded Provincial Medical Board was going to work hand in glove with the Maritime Medical Commission to do everything in the book to discriminate against the physicians who continued to practice on a fee-for-service basis. The punitive deductions of remuneration and the recurrent suspension of licences for the most minor deviations from that computed horror 'The Average Normal Practice Pattern' are all too familiar to those of us remaining in this type of practice.

I suppose we were all too busy and too overworked in those first few years after the introduction of Medicare to realize how much public support there would be for control of the medical profession by government. After all, it wasn't our fault that the demand for services mushroomed so rapidly, and that the amount of aftercare required by the patients with transplanted hearts and lungs retired so many doctors into the Prosthetic Services that the number of physicians available to meet the public demand actually

decreased. We had told the government that Medical Services would suffer in quality, and we couldn't foresee the backlash of public opinion that followed our failure to maintain the Emergency Medical Services Clinics that had to be set up.

It is easy to see now that we should have dug in our toes and come forward with our own remedies for the situation: if we had worked to cut the medical course down to the essentials, graduated our basic physicians in two years, and then given them two years intensive specialist training as Family Specialists, Surgeons or Internists, we could have met the demand, and we would not now be competing with the government operated Medical Technicians Vocational Training School, whose one year graduates now staff the Emergency Services Clinics to our disgust and chagrin.

If we had listened to Jack Woodbury's Committee back in 1965, when they advocated the formation of an elected body to replace the Provincial Medical Board, not only would we have retained control of our own licencing, but we would have had a strong united and effective weapon to fight all these insidious changes. And, moreover, we would have had elected representatives to deal with, that we could have thrown out if we disagreed with their actions, instead of an appointed Board that could be perverted to serve the government's interests.

This was our prime and major failure, that we could not see the distinction between an elected body responsible to the Medical Profession, administering the Medical Act, and an appointed body, responsible to government. Having failed in this, all the rest has followed, and it is too late now to avoid the inevitable government operated Salaried Service. □

I.E.P.

FORTY YEARS AGO

From The Nova Scotia Medical *Bulletin*, March 1926

Fighting Death

At the annual banquet of the medical students a short time ago, one of the clinical professors at Dalhousie University spoke on the importance of optimism in the treatment of every patient. The doctor must have the most lively faith, hope and perseverance, and he must inspire the patient with the same elements. Together they must "Fight Death". In this slogan is not only good advice for the students, but matter, too, which many of us who have been long in harness, might study and practise to our own and the patient's benefit.

* * * * *

The family physician of a quarter of a century or more back, recognized more than we the importance in the sick room of cheerfulness and hope, as opposed to gloom and doubt. We have heard physicians claim that patients were tided across to their crises in pneumonia as much, or more, by encouragement and psychic urge than by the drugs administered. There are few cases so bad that have no ray of hope. Most of us can quote experiences where we gave a hopeless prognosis, only to find that the patient got well despite our death sentence; either in our own hands or under the care of some irregular, who had as his whole stock in trade, the only thing we lacked, or at least failed to apply. Hope is positive, doubt, negative; and the old philosophers when a choice had to be made, regarded the former as the better mental state. □

Transactions

FIRST MEETING OF COUNCIL and

112TH ANNUAL MEETING

These will be found bound in the centre of this month's *Bulletin*. They may be removed and kept for ready reference.

All members of Council, and all other members who are interested are urged to do so. No other copy will be mailed to you except by request.

Day Care for Diabetics

Arnold Logan
Halifax, N. S.

It has been only a little over nine years since I last wrote an article for The Nova Scotia Medical Bulletin so I am probably being presumptuous in believing its intelligent readers have recovered from the experience. You see, I am a layman diabetic. The article I refer to dealt with my "disorder" in what I, for one (and probably the only one) considered a humorous fashion.

(You will note I call my diabetes a "disorder". We, of the Halifax branch of the Canadian Diabetic Association, at one of our monthly meetings wiped out the "disease" completely; henceforth we would refer to our condition as a disorder. That's something for you medical men to know! We don't want strangers edging away from us to avoid inhaling diabetic germs).

If you have reached this far let me hasten to assure you I shall not continue in this waspish vein. Indeed I have a serious message to convey to doctors. It concerns the out-patient diabetic clinics several hospitals in Nova Scotia have established, including Halifax's V.G. (My doctor in Halifax didn't know it existed and perhaps there are others similarly uninformed.)

I am now on familiar ground. Recently my "home doctor", after a check-up, decided I required the services of a specialist in internal medicine for "standardization". Old-fashioned doctors would have put it this way: "Look, Logan, you've been cheating; you have to be brought under control. . . . .I'll try to get you a bed. . . . ."

Well my internist was the man who introduced me to the day diabetic clinic in the V.G. and I spent a week there, as an out-patient, voiding regularly, exposing my right and left arms alternatively to needles, eating three meals a day prepared by a dietetitian. At the end of the week my specialist dropped in there, examined my chart and expressed himself as pleased. (Two years ago I would have had to be admitted to hospital as an in-patient to obtain the same happy result.)

Now if the graduate nurses in charge of the diabetic clinics around the province are as dedicated to their specialized duties as the one in the V.G., then all diabetics in clinic areas are fortunate. However, if you doctors happen to be without such clinics in your practicing area you can't solve your uncontrolled diabetics' problems by having them come to the V.G.'s. The whole idea of the clinics is to permit diabetics to carry on their daily duties, calling at the clinics for meals, tests, etc. Obviously a hard-working farmer in Hectanooga, Yarmouth County, with our disorder, couldn't be controlled and discharged to stay controlled for long unless the V.G. laid in a complete farm on one of the floors of their new addition. Come to think of it, perhaps that's what they are doing; something is holding up construction there!

No, apparently the only solution for "unserviced" diabetics needing attention is the setting aside of a small area in your local hospital for a day diabetic clinic. It certainly doesn't need to be large; the V.G.'s contains a rack for literature on diabetes, a desk for the nurse, and a six-foot long table around which diabetics are served meals. The week I was there I was forced to eat a meal or two at the nurse's desk. Standing room only!

Only a doctor can have you admitted to this out-patient department. I ran across the place in Halifax by accident, stepped in and had a chat with the nurse. Ha! I thought; just the place for an old bachelor diabetic to get his meals. It wasn't that simple. First you have to be in need of controlling or recontrolling; your doctor has to be told there's such a place and he has to make the arrangements. I gathered these "arrangements" are few; he calls the clinic, tells the nurse in charge he's sending so-and-so who is out of control, outlines the diabetic's particular type of therapy and caloric allowances. At the clinic urine and blood-sugar tests are made either routinely or at your doctor's request. (I don't know EVERYTHING about these clinics.)

I do know, though, that "new" diabetics can be successfully treated there; it isn't just a place for "old" diabetics who need to brush up on their dietetic knowledge. During my visit three new diabetics were among those receiving treatment and (most old diabetics think they know as much about their disorder as G.P.'s) they appeared to be doing exceptionally well.

Cost? No actual cash-on-the-line requested, but please don't let anyone think it's FREE. There are no hospital indigents in Canada today, in or out-patients. Matter of fact they've prepaid their stay and they've paid goodly sums for

the service too. (Please don't misunderstand me; I work for a prepaid, voluntary, medical plan in Halifax and I hold definite opinions about socialized medicine. However, perhaps for selfish reasons, I am grateful for the wise use the N. S. Hospital Commission is making of my five per cent. in this case.)

Because I am a bachelor forced to eat his meals in restaurants and hotels, I presented a special problem at the diabetic clinic so I received skilfully-slanted suggestions from the dietitian . . . . .No dietitian, however, can impart advice to an insulin-taking diabetic so he can hope to cope successfully with Halifax restaurateurs for very long. I'm not hinting, mind you, that I hope my particular doctor reads this and has me sent to the diabetic clinic at regular intervals, but perhaps the following verbal exchange I had with the chef of the restaurant where I eat, will be so construed. Before I proceed with that I should mention that I am familiar with the old fable that ANY intelligent diabetic can learn to understand his diet and exchange lists so quickly he can order a meal in a restaurant so skilfully no one needs know he is a diabetic. That theory just doesn't work out in practice. My cook agrees to make my desserts using sugar-substitute pills I give him periodically; he knows now I don't want gravy on my sliced lamb, but outside of that he's too busy to spend more time on me. He's a German who thinks I'm an eccentric as it is. Calls my disorder the "sugar sickness". Another Halifax restaurant, one of a chain, must follow menus, proportions and ingredients, prepared in their Montreal head office, and it's easy to see these are aimed at diners enjoying normal secretion of endogenous insulin.

On to that recent chat with my German chef:

"Heinz", I said, for after several years as a customer, we're on a first-name basis. "Heinz, from now on for lunch I want strained f.f. tomato stock soup and six crackers; three ounces of broiled hamburg steak; one-third cup of mashed potatoes; five asparagus sticks, dietetic orange pudding, one slice of bread, one pat of butter, a small fruit juice, two cups of coffee with a jug of cream."

Heinz can go along with a joke.

"Says which? By what you mean this f.f. stuff?"

That, I explain carefully, means fat free.

"So fat is free?" replies my chef-friend bitterly.

"No, you just cut off the fat."

"I pay good cash for that fat somebody has to pay for it, it's like the saying 'when you buy land you buy stone, when you buy meat you buy bone!' "

I go on to the three ounces of hamburg steak. He should broil hamburg steak for ME? He should weigh it? "Perhaps, Mr. Logan, (we're losing our first-name basis fast) I take this steak downstairs and weigh it on that scale I got there, the one I throw the bags of potatoes on?"

(I can almost hear you good doctors saying now: "What's the matter with him? Why doesn't he just leave the rest AFTER he has eaten the three ounces? Why doesn't he eat just one-third cup of mashed potatoes and forget the remainder?" Fine. Now suppose Heinz has been mixing blend and butter in those mashed potatoes, should I still eat a third of a cup of the stuff?. . . . .How much, then?. . . .How about getting Heinz to boil and mash my potatoes separately?. . . . .I have reached a point, readers, where this German restaurateur will do a FEW things for me, as a friend, like he'd probably help a blind man across the street, but I know through bitter experience I can't get another cook, German, French, or native-born, to go even as far as Heinz has gone in my behalf. . . . . .Incidentally, did you chortle over that "sugar sickness" of Heinz, mentioned above? Well native-born chefs refer to my delicate condition as "sugar diabetes". In all fairness you should chortle again.)

So what's the solution to all this? Marry a dietitian who first was a nurse. . . . .Your bachelor diabetic correspondent sincerely regrets he didn't do that when he was of marriageable age. There's another solution, but it has to do with hospital out-patient diet kitchens and correspondence I once had with Minister of Health Richard Donahoe, and it's entirely too long a story anyway. I'll save it for my next article nine years hence.

I should like to conclude with a paragraph taken from my previous Medical Bulletin article of December, 1956:

". . . .Now in case some of my readers are thinking I'm a pretty ungrateful cuss, and that I should have developed diabetes before doctors Banting and Best discovered insulin, I wish to state I thank the good Lord nightly in my prayers for originating those two great Canadians in time for me. . . . . ."

In this article, to be on the safe side, I wish now to state that I henceforth shall include Dick Donahoe's name in future versions of my prayers for having the V.G. day diabetic clinic established, or for whatever part he played in having it established. . . . . .However, the V.G. is the one and only provincial government general hospital; his words carry weight there. . . . . .If YOUR hospital doesn't have such a clinic the words of you medical men practising outside of the Halifax area, aired at hospital board meetings, will not only carry weight, they'll carry the day, for your diabetics needing standardization. □

Deaths from Asthma in Children[1]

An increase in asthma deaths at Childrens Hospital of Los Angeles led to a study of factors that might be involved. These were found to include infection, aminophylline intoxication, sedation, pancreatitis, and possible cardiac failure. Care in the use of drugs is urged.

A review of deaths from asthma at the Childrens Hospital of Los Angeles between 1937 and 1963 has shown that 20 of the 24 asthmatic deaths had occurred since 1952. During the same period, the overall hospital death rate declined.

At death, the patients ranged from 5 months to 14 years of age. Two children died in infancy; two died during initial asthmatic episodes, but had pathologic evidence of pre-existing disease. Six deaths were sudden and unexpected; the others were more insidious.

Factors contributing to death included infection, pancreatitis, aminophylline intoxication, possible cardiac failure, sedation, hypoadrenalism, and pulmonary hemorrhage.

The most frequently associated pathological finding was pneumonitis, which was present in 12 patients. Eleven had pathologic evidence of bronchopneumonia, and one had viral pneumonitis characterized by monocytic infiltration of bronchi and peribronchial tissues; one had bronchopneumonia and viral pneumonitis. There was no pathologic evidence of infection in the lungs of the other 12 patients.

Acute pancreatitis was found at autopsy in two patients, 10 and 12 years old, who had long histories of asthma.

Other factors which might have been of significance in the deaths were inadequate hydration and heavy sedation. In one case, aminophylline intoxication was a major contributing factor.

Pathological examination of the lungs of five children with severe and chronic asthma revealed surprisingly minimal changes and no evidence of destructive emphysema.

Of the six sudden unexpected deaths, all but one of the patients had been on steroid therapy. In two cases, asthmatic death appeared pathologically uncomplicated.

Statistical information pertaining to death from asthma was incomplete until relatively recently, but review of the medical literature reveals that asthma deaths among all age groups were almost unknown prior to 1930.

Mortality Trends

To determine the significance of mortality trends in the present study, comparative asthma mortality data were examined for the nation as a whole; the State of California; the County of Los Angeles, excluding the cities of Los Angeles, Long Beach, and Pasadena; and the City of Los Angeles, and the Los Angeles County General Hospital.

