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The BULLETIN

of the

VANCOUVER MEDICAL ASSOCIATION

Vol. XX. MAY, 1944 No. 8

With Which Is Incorporated
Transactions of the

Victoria Medical Society

the

Vancouver General Hospital

and

St. Paul's Hospital

In This Issue:

	Page
SUMMER SCHOOL PROGRAMME	202
DISCUSSION—HEALTH INSURANCE	213

SUMMER SCHOOL

VANCOUVER MEDICAL ASSOCIATION

JUNE 20-23

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Pulished Monthly under the Auspices of the Vancouver Medical Association in the interests of the Medical Profession.

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Vol. XX MAY, 1944 No. 8

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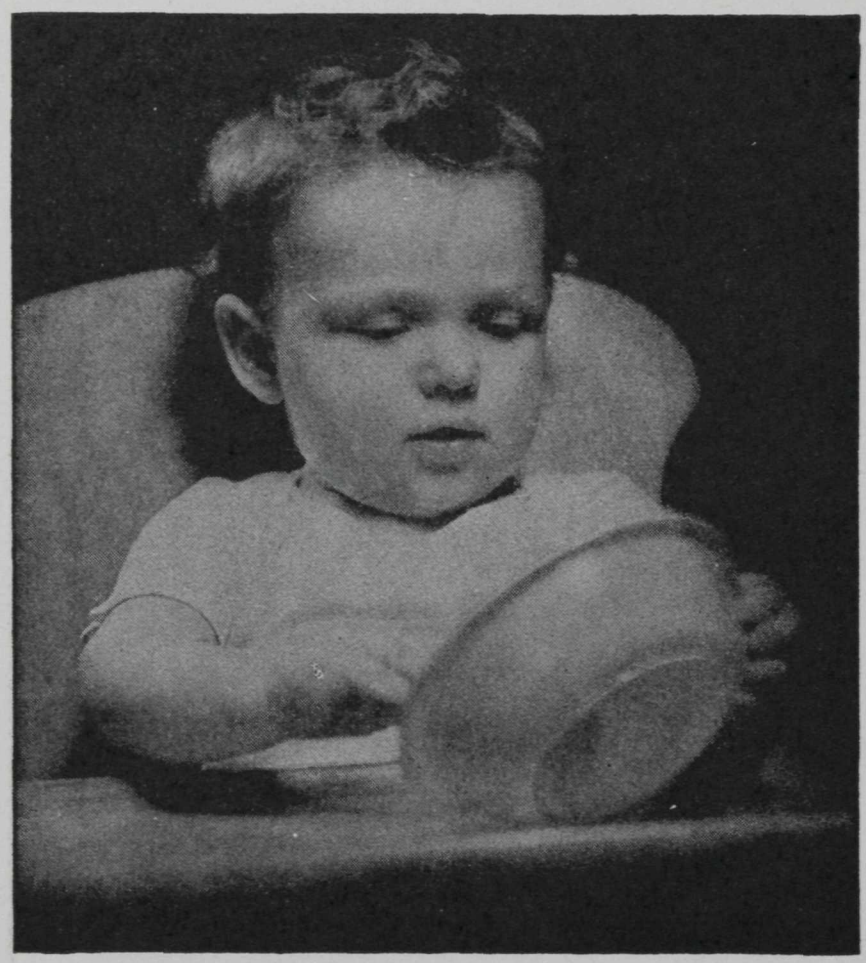

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VANCOUVER HEALTH DEPARTMENT

STATISTICS—MARCH, 1944

Total Population—Estimated	288,541
Japanese Population	Evacuated
Chinese Population—Estimated	5,541
Hindu Population	301

	Number	Rate per 1,000 Population
Total deaths	302	11.9
Japanese deaths	—	Population Evacuated
Chinese deaths	16	33.0
Deaths—residents only	263	10.4
BIRTH REGISTRATIONS:		
Male, 338; Female, 317	655	25.8

INFANT MORTALITY:	March, 1944	March, 1943
Deaths under one year of age	22	28
Death rate—per 1,000 births	33.6	40.2
Stillbirths (not included above)	14	8

CASES OF COMMUNICABLE DISEASES REPORTED IN THE CITY

	February, 1944		March, 1944		April 1-15, 1944	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	97	0	199	0	72	0
Diphtheria	0	0	0	0	0	0
Diphtheria Carrier	0	0	0	0	0	0
Chicken Pox	209	0	188	0	104	0
Measles	28	0	26	0	19	0
Rubella	20	0	43	0	23	0
Mumps	35	0	39	0	22	0
Whooping Cough	32	0	37	0	16	0
Typhoid Fever	0	0	0	0	0	0
Undulant Fever	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	84	16	128	8	--	--
Erysipelas	2	0	6	0	2	0
Meningococcus Meningitis	4	0	5	1	5	0
Paratyphoid Fever	0	0	0	0	0	0
Infectious Jaundice	0	0	0	0	0	0

V. D. CASES REPORTED TO PROVINCIAL BOARD OF HEALTH
DIVISION OF VENEREAL DISEASE CONTROL

	Burnaby	West Vanc.	Richmond	North Vanc.	Vanc. Clinic	Hospitals & Private Drs.	Totals
Syphilis	Figures not yet available.						
Gonorrhoea							

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* * * *

PROGRAMME OF THE FORTY-SIXTH ANNUAL SESSION

GENERAL MEETINGS will be held on the first Tuesday of the month at 8:00 p.m.

CLINICAL MEETINGS will be held on the third Tuesday of the month at 8:00 p.m. These meetings are to be amalgamated with the clinical staff meetings of the various hospitals for the coming year. Place of meeting will appear on the agenda.

General meetings will conform to the following order:

8:00 p.m. Business as per Agenda.
9:00 p.m. Paper of the evening.

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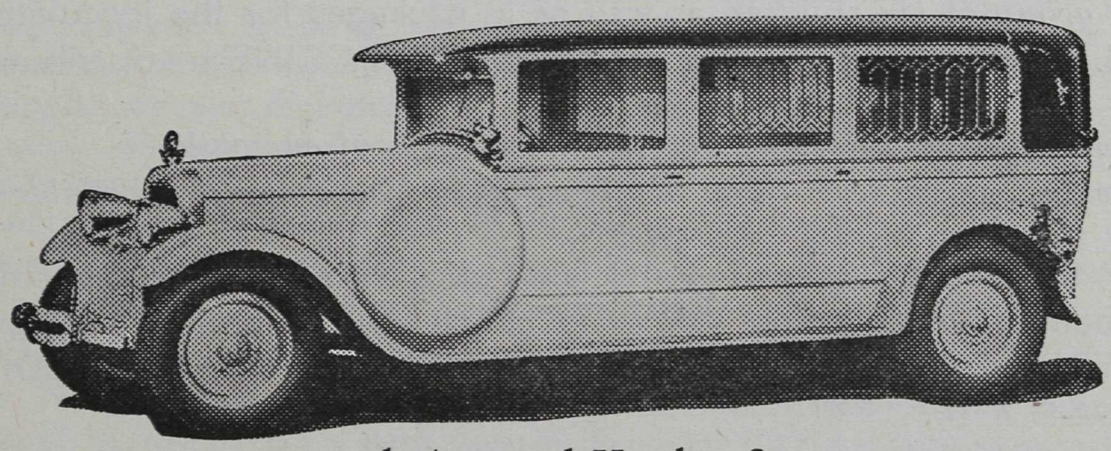

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FOR THE PREVENTION OF WHOOPING COUGH

WHOOPING COUGH is one of the most common communicable diseases and it may be followed by death, particularly in the case of children under two years of age. Among older pre-school children serious complications may follow an attack of the disease. It is desirable, therefore, to administer pertussis vaccine to infants and young children as a *routine procedure,* preferably in the first six months of life or as soon thereafter as possible.

PERTUSSIS VACCINE is prepared by the Connaught Laboratories from recently isolated strains (in Phase I) of H. pertussis. The vaccine contains approximately 15,000 million killed bacilli per cc.

Research studies relating to the bacteriology and immunology of *H. pertussis* have been conducted for many years in the Connaught Laboratories. Further advances in the method of preparation of PERTUSSIS VACCINE have made possible reductions in the price of this product. For convenience in use and as an added economy, it is supplied in packages for the inoculation of a *group* of six children as well as in packages for the inoculation of one child. The following packages of PERTUSSIS VACCINE are distributed:—

Three 2-cc. ampoules — For the inoculation of one child.
Six 6-cc. ampoules — For the inoculation of a group of six children.

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THE EDITOR'S PAGE

In this number we are publishing the verbatim report of the Special Meeting held by the B. C. Medical Association in April. Our comment on this is attached.

We should like here to call attention to the immense amount of work that went to the preparation of the brief which was discussed. Under the chairmanship of Dr. G. F. Strong, committees were formed to deal with various aspects of the matter, and these committees worked hard and earnestly. The result, we think, is a credit to British Columbia, and will be distinctly helpful to the general Canadian profession, as it very greatly clarifies our position on many points, where it was rather difficult before for the general public to find just what our position was. We congratulate the committee especially in that it has greatly strengthened our hand in our dealing with the authorities, by its suggestions along such lines as the removal of the income limit and the insistence on gradual introduction, step by step, of health insurance, as opposed to what we should regard as a tragic error, the adoption, *holus bolus,* of some scheme *called* health insurance, which could only be a makeshift and an experiment, and might, by the trouble and misunderstandings it would undoubtedly cause, hold back a truly beneficial and constructive scheme for many years. Repeatedly, in these columns, we have urged that medical care, and especially hospital care, are simply not obtainable in sufficient amounts to implement the immediate establishment of a complete scheme, and we rejoice that the medical profession as a whole is coming to realize this and to insist on its recognition by the public.

Again, the insistence on certain safeguards, as regards men overseas, is very right and necessary. Too, the insistence on general principles—the necessity for improved and increased facilities for medical training; the necessity for post-graduate work; the urgency of provision of facilities for research. This is all excellent—not alone from our standpoint, important as this is, too. But as we see it, the original reason for wanting health insurance at all is not to improve our lot, but because of an urgent public need. That being so, we must first ascertain what that need really is. The public only knows it has a pain. The politicians assure it that they have the remedy: immediate application of "health insurance." We are the only ones who can really diagnose the nature and extent and cause of the pain, and apply the real remedy. Yet for years we have had to fight off the politicians, who really mean well and want to be generous (at our expense, chiefly), while we can work out a truly adequate scheme.

In England, in Germany and other places the politicians had their way and put in a scheme. Now they are spending their time (in Britain at least) trying to revise their way out of it, and having a hard time in doing so. We are anxious to avoid these mistakes. Not theoretical mistakes that we think might result—but actual mistakes which have resulted, and which have retarded true medical and health progress in England for the past thirty-five years. This may seem an unfair statement—but we believe firmly that if Britain had had an adequate scheme, omitting benevolent societies, and cash benefits, taking in everyone, giving complete service, and allowing her doctors to give the service of which they are really capable, she would by now have had such amazing results that every other country would have followed her lead as a matter of course. As it is, what progress has been made, has been mainly due to the excellent Health and Preventive Medicine work of the Ministry of Health. In this country, we should start on our own lines—duly noting the good points of these and other schemes, and avoiding, like grim death, the errors into which they fell.

It may not be amiss, at this juncture, while we are congratulating the committee, to pay a special tribute of thanks to our very able leader in this province, Dr. G. F.

Strong, Chairman of the Committee. He has been invaluable and indefatigable and has provided inspiration and leadership, not only in B. C., but throughout the Dominion, as a member of Council of the C.M.A., and of the Committee of Seven, and in dealing with the government as our representative, he has done us a great service. How on earth he manages to do all this so well, and remain in practice, is a mystery to us.

* * * *

ST. PAUL'S HOSPITAL

The BULLETIN would like to extend its heartiest congratulations to St. Paul's Hospital, which has just celebrated its jubilee of existence in Vancouver, having been first established here in May, 1894. This magnificent hospital, which is an ornament to Vancouver, and would be a credit to any city, has now given fifty years of the best kind of hospital service to the people of Vancouver, and for the matter of that, to the province at large, since one finds among its patients, people from all over B. C.

St. Paul's has a singularly warm spot in our hearts, here in Vancouver. The writer remembers well the first hospital that was built here, and which he first saw in 1906. It was a small hospital then, but very busy. Its sisters were well-known visitors in the logging and mining camps of the Coast, and the men working in these places used to buy hospital tickets for ten dollars a year, which entitled them to care when they were sick. They got excellent care, and were very fond of the Hospital.

The old hospital was very different to its grown-up daughter: a homely, comfortable, but unpretentious old lady she was. As one went up the stairway from the front hall, a rather alarming note was struck by a large illuminated "Nearer, My God to Thee," which confronted one on the wall. It hardly seemed to be a happy omen to anyone entering the hospital as a patient, and one was relieved when modern progress made it seem a less necessary reminder. In those days, they had an infectious diseases department, and took in alcoholics, and even mental cases; these have all found their fitting place elsewhere. The operating room would seem very rudimentary to us today, but Boyle and McPhillips and McKechnie and many others did good surgery there, though they wore no gloves, and no canvas shoes. It was as much as they would do, to scrub their hands thoroughly. We remember one eminent surgeon, proudly starting to put on his first pair of rubber gloves, and then declaring loudly that they would have to be sent back. "But why, Doctor?" asked the Sister in the O.R. "They're both left hand," was the answer.