It was found that for all age groups, asthma mortality rates in the City of Los Angeles have tended to be higher than the national rates since 1949, but not for the County of Los Angeles or for the state.

In 1956 and 1957, there was a marked rise in asthma mortality in children under 14 years of age in the City of Los Angeles and the State of California. More asthmatic deaths (five) occurred at the Childrens Hospital in 1957 than in any other year covered by this study. An Asian flu' epidemic in 1957 may account for some of the increase.

Little correlation was found between air pollution and the peak years of asthma deaths at the Childrens Hospital, but the greatest number of asthma deaths in all age groups in the city occurred in 1956, the year of the most smog warnings, heaviest eye irritation, and most days of diminished visibility due to smog.

Modes of Death

Two modes of death during an asthmatic attack have been described - one sudden and unexpected, the other characterized by progressive dyspnea, cyanosis, coma, and severe respiratory acidosis. Eighteen of the deaths were of the latter type and were associated with pneumonitis, aminophylline intoxication, over-sedation, pancreatitis, and hypoadrenalism.

---

[1]Warren Richards, M.D., and James R. Patrick, M.D., *American Journal of Diseases of Children*, July, 1965.

Reprinted from the Abstracts of the National Tuberculosis Association, January, 1966.
Printed through cooperation Nova Scotia Tuberculosis Association.

The high incidence of infection in this study does not, however, justify the routine use of antibiotics in all children with asthma or status asthmaticus; the absence of infection in those dying from causes other than pneumonitis makes their routine use unwarranted. Indications for the use of antibiotics are evidence of infection elsewhere, positive chest X-ray findings (any child ill enough to be hospitalized for asthma should have a chest X-ray) and, somewhat less specifically, fever and leukocytosis. However, low-grade fever is not infrequent in allergic persons without infection.

It is unfortunate that aminophylline intoxication continues to occur despite repeated warnings in the literature. These may be due to failure of the physician to recognize and adequately emphasize the hazards of the drug, and failure of the parent to heed warnings.

A physician attending any case of asthma, especially a child under three years of age, should be familiar with the toxic symptoms, side effects, and accepted dose range of aminophylline; he should impress those administering the drug with the importance of following directions implicitly; inquire into the medication previously given the patient; consider the possibility of aminophylline intoxication in the differential diagnosis of asthma; check and re-check written orders for aminophylline for hospitalized patients. The drug industry, too, might assume greater responsibility in warning physicians of the hazards of this medication.

Steroid therapy may have played a role in some of the deaths in this study, reemphasizing the importance of exercising great discretion in the use of these drugs.

Heart Involvement

The role of the heart in asthma deaths is controversial. Cardiac hypertrophy was present in only two patients in this series, both of whom had sudden unexpected deaths without evidence of other complications.

Five children with long-standing asthma showed no pathologic evidence of destructive lung damage. Although the classic findings of emphysema are not present in asthma, evidence is now emerging that elastic tissue damage may result from severe chronic asthma.

There is no question that some asthmatic children develop chronic debilitating lung disease. Many more, however, probably have benign, reversible changes.

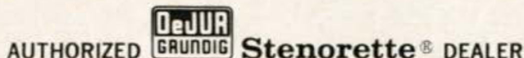
At least some of the deaths in this series could be linked to medication previously administered (sedation, aminophylline, and steroids). A more informed use of these medications and the newer means of resuscitation will, it is hoped, reduce the incidence of deaths from asthma in children. □

INCREDIBLE ACHIEVEMENT

IN TAPE RECORDER MINIATURIZATION STENORETTE VERSATILE° EN 3.

PALM SIZE, THIS VERSATILE° EN3 MEASURES ONLY 6⅜ x 2⅜ x 1½ INCHES AND WEIGHS A MERE 13 OUNCES.

Solidly constructed case finished in grey and black with chrome trim, the Pocket Diary makes a handsome gift for the busy executive, the student, the professional man, an alert salesman. . . .or for yourself.



OFFICE
FURNITURE

Presidential Address[1]

T. W. Gorman, M.D.
Antigonish, N. S.

The constitution of the Medical Society requires the President to give an address at the Annual Banquet. Before beginning this, my last or nearly last task as your President, I wish to thank you for the honour of being your President, - and for a most exhilarating, if somewhat arduous term of office. Many, many have assisted me and a list of those who inspired and helped reads like a roster of the Society. I only have to look back at June '65 when we were host to the C.M.A. Convention to realize how very efficient, co-operative and downright wonderful you can be. Many letters of thanks and praise expressed the opinion that C.M.A. '65 in Halifax was one of the most successful and satisfying conventions in the history of the C.M.A. I owe sincere and profound thanks to many people - especially to the Officers and the Executive. I owe a very special debt to the Executive Secretary - Dr. Charles Beckwith - without him I could not have functioned. The men who founded, moulded and kept this Society going over the years have done their job well: their name is legion, we owe them a very great debt.

My efforts this past term have been to continue the necessary dialogue with Government, with the Sections, with the Branch Societies, and with Maritime Medical Care. Tonight I hope to establish a dialogue with the University. Marshall McLuhan insists that this is the age of Complete Communications - constant and continuing communication: which shrinks the world and the world of each individual, making us aware of and a participant in history-in-the-making. It is this ease of communication which makes Dialogue - Thesis, Antithesis and Synthesis so attractive and so necessary.

Modern society forces us to search for talent and use it efficiently. In a world rocking with change we need a high capacity for adjustment to changed circumstances and a huge capacity for innovation. The solutions we hit on today may be outmoded tomorrow. Only high ability and superb talents, based on sound education will equip men to search for solutions to the myriad problems which arise. It is not just technical competence which is needed. Large numbers of individuals must have depth of judgment, and broad comprehension; but we must realize all our efforts should not be limited to higher order of talent - Excellence at all levels of education is imperative.

Schools not only educate people, they sort them out - and this sifting process tends to be very vigorous. Today's student knows that his aptitude and performance are being measured, predicted and recorded: each day's performance contributing its score to the inexorable summation which will decide his fate.

The chief instrument used in the search for ability and talent is the Standardized Test. There is a real hazard in using such tests which deal with the individual as a statistic. Despite the fact that such tests are the only really effective ones we have, they do not measure other powerful ingredients of successful performance - *attitudes, values, motives* - non-academic talents for which we have no reliable method of measurement. The potential error looms large when we use these tests to identify young people who will exhibit high performance in later life, because very often performance in later life places heavy emphasis on precisely those attitudes, values and motives NOT measurable by scholastic aptitude testing. The important point is that the final weighing, the final judgment should be made by qualified human beings not by machines or extensions of machines.

The report of Hunter et al (*C.M.A.J.* **87** - 865, 1962) is of interest. Hunter indicates that there was no statistically significant relation between academic performance as a student and professional achievement as a physician fifteen years after graduation - this opinion after a careful study of 50 per cent of the 1944 Medical Class at McGill.

A crisis in Medical Manpower is, I think, about to become a reality. True, steps are being taken to cope with the situation but the proposed solution of the manpower shortage is seven years off at best. Is there anything which can be done in the interim? I feel that there is something which can be done - perhaps must be done - if we

[1]Delivered at the 112th Annual Meeting of The Medical Society of Nova Scotia, November 27, 1965.

are to obviate very serious difficulty. My thesis is simply this - shorten the medical course from five to four years, - thus graduating an extra class when the need for more medical men will be most crucial.

Once before in time of crisis (World War II) this was done in Canada - and as a student of such an accelerated program, I do not believe we suffered any ill effects - could be that our teachers suffered more than we did! It is true that this device will only produce one extra class - but it will do so at a time when it will be most needed.

Let us examine the situation relevant to Nova Scotia and Dalhousie. Using Judek's approach - in 1964 there were 4,212,000 patient visits in Nova Scotia (780,000 x 5.4). On the assumption that there were 670 physicians in personal practice in Nova Scotia - this would mean 6,300 patient-physician visits per year - a work load of 132 per week - this figure of 6,300 is suggested by Judek as a sort of optimum work load.

The population increase in Nova Scotia is 1.5 per cent per year. To look after this addition to the population would require ten physicians. The attrition rate (death, retirement, etc.) is 3 per cent per year so the need would be 20 physicians. Thus, to just compensate for increased population and attrition requires 30 additional physicians for 1966. The total needed in Nova Scotia with no change in demand or pattern of practice to 1971 is 214. May I emphasize Nova Scotia needs *as an absolute minimum* 214 additional physicians over the next six years.

By 1971 Dalhousie will have graduated 378 - 10 per cent will be from outside Canada, thus leaving 340 to be distributed over the Atlantic Provinces. If this happens on a population ratio Nova Scotia should get two-fifths or 136 - half of these, or 68 will go into General Practice and 68 into Specialty training, but only 80 per cent will remain in Nova Scotia - thus 54 going into General Practice and 54 into Post Graduate training - presumably to replace a similar number who go into practice in the province. Thus, by 1971, 108 doctors for Nova Scotia whereas it was indicated that an absolute minimum of 214 would be needed. Thus a deficit of 106 for this province.

If a four year course were begun in 1966, two classes would graduate in 1970. This would add at least 29 doctors at a time when they will be very badly needed. The 1971 class would also be a four year class adding 29. The first class of 90 would graduate in 1972 - perhaps as many as 40 of these will remain in Nova Scotia - so it can be seen that even with the increase in the size of the graduating class to 90 from point of view of numbers we will still be in real trouble in 1972.

If we assume that past patterns tend to be duplicated one can postulate that Nova Scotia will gain 10 per cent from foreign and non Dalhousie graduates - thus as of 1972 the total number of physicians who will be added to those practicing in Nova Scotia would be 203, leaving a net deficit of 38. No matter how one adds it up we are in real trouble.

At this point in time, it is imperative that the profession and the medical schools do something very practical to assure adequate personnel. Even without Medicare we will not keep up to the demand. Collectively the profession and the medical schools have a responsibility to supply **quantity** as well as **quality** to meet the medical needs of the people. I am reminded of a statement made by one of my old teachers - a rather irreverent fellow - he used to say "the best damn doctor in the world is no good if you can't get him".

The needs of the people must be met otherwise they will look elsewhere for care. Pressures will build up to recognize as healers, individuals with little or no training of any sort.

It is imperative that the profession and the medical schools do something very positive to assure sufficient personnel. A method has been suggested which will help appreciably in meeting these needs - the solution poses many, many problems but I believe we can and must do it. Here is an opportunity for organized medicine to do something positive - moaning and pleading about Medicare is beside the point - the problems will be there whether we have Medicare or not. There really is no alternative to a program of acceleration. In the past we were fortunate in Canada, we attracted large numbers of qualified foreign graduates. The sources of these physicians are drying up and a decreasing number will be available - we must look after our own needs.

Discussion of quantity and quality of Medical Manpower highlights two important considerations, - namely **distribution** and **continuing education**. What can be done to encourage new graduates to accept or establish practices outside the immediate orbit of university and teaching hospitals? Equally important, how can an adequate program of continuing education be established and nurtured?

It is accepted that the total fund of knowledge is increasing at the rate of 10 per cent per year. This awesome increase makes continuing education imperative. However not all new knowledge is useful in the day to day practice of medicine - indeed some innovations may actually be harmful. Stated another way, continuing education is not exclusively a one way street. There is real need to have knowledge of how much of the new information is really practical.

Continuing, post graduate, refresher course education is not new at Dalhousie. Since 1926 a system has evolved and functioned throughout the Atlantic Provinces conducted by the Post Graduate faculty. The whole program has received national and international acclaim and most certainly makes a sterling contribution to continuing medical education.

Continued on page 79.

First Meeting of Council*

and

112th Annual Meeting

Medical Society of Nova Scotia

November 26th & 27th, 1965

Lord Nelson Hotel Halifax

INTRODUCTORY NOTES

The first meeting of the Council of the Society and the 112th Annual Meeting was held in the Lord Nelson Hotel, Halifax.

Invited guests were Dr. R. O. Jones, President, Canadian Medical Association and Mrs. Jones, Hon. R. A. Donahoe, Minister of Public Health and Mrs. Donahoe, Dr. A. D. Kelly, General Secretary, C.M.A., Group Captain Barclay, Regional Surgeon, Mr. Frank Rowe, Q.C., Chairman, Medical Insurance Advisory Committee, Nova Scotia, Dr. F. L. Whitehead, Executive Secretary, New Brunswick Medical Society, L. P. Chaisson, Ph.D., Nova Scotia Hospital Association.

The Annual Meeting of the Executive Committee was held on Thursday, November 25. The Committee on Committees met on Saturday, November 27. The first meeting of the incoming Executive Committee (1965-1966) took place at noon Saturday 27th.

The Council of the Society held three sessions: -

(1) Friday, November 26, 9.30 p.m. - 12.30 p.m.;
(2) Friday, November 26, 2.00 p.m. - 4.00 p.m.;
(3) Saturday, November 27, 9.00 a.m. - 12.30 p.m.

There were two sessions of the 112th Annual Meeting of the Society.

(1) Friday, November 26, 4.00 p.m. - 5.00 p.m when the Nominating Committee reported and the Officers for 1965 to 1966 were elected.
(2) Saturday, November 27, 2.00 p.m. when the deliberations of Council, as the governing body of the Society, were reported to the general membership.

The Clinical Program for the Annual Meeting was the 39th Annual Dalhousie Refresher Course, November 22nd to 25th, inclusive. Joint registration was available for the clinical program, the meeting of Council, and the Annual Meeting, covering the period November 22nd to 27th. 149 members registered.

127 members had been designated as representatives to Council. 84% of that number registered. Attendance at sessions of Council ranged from 85 to 100.

Dr. R. O. Jones, President Canadian Medical Association, spoke at the luncheon Friday, November 26th.

A program for the ladies had been arranged by Mrs. T. W. Gorman and her committee.

The President's Reception, Annual Banquet, and Annual Ball took place on Friday evening, November 27th.

Representatives of the Press were present on invitation at all sessions of Council and the Annual Meeting.

The President, Dr. T. W. Gorman, chaired the sessions of Council and the Annual Meeting.

The volume of Annual Reports from Chairmen of Standing Committees, Special Committees and representatives to other organizations had been distributed two weeks in advance to the members of Council. The reports were also available at the time of registration. Any member wishing to have a copy of these reports is invited to write the office of the Society.

*Copies of Annual Reports, 1965 are available to members on request.

First Session of Council

Friday, November 26, 9.30 a.m.

AC 1—The President, Dr. T. W. Gorman, as Chairman of Council called the meeting to order at 9.45 a.m. Remarking that this is the first meeting of Council, Dr. Gorman outlined the duties and powers of Council as set-up in the By-Laws. He welcomed the members to the meeting and outlined the procedure for presentation, discussion, adoption or amending reports and expressed the hope that it would be an efficient and satisfactory way of carrying out the business of the Society. He extended to Dr. A. D. Kelly, General Secretary C.M.A., a particular welcome remarking that this probably would be his last official visit to this Division before retirement in 1966.

AC 2—The Executive Secretary read the names of members deceased between August 16th, 1964 and October 29th, 1965 as follows: -

Campbell, A. B., M.D., October, 1965.
Doiron, Linus F., M.D., January, 1965.
Elliott, Malcolm R., M.D., December, 1964.
Keshen, Saul H., M. D., February, 1965.
Kinley, Cecil E., M.D., November, 1964.
Kirkpatrick, Thomas A., M.D., March, 1965.
Merritt, John W., M.D., April, 1965.
Miller, A. F., M.D., October, 1965.
Pugh, R. E., M.D., May, 1965.
Ross, Robert F., M.D., January, 1965.
Sproull, L. M., M.D., August, 1965.
Sutherland, Donald R., M.D., October, 1964.
Zwicker, Douglas W. N., M.D., February, 1965.

The Chairman requested one minute's silence in tribute to the memory of these deceased members.

AC 3—The Executive Secretary then read the names of 44 physicians who had applied for membership in the Society. On motion these were approved as members of the Society.

AC 4—The Transactions of the Annual Meeting 1964, which had been circulated in the February 1965 issue of The Nova Scotia Medical Bulletin were, on motion, adopted.

AC 5—The reports from 32 Standing Committees, 5 Special Committees and 6 representatives to other organizations were presented to Council during the three sessions.

AC 6—Action by Council on the reports was as follows: -

A. The following reports were received for discussion and, there being no discussion, were adopted on motion.

Committee	Chairman	Annual Reports
1. Specialist Register	Dr. J. F. Barton	P. 38
2. By-Laws	Dr. J. E. Hiltz	P. 59
3. Insurance	Dr. P. B. Jardine	P. 35
4. Resolutions	Dr. C. E. Kinley	P. 34
5. Mental Health	Dr. R. J. Weil	P. 55
6. Civil Disaster	Dr. S. Kryszek	P. 53
7. Medical Education	Dr. J. A. McDonald	P. 84
8. Joint Study Committee	Dr. C. E. Kinley	P. 62

B. The following reports, on motion, were received for information.

Committee	Chairman	Annual Reports
1. Child Health	Dr. B. S. Morton	P. 33
2. Aging	Dr. A. A. Macdonald	P. 42
3. Archives	Dr. D. R. MacInnis	P. 24
4. Public Health	Dr. W. I. Bent	P. 61
5. Physical Education & Recreation	Dr. J. M. Williston	P. 8
6. Pharmacy	Dr. J. E. MacDonell	P. 93

Reports of Society representative to other organizations

Organization	Representatives	Annual Reports
7. Canadian Cancer Society, (N. S. Division)	Dr. Ian MacKenzie	P. 89
8. Medical Advisory Board, N.S. Tb. Assoc.	Dr. R. L. Aikens	P. 28
9. Dalhousie Medical Library	Dr. D. E. Lewis	P. 93
10. V.O.N. Board of Governors	Dr. G. M. Smith	P. 32
11. Board of Registration, Certified Nursing Ass't.	Dr. Beckwith	P. 57
12. Trusteeship Committee (C.M.A.) C.M.R.S.P. and C.M.E.F.	Dr. C. H. Young	P. 26

C. The following reports of Standing and Special Committees were discussed, amended and/or moved for adoption.

Report of the Executive Committee - Chairman, Dr. S. C. Robinson (A.R. Page 1).

AC 7—This report presented a comprehensive review of the activities of the Executive Committee and the Officers in the interval since the last Annual Meeting. It was noted that the Officers held twelve meetings between meetings of the Executive Committee; had met with the Rowe Committee on three occasions, with the Minister of Health once, and that the President and President Elect had attended, as observers, the Ottawa Conference of the Ministers of Health with the federal authorities on September 23rd and 24th, 1965. Also noted was the approval of two new Sections within the Society (Obstetrics and Gynaecology, and Radiology) and the formation of one new Branch Society (Shelburne County Medical Society). Dr. Robinson reported that an Officer of the Society or the Executive Secretary had attended each Scheduled Branch Meeting throughout the year, expressing the view that this led to improved communication between the Society and the members of the Branches. A representative from the head office of M.M.C. had also attended these meetings.

AC 8—Dr. Robinson predicted that, in addition to the current responsibilities associated with Medicare, there are four areas which require the immediate attention of the profession, namely: -

(a) Policing the practice of medicine, a duty which goes hand in hand with the privilege of self-government.
(b) Maintaining a uniformly high standard of qualification for the initial and continuing practice of medicine in Nova Scotia.
(c) Co-operation with the universities in ensuring excellent facilities for continuing medical education.
(d) A continuous effort to ensure a sensible distribution of doctors in the province to meet the needs of the population for physicians' services.

AC 9—On motion the report was accepted for discussion. There being no discussion, the report was adopted on motion.

Committee on Finance - Honorary Treasurer, Dr. C. D. Vair (AR Page 4).

AC 10—This report included an introductory general statement, a statement of the Budget for 1965 with actual expenditures to September 30th, 1965, the auditors' statement of Capital; Statement of Income and Expenses;

*Copies of Annual Reports, 1965 are available to members on request.

and Statement of Investments for the fiscal year ending December 31st, 1964. The Statement of Income and Expenses indicated a loss of $3,124.23 for the year.

AC 11—Dr. Vair indicated that billing for 1965 had been sent to 631 members of whom 563 had paid as of October 1965; that 7 members had dues outstanding for 1964 and 1965 and that 44 had dues outstanding for 1965. He requested that members pay their membership dues promptly in order to save repeated billing. A third billing to 51 members would be sent out shortly. He pointed out that if all members paid their dues, the membership of the Society (including new members) would be approximately 666.

AC 12—The report was accepted for discussion. Following this a motion for adoption was carried.

Report of Membership Committee - Chairman, Dr. J. A. Myrden (A.R. Page 70-73).

AC 13—This report included a review of membership from 1959 to 1964. The number of new members ranged from 36 in 1959 to 40 in 1964; that deaths had ranged from four in 1959 to eight in 1964. A review of membership according to classification for the years 1961 - 64 inclusive showed a total membership of 627 in 1961 and 633 for 1964. It was noted that the Provincial Medical Board Register as of July 1st, 1965 gave a total of 874 physicians registered as residing in N.S.; of these 114 might be expected not to be members of the Society leaving a potential of 760 physicians. The gap between the expected membership of 650 in 1965 and this potential could be greatly narrowed if a continuous effort were made to have physicians take advantage of voluntary membership.

AC 14—The report was accepted for discussion. During discussion it was reported that the Executive Committee had reviewed this subject in detail at its Annual Meeting. It appeared that many of the salaried physicians in the province and those not in actual clinical practice are not members. It is emphasized that every physician licensed to practice Medicine in Nova Scotia may make application for membership. The Branch Societies were requested to pay particular attention to membership.

AC 15—On motion this report was adopted.

Nova Scotia Representative to CMA Executive Committee - Dr. H. J. Devereux (A.R. Page 19).

AC 16—This report referred to the presentation of the report of the Royal Commission on Health Services in June 1964, followed immediately by the CMA Annual Meeting in Vancouver; the Special Meeting of General Council Meeting of CMA in February 1965; the developments in Medicare following the Prime Minister's announcement July 19th and 20th, 1965; the Health Resources Fund and the increasing interest of CMA in the subject of Collective Bargaining. The report was received for discussion.

AC 17—Information was requested on the subject of "Collective bargaining". Dr. A. D. Kelly, General Secretary CMA, expressed the opinion that the profession had become aware of the fact that it may be necessary to bargain collectively on many matters pertaining to the practice of Medicine. He indicated that the nursing profession was actively interested. Dr. Kelly believes that the profession has a great deal to learn in this field of collective bargaining and that the CMA has been directed to gather pertinent information relative to it. Dr. Kelly was also asked to give information pertaining to the Health Resources Fund. He indicated that, at the Committee level, recommendations relative to the basis for expenditures of the Health Resources Fund had been made; that Projects originating in the provinces would be forwarded to the Department of National Health and Welfare for study; that the official transactions of the ad hoc committee will be presented to the Federal Minister of Health and Welfare in the near future. He remarked that although the fund ($500,000,000) seemed to be large it appeared to be the opinion of the universities in the provinces that twice the amount actually would be needed.

AC 18—It was regularly moved and seconded that this report be adopted. CARRIED.

Committee on Review of Committee Structure - Chairman, Dr. C. E. Kinley (A.R. Page 64).

AC 19—The following recommendations from this Committee were approved: -

1. That the Committee on Health Insurance (established in 1959) be discontinued and be replaced by a Standing "Committee on Hospitals." This would have the same terms of reference as the CMA Committee on Hospitals.
2. That the Special Research Committee, established in 1960, having fulfilled its terms of reference, should be discontinued (N.B. At the Annual Meeting of the Executive Committee a recommendation was made that the Special Research Committee be discontinued and that a "Physicians' Services Insurance Committee" be established. This appears later in the transactions.)
3. That a Committee on Mental Health, as recommended by the Executive Committee, be approved under the Chairmanship of Dr. R. J. Weil.

AC 20—Paragraphs AR284 and AR285 referring to the establishment of a "Committee on Hospital Privileges" resulted in the Resolution AE - 9 being presented, namely: -

Moved by Dr. A. J. M. Griffiths, seconded by Dr. T. W. Gorman

> "THAT paras AR284 and AR285 be referred back to the Committee on Review of Committee Structure for further consideration. That the report otherwise be approved for transmission to Council." CARRIED.

This resolution was approved by Council and the report as amended was moved and seconded for adoption CARRIED.

Report of Society Representatives to the Provincial Medical Board - Dr. D. R. Campbell (AR Page 60).

AC 21—Due to the absence of Dr. Campbell the report was presented by the Executive Secretary. It was received for discussion.

AC 22—Dr. S. C. Robinson voiced the opinion that the report was totally unsatisfactory; that a number of problems of discipline had occurred during the year of which the Medical Society had received no information and expressed the opinion that the report should not be accepted. Dr. C. B. Stewart asked whether any study had been given by the Provincial Medical Board to reciprocity with Great Britain; doctors are arriving in Canada who have no experience in many fields, e.g., obstetrics, who are given temporary licensure. After further discussion Resolution No. 1 - Council '65 was presented: -

Moved by Dr. S. C. Robinson, Seconded by Dr. A. J. M. Griffiths

> "THAT the Medical Society representatives on the Provincial Medical Board be asked to meet from time to time with the Medical Society Executive to discuss matters of mutual concern."

This resolution was discussed. One member thought the resolution was based on a misconception; that the Society should be concerned with the protection of its members. Dr. A. L. Murphy commented that there had

been problems with the PMB for a long period of time and he did not think that the problem would be solved by the motion and that something more definite should be done.

AC 23—The Chairman, Dr. Gorman, suggested that the motion be tabled until the report of the Committee on Professional Self-Government is presented. This suggestion was approved.

AC 24—The 1st session of Council was recessed at 11.00 a.m. for coffee in the exhibitor's area.

AC 25—The 1st session of Council was reconvened at 11.30 a.m. at which time the Chairman drew attention to the telephone message centre at the Registration Desk, the availability of tickets for the luncheon at which Dr. R. O. Jones, President CMA, would be speaking and introduced guests who were attending the meeting.

Committee on Professional Self-Government - Chairman, Dr. J. F. L. Woodbury (AR Page 66).

AC 26—Dr. Woodbury gave a summary of the report leading up to six recommendations as follows: -

Recommendations:

(1) The Committee is unanimous in feeling that licensure of Physicians should not be in the hands of the Medical Society, directly.

(2) The Committee recommends that a College of Physicians and Surgeons for Nova Scotia be set up. (In this respect the Committee agrees with the recommendations of the Hall Commission concerning Provincial Colleges of Physicians and Surgeons, which states "That in all provinces the College of Physicians and Surgeons be separately organized from the Provincial Division of the CMA, and that the power of all Provincial Medical Licensing agencies be extended to give them sufficient authority to ensure that Medical and Surgical Practice is of high quality".)