But St. Paul's was always, as it is now, a real hospital—where patients received something rather more than scientific medical care and nursing, though they got these too, the best available. But they felt a kindly, personal note in the care they received, which in some way, St. Paul's has always been able to give, to a very unique degree. Perhaps it is the Sisters, single-hearted, devoted only to their duty imposed upon them by their Order and their sacrificial lives, on the job from early morning till late at night, making a little personal visit to the sick man or woman who senses in their coming a warmth and friendship above and beyond the necessary service of the hospital. Or it may be their admirable system of nursing, where each nurse has her own patients to look after and do everything for; so that there is a personal relation between patient and nurse which makes for greater comfort of mind as well as body. Whatever the reason, we see constantly that St. Paul's has won not only the respect, but the affection, of the citizens of Vancouver, among whom its work lies.

So we congratulate St. Paul's Hospital with all our hearts, and wish it all good luck and prosperity. It is today a thoroughly modern, up-to-date hospital; filled to the doors, as are all hospitals, fitted for any kind of work, a working hospital, where the doctor can find help in all his needs, and the very best of service; while the patient finds friends, and care, and a warm-hearted devotion to his or her interests and well-being.

VANCOUVER MEDICAL ASSOCIATION

SUMMER SCHOOL

HOTEL VANCOUVER

June 20th to 23rd Inclusive, 1944

SPEAKERS:

Surgeon Captain C. H. Best, *Director*, R.C.N. Medical Research Unit.

Lieut.-Colonel R. I. Harris, R.C.A.M.C., *Consultant in Surgery for Eastern Canada.*

Squadron Leader L. G. Bell, R.C.A.F., *Medical Consultant to Command Medical Board,* No. 2 Training Command.

Dr. W. A. Scott, *Professor of Obstetrics and Gynæcology*, Faculty of Medicine, University of Toronto.

Dr. Clifford Sweet, *Chief of Medical Service and Chairman of the Executive Committee of the Children's Hospital of the East Bay*, Oakland, Calif.

« « Programme » »

Tuesday, June 20th

9:00 a.m.—Dr. Sweet: "The Child in the Family."
10:00 a.m.—Lt.-Col. Harris: "Foot Problems in the Army and Out of It."
11:00 a.m.—Surg. Capt. Best: "Naval Medical Research."
12:30 p.m.—LUNCHEON—Guest Speaker: Capt. C. H. Best, R.C.N.V.R.
2:30 p.m.—Surgical Clinic—Shaughnessy Hospital—Conducted by Lt.-Col. Harris.
8:00 p.m.—S/Leader Bell: "Rheumatic Fever."
9:00 p.m.—Dr. Scott: "Heart Disease in Pregnancy."

Wednesday, June 21st

9:00 a.m.—S/Leader Bell: "Some Psychosomatic Aspcets of Gastro-intsetinal Disease."
10:00 a.m.—Dr. Sweet: "The Child as a Patient."
11:00 a.m.—Dr. Scott: "Diagnosis of Ectopic Gestation."
2:00 p.m.—Pædiatric Clinic—St. Paul's Hospital—Conducted by Dr. Sweet.
8:00 p.m.—Surg. Capt. Best: "Penicillin—Non-clinical Aspects."
9:00 p.m.—Lt.-Col. Harris: "The Use of Penicillin in the Management of Infected Wounds."

Thursday, June 22nd

9:00 a.m.—Dr. Scott: "Antepartum Hæmorrhage."
10:00 a.m.—Lt.-Col. Harris: "The Management of Amputations and the Use of Satisfactory Prosthesis."
11:00 a.m.—S/Leader Bell: "The Management of Acute Coronary Occlusion."
1:00 p.m.—GOLF TOURNAMENT—Capilano Golf and Country Club.
8:00 p.m.—Dr. Sweet: "The Diagnosis and Treatment of Upper Respiratory Tract Infections in Infants and Children with special reference to Sinusitis."
9:00 p.m.—Surg. Capt. Best: "Recent Work on Shock and Burns."

Friday, June 23rd

9:00 a.m.—Lt.-Col. Harris: "Fractures of the Os Calcis: Improved Methods of Treatment."
10:00 a.m.—Dr. Sweet: "The Role of Body Mechanics in the Health Examination and Care of Growing Children."
11:00 a.m.—Surg. Capt. Best: "The Canadian Blood Serum Projcet."
2:00 p.m.—Medical Clinic—Vancouver General Hospital—Conducted by S/Leader Bell.
8:00 p.m.—S/Leader Bell: "The Diagnosis and Treatment of Headache."
9:00 p.m.—Dr. Scott: "Treatment of Genital Prolapse."

Programme Speakers

The Summer School Committee feels that once more it has an interesting slate of speakers to present. Each branch of the Armed Services is supplying a lecturer. Surgeon Captain C. H. Best, R.C.N.V.R., formerly Professor of Physiology of the University of Toronto and Director of the Banting Institute, will represent the Naval Service. Sur-

geon Captain Best is Director of the R.C.N. Medical Research Unit, and some of his papers will be concerned with this work. Lieut.-Colonel R. I. Harris, R.C.A.M.C., Consultant in Surgery for Eastern Canada, will be sent by the Army, and will be the surgical lecturer. He will also conduct a surgical clinic at Shaughnessy Hospital on the first day of the Summer School. Squadron Leader L. G. Bell, R.C.A.F., Medical Consultant to Command Medical Board, No. 2 Training Command, will be the Air Force representative. He is well known in Vancouver, having lectured here in previous years, and his subjects will deal with problems of internal medicine. In addition to the above, the Committee has been fortunate in securing Dr. W. A. Scott, Professor of Obstetrics and Gynæcology, Faculty of Medicine, University of Toronto, and Dr. Clifford Sweet, a well-known pediatrician, from Oakland, Calif. Dr. Sweet will present a pediatric clinic at St. Paul's Hospital on the second day of the School.

FEE

The fee this year will revert to the original amount ($7.50) in order to cover expenses.

ATTENDANCE OF MEDICAL OFFICERS IN FORCES

Invitations have been issued to the Medical Officers of the Navy, Army and Air Force to attend the Summer School. There will be no fee for doctors in the Services. It is hoped that there will be a large enrolment again this year.

ACCOMMODATION FOR LECTURES

In order to provide adequate space for the lectures, the Ballroom of the Vancouver Hotel has been reserved for the four days of the School Session. This will ensure ample seating accommodation.

GUEST SPEAKER AT LUNCHEON

Surgeon Captain C. H. Best, R.C.N.V.R., will give the luncheon address on the opening day of the School, June 20th. The luncheon will be held in the Mayfair Room at 12.30 o'clock.

ROOM RESERVATIONS

Doctors from out of town who are planning to attend the Summer School should make their hotel reservations without delay. Anything the Committee can do to help in this direction, will be gladly undertaken.

PHONE SERVICE

A private telephone will be installed, as usual, for the convenience of doctors attending the Summer School.

REGISTRATION

It is hoped that all those who can will buy their tickets before the School commences. The registration desk outside the Ballroom in the Hotel will be open at 8:30 a.m. on the morning of June 20th for those who have been unable to register previously. Medical Officers in the Services who wish to attend are requested to register at this time, when they will be provided with tickets. Holders of tickets will be requested to show them at each Session.