(3) Said College should evaluate the quality of medical care subsequent to initial registration for the practice of Medicine, and consider setting up minimum requirements for continuing medical education, making continuing lincensure contingent upon the production of evidence of a certain number of hours of Post-Graduate Education per year, or upon periodic re-examination of qualification for practice.

(4) The College should finance or contribute generously toward the financing of this continuing program of Medical Education.

Your committee was directed to study means of improving liaison between the Provincial Medical Board and The Medical Society of Nova Scotia. Pending the establishment of a College of Physicians and Surgeons for Nova Scotia.

(5) The Committee recommends that the Medical Society take steps to see that its elected representatives on the Provincial Medical Board are made aware of the views of the Medical Society on all subjects which are likely to come up for discussion.

(6) It further recommends that the Society's representatives should be made responsible for reporting to the Society after each meeting of the Provincial Medical Board.

AC 27—On motion the report was received for discussion. There was a lengthy and pertinent discussion. Views were expressed in favour of a College of Physicians and Surgeons for Nova Scotia. Questions were asked as to the estimated cost of its development and whether a new governing body would do the work and assume the responsibilities which the Provincial Medical Board is supposed to do now. It was suggested that, in effect, a College of Physicians and Surgeons and the Provincial Medical Board are similar organizations which should have the same authority and responsibility, that the College would not be a totally new organization because a different name was being used.

AC 28—Discussion resulted in Resolution Council - '65 No. 2: -

Moved by Dr. A. J. M. Griffiths, Seconded by Dr. I. D. Maxwell

> "THAT this report be referred back to the Executive Committee for further consideration in the light of today's discussion." CARRIED.

AC 29—Resolution Council - '65 No. 1 namely "THAT the Medical Society representatives on the Provincial Medical Board be asked to meet from time to time with the Medical Society Executive to discuss matters of mutual concern," was put to vote and carried.

Editorial Board, The Nova Scotia Medical Bulletin - Chairman, Dr. F.F. Filbee (AR Page 37).

AC 30—Dr. Filbee presented the report which gave an outline of the development of The Nova Scotia Medical Bulletin during the past year. All members were requested to submit articles for publication. The importance of personal interest notes from Branch Societies, Sections, and individual members was emphasized. It was noted that the annual deficit had been greatly reduced. Appreciation was expressed to Mr. C. Goodman of the Ontario Medical Review for his co-operation in obtaining advertisements. On the basis of having completed 3 years in the office of Editor, Dr. Filbee presented his resignation.

AC 31—The report was received for discussion. During discussion Resolution No. 3 from the Annual Meeting of the Executive Committee (65) was presented: -

Moved by Dr. R. O. Jones, Seconded by Dr. H. J. Martin

> "THAT we accept the report of the Editorial Board, commend Dr. Filbee and his Committee most warmly for the improved Bulletin and ask Dr. Filbee to re-consider his resignation." CARRIED.

This resolution met with a round of applause in appreciation of the work of the Editorial Board. On motion the report was regularly moved and seconded for adoption. CARRIED.

AC 32—The 1st session of the meeting of Council was adjourned at 1.00 p.m.

Second Session of Council

AC 33—The 2nd session of the meeting of Council was called to order at 2.45 p.m. by the Chairman, Dr. T. W. Gorman. Presentation of reports from Committees and representatives was continued.

Committee on Public Relations - Chairman, Dr. I. E. Purkis (AR Page 29).

AC 34—This report reviewed the work of this Committee for the past year and included four recommendations as follows: -

1. Newsletters should be circulated by the Secretariat on the direction of the President or Executive.

2. A Divisional representative to CMA Committee on Public Relations should function as an adviser to the Executive on public relations and as an adviser to members of the Division on relations with news media and the public.
3. The nucleus committee and its corresponding members should be disbanded.
4. Ad hoc committees should be formed for specific public relations projects.
5. If a more active role in public relations is felt to be desirable by the Society, either for the information of its own members, or in its relations with other organized bodies, or with the news media, consideration should be given to the employment of the services of a part-time consultant in public relations to work up specific projects in the public relations field.

AC 35—The report was received for discussion. During the discussion resolution from the Annual Executive '65 No. 6 was introduced namely: -

Moved by Dr. T. W. Gorman, Seconded by Dr. A. J. M. Griffiths

"THAT the Executive Committee does not agree with the recommendation of the Public Relations Committee in paragraph AR 131 No. 3 re disbanding the Public Relations Committee." CARRIED.

Resolution Council '65 - No. 3 was then presented: -

Moved by Dr. R. O. Jones, Seconded by Dr. C. B. Stewart

"THAT recommendations No. 3 of the report of the Committee on Public Relations be deleted." CARRIED.

AC 36—The report, as amended, was regularly moved and seconded for adoption. Carried.

Medical - Legal Liaison Committee - Chairman, Dr. Ian Maxwell (AR Page 44).

AC 37—The report was presented by Dr. Ian Maxwell. A summary of the report (pg. 48) is as follows: -

(1) The Medical Legal Liaison Committee has met regularly and has reached accord on a large number of matters throughout the year. It was the impression of the members from both Societies that were it possible for doctors and lawyers to meet more widely they would gain considerable mutual benefit and that their problems would be minimized.

(2) The Nova Scotia Medical - Legal Society has been reformed after a period of desuetude, we hope on a firm basis, and with aims which have been considerably widened. It will provide a form for discussion much broader than ours and will have more sweeping powers to improve conditions than our Liaison Committee has.

(3) Recommendations have been brought forward by the Liaison Committee to The Medical Society of Nova Scotia and of the Nova Scotia Barristers Society on the following matters: -

(a) Blood alcohol levels and safe driving.

(b) Joint course in forensic medicine.

(c) Establishment of a forum for the lawyers in our Nova Scotia Medical Bulletin.

(d) Sympathetic consideration of the lawyers' problems in our Newsletters.

AC 38—Recommendations included (1) That the Medical - Legal Liaison Committee be continued and be given official recognition by The Medical Society of Nova Scotia. (2) That the members of the Medical Society and the Barristers Society be encouraged to bring or to submit Medical - Legal problems to the Medical - Legal Liaison Committee for a possible solution. (3) That serious consideration be given to the conduction of a medical - legal panel discussion by delegates from the new Medical - Legal Society at a meeting of The Medical Society of Nova Scotia, the suggested title being "The Value of Medical Evidence in Court".

AC 39—The report was received for discussion. There was lengthy discussion of the Committee's report that The Medical Society of Nova Scotia support the proposals with respect to drinking and to driving. Paragraph AR176 (pg. 46) included 10 recommendations. Of these No. 1 reads "that it would be an offense against the Motor Vehicle Act of Nova Scotia for a person having the care or control of a motor vehicle to have a blood alcohol level above a minimum specific figure. The level to be set no lower than 0.10%. Dr. Maxwell noted that the level suggested by the Traffic Accident Committee had been lower than this; that as far as the Bar Society is concerned the subject is sub judice across Canada, the current attitude being that a driver is incriminating himself by taking the breathalizer test. He also indicated that opinion seemed to be that there should not be any change in the Criminal Code since such would affect the offenders' "National Status" but that changes might be made only in the Motor Vehicle Act as this is a provincial responsibility. Dr. Tucker (Chairman, Traffic Accidents Committee), indicated that 50% of the accidents in Nova Scotia are related to drinking. Dr. A. L. Murphy expressed the opinion that at one time the province of Nova Scotia had been ahead of all other provinces on matters relating to Traffic Accidents, but was now lagging behind. He expressed the opinion that a blood alcohol level of 0.10% was high. Additional discussion by several members introduced technical factors, the degree of impairment which might be expected with different quantities of alcoholic intake and the association of impairment with different blood levels.

AC 40—Resolution Council '65 No. 4 was presented: -

Moved by Dr. Ian MacKenzie, Seconded by Dr. C. L. Gosse

"THAT in para (1) of AR176 final sentence be re-worded to read 'the level to be set no higher than 0.10%'." CARRIED.

Proposal (I) of para AR176 will now read **"That it would be an offence against the Motor Vehicle Act of Nova Scotia for a person having the care or control of a motor vehicle to have a blood alcohol level above a minimum specific figure. The level to be set no higher than 0.10%"**

Dr. Maxwell answered questions with reference to other points in his report following which a motion for adoption of the report, as amended, was moved, seconded and CARRIED.

Committee on Legislation & Ethics - Chairman, Dr. H. K. Hall (AR page 25 & 92).

AC 41—The report reviewed what had been done concerning Bill C-122 (federal) which deals with privileged communication between the physician and certain other professional workers and their patient or client. Although the Committee had no objection to this Bill it remains under discussion in other parts of Canada. The Committee re-

ported on the Bill (Bill 37 - Nova Scotia) which deals with temporary registration of physicians in Nova Scotia. The Bill had been passed by the Nova Scotia Legislature in 1965. It was noted that the Society had suggested certain changes in wording but the Bill had been processed through legislation prior to the suggestions being received by the authorities. Paragraph AR363 (pg. 92) deals specifically with the legislation. Another matter considered by the Committee had been hypnosis as recently practiced in Nova Scotia for purposes of entertainment. The report drew attention to the recommendations of the Special Committee on Hypnosis of the Canadian Medical Association (CMAJ Nov. 16/63). The Nova Scotia Committee was of the opinion that the problem would be difficult to deal with without having concrete examples of people who had been harmed by hypnosis used in that manner and expressed the belief that the situation was not sufficiently clarified to undertake legislation. There are also some recommendations pertaining to amending the By-Laws (1964) of The Medical Society of Nova Scotia. The report was accepted for discussion.

AC 42—Discussion resulted in a close examination of paragraph AR363 dealing with temporary registration. This resulted in Resolution Council '65 No. 5: -

Moved by Dr. R. O. Jones, Seconded by Dr. F. A. Dunsworth

> "THAT para AR363 (re temporary registration) be referred back to the Committee on Legislation & Ethics for further consideration." CARRIED.

AC 43—Para 364 (Page 92) dealing with three proposed revisions of the By-Laws 1964 was, on motion, referred to the Committee on By-Laws (Dr. J. E. Hiltz).

A motion for adoption of the report, as amended, was CARRIED.

Committee on Fees - Chairman, Dr. H. C. Still (AR Page 90).

AC 44—Dr. Still reported that the Committee had held 18 meetings since October 1964, that Maritime Medical Care had been notified of some 30 new or unlisted items in the Schedule, that notice had been sent to all Sections within the Society requesting information relative to items of service and that the response had been studied. The Committee recommended that an updated edition of the 1963 Schedule be prepared and published as soon as possible in 1966. The report was received for discussion.

AC 45—During discussion Dr. W. A. Cochrane drew the attention of the meeting to a communication from the Section for Salaried Physicians which had requested a change in the name of the Committee on Fees. The Chairman stated that this had been discussed at the Annual Meeting of the Executive Committee. Dr. Still was in agreement that the Salaried Physicians certainly needed some such Committee but felt that it should be separate but working in liaison with the Committee on Fees. Dr. MacGregor suggested that the subject could come up under New Business as it was out of order at this time.

AC 46—It was regularly moved and seconded that the report be adopted. CARRIED.

AC 47—Dr. H. J. Devereux, stating that he had examined the reports, had found that the reports of certain Committees included no recommendations and therefore required no action on the part of Council. Moved that these reports be accepted for information. The motion, seconded by Dr. H. J. Martin, was carried. (For a listing of these reports refer to paragraph AC 6 of the Transactions.)

Committee on Maternal & Perinatal Health - Chairman, Dr. D. F. Smith (AR Page 75).

AC 48—A summary of this report included the following: -

1. Perinatal cases studied.
2. Assessment of Preventability - Perinatal Cases.
3. Factors of Preventability - Perinatal Cases.
4. Classification of Cause of Death - Perinatal Cases.
5. Number of Autopsies - Perinatal Cases.
6. Number of Maternal Deaths and Maternal Mortality Rate.
7. Listing of Maternal Deaths with Age, Parity, Classification of Maternal Death, Clinical Cause of Death and Autopsy Findings.
8. Supplement to the 1964 Report which summarizes the perinatal mortality statistics for the period 1959-1964 and analyses these statistics in the light of the work of the committee. This supplement outlines changes already begun in 1965 as well as outlining new directions for the work of the committee for the next few years.
9. 31 Tables covering the Perinatal Mortality Analysis 1959-1964.

AC 49—The report was received for discussion; there being no discussion a motion for adoption was moved, seconded and carried.

Committee on Traffic Accidents - Chairman, Dr. H. H. Tucker (AR Page 39).

AC 50—This report was introduced by the statement: "This committee feels that in future it is going to have to divide its attentions. The previous committees and the present committee, have concentrated largely on the prevention of accidents which of course is most essential. This part of the problem is becoming more and more a matter for Government and for the manufacturers of automotive transport. The second part of the problem is that more effort will have to be directed to the care of the accident victim in the hope that the ultimate loss of life will be appreciably decreased."

AC 51—Under Part I of the report seven items were discussed and Part II introduced the consideration of a "trauma team" which would be led by a general surgeon who would have associated with him an anesthetist, a neurosurgeon, an orthopedic surgeon, a plastic surgeon, a urologist and an internist. It is proposed that this team be centered in Halifax with the prime purpose of training. It is proposed that the provincial government should be approached to support the training program in the hope that subsidiary trauma teams could be established throughout the province to do the actual work with the trauma problem. There was further elaboration of this development.

AC 52—The attention of the members was drawn to the completion by the Committee of "The Medical Guide for Physicians to Determine Fitness to Drive a Motor Vehicle."

AC 53—The report was received for discussion. Dr. Tucker answered questions on specific points in his report. The report was moved and seconded for adoption - CARRIED.

Committee on Rehabilitation - Chairman, Dr. L. S. Allen (AR Page 31).

AC 54—The report included 3 recommendations:

(1) That the Committee on Rehabilitation have the following terms of reference: -

> "This Committee shall concern itself with the study and report of various matters pertaining to the rehabilitation of disabled persons."

(2) "That the Provincial Department of Health again be informed that there is an immediate need of an apprenticeship training programme for prosthetists to meet the demand for artificial limbs and appliances."

(3) "That The Nova Scotia Medical Society support the recommendation that a 15 - 25 bed rehabilitation centre be established to serve the Cape Breton population."

AC 55—The report was received for discussion. Recommendation No. 3 (above) was discussed in considerable detail. In reply to a question asking who had authorized that the only rehabilitation centre in the province should be in Halifax, the information was given that the Rehabilitation Centre would be for referral only and in no way interfered with the development of rehabilitation in other centres which indeed, should be encouraged. A discussion resulted in Council '65 Resolution No. 6: -

Moved by Dr. A. A. Macdonald, Seconded by Dr. L. S. Allen

> "THAT recommendation No. 3 (paragraph AR133) be re-worded to read 'That The Medical Society of Nova Scotia supports the recommendation that adequate rehabilitation services be established to serve the Cape Breton population'."

It was moved and seconded that the report, as amended, be adopted CARRIED.

Committee on Cancer - Chairman, Dr. Ian MacKenzie (AR Page 8).

AC 56—A summary of the report is: -

1. The Provincial Cancer Registry has completed its first year of operation and is functioning well under the direction of Dr. J. A. Myrden. The number of new cases of malignant disease been reported to the Registry for the twelve months ending December 31st, 1964 was 1924.
2. The Council of the CMA at its Annual Meeting in June last approved the setting up of a National Cancer Registry and recommended that the means whereby this can be achieved should be investigated.
3. The Uterine Cancer Detection Programme sponsored by The Medical Society of Nova Scotia (under the direction of Dr. S. C. Robinson and supported by federal-provincial health grants) is growing progressively each year. Its further progress depends in large measure on the support it receives from all members of the Society and particularly from those in general family practice.

AC 57—Recommendations were: -

1. That a supply of "Cytospray" should be made available by the Province to those who wish to use it.
2. The Cytology programme requires the employment of specially trained technicians if it is to progress satisfactorily. At present these technicians are in very short supply throughout the province and efforts should be made to increase the number of technicians.

The report was received for discussion. Dr. S. C. Robinson referred to the Uterine Cancer Detection Programme (AR Page 12) which included a statistical analysis indicating that the number of cases of Carcinoma of the Cervix has doubled in the past ten years with the addition of the "IN SITU" cases and that the "IN SITU" cases had increased tenfold during this period, amounting to 113 cases in 1964; there had not been the hoped for decrease in the "INVASIVE" cases which now runs at approximately 39 per 100,000 women at risk. It was noted that "cytology cases tested" had increased from 1,800 in 1955 to 23,930 in 1964.

AC 58—The meeting was informed that the subject of trained cytologists had been discussed by the Liaison Committee of the Society and the Nova Scotia Hospital Association and that progress was being made toward the objective of more cytologists.

AC 59—A motion for adoption of the report was moved, seconded, and CARRIED.

Committee on Annual Meetings - Chairman, Dr. A. J. M. Griffiths (AR Page 96).

AC 60—This Committee report reviewed the developments in reference to Annual Meetings. It was pointed out that there are now 13 Sections within the Society, that 1965 has the first meeting of Council and the 112th Annual Meeting and that the Clinical Program is the Dalhousie Refresher Course. This will take place in Halifax, November 21 - 27 at the Lord Nelson Hotel. The experience with the successful meeting at Keltic Lodge in 1964 had demonstrated that there was not sufficient time available for each of the Sections to hold a meeting during the Annual Meeting. It was anticipated that the same lack of time would be experienced in Halifax in 1965. In 1964 the first meeting of Presidents and Secretaries of the Branch Societies with the Officers had taken place and having been a success, direction had been given that such a meeting be held once yearly. It had not been possible to have such a meeting in 1965. Dr. Griffiths stated that the Annual Meeting of the Canadian Medical Association in Halifax in June 1965, including General Council of the CMA, had occupied a great deal of time in preparation under the Chairmanship of Dr. R. O. Jones and had had an influence on having the meeting of the Society in the fall. He expressed the belief that, for the proper functioning of the Society, the meetings of Council and the Annual Meeting should be at intervals of approximately 12 months. Both between the 1963 and 1964 Annual Meetings, and between those of 1964 and 1965 the interval had been approximately 14 months while an Annual Meeting in June 1966 would only be some seven months from the present. He suggested that in the best interest of the Society, these irregular intervals should be corrected and further, to create sufficient time for meetings of the Sections, the Officers and Secretaries of Branch Societies and other intramural matters that a "Summer Meeting" would be desirable in addition to the Annual Meeting taking place in the fall of the year. This suggestion had received the approval of the majority of the Branch Societies and the proposed program for future meetings was: -

1966 Summer Meeting Digby July 1966
1966 Council and Annual Meeting Halifax Nov. 1966
1967 Summer Meeting Charlottetown July 1967
1967 Council and Annual Meeting Ingonish Sept. 1967

AC 61—The report was received for discussion. The proposed meeting of the Atlantic Provinces Societies in Charlottetown in 1967 was discussed in detail. Dr. Whitehead, Executive Secretary for the New Brunswick Medical Society and the PEI Medical Society took part in the discussion. It was agreed that the administrative factors involved, the centennial meeting of the CMA taking place in Quebec in June, the Expo '67 being in operation and the anticipation that the Sir Charles Tupper Medical Science Building would be opened in the early fall resulted in Resolution Council '65 No. 7: -

Moved by Dr. S. H. Kryszek, Seconded by Dr. I. D. Maxwell

"THAT the 1967 Summer Meeting of this Society not be held in Charlottetown." CARRIED.

AC 62—The Committee is to give further consideration to the place and date for the Summer Meeting 1967 and the meeting of Council and Annual Meeting 1967. For 1966, the "Summer Meeting" will be held in Digby, July 4th, 5th, and 6th; the 2nd meeting of Council, and the 113th Annual Meeting will be held in Halifax November 25th and 26th with the Clinical Program being the Dalhousie Refresher Course November 21st - 24th inclusive.

AC 63—A motion for adoption of the report, as amended, was regularly moved, seconded, and CARRIED.

New Business

AC 64—The Chairman stated that the meeting would now receive the item postponed during the discussion of the Committee on Fees report. Resolution Council '65 No. 8: -

Moved by Dr. W. A. Cochrane, Seconded by Dr. I. D. Maxwell

"THAT there be formed a sub-committee on salaries of the Committee on Fees of The Medical Society of Nova Scotia."

Following a short discussion this motion was put to vote and CARRIED.

AC 65—The Chairman announced that the 1st session of the 112th Annual Meeting would convene at 4.00 p.m.

AC 66—The 2nd session of Council '65 was adjourned at 3.45 p.m.

Third Session of Council
Saturday, November 27th, 1965

AC 67—The President Dr. T. W. Gorman, as Chairman of Council, called the meeting to order at 9.35 a.m. stating that although the report of the representative to the Trusteeship Committee of CMRSP and CMEF had been approved at the 2nd Session of Council, Dr. Young had returned from Toronto especially to present this report to the meeting. Dr. Young presented and discussed his report.

AC 68—The Chairman drew the attention of Council to the fact that all reports to be presented at this session had some association with Physicians' Services Insurance.

Special Research Committee - Chairman, Dr. F. A. Dunsworth (AR Page 49).

AC 69—Dr. Dunsworth presented this report which indicated the work which his Committee had done during the year. He noted that the report included several matters for discussion and advice from Council as events had been moving so rapidly in recent months that recommendations in final form had not been possible. The report was accepted for discussion.

AC 70—Dr. R. O. Jones stated that the report had been discussed in great detail at the Annual Meeting of the Executive Committee with the result that the principles put forward in our presentation of a proposed plan to the Government of Nova Scotia in October 1963 continued to be valid, but it was also the opinion of the Executive Committee that the Society should listen to any other proposals which may be forthcoming. He then presented the Resolution from the Annual Executive 1965 (AE - No. 2) for consideration of Council: -

Moved by Dr. R. O. Jones, Seconded by Dr. C. L. Gosse

"THAT WHEREAS The Medical Society of Nova Scotia is primarily interested in high quality medical care for all the citizens of Nova Scotia they will continue to examine sympathetically all proposals for achieving this goal.

AND WHEREAS, as of this date we believe the principles enunciated in our submission to the Nova Scotia Government of October 1963 should be maintained.

BE IT RESOLVED that we re-affirm these principles but are prepared to discuss with any responsible government bodies any other proposals put forward." CARRIED

AC 71—Following further discussion Resolution Council '65 No. 10 was presented: -

Moved by Dr. R. O. Jones, Seconded by Dr. K. M. Grant

"THAT paragraph AR190 of the Special Research Committee report be replaced by Annual Executive Resolution No. 1." CARRIED.

AC 72—Para AR192 presented the principles which would be acceptable to Medicine in Nova Scotia in the event of Medicare. These resulted from examination of the four criteria presented by the Prime Minister in July of 1965.

AC 73—Following considerable discussion on several points in this paragraph Dr. Jones reported that the Annual Meeting of the Executive Committee had also studied this paragraph in detail and as a result presented Resolution AE No. 2.: -

Moved by Dr. T. W. Gorman, Seconded by Dr. R. O. Jones

"THAT in the event that compulsory government sponsored insurance is offered in Nova Scotia we believe it to be essential that:

A. all physicians' services be included.

B. the physician should have the right to 'opt out' and patients have the right to the same remuneration for services received outside the plan that they would receive if tendered in the plan.

C. every effort should be made to increase the supply of physicians in the province.

D. the administration of such a plan have adequate representation from the medical profession.

E. physicians should continue to govern themselves and to set and revise their fees.

F. freedom of association and self-government emphasizes the continuing necessity of self-decipline."

AC 74—The presentation of that resolution resulted in Resolution Council '65 No. 11: -

Moved by Dr. H. J. Devereux, Seconded by Dr. I. D. Maxwell

"THAT paragraph AR192 of the report of the Special Research Committee be replaced by Resolution No. 2 from the Annual Meeting of the Executive Committee." CARRIED.

AC 75—It was regularly moved and seconded that the report of the Special Research Committee, as amended, be adopted. CARRIED.

AC 76—Resolution Council '65 No. 12 was then introduced:-

Moved by Dr. C. L. Gosse, Seconded by Dr. H. J. Davidson

"THAT this Council instruct the Executive Committee to strongly urge our Provincial Government to press the federal authorities for a modification in item 3 in the federal proposals pertaining to universality and compulsion, so as to implement medical services insurance according to the principles pertaining to this item enunciated in our 1963 Brief to the Government of Nova Scotia." CARRIED.

Committee on Medical Economics - Chairman, Dr. G. M. Saunders (AR Page 21).

AC 76—Dr. Saunders reported that the Committee had been engaged during the year in the following matters:

1. Negotiating with the Department of Public Welfare, Province of Nova Scotia, to make a greater number of people in the Welfare Group eligible for partially paid physicians' services and for upgrading of the amount of money made available for the payment of physicians' services to the Welfare patient.
2. Arranging with Maritime Medical Care for the use of the 1963 Fee Schedule as the basis of payment for services rendered the Welfare patient.

It was noted that these two items encompassed the recommendations of this Committee and approved at the Annual Meeting 1964.

3. As Nova Scotia representative to the C.M.A. Committee on Economics.

AC 77—Dr. Saunders reported that there had been four meetings of the CMA Committee during the year. The first two meetings were devoted to drafting a report for the Special Meeting of General Council CMA in January '65, this report being based on the reports of the Special Committee on Policy, the Special Committee on Australian Plan, and the Special Committee on Prepaid Medical Care.

AC 78—The last two meetings had been devoted to drafting, as requested by the Special Meeting of CMA General Council, a new Statement of CMA Policy resulting from that meeting of Council. This Statement had been presented to and approved by CMA General Council in Halifax, June 1965.

AC 79—The recommendations of the Committee are: -

1. To continue efforts to increase the number of Welfare recipients eligible for Physicians' Services Insurance under the agreement between the Medical Society and the Department of Public Welfare.
2. To continue negotiations with the Department of Public Welfare, Province of Nova Scotia, to have the amount of money per beneficiary in the Welfare Group upgraded.

AC 80—The report was received for discussion. The Chairman, Dr. Gorman, remarked on the amount of work which had been done by this Committee during the year. There being no discussion the report was regularly moved, and seconded for adoption - CARRIED.

Committee on Health Insurance - Chairman, Dr. D. H. MacKenzie (AR Page 52).

AC 81—Dr. MacKenzie reported that, as Chairman of this Committee, he had attended meetings of the Professional Technical Advisory Committee of the Nova Scotia Hospital Commission.

AC 82—Representatives of his Committee and the Section for Pathology met with representatives of the Nova Scotia Hospital Association through the Medical Society - Hospital Association Liaison Committee. These meetings had been devoted to two subjects (a) the problem of shortage of cytology technicians to deal with the marked increase in the number of Papanicolaou smears associated with the Uterine Cancer Program. It had been agreed to examine the problem by having the work done in "selected regional centres" throughout the province as well as to examine the standards of training for technicians. The representatives from the Section for Pathology had agreed to make a report on this subject. (b) that the remuneration for pathologists be based on the 1963 Schedule of Fees.