GOLF

The Golf Tournament will be held on the afternoon of Thursday, June 22nd, at the Capilano Golf and Country Club. The usual worthwhile prizes will be offered. We are fortunate in being able to obtain this scenic course for our tournament.

ANNUAL MEETING OF THE VANCOUVER MEDICAL ASSOCIATION

This was held on May 22nd in the Medical-Dental Auditorium. The main business, of course, was the Election of Officers for the coming year and the submission of reports by the Chairmen of various Committees.

The following are the officers for the 1944-45 session:

President, Dr. H. H. Pitts; Past President, Dr. A. E. Trites; Vice-President, Dr. Frank Turnbull; Honorary Treasurer, Dr. Gordon Burke; Honorary Secretary, Dr. J. A. McLean. Additional Members of Executive: Dr. G. A. Davidson, Dr. J. R. Davies. Trustees: Dr. F. Brodie (re-elected for a term of three years).

The reports showed a very healthy condition of the Association's affairs; financially we seem to be very prosperous. For the first time in recorded history the Library Committee was not able to spend all of its appropriation, and even the BULLETIN shows a "nominal" profit of $568. But since w ehad a "nominal" deficit last year of about the same amount this is not really very significant. As an actual matter of fact, since the fiscal year of the Association does not as a rule coincide with the date at which most of the advertising accounts are paid, the auditors can only show the condition at a given moment—and actually from year to year, the balance may appear on one side or another. But in reality, the profit on operation is shown in the report of the Publications Committee.

One rather depressing feature is the attendance at meetings. This is bound to be poorer than it should be—most men are so busy that it is almost a physical impossibility to fit in a meeting, and many of our members are away. The membership, by the way, reached a new high record of 321, and this is a very encouraging feature indeed.

The Clinical Section meetings were well attended, and their programmes were excellent.

REPORT OF THE HONORARY SECRETARY—1943-44

Mr. President and Members:

During the past year eight general meetings were held. The March meeting took the form of the Osler Dinner, after which Dr. T. H. Lennie delivered the Osler Lecture. The P.G.F. Degree was conferred at this time on Dr. A. W. Bagnall.

One special meeting for discussion of the arrangement with the Provincial Government and the City of Vancouver for medical care of Old Age Pensioners, Mothers' Allowance and City Relief cases, was held.

The average attendance at all meetings was 45, which was lower by ten than the preceding year.

MEMBERSHIP

The total membership of the Association, including applications for membership which are pending, is 321, a gain of nine over last year. This number is made up as follows:

Life members	12
Active members	261
Associate members	42
Privileged members	6

Thirteen new members were elected during the year. Seven more of our members entered the Armed Services, but this loss was offset by the return to practice of seven members who were formerly in the Services.

The Association lost two members by the death of Col. F. W. Lees and Dr. J. A. Montgomery, a Life member.

The Executive Committee held twelve meetings during the year, one of these being a joint meeting with the Publications Committee.

Respectfully submitted,

JOHN A. McLEAN, *Honorary Secretary.*

REPORT OF THE HONORARY TREASURER VANCOUVER MEDICAL ASSOCIATION

Mr. President and Members:

I herewith submit the following financial report of your Association for the year 1943-44, which has been duly audited by Plommer, Whiting & Co., Chartered Accountants, under date of March 31st, 1944:

RECEIPTS AND EXPENDITURES

Receipts:		
Income from members' annual dues		$3,852.50
Interest on invested funds		344.79
Relief Administration Management allowance		600.00
Profit on Association Bulletin	$568.24	
Profit on Osler Dinner	18.99	
		587.23
		$5,384.52
Expenditures:		
Salaries	$3,251.12	
Rent	1,377.00	
Total	$4,628.12	
Received from C. P. & S. and B.C.M.A.—their share	$2,035.80	
	2,592.32	
Other running expenses	749.14	
Total expenditures apart from library maintenance		3,341.46
The Association has aso expended on the library	1,176.88	
Excess of Income over Expenditure		$2,043.06
Depreciation:		
Library	$1,148.66	
Furniture and equipment	121.46	
		1,470.12
Net Transfer to General Surplus Account		$ 572.94

GENERAL FUND BONDS

Present value	$11,287.91

1—$1,000 Dominion of Canada Bond was purchased during the year from the General Account.

TRUST FUNDS

Historical and Ultra-Scientific Fund Savings	$ 203.82
Stephen Memorial Fund Savings	13.20
Sickness and Benevolent Fund Savings	1,130.23
Benevolent Endowment Fund	700.00
John Mawer Pearson Lecture Fund Savings	545.55
John Mawer Pearson Lecture Fund Principal	3,018.75

All of which is respectfully submitted,

GORDON BURKE, *Honorary Treasurer.*

REPORT OF PUBLICATIONS COMMITTEE—1943-44

Mr. President, Ladies and Gentlemen:

The Publications Committee has held regular meetings during the past year: the purpose was to held these monthly, but on one or two occasions, owing to the incidence of the holiday season, or the press of work, it was impossible for us to get together.

At the first meeting of the year, it was decided to add to our regular Committee of three members some other names, to augment the size and widen the representation of the membership of the Vancouver Medical Association. Accordingly, we asked the Chairmen of the Clinical Section, the Eye, Ear, Nose and Throat, and the Pædiatric Section, to join our Committee. Doctors J. W. Millar, C. E. Davies and J. H. B. Grant were thus added to our number. We had hoped that the transactions of each of these Sections might be made a regular feature of the BULLETIN, but it appears difficult to achieve this with any regularity. However, we are in hopes that this field of medical work may be further explored, and that in time we shall be able to arrange for the publication of the more significant parts of the work done by the Sections. We think that this practice of attaching these officers of the Association to our number, and making them permanent members of the Committee, should be continued.

During the year we introduced, partly by way of experiment but very hopefully, an innovation in the form of a symposium on the subject of the Thymus Gland. This met with considerable success, we felt, and we propose, from time to time, to endeavour to repeat this process in regard to other matters of general interest.

The BULLETIN has continued during the year to receive valuable contributions from the Staff of the Vancouver General Hospital. The limitations imposed by the conditions of war have greatly curtailed this most important work, and we are all the more grateful for the excellent papers received.

We regret that the Victoria Medical Society, whose transactions we should so much like to publish, as we formerly did, has not seen its way to furnish us with any material during the past year. We can quite appreciate that they may have difficulties of their own in this regard, but we hope that at an early date in the future we shall be able to resume our connection with them.

We have received several new exchanges, and the BULLETIN now travels very far afield.

We have considerably increased our total of copies published, as will be seen from the report of our publisher, Mr. W. G. Macdonald, appended hereto. It is with sincere appreciation that we record the fact that Mr. Macdonald has always co-operated most fully with us in every way—especially in keeping down the expenses of publication, which, as will be seen from the detailed cost and income returns, have not increased as much as one might have expected from the increase in copies printed.

Financially, it will be seen that we are solvent, and in fact, show a profit. As regards the surplus shown in operating, we propose to use some of this to secure a competent reporter for the Vancouver Medical Association's Summer School, to be held in June.

The BULLETIN again tenders its sincere thanks to Dr. M. W. Thomas, Executive Secretary of the B. C. Medical Association, for his very friendly interest and most valuable help in so many ways, and especially as regards news and notes from all over British Columbia. We are constantly hearing of how greatly these are valued by our readers, especially those British Columbia members on Overseas Service. These latter are nearly all in receipt of the BULLETIN.

To Mrs. Craig, our Librarian, we extend our heartfelt thanks for her efficient and most readily given help.

In conclusion, I extend my personal thanks to my colleagues on the Committee, with whom it has always been a delight to work.

J. H. MacDERMOT.

REPORT OF TRUSTEES

The President, Vancouver Medical Association:

The Board of Trustees begs leave herewith to submit the Annual Report.

Already in the Treasurer's and Auditors' report have been statements of the amounts in the various funds over which the Trustees have control. There have been no disbursements from the Sick and Benevolent Fund in the past twelve months.

During the year there has been a refunding of the North Vancouver bond issue and the bonds of that Municipality now held are paying a small dividend. Since Burnaby began paying on their bonds last year there are now no investments in the Association of funds which are not bringing in a return. During the year One Thousand Dollars ($1,000.00) have been invested in Victory Bonds.

All of which is respectfully submitted.

FREDERIC BRODIE.

REPORT OF THE LIBRARY COMMITTEE

Mr. President and Members:

I wish to submit herewith the report of your Library Committee for the year ending March 31st, 1944:

BOOKS ADDED TO LIBRARY—

General Collection:

47	new books at a cost of		$ 246.44
42	gifts		
4	Nicholson Collection, at a cost of		14.64
Total 93	books added at a cost of		$ 261.08

Nicholson Fund:

4	books purchased at a cost of	$ 14.64	
	Leaving a balance of	$ 56.66	
	Additional donation by Dr. Nicholson	250.00	
	Total	$306.66	

MEDICAL JOURNALS—

62	Journals subscribed to at a cost of	693.29
47	Journals received as gifts.	
109	Journals received in Library.	
79	volumes bound at a cost of	179.30

OTHER EXPENSES—

	Dues to Medical Library Association	$ 16.83	
	Sundries	26.38	
			43.21
	Total		$1,176.88

Seven meetings were held during the year.

Expenditures were slightly under the budget allowance. This is largely due to the fact that long delays have been encountered in getting journals bound, and at the end of the year there was an accumulation of books waiting to go to the bindery, which ordinarily would have been completed and included in the year's expenses.

Six journals were discontinued during the year. Of these two ceased publication, one donation was cancelled, and three others announced that they would be unable to continue on an exchange basis for the duration. Three journals were added, one being

a new subscription to the *American Review of Soviet Medicine*, and the other two were new exchanges—an Indian journal, *The Antiseptic*, and *The Canadian Journal of Medical Technology*.

Your Committee wishes to remind all members of the micro-film service which is available in the Library. The Librarian will obtain free of charge, any article not in the journals of our Library.

Dr. F. J. Nicholson donated the sum of $250.00 to the Fund which he instituted in 1935. All of the original amount, with the exception of $56.66 has been expended on books for the Collection. The additional contribution, which was duly acknowledged, will ensure the continuation of accessions to the Nicholson Collection.

Another much appreciated gift was that of ten books by the late Dr. George W. Crile of Cleveland, which were sent to the Library by Mrs. Crile. Appropriate acknowledgement was made.

Your Committee also wishes to acknowledge gifts of journal subscriptions and books from Dr. Gordon Burke, G. A. Davidson, H. H. Milburn, S. E. Turvey, W. A. Whitelaw and others.

All of which is respectfully submitted.

A. W. BAGNALL, *Chairman.*

REPORT OF THE HISTORICAL COMMITTEE

Progress has been made in the gathering of material relating to the History of the Vancouver Medical Association. Much remains to be done. The thanks of the Committee are tendered to Dr. W. D. Keith for his assistance; and also to Major Matthews, the City Archivist, for putting at our disposal any material which he had on hand relating to early members of the Society.

G. E. KIDD, *Chairman of the Historical Committee.*

REPORT OF THE RELIEF ADMINISTRATION COMMITTEE FOR THE YEAR ENDING MARCH 31st, 1944

During the year 1943-44 the City of Vancouver and the Provincial Government have, in addition to Social Assistance cases, made provision for medical care for Old Age Pension and Mothers' Allowance groups. Several conferences were held with representatives of the City of Vancouver and Doctors G. F. Strong and W. C. Walsh were appointed by the Vancouver Medical Association to join the Relief Admniistration Committee in the discussions.

It was agreed that the City of Vancouver should make a monthly contribution of $4,000.00 to provide for house and office calls and minor operations for Old Age Pension, Mothers' Allowance and Social Assistance cases. This arrangement has proved satisfactory and the Committee has been able to pay 75 per cent on doctors' accounts for five months of the year and 100 per cent on the balance with the maximum of $75.00 paid to any man for one month's work.

Owing to the increase in the numbers receiving medical care, as is to be expected, there has been an increase in the amount of accounts. In 1943 the gross accounts were $37,116.96 and the amount paid to doctors $12,853.63. In 1944 the gross amount of acounts was $57,636.80 and the amount paid to doctors $39,989.20.

All of which is respectfully submitted.

J. A. SUTHERLAND, *Secretary, Relief Administration Committee.*

ANNUAL REPORT—CLINICAL SECTION

Six joint meetings of the Clinical Section of the Association and staff meetings of the various hospitals were held during the Fall and Winter Session. Three of these meetings were held at St. Paul's Hospital, one at Shaughnessy and two at the Vancouver

General Hospital. One of the regular meetings at the General had to be cancelled because of the impossibility of obtaining sufficient clinical material for presentation. This remains a major problem as far as the Clinical Section is concerned.

Respectfully submitted,

J. W. MILLAR, *Chairman.*

REPORT OF EYE, EAR, NOSE AND THROAT SECTION, 1943-44

The President, Vancouver Medical Association:

I herewith report on the activities of the Eye, Ear, Nose and Throat Section.

We welcome the return of Drs. E. E. Day and L. H. Leeson from military duties.

We regret the departure of Dr. Colin Graham to Victoria, B. C.

Regular meetings of the section were held throughout the year.

LEITH H. WEBSTER.

REPORT OF PEDIATRIC SECTION

Our section has kept going during the past year. Although our numbers are greatly reduced we have held several meetings with a full attendance.

Matters relating to Health Insurance are very much to the fore in our group.

Our meetings have tended more to the social and economic sides than to the scientific side.

During the year another of our members, Dr. Wilson, was called into the Army.