AC 83—The Committee also recommended that its status be reviewed since developments suggested that its replacement by a Committee on Hospitals might be advantageous.

AC 84—The report was received for discussion. Dr. C. P. Handforth took exception to the wording of paragraphs AR200 and AR201. Having explained his reason for the amendment, the Chairman of the Committee agreed to the change.

> AR200 will now read "The second item on the agenda, the remuneration of pathologists, was considered. They request that they be paid on the basis of the 1963 Schedule of Fees."
>
> AR201 now reads "The NSHA representatives agreed to give this matter further thought and to report back to the next Liaison Committee Meeting." Dr. Handforth remarked that the objective is to attract more pathologists to Nova Scotia.

AC 85—Dr. L. P. Chaisson, guest at Council from the Nova Scotia Hospital Association, was invited to comment. He stated that the Executive of the NSHA recognizes there should be revision of remuneration and this is under study by the NSHA Executive.

AC 86—It was regularly moved and seconded that the report, as amended, be adopted. CARRIED.

Report of the President of M.M.C. Inc. - Dr. H. B. Whitman (AR Page 16).

AC 87—This comprehensive report indicated that 183,180 persons were enrolled with Maritime Medical Care as of October 1st, 1965, as compared with 176,577 on December 31st, 1964; that many subscribers to M.M.C. medical care plans have purchased the Corporation's Supplementary Hospital and Extended Health Benefit plans, both of which have been well received. The financial status was reviewed indicating the reasons that $132,615 had been appropriated to general reserves which represented a decrease of $95,383 from the previous year. The Corporation's Medical Director (Dr. A. W. Titus) has given a greater amount of time to studies of over-utilization, over-service, and other related problems. The presence of a representative from head office at the Scheduled Branch Society Meetings has led to a better understanding between the Plan and the members of the Society. The establishment of a Medical Advisory Committee was announced. The members of that Committee are chosen by the Board of Directors from physicians nominated by the Executive Committee of The Medical Society of Nova Scotia. This Committee will act in an advisory capacity to the Board of Directors on matters pertaining to physicians' relations, irregular patterns of practice, and the settlement of claims in unusual or complicated cases where the Fee Schedule does not provide adequate information for assessment.

AC 88—Benefits to subscribers had been increased particularly in the area of specialists services where the benefits have been extended to include continuing care and directive care by a specialist for seven days and the restrictions on frequency of specialist consultations have been removed. An initial visit to a specialist will be paid at the scheduled specialist fee and increased allowances for psychotherapy and anaesthesia for electro shock therapy will be added to the benefits under the Group Comprehensive Plan.

AC 89—M.M.C has increased its payments for services rendered from 85% to 90% of the approved Schedule of Fees for all services rendered on or after October 1st, 1965. The principle of variable proration of fees will be eliminated effective January 1st, 1966 when payments by the Plan will be based on the Schedule of Fees as approved by the Cor-

poration less a discount of 10% granted by participating physicians in recognition of special concession granted to the physicians by the Plan.

AC 90—The problems of Medicare and their relationship to M.M.C have received considerable attention. There have been informal meetings with the Medical Insurance Advisory Committee (N.S.) under the Chairmanship of Mr. Frank Rowe, Q.C. during which information pertaining to the experience of M.M.C. including statistics had been given. The President has had an informal meeting with the Honorable Mr. Donahoe, Minister of Public Health, when the services of M.M.C. were offered as the administrative vehicle for any provincial government program of Medicare.

AC 91—A letter dated November 25th, 1965 arising from a meeting of the Board of Directors (M.M.C.) November 24th, was distributed to the members. This indicated that "the Board of Directors have decided that with respect to the increases in specialist benefits that M.M.C. will proceed with their implementation without requiring a closed agreement for specialists." The Medical Society, at the Executive Meeting November 6th, 1965, had decided against the principle of a Closed Participating Physician Agreement for Specialists and had so informed M.M.C.

AC 92—The report was accepted for discussion. Discussion was lengthy on many details. A summary is as follows: -

Dr. Woodbury stated that it would continue to be necessary for some specialists to continue to bill the patient for the difference between the allowance from M.M.C. and the cost of the service as per the Schedule of Fees. He expressed the hope that it will be possible to extend the benefits of specialists services so as to make the Plan truly comprehensive.

AC 93—Dr. Griffiths expressed the belief that while the objective of the Society and M.M.C. is to provide insured physician services that the premium which had not been changed since 1960 did not reflect the cost of physicians' care. He suggested that an increase in the premium might be the answer to the difficulties. Several other members spoke on the subject, some for and some against an increase of premium. Mr. Brannan, General Manager of M.M.C., was asked to comment on the subject.

AC 94—Dr. R. O. Jones introduced the subject of administering the funds by a government agency under Medicare stating that the Society is definitely opposed to this. He stated that the subject of a fiscal agent for a government sponsored plan had been examined by the Executive Committee and the 12 Branch Societies. On the basis of this information and discussion at the Annual Meeting of the Executive the following Resolution was presented to Council as Resolution Council '65 No. 12: -

Moved by Dr. R. O. Jones, Seconded by Dr. A. J. M. Griffiths

> "THAT in the event that a government sponsored Physicians' Services Insurance Plan is introduced in Nova Scotia this Council goes on record as supporting Maritime Medical Care as the fiscal agent for such a plan." CARRIED.

AC 95—Discussion now returned to the subject of M.M.C. increasing premiums. A further discussion resulted in Resolution Council '65 No. 13: -

Moved by Dr. S. C. Robinson, Seconded by Dr. I. E. Purkis

> "THAT this Society advises M.M.C. to set its premium rate at a level which accurately reflects the true cost of benefits."

Further discussion ensued. Mr. Brannan was again invited to discuss the subject after which the Resolution was put to a vote and DEFEATED.

AC 96—It was then regularly moved and seconded that the report of the President of M.M.C. be adopted. CARRIED.

New Business

Physicians' Services Insurance Committee

AC 97—Dr. J. A. Smith stated that the committee structure had been reviewed with the basic purpose of meeting the current requirements of the Society in discussions on Medicare. This subject had been discussed at the 5th Regular Executive Committee Meeting (November 6th/65) resulting in Resolution RE5 No. 8 which had been carried -

Moved by Dr. J. A. Smith, Seconded by Dr. D. C. Cantelope

> "THAT a Committee of five to be called the Physicians' Services Insurance Committee be appointed by this Executive Committee subject to the approval of the Annual Meeting. The terms of reference are to include all matters requiring discussion or negotiation with Government on Physicians' Services Insurance and related matters."

AC 98—Dr. J. H. Charman reported that the Annual Meeting of the Executive Committee had re-examined Resolution RE5 No. 8 further with the objective of naming the members. This resulted in Resolution AE No. 13 which was now presented to Council namely: -

Moved by Dr. J. H. Charman, Seconded by Dr. C. D. Vair

> "THAT the Physicians' Services Insurance Committee shall consist of seven members to include the President of The Nova Scotia Medical Society (to be Chairman), the President Elect, the Past President, and Drs. A. L. Sutherland, H. C. Still, D. M. MacRae, and F. A. Dunsworth. In any discussions with other parties a minimum of three members of this Committee must be present. The Executive Secretary of the Society shall be the Secretary of the Committee, but not a member."

Discussion of this resolution (Council '65 No. 16) resulted in amendment No. 1. Moved by Dr. H. J. Devereux, Seconded by Dr. D. H. MacKenzie

> "THAT Resolution Council '65 No. 16 be amended so that the minimum number of members to be present for discussion with other parties be 4 rather than 3." CARRIED.

Further discussion resulted in Amendment No. 2. Moved by Dr. S. C. Robinson, Seconded by Dr. H. J. Martin

> "THAT in the Executive motion AE No. 13, as amended, the words 'for any discussion with other parties a minimum of four members of this Committee be present' be included."

This amendment was DEFEATED.

AC 99—Resolution Council '65 No. 16, as amended, was moved and seconded for adoption. CARRIED.

AC 100—The Chairman of Council announced that the 2nd Session of the Annual Meeting is scheduled for 2.00 p.m.

AC 101—There being no further business the 3rd and final Session of Council '65 was adjourned at 1 p.m.

112th Annual Meeting

Medical Society of Nova Scotia

November 26th & 27th 1965

Lord Nelson Hotel Halifax

First Session

Friday, November 26th, 1965

4.00 p.m.

Lord Nelson Hotel, Halifax

AM 1—The 1st Session of the Annual Meeting was convened by the President, Dr. T. W. Gorman, in the Chair at 4.00 p.m.

AM 2—Prior to introducing the report of the Nominating Committee Dr. Gorman referred to the amended By-Laws of the Society 1964, Chapter XII, Article 3 (b) (i) of the By-Laws state: -

> "The Nominating Committee shall not present its report until the Annual Meeting following its election."

To make this By-Law effective, the Executive Committee had authorized that the Nominating Committee elected for the Annual Meeting 1964 would become the Nominating Committee for the Annual Meeting 1965. The Nominating Committee had held a meeting on November 6th, 1965.

AM 3—The report of the Nominating Committee was presented as follows:

OFFICERS OF THE SOCIETY

President - Dr. A. J. M. Griffiths

President Elect - Dr. G. M. Saunders

Past President - Dr. T. W. Gorman

Chairman of the Executive Committee - Dr. S. C. Robinson

Vice Chairman of the Executive Committee - Dr. F. G. Mack

Honorary Treasurer - Dr. C. D. Vair

BRANCH REPRESENTATIVES and alternate to the Executive Committee

Antigonish-Guysborough — Dr. G. Silver
Alternate
Dr. J. A. MacCormick

Cape Breton — Dr. H. J. Martin
Dr. A. L. Sutherland
Alternate
Dr. N. K. MacLennan

Colchester East Hants — Dr. H. D. Lavers
Dr. A. Elmik

Cumberland — Dr. N. Glen
Alternate
Dr. H. E. Christie

Eastern Shore — Dr. P. B. Jardine
Alternate
Dr. E. A. MacKenzie

Halifax — Dr. J. H. Charman
Alternate
Dr. P. Landrigan
Dr. H. I. MacGregor
Alternate
Dr. R. S. Grant
— Dr. J. K. B. Purves

Inverness-Victoria — Dr. N. J. MacLean
Alternate
Dr. J. A. H. Sampson

Lunenburg-Queens — Dr. D. C. Cantelope
Alternate
Dr. D. A. Campbell

Pictou County — Dr. J. B. MacDonald
Alternate
Dr. H. A. Jakeman

Shelburne County — Dr. F. Markus
Alternate
Dr. M. T. Cooper

Valley — Dr. J. P. McGrath

Western N. S. — Dr. R. P. Belliveau
Alternate
Dr. M. W. O'Brien

NOMINATING COMMITTEE (1965-1966)report to the 113th Annual Meeting November 25 and 25, 1966

Antigonish-Guysborough	— Dr. J. A. McCormick Alternate Dr. R. Sers
Cape Breton	— Dr. J. R. MacNeil Alternate Dr. H. Sutherland
Colchester East Hants	— Dr. T. Sodero Alternate Dr. M. M. Bruce
Cumberland	— Dr. H. E. Christie*
Eastern Shore	— Dr. A. C. Marshall Alternate Dr. P. B. Jardine
Halifax	— Dr. H. I. MacGregor Alternate Dr. J. H. Charman
Inverness-Victoria	— Dr. C. B. MacLean Alternate Dr. C. L. McMillan, Sr.
Lunenburg-Queens	— Dr. H. A. Creighton Alternate Dr. D. Bruce Keddy
Pictou	— Dr. R. G. Munro Alternate Dr. C. L. Harris
Shelburne	— Dr. D. R. Campbell Alternate Dr. W. H. Jeffrey
Valley	— Dr. R. A. Moreash Alternate Dr. G. Worthylake
Western	— Dr. H. P. Belliveau Alternate Dr. W. M. O'Brien

*Dr. H. E. Christie was the alternate for Dr. G. M. Saunders who was nominated to the office of president Elect. The Cumberland Medical Sodiety will nominate an alternate to Dr. Christie.

NOMINEE TO CMA EXECUTIVE COMMITTEE 1966 - 1967 — Dr. H. J. Devereux
Alternate
Dr. N. K. MacLennan

APPOINTMENTS TO THE PROVINCIAL MEDICAL BOARD from The Medical Society of Nova Scotia for the term 1965 - 1968.

(1) Dr. M. F. Fitzgerald, New Glasgow, reappointed for the term 1965 - 1968.

(2) Dr. L. A. MacLeod, Liverpool, for the term 1965 - 1968.

AM 4—The Chairman asked for nominations from the members.

AM 5—A motion that nominations cease was carried.

AM 6—A motion that the report of the Nominating Committee be adopted was moved, seconded, and carried. The Chairman declared the nominees elected.

AM 7—There being no other business to be presented, the 1st Session of the 112th Annual Meeting was adjourned at 5.00 p.m.

Second Session

Saturday, November 27th, 1965

2.00 p.m.

Lord Nelson Hotel, Halifax

AM 8—The President, Dr. T. W. Gorman, convened the 2nd Session of the Annual Meeting at 2.45 p.m. The purpose of the Session was to fulfil the By-Law Chapter IX Council Article 1, Duties and Power of Council:

> "The Council shall be the governing body of the Society with its action subject to the approval of the Society at its Annual Meeting. It shall report to the membership at the Annual Meeting of the Society and, as warranted, through the pages of The Nova Scotia Medical Bulletin."