Respectfully submitted,

J. H. B. GRANT, *Chairman.*

REPORT OF REPRESENTATIVE TO B. C. MEDICAL ASSOCIATION

Your representative to the B. C. Medical Association attended all the regularly scheduled meetings of that Association. Routine business was chiefly the order of the day, with the exception of course, that considerable time was spent on Health Insurance problems.

Two special meetings were held in Vancouver, one to hear Colonel Montgomery and Colonel Warner, speak on Army Medical problems, the other to hear and discuss the revised Principles of Health Insurance as recommended by the Executive of the B. C. Mdeical Association. The former meeting was well attended, while the latter had a very discouraging attendance representing the Vancouver Medical Association.

J. R. NEILSON.

REPORT OF METROPOLITAN HEALTH BOARD ADVISORY COMMITTEE

Mr. President and Members:

This Committee was only called together on one occasion during the past year to enter into discussion with a representative of the Metropolitan Health Staff on a matter which was dealt with later by the Association.

It is to be greatly regretted that this Committee ,the liaison group between the practicing profession and the public health group is not called in for discussion more often. Matters in a public health activity programme are developed and brought into operation which may affect the profession as a whole and the lives of our patients, and surely much could be contributed in these matters by the members of the profession engaged in actual practice.

It is recommended that steps be taken to make the work of this Committee more active, as was intended in the original set-up of the Metropolitan Health Committee,

upon whose request this Committee of the Vancouver Medical Association originally came into being.

Respectfully submitted,
G. A. LAMONT.

REPORT OF V. O. N. COMMITTEE

Secretary of Vancouver Medical Association:

No meetings were held througout the year and there does not seem to be any good reason for the existence of this Committee.

I would recommend disbandment.

So far as I am aware there has been no question for discussion for the V.O.N. through the past three years.

L. W. MacNUTT.

SPECIAL NOTICE

At the Annual Meeting of the Vancouver Medical Association, an address was given by Major A. H. Jukes, D.S.O., O.B.E., in which he ended his remarks in the following words:

"Let me now gather up the points I have tried to make, and embody them in a resolution. *This you might study and champion* (italics ours) without waiting any longer for others to forestall you with their plans, possibly inimical to your interests.

Resolution—National Health

(Advocated by the Vancouver Medical Association and now brought to the attention of the people of Canada . . .)

WHEREAS a healthy, vigorous people and a prosperous countryside are the true foundations of national greatness; and

WHEREAS poverty and the threat of economic insecurity with its consequent loss of freedom sap the national morale by lowering living standards below the minimum subsistence level; and

WHEREAS the highest standard of medical and hospitalization services should be made available to every citizen; and

WHEREAS all compulsory contributory state sickness insurance schemes are based on compulsion rather than inducement, exact penalties and compel regimentation thereby adding to the worries of the citizen; and

WHEREAS such schemes depend upon continuous payment of taxation thereby increasing prices and bureaucrats, lessening the economic freedom of the individual and consequently undermining his health; and

WHEREAS we have emerged from an era of scarcity and now live in an age of increasing abundance:

THEREFORE BE IT RESOLVED that the following Health policy be adopted and made effective in our National Social System:

1. To make such adjustments in our distributing mechanism, i.e., the money system, as will ensure the total abolition of poverty by enabling every citizen, man, woman and child, to share in the increase of real wealth, thus granting everyone economic security with freedom from fear and want as expressed in unemployment, sickness, disability and old age.

2. To institute a non-contributory system of health insurance whereby everyone will be assured the benefit of preventative, curative and perfective medical attention, free from bureaucratic interference with either patient, doctor or hospital authorities.

3. To authorize such supplementary schemes of voluntary sickness insurance as may be desired by groups or localities.

4. To provide for hospitals and other medical facilities to be built and operated by local authorities.

5. To grant allowances for medical research in accordance with the recommendations of a duly representative medical council.

6. To give every encouragement to games, sports and outdoor exercise and in addition to provide for the upkeep of playing fields, parks, beaches, etc.

7. To recognize leisure as a valuable adjunct to health and to reduce hours of labour and lengthen holidays.

8. To ensure that only the best and most nutritious food be available for human consumption and to assist agriculture to provide this.

9. To introduce systematically supplementary incomes for medical officers and others responsible for maintaining the good health of the people in whose community they serve to the end that the medical profession may progressively be freed from its present unenviable position of benefitting only when the people suffer from disease.

Further, be it resolved, that we detest the present tendency in proposed legislation to ignore the fundamental principle of freedom of the individual in association and to substitute in its place domination by the state in compelling him to submit to bureaucratic measures and schemes of compulsory sickness insurance which latter we consider an ineffectual means of rectifying conditions directly attributable to flaws in the existing distributing, or money, mechanism.

Major Jukes had reprints made of this article and sent all over Canada. At the Annual Meeting of the Canadian Medical Association many members spoke to delegates from B.C., drawing attention to this "resolution" and asking whether this represented the views of the Vancouver Medical Association.

The BULLETIN would like to emphasize the following facts: and has been asked to do so by the President of the V.M.A., and by Dr. G. F. Strong, Chairman of the Committee on Economics of the B. C. Medical Association:

1. The context shews that this was merely a suggestion made by Major Jukes to the Vancouver Medical Association. The wording and suggestions are entirely his own. In fairness to him it should be pointed out that he stated at the outset that this was a resolution for our study—and, he hoped, our advocacy.

2. The Vancouver Medical Association *did not endorse nor accept* this resolution. A committee was appointed to study the resolution, and has not reported.

3. The Vancouver Medical Association has never advocated, nor will it advocate, any policy which is not in uniformity with the decisions and majority opinions of (a) the B. C. Medical Association, which represents the whole profession of B. C. in medical matters, economic and political, and (b) the Canadian Medical Association, which similarly represents the Canadian profession as a whole.

In this matter the prime consideration is that the medical profession of Canada should work and express its views as a whole, and through a single voice, that of the Canadian Medical Association. The Vancouver Medical Association is heartily in accord with this principle and policy, and will not deviate from it.

* * * *

LIBRARY NOTES

RECENT ACCESSIONS TO LIBRARY:

A Bio-Biblography of Andreas Vesalius, 1943, by Harvey Cushing. (Nicholson Collection.)

The Role of Nutritional Deficiency in Nervous and Mental Diseases, 1943, by Various Authors.

Surgical Clinics of North America, Symposium on Reparative Surgery, April, 1944.

Medical Research Council, Special Report. A Provisional Classification of Diseases and Injuries for use in Compiling Morbidity Statistics.

Medical Research Council War Memorandum No. 11. The Control of Cross Infection in Hospitals.

Medical Research Council War Memorandum No. 12. The Use of Penicillin in Treating War Wounds.

Annual Reports of the United States Public Health Service, 1941-42 and 1942-43.

British Columbia Medical Association

(Canadian Medical Association, British Columbia Division)

President	Dr. P. A. C. Cousland, Victoria
First Vice-President	Dr. A. Y. McNair, Vancouver
Second Vice-President	Dr. A. H. Meneely, Nanaimo
Honorary Secretary-Treasurer	Dr. G. O. Matthews, Vancouver
Immediate Past President	Dr. A. H. Spohn, Vancouver
Executive Secretary	Dr. M. W. Thomas, Vancouver

Attached is a report of the Special Meetig of the B. C. Medical Association, held on April 19th to consider a brief containing Twenty Principles which had been drawn up by the Committee on Economics of the B. C. Medical Association, and which this Committee and the Board of Directors of the Association had endorsed and felt should underlie any scheme of Health Insurance which we could accept as a medical profession.

The Committee has put in many hours, many days in fact and weeks, of work over this matter. Their brief represents the result of this work, and is a series of amendments to the original "Twenty Principles of Health Insurance" adopted in 1942 by the Council of the Canadian Medical Association. In some cases, the new points constitute amendments and even changes, necessitated, in the Committee's opinion, by changing conditions of society—in most cases, they are clarifications and definitions of some of the clauses of the original document.

In any case, the Committee on Economics, and the Directors of the B.C.M.A., felt that this brief should be submitted for discussion and explanation to the profession at large, and so called this Special Meeting. Whilst conditions of medical practice at present made the attendance much smaller than it would otherwise have been, there was a very lively and keen discussion—and the results of the meeting fully justified, it was felt, the action of the Executive in calling it.

The brief will be presented to the Council of the Canadian Medical Association at a meeting to be held in Toronto very shortly, and will undoubtedly come before the Annual Meeting as well.

We urge all our readers to go carefully through this Discussion. The Principles are each dealt with very fully—and the whole thing is quite easy and simple to follow.

PRINCIPLES OF HEALTH INSURANCE

Discussion Held at Special Meeting of B. C. Medical Association, April 19th, 1944

Chairman—Dr. P. A. C. Cousland, President.

President's Opening Remarks:

The Committee on Economics has asked each division to study the twenty Principles of Health Insurance adopted by the Council of the Canadian Medical Association in Jasper in 1942 with the idea of bringing these principles up-to-date and suggesting any desirable changes. We have given the subject of these principles a great deal of study and, as a result, we have suggested a revision of them. These amendments have been adopted by the Committee on Economics and by the Board of Directors of the B. C. Medical Association on February 9th, 1944, and it is now recommended that they be put to the members of the B. C. Medical Association in order that we may ascertain the views of the members of British Columbia prior to the meeting in Toronto in May.

Dr. Strong will present the twenty points that this Committee has drawn up.

DR. G. F. STRONG:

It has been suggested that it would be best to consider these principles, then consider certain of the details of the latest revision of the Health Insurance Act, and lastly make any comments, suggestions, or recommendations which may result from this consideration.

As the President has said, the request to make this revision came from the Executive Committee of the Canadian Medical Association. It reached us here just after Christmas and we spent a good deal of time on the process of the revision and then we presented these twenty principles with additional comments to the Board of Dirctors of the B. C. Medical Association and they adopted them on the 9th of February.

I might say that there was some disagreement in one or two instances. One man asked particularly that a vote be registered I think that applied to three of the articles. The others were adopted and the whole group was adopted by the Board of Directors.

In the adoption of this group of principles, we went on record as favouring the removal of the income limit. The present draft of the Act, which appeared one month later, carries with it, for the first time, a suggestion that there should be no income limit. The timing of those things is important.

As a means of giving our consideration to these twenty principles, I am offering this plan:

After February 9th, when your Board of Directors had adopted them, we sent these principles east for the consideration of the Executive Committee of the C.M.A. They in turn sent them to each one of the other eight divisions in Canada, asking that they go over the principles and make comments. In addition to that, the Executive Committee of the C.M.A., the Health Insurance Commission and the Nucleus of the Committee on Economics reviewed these principles and made certain comments. It seems to me that, as an introduction to our discussion tonight, it might be well to consider the comments made by these three Commitees, thus giving us the views of other parts of Canada.

PRINCIPLES

General.

1. The health of the people depends to a great extent upon environmental conditions under which they live and work, upon security aganist fear and want, upon nutritional standards, upon educational facilities, and upon the opportunities for exercise and leisure. The improvement and extension of measures to satisfy these needs should precede or accompany any future organization of medical service. Failure to provide these measures will seriously jeopardize the success of any Health Insurance Scheme.
2. We approve the adoption of the principle of contributory Health Insurance, and favor a plan which will secure the development and provision of the highest standards of health services, preventive and curative, if such plan be fair both to the insured and to all those rendering the services.

The Committees were in agreement with these first two principles. As a matter of fact, in our original draft we had reversed the order, but they suggested, and your Committee agreed with them, that the order should be as you find it on your printed sheet.

You will recognize, in Principle No. 2, the resolution that was passed by the special meeting of the General Council of the C.M.A. in Ottawa in January, 1943.

3. In our opinion it is impractical to introduce at once a nation-wide scheme of complete Helath Insurance. Any such scheme should be developed in successive stages in each Province that accepts the Federal Enabling Act.

   Note: The term "successive stages" comprises:

   1. Hospitalization;
   2. Diagnostic aids, including X-ray and Laboratory facilities for ambulatory patients and those not hospitalized;
   3. Medical, surgical and obstetrical care.

Their comment was as follows: "This might be either omitted or recast. The second sentence was interpreted as meaning that in the province the plan would provide hospital, surgical and medical care in progressive stages of development." As a matter of fact, that is exactly what we had in mind. The Executive Committee of the C.M.A. had not been sitting in with us when this was discussed and I think their comment has to be taken with reservation.

To my mind the most important thing for us tonight is the consideration of this Principle No. 3 and the corrollaries which you find in the additional comments.

I believe that the medical profession has a duty to the public as well as to the government and to itself. I think that as practising physicians we know certain implications of this scheme which may not be apparent to men in government positions and which may not be apparent to certain of our own Executive. One of these is that the introduction of a comprehensive scheme of health insurance would cause a terrific impact on our way of life, on the way that doctors do their work and the way that medical services are distributed. I don't think that the physical facilities exist to make the scheme a successful one. Therefore, your Committee on Economics became convinced that the scheme would be better introduced by successive stages.

The first thing would be to introduce a widespread hospital insurance—an extension of the present plan—to ensure that anyone could go to hospital when the need for hospitalization occurred. I think most of you will agree that if that were the case, much of the difficulty in the cost of medical care would be overcome. The point is that if we had a scheme of hospital insurance in successful operation, we could then move on to the next step, whichever that might be, applying each when facilities were available. Therefore, we will go back to No. 3 later but I think that it is an extremely important principle.

4. Each Province should be served by an adequate Department of Public Health, organized on the basis of the provision of individual health supervision by the medical practitioner.

Their comment was that it should be recast to emphasize the position of the general practitioner. I will leave that to you. We felt No. 4 carried the idea that we had in mind and that was, that there should be increased emphasis on the preventive services secured through the medical practitioner.

5. The Association believes that it is not in the public interest in Canada that the state should convert the whole medical profession into a salaried branch of any government service.

This, also, was approved with the suggestion that we had originally made in the last but one line. They suggested that the present wording was best. The implication of this prniciple should be entirely clear to all—what we are saying is that we are opposed to state medicine.

6. It is not in the public interest that the state should invade the patient-doctor relationship. This relationship includes free choice of doctor by patient, free choice of patient by doctor, and maintenance of the confidential nature of medical practice.

Their comment was that this principle was satisfactory. (And, by the way, I said that these comments were from the Executive Committee. They were also from the Nucleus of the Committee on Economics and from the Health Insurance Commission. The three Committees individually considered our principles and what I am reading is the combined comments of those three Committees.)

7. In any form of Health Insurance there should be no income limit.

Here, again, is a very important principle and, again, it is a principle about which there was unanimity. The Nucleus and the Health Insurance Committees were inclined to omit this one. A month after we adopted these things the government came out with a plan which removes the income limit.

I think that you gentlemen tonight should have some explanation as to why your Committee on Economics adopted this principle and, as Chairman of that Committee, my answer is that we adopted it in the firm belief that in the long run it was the simplest and wisest method to follow. Regardless of what income level is considered, there would be always a number of people close to that level, some just under it and some just over it. When we discovered from the Income Tax Department that something like 94% of the people of Canada have incomes less than $2400, and since $2400 had been considered as a possible income level, we realized that the thing we were arguing about before only affected about 6% of our population. This 6% would pay their premiums and, as they do now, they would quite likely seek private medical services. This would be a charge levied for improved national health services and I think it should be paid by everyone in the community, even though that suggestion was not well received in the East. I don't know how they have reacted to the government's suggestion of a plan that has removed the limit of income. Personally, I am glad that we went on record as favoring this before the government came out with it. We felt that this Principle No. 7 should stand.

8. Medical care for indigents and transient indigents should be provided under the plan, the Government to pay the premiums of the indigents who then receive medical care under exactly the same conditions as other insured persons.

The comments here were that this was satisfactory but the Executive Committee would recast the last line—just a matter of wording as to how these people should receive medical care. In other words, they approve of the principle with slight modification in the wording.

9. The dependents of insured persons shall be included in the medical benefits.

This principle was approved, of course, as it has always stood as an approved principle.

10. We favour the principle of insured persons being required to contribute to the insurance fund.

The comment is that the Nucleus and the Health Committees would omit this. The Executive Committee would retain the principle for emphasis, recasting the wording. We adopted their wording of that principle. The Executive Committee suggested that the wording that you see before you, and, again, it is a good thing that it was re-worded, so that this more or less fits in with the present legislation. In any case, the change was one of wording rather than meaning.

11. Any Health Insurance plan should be studied and approved actuarially before being adopted, and actuarially approved at periodic intervals.

They accepted this with only slight change in the wording, and I am sure that this will find general agreement.

Administration.

12. In the Province where Health Insurance is established it shall be administered by a small, independent Health Insurance Commission, the Chairman of which shall be a Doctor of Medicine, regularly qualified, duly licensed, and in good standing in the Province, who has practised Medicine for at least ten years.
13. There should be a Central Advisory Committee composed of representatives from various lay and professional groups to discuss matters of policy and administration with the Health Insurance Commission.
14. The Province should be divided for purposes of administration of Health Insurance, each Region with a Regional Medical Officer, Regional Public Health Officer, and Regional Advisory Committee.
15. The professional side of Health Insurance medical service should be the responsibility of the medical practitioner providing the services under the Act through the appointment of a Central Medical Services Committee and Regional Medical

Services Committees, to consider and advise on all questions affecting the administration of the medical benefit and preventive and public health service.

16. Under Health Insurance the Chief Medical Officer and the Regional Medical Officers should be appointed by the Health Insurance Commission from a list submitted by the organized medical profession of the Province.

The general opinion seemed to be that these five principles should be reconsidered and compared with the earlier wording. Their commentwas one more of wording than of meaning. The writing of Nos. 13, 14, 15 and 16 might be subject to certain change. We felt that they should be reaffirmed.

Benefits.

17. Cash benefits should not be included in any Health Insurance Act. Should cash benefits be considered desirable from the viewpoint of social welfare, such should be provided from funds other than the Health Insurance Fund.

The inclusion of this principle was approved but it was considered that the wording might be modified to indicate that should cash benefits be considered desirable from the viewpoint of social welfare, they should be provided from funds other than health insurance funds. (Originally, that principle consisted only of the first sentence.)

18. Medical Benefits to be organized as follows:
    (a) Every qualified licensed medical practitioner to be eligible to practise under the plan.
    (b) The medical service to be based upon making available to all a general practitioner service supplying preventive medicine and public health measures as well as the treatment of disease.
    (c) Additional services to be secured ordinarily through the medical practitioner:
        1. (a) Specialist medical service.
           (b) Consultant medical service.
        2. Special private duty nursing service.
        3. Hospital care.
        4. Auxiliary services, usually in hospital.
        5. Pharmaceutical service.
    (d) Dental service.

The comments were that these benefits could hardly be called medical benefits as thye also include nursing care, etc. The term "health benefits" was suggested.

In (b), the phrase "to all" should be reconsidered. The Committees objected to the "to all" because they still had in mind that question of income limit. However, if you remove the income limit then there is nothing wrong with the wording, including "to all."

Regarding those words, "medical benefits"—this was used in the Jasper draft to cover those same things that they have now objected to—in addition to doctors' services, hospital care, nursing benefits and drugs.

19. The medical practitioners of each Province should be remunerated according to the method or methods of payment agreed upon by the medical profession and the Commission.

Their comment was that they approved but that it might be recast to avoid the ambiguity which allowed of much criticism of the old principle, so we rewrote it as you see it on your paper.

You remember that Labour and the Canadian Federation of Agriculture objected to the original wording of that Principle No. 19. They took it to mean that we were going to be paid as much as we wanted. The point that we wanted clear was that the method and the amount of remuneration would be a matter to be dealt with between the Commission and the medical practitioners.

20. Under Health Insurance, provision must be made for:
    (a) Adequate clinical teaching in medical schools and hospitals.
    (b) Facilities for research work.
    (c) Periodic post-graduate training of all medical practitioners.

We had originally drawn up 19 Principles and 9 Comments. Our third important comment that we had considered originally was thought to be so important, according to the comments of these three Committees, that it should be added to the list of Principles, so we made it Principle No. 20 instead of keeping it as a Comment. We know it is important, for there has been a tendency on the part of legislators to overlook the provision of material for the teaching in medical schools.

IMPORTANT ADDITIONAL COMMENTS

As far as these comments are concerned, all have been adopted.

1. It is sometimes suggested that the introduction of Health Insurance will practically eliminate the need for curative medicine, but it should be emphasized that in spite of the great importance of Preventive Medicine, even the *full* application of our present-day knowledge of preventive measures will not abolish all disease or eliminate the need for curative medicine.

The Committees question the value of this Comment