AM 9—Dr. Gorman explained that any member of the Society has the privilege to introduce any report or business having to do with the Society. He then asked Dr. C. Edwin Kinley, Vice Chairman of the Executive Committee, to report the proceedings of Council to the Annual Meeting.

AM 10—Dr. Kinley summarized the proceedings of Council by stating that 15 reports had been accepted for information, 19 reports had been approved as read, and there were 10 reports concerning which resolutions had been introduced. He then read the resolutions, referring in each instance to the report from which each arose.

AM 11—At the conclusion of this review Resolution AM No. 1 was presented: -

Moved by Dr. F. A. Dunsworth, Seconded by Dr. L. A. MacLeod

> "THAT the report of Council (1st Meeting) to the Annual Meeting of the Society be accepted as presented." CARRIED.

AM 12—The Chairman asked whether there was any old business to be brought forward. There was none.

AM 13—**New Business** Dr. I. D. Maxwell referred to the report of the Committee on Traffic Accidents and proposed the following Resolution (AM No. 2): -

Moved by Dr. I. D. Maxwell, Seconded by Dr. C. P. Handforth

> "THAT the recommendations of the Medical-Legal Liaison Committee concerning blood alcohol estimation be submitted to the Department of the Attorney General of Nova Scotia." CARRIED.

AM 14—On motion the 2nd and final Session of the Annual Meeting was adjourned at 3.15 p.m.

* * * * * * * *

The President's Reception, The Annual Banquet, and The Annual Ball took place on Friday evening, November 26th in the Imperial Ballroom of the Lord Nelson Hotel.

The President, Dr. T. W. Gorman was host for the Society and presented the Presidential Address. The President of the Canadian Medical Association, Dr. R. O. Jones, inducted Dr. A. J. M. Griffiths to the office of President of the Society with an appropriate introduction and presenting him with the chain of office of President.

The President, Dr. A. J. M. Griffiths, gave a short address following which he presented a Past President's Pin to Dr. T. W. Gorman and introduced the President Elect, Dr. G. M. Saunders, Amherst.

The Annual Banquet was followed by the Annual Ball.

Inaugural Address[1]

A. J. M. Griffiths, M.B.
Bridgewater, N.S.

Honoured Guests, Members of the Medical Society, Ladies and Gentlemen. Our By-Laws lay down that the President shall give an address to the annual meeting of the Society. This duty for our President has proved to be a stimulating and pleasurable experience for us. I am sure that I speak for everyone here tonight when I tell Doctor Gorman how much we have enjoyed his speech. He has given us cause for thought; so much so that I hope his ideas will be published for a wider audience to read and ponder.

I am indeed happy that my first official action on your behalf is to try and give Tom some expression - however inadequate - of our gratitude for the selfless way in which he has served the Society; first as Executive Committee Member for the Antigonish-Guysborough Branch; next as President-Elect and then as our President. When I contemplate the responsibilities and difficulties which face the Profession in the immediate future, it is a great comfort to know that we can still rely on his counsel and support while he fills the office of Past-President.

There are few men with whom one can argue vehemently and know that they will harbour no resentment and bear no ill-will. There are few men who devote themselves fully to whatever they undertake, be it their profession, their Church or the affairs of a Society such as ours. And there are few indeed who are shrewd judges of the abilities and motives of their fellowmen and yet retain compassion for human frailty. Tom is such a man and we are the richer for the service he has given us.

We must also give our sincere thanks to his gracious and charming wife, Louise, and to his understanding partner Doctor Emerson Dunphy, who have helped him to find so much time for our affairs.

It is with very great pleasure that I now present him with the pin of a Past-President and, in case anything which I have just said sounds like an obituary, I wish him many happy years in which to wear it.

Now I would like to offer our congratulations - yours and my own - to our new President-Elect and to welcome him as one of our Officers. I am sure that he has much to give us in knowledge and experience. I hope that he will enjoy in full measure the pleasure of visiting our Branch Societies and of meeting so many colleagues throughout the province. I hope that he will come to feel as I do, and I think the other Officers do, that these are rewards which amply repay any service which we may be able to render to the Society.

The By-Laws make no provision for a speech by the newly installed President, but these are exceptional times and I am going to ask for your indulgence on that account. I want to make a few observations at the beginning of my term of office. What is more, to add insult to injury, I reserve the right to address you at the next meeting as well.

In your wisdom - or your folly - you have elected me to the highest office in the Society. I am very conscious of the honour and I am fully aware that there are others who are more worthy than I to receive it. I can only assure you that I will devote myself to the business and try and carry out the duties of President to the utmost of my ability.

How are the problems of the months ahead to be solved? What should be our approach to them? There are as many answers to these questions as there are people here tonight. It is of vital importance that we obtain a consensus - an approach which is acceptable to all even if it is unpalatable to a few. We are a democratic organization and democracy can be defined as government by consent after full discussion. It will be my duty as your President to give expression to the policies laid down by the Society. It is the privilege and the duty of each member to help formulate this policy. I therefore urge each and every one of you to take part in the discussions at your Branch, at Council and at the Annual Meetings of the Society.

We have a vested interest in two things; the quality of patient care and the social status of the physician. It is my belief that these two things are closely related and tend to rise and fall together. What is good for the patient is good for the medical profession, (and please don't misquote me as an ex-President of General Motors was once misquoted).

[1]Delivered before the 112th Annual Meeting of the Medical Society of Nova Scotia, November 27, 1965.

Furthermore, I believe that these two things - patient care and physician status - depend on a fair and reasonable balance being maintained between the privileges and the obligations both of the patient and of the doctor. If this balance is disturbed significantly the results are likely to be unhappy. If obligations outweigh privileges there is frustration, while an excess of privilege breeds resentment.

I suggest that in our response to the intervention of Government into the affairs of our profession, we should satisfy ourselves that this important balance is not unduly disturbed. If this seems liable to happen, we must respond vigorously and use all our wisdom and powers of persuasion to try and achieve an equitable solution.

There is another point which we must always bear in mind. The practice of medicine is not a business. I would like to quote from Pierre Berton's "The Comfortable Pew": - "The so-called professions - medicine, teaching, the law - noticeably continue to operate under a code of ethics that, by tacit agreement do not apply in the same way to ordinary business ventures. Indeed the phrase 'It's just good business' is often used to excuse an act or practice that, when examined critically, could scarcely be called Christian. The companion phrase 'Sorry, it's just not good business' is also used by business men as a valid reason for refusing to act in a Christian manner to their suppliers, customers, competitors or employees. There is a third phrase, the most hateful phrase of all, and the most un-Christian, which is used to salve the conscience and excuse the most callous acts in the name of an inhuman institution, 'Sorry, it's nothing personal'. The Christian attitude surely must be that *everything* is personal".

It would be a sad day for our patients if we ever departed from our professional code of ethics and subscribed to those of the market place. I believe it is essential for us to continue to owe a personal responsibility to our patients regardless of the part which Government may play in the future.

These, then, are the yardsticks which I suggest we use in judging the proposals of Government for the implementation of Physicians Services Insurance. Is there a fair balance between obligations and privileges both for the patient and for the doctor? Will the doctor be fully and personally responsible to his patient? Can we continue to practice in accordance with our traditional code of professional ethics?

If these criteria are met in full (and I have been greatly reassured by **Mr. Donahoe** this evening) then I am sure we can face the future with confidence.

Finally, I hope that when we gather at the Annual Meeting next year, our present anxieties will have been relieved and any difficulties overcome.

My wife joins me in wishing you all every happiness and prosperity in the year ahead; and may that happiness begin immediately as we now ajdourn for the Dance. □

HALIFAX PHOTO SERVICE

Dr. A. J. M. Griffiths, President 1965-1966 and Mrs. Griffiths pictured with Dr. T. W. Gorman, retiring President and Mrs. Gorman at the 112th Annual Meeting.

Presidential Address

Continued from page 64.

May I be so bold and perhaps heretical as to suggest that a true, operating feed-back be created at the University to help solve three problems,

(a) continuing education
(b) liaison with the university as to training of new and old graduates
(c) create an atmosphere to attract new graduates away from the epicentre of the medical school-teaching hospital.

It is suggested that a sizable cadre (and sizable is emphasized.) of people be recruited to act as "visiting professors" for a week or even a month - brought in to the university to instruct on a "block" system - the third and fourth year students. Then these students to go out to the areas from which their visiting professors came, to be further instructed and become experienced in practice at the non-university hospital and community level. It is realized that something like this scheme has had a tentative trial - but the time allotted to the visiting professor was not long enough to permit him to gain the stature he needed to impress the students. So far as is known such a system has never been implemented. It is suggested that the three-fold purposes of continuing education, informing the University, and attracting new graduates would accrue from this method of teaching, - and would, it is suggested, perhaps give some relief to the hard pressed University and teaching hospital staff.

In a sense this feed-back is a model of the biological feed-back system where one has -

1 the signal from the environment - the visiting professors;
2 the transducers - the full-time and part-time university teachers;
3 the response - the students from 3rd and 4th year who are instructed - go out to the periphery from which the visiting professors came;
4 the visiting professors acting as second transducers to help translate the response into
5 activity designed to stop or augment the environmental signal,

thus achieving a circular feed-back system serving the purpose of continuing education, service to patients, service to the University, attracting new practitioners away from the epicentre to the periphery, where it is so difficult to recruit personnel to do the work which must be done.

The University is often criticized as being an Ivory Tower - frequently we hear reference to the "town and gown" conflict. It is humbly suggested that this feed-back would establish the necessary communication to make the University an integral part of our continuing lives. At no time in all the history of man has the influence of The University been so needed; at no time has the University needed so badly an immediate feed-back. □

Correspondence

Pharmaceutical Manufacturers Association of Canada

The Editor

Nova Scotia Medical Bulletin

Dear Sir.

In the interests of drug safety and efficacy, I am writing to acquaint doctors with a current misunderstanding of government standards for drug manufacturing in Canada.

I refer specifically to 74-GP-1, the Canadian Government Specifications Board's Standard for companies supplying pharmaceuticals to government agencies. Conformity with this Standard is being misinterpreted as a blanket stamp of approval of product quality, which it is not. Rather, it is a standard for drug manufacturing.

Dr. H. A. Showalter, the Board Chairman, pointed out that this statement is inaccurate and misleading. He said, in part, that "74-GP-1 is not a definition of product quality, but a minimum standard of operation of a supplier in respect to manufacturing methods, facilities, personnel, quality control and records.

Manufacturing equipment and housekeeping methods are only some of the factors involved in the quality of a product. There are at least 24 other factors in the pharmaceutical manufacturing process which can alter the therapeutic efficacy of a drug. It does not follow that because drugs are chemically equivalent, they are therapeutically equivalent.

Short of government clinical testing of every lot of drug products now available, the only guarantee of constant quality and proven efficacy, is the reputation of the responsible manufacturer.

Yours sincerely,
WM. W. WIGLE, M.D., C.M.,
President,
P. M. A. of C. □

Public Health News

Some Interesting Statistics

In Nova Scotia to the end of November 1965 there were 15,348 births recorded as compared with 17,010 for the same period in 1964, a difference of 1,662 births.

During this same period the number of marriages in Nova Scotia *increased* by 482.

MEASLES VACCINES

Rubeovax

Over the past few years several types of measles vaccine have been produced and licensed for use in Canada. First there was the live attenuated measles vaccine (Rubeovax) produced by Merck, Sharp & Dohme. This vaccine caused rather severe reactions including elevation of temperature to 104° or more for several days and even a rash in some cases. It was recommended, therefore, that gamma globulin be given at the same time as the vaccine to reduce the reactions. This procedure was effective but not too practical.

Pfizer-vax

Then there was a killed vaccine produced by Pfizer (Pfizer-vax). This product did not give rise to any untoward reactions of significance but was not considered to be very effective from the immunological point of view. (Rubeovax was claimed to be over 90% effective).

It was recommended for a time that several doses of the killed vaccine be given followed by one dose of the live vaccine. This would eliminate any severe reactions and, at the same time, achieve a high degree of immunity. This was good from an immunological standpoint but was not too practical in that a rather large number of inoculations had to be given and the procedure was very costly.

Lirugen

More recently the Dow Chemical Company of Canada Ltd. has placed on the market a "further attenuated" measles vaccine. It contains a live attenuated measles virus known as the Schwartz Strain. The vaccine is commonly known as Lirugen.

At a recent meeting of the expert committee on immunizing agents in Ottawa it was agreed that Lirugen is now the vaccine of choice for immunization against measles.

Lirugen is administered without the simultaneous use of gamma globulin and causes very slight untoward reactions. According to reports of latest trials only about 3% of persons receiving the vaccine will have a temperature of about 103° for about a day or so. This usually occurs about 7 or 8 days after administration of the vaccine. Only one dose is necessary and it is said to be 90% to 100% effective.

Lirugen is supplied in one dose packages. Each package contains one vial of lyophilized vaccine accompanied by a vial of sterile diluent and a sterile disposable syringe and needle for the reconstitution and administration of the product. In its reconstituted state the vaccine is not very stable and it is recommended that it be given immediately after reconstitution. However, the reconstituted vaccine may be refrigerated at 2° to 8° for not more than 8 hours.

Lirugen is presently being distributed by the Woodlawn Pharmacy in Dartmouth. This Pharmacy is distributing it to other pharmacies and to doctors. There may be other outlets. The price of the vaccine is now about $4 per dose.

Precautions

In administering this vaccine the usual precautions should be taken. Epinephrine solution should be on hand. The vaccine should not be given to those sensitive to egg, feathers or chicken protein; those having leukemia, lymphomas or other generalized malignancies; those having acute respiratory disease or other active febrile infections; and those being treated with corticosteroids, irradiation, alkylating drugs or antibiotics.

Also, Lirugen should not be given to pregnant women since the effect of the attenuated virus upon the fetus is not known. □

Infectious Hepatitis Cases Reported to November 27, 1965, Nova Scotia.

Counties - City	Cases
Halifax County	116
Halifax City	57
Victoria Co., parts of Inverness & Cape Breton Counties	19
Richmond Co., parts of Inverness & Cape Breton Counties	15
Colchester and Cumberland	49
Annapolis, Kings, and Hants	32
Lunenburg and Queens	28
Pictou, Antigonish, Guysboro	24
Digby, Yarmouth, and Shelburne	0
TOTAL	340

Notifiable Diseases Reported - Cumulative For Years 1964 and 1965. Week Ending December 25, 1965. Nova Scotia.

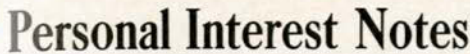
	1965	1964
Diarrhea of Newborn	76	37
Dysentery	1,529	1,804
Food Poisoning	128	216
Hepatitis	390	584
Meningitis	32	7
Pemphigus Neonatorum	15	3
Pertussis	80	27
Typhoid and Paratyphoid Fever	1	20
Venereal Diseases	201	521

Source: Notifiable Diseases - Weekly Summaries - Ottawa

Tuberculosis - January 1, 1965 to October 31

	1965	1964
New active cases	150	119
Reactivations	40	40

Source: Tuberculosis Control Services Monthly Reports



Personal Interest Notes

The Halifax paper in late January, after the city had been alerted for thirty six hours for a snow storm which never came, gave a two column account of the 90% accurate weather forecasting of Richard Hand, the youthful teenage son of Dr. R. F. Hand, specialist in EENT. With his Christmas present of a catalogue weather-station he makes predictions which claim an accuracy surpassing that of the weather station at the airport. (He predicted "overcast skies and snow flurries" instead of ten inches of snow and a raging blizzard). What of other doctors' sons whose hobbies will make interesting reading?

Antigonish

Dr. Carmen MacIntosh of the Antigonish Clinic has left for Montreal where he will take a refresher course at the Montreal General Hospital. Dr. MacIntosh was awarded a bursary by the Upjohn Pharmaceutical Company. He was accompanied by Mrs. MacIntosh.

Cape Breton

Dr. J. S. Munro, Mayor of North Sydney has recently been appointed deputy chairman of the Cape Breton County Joint Expenditure Board.

Dr. A. W. Gyorfi, Sydney Pathologist who began a life-long association with the Boy Scout movement as a scout in his native Hungary was named early in February to the post of Assistant Provincial Commissioner for the Cape Breton Island area.

Dr. J. A. Roach was named president of the New Waterford and District Boy Scout Association for a second term at the organization's annual meeting held recently.

Dr. N. F. MacNeil, director of the Cape Breton South Health Unit in a speech to the Sydney Rotary Club during the latter part of January, warned Cape Bretoners that the "practice of medicine, particularly in regard to childrens' diseases was serious in their area because of a dearth of facilities and trained personnel. He pin-pointed a very serious lack of physiotherapy facilities in Cape Breton, as well as of up-to-date laboratory services, and a "crying need for rehabilitation services." An editorial comment on the address drew attention to the fact that there were some one hundred thousand people in the industrial Cape Breton area without adequate medical facilities and urges that attention be given to the establishment of a medical centre in Sydney.

Dr. Andrew Watson, who was born in China, gave an address to the Rotary Club of Sydney on Rhodesia. Dr. Watson is now Radiologist at the New Waterford Consolidated Hospital, but had been in Africa since 1948. He was there until 1959 and returned as Radiologist to a Rhodesian Hospital in 1962 where he remained until 1964 when he came to Winnipeg. He has been in New Waterford since last September.

Halifax

Dr. Robert C. Dickson, department of Medicine, Victoria General Hospital, **Dr. F. Murray Fraser** and **Dr. Robert O. Jones,** Halifax have been appointed members of the medical advisory committee of the Alcoholism Research Foundation until December 31st, 1966.

Dr. R. O. Jones, as president of the C.M.A. has been fighting our battles in Ottawa and during February spoke before medical undergraduates and faculty of the University of Toronto. His subject was "CMA and Physician Services Insurance."

Dr. J. F. Filbee, Halifax, **Dr. H. R. Roby,** Windsor, and **Dr. A. Watson,** Sydney have recently attended a course in Radiation protection in E.H.S. Units at the Emergencies Measures college.

Throughout Canada and the United States February is designated as Heart Month. To launch the campaign in Halifax, **Dr. D. L. Roy** gave a demonstration of the first bulky electrocardiograph machine used in Halifax in 1920 by **Dr. Kenneth MacKenzie** and compared it with the tape-recorder size of a modern machine. **Dr. C. E. Kinley,** chairman of the Halifax Chapter Medical Committee heads up the medical division team in the drive for Funds.

Dr. C. M. Harlow, director of laboratories at Camp Hill Hospital and professor of Pathology, at Dalhousie discussed the relation of Diabetes and heart disease at a meeting of the Halifax and district branch of the Canadian Diabetic Association.

Dr. Brian M. Chandler, cardiologist, Dalhousie University and Victoria General Hospital was the guest speaker at the J. Wesley Smith Memorial Church's Men's Club recently. He is a native of P.E.I. and a graduate of Dalhousie and has done post-graduate work in Pittsburgh and Toronto.

The Atlantic Pediatric Society has elected **Dr. R. M. Ritchie,**

of the staff of the Children's Hospital, Halifax as President succeeding **Dr. C. J. Joy** of St. John's, Newfoundland.

Dr. T. M. F. Roberts has opened an office for the practice plastic surgery at the Medical Arts Building, Spring Garden Rd., Halifax. He is a graduate of St. Bartholomew's London and recently received certification in his specialty from the Royal College of Physicians and Surgeons of Canada.

LUNENBURG-QUEENS

The Annual Meeting of the Lunenburg-Queens Medical Society was held on Feb. 3 at Fairview Hotel Bridgewater.

Dr. James H. MacLeod, Liverpool, was installed in office as President by **Dr. A. J. M. Griffiths,** President N. S. Med. Society. **Dr. David C. Langille,** Mahone Bay, was elected Vice President and **Dr. W. I. Bent,** Bridgewater, re-elected as Secretary Treasurer.

Dr. M. E. DeLory, Bridgewater is taking a refresher course in Surgery at the Toronto General Hospital.

Dr. and Mrs. R. C. Zinck, Lunenburg, are taking an extended trip to Australia and New Zealand.

Dr. Edward S. Keller has been appointed Pathologist to serve the Dawson Memorial, Fishermans Memorial and Queens General Hospitals. Dr. Keller was formerly pathologist for the Moncton Hospital and the Hotel Dieu Hospital, Moncton.

WESTERN COUNTIES

Dr. H. D. Pothier, Member of the Legislature for Clare moved the Speech from the throne at the recent opening on February 16. Dr. Pothier was first elected in 1963 and is the second of Acadian descent to move the Speech. Seconding the motion of acceptance was **Dr. Paul Kinsman,** MLA for King's West, who also was elected in 1963. Dr. Kinsman is head of the Committee on Youth established at the Conservative Caucus following last year's session.

The Provincial Secretary has announced the following appointments:

Dr. G. Graham Simms - appointed to a further term as a member and vice chairman of the Hospital Insurance Commission, - until January 1, 1968.

Dr. Harold H. Devereaux, Sydney has also been appointed as a member of the Hospital Insurance Commission for the same term.

The doctor spent a comfortable night

Terpo-Dionin with its "3-way" relief (sedative—anodyne—expectorant), gives coughing patients—and their doctor—an undisturbed night.

Each teaspoonful (5 ml.) contains 5.5 mg. ethylmorphine HCl; 13.9 mg. terpin hydrate; 5.0 mg. guaiacol; 10.2 mg. calcium glycerophosphate; white pine compound base. Dosage: One teaspoonful every three hours, and one at bedtime.

Ⓝ TERPO-DIONIN cuts down coughing night calls

Winthrop LABORATORIES AURORA ONTARIO

of the staff of the Children's Hospital, Halifax as President succeeding **Dr. C. J. Joy** of St. John's, Newfoundland.

Dr. T. M. F. Roberts has opened an office for the practice plastic surgery at the Medical Arts Building, Spring Garden Rd., Halifax. He is a graduate of St. Bartholomew's London and recently received certification in his specialty from the Royal College of Physicians and Surgeons of Canada.

LUNENBURG-QUEENS

The Annual Meeting of the Lunenburg-Queens Medical Society was held on Feb. 3 at Fairview Hotel Bridgewater.

Dr. James H. MacLeod, Liverpool, was installed in office as President by **Dr. A. J. M. Griffiths,** President N. S. Med. Society. **Dr. David C. Langille,** Mahone Bay, was elected Vice President and **Dr. W. I. Bent,** Bridgewater, re-elected as Secretary Treasurer.

Dr. M. E. DeLory, Bridgewater is taking a refresher course in Surgery at the Toronto General Hospital.

Dr. and Mrs. R. C. Zinck, Lunenburg, are taking an extended trip to Australia and New Zealand.

Dr. Edward S. Keller has been appointed Pathologist to serve the Dawson Memorial, Fishermans Memorial and Queens General Hospitals. Dr. Keller was formerly pathologist for the Moncton Hospital and the Hotel Dieu Hospital, Moncton.

WESTERN COUNTIES

Dr. H. D. Pothier, Member of the Legislature for Clare moved the Speech from the throne at the recent opening on February 16. Dr. Pothier was first elected in 1963 and is the second of Acadian descent to move the Speech. Seconding the motion of acceptance was **Dr. Paul Kinsman,** MLA for King's West, who also was elected in 1963. Dr. Kinsman is head of the Committee on Youth established at the Conservative Caucus following last year's session.

The Provincial Secretary has announced the following appointments:

Dr. G. Graham Simms - appointed to a further term as a member and vice chairman of the Hospital Insurance Commission, - until January 1, 1968.

Dr. Harold H. Devereaux, Sydney has also been appointed as a member of the Hospital Insurance Commission for the same term.

The doctor spent a comfortable night

Terpo-Dionin with its "3-way" relief (sedative—anodyne—expectorant), gives coughing patients—and their doctor—an undisturbed night.

Each teaspoonful (5 ml.) contains 5.5 mg. ethylmorphine HCl; 13.9 mg. terpin hydrate; 5.0 mg. guaiacol; 10.2 mg. calcium glycerophosphate; white pine compound base. Dosage: One teaspoonful every three hours, and one at bedtime.

Ⓝ TERPO-DIONIN cuts down coughing night calls

Winthrop LABORATORIES AURORA ONTARIO

COMING EVENTS

The Annual Meeting of the Canadian Paediatric Society will be held in Halifax from July 10-14. It will consist of a joint meeting with the New England Pediatric Society under the chairmanship of the Canadian President, **Dr. W. A. Cochrane** of Halifax.

The Thirty-third Biennial Meeting of the Canadian Nurses Association will be held in Montreal from July 3-8. Highlights will be addresses etc. on Automation and the showing of the Premiere of CNA Centennial Film on Nursing.

BIRTHS

To **Dr.** and **Mrs. Khalid Hameed,** (née Caryl Levy), a son, Yusuf Hasan, at the Grace Maternity Hospital, Halifax, on January 29, 1966.

To **Dr.** and **Mrs. P. J. Kavanagh,** South Brookfield, Queens' Co., N. S., a daughter, Mary Elizabeth, at the Grace Maternity Hospital, Halifax, on January 19, 1966.

To **Dr.** and **Mrs. Anthony Measham,** (née Carol Quigley), a daughter, at the Grace Maternity Hospital, Halifax, on February 10, 1966.

To **Dr.** and **Mrs. Charles Taylor,** (née Margaret Sanders), a son, Richard Charles, at the Grace Maternity Hospital, Halifax, on January 19, 1966.

the product nobody needs... except

patients on restricted diets □ those who have faulty absorption □ convalescents □ the chronically ill □ any other patients whose condition predisposes to low vitamin intake or to increased vitamin requirements □

Each sugar-coated tablet contains:

Brewer's yeast concentrate	75 mg
Thiamine mononitrate	5 mg
Riboflavin	3 mg
Niacinamide	12.5 mg
Pyridoxine hydrochloride	1 mg
Vitamin B_{12}	1.5 mcg
Ascorbic acid	100 mg
Vitamin D	500 IU

DOSAGE: For prophylaxis: one or two tablets daily. For therapeutic use: one or two tablets three times daily.

Bottles of 30 and 100 tablets.

BEFORTE®

VITAMINS B WITH C AND D TABLETS

to prevent or correct nutritional deficiencies

® Registered trade mark

ADVERTISER'S INDEX

Abbott Laboratories Limited	I.B.C.
Ames Company of Canada Limited	VII
Bell, Alfred J. & Grant Limited	VI
Connaught Medical Research Laboratories	X
Frosst, Charles E. & Company	VI, 84
Geigy (Canada) Limited	VIII
Lilly, Eli and Company (Canada) Limited	IX
Mead Johnson Laboratories	XII
Pitman-Moore, Division of Dow Chemical of Canada Limited	O.B.C.
Sandoz Pharmaceuticals	IV
Seaman-Cross Limited	62
Searle & Company (Canada) Limited, G.D.	II,III
Warner Chilcott Laboratories	V
Winthrop Laboratories	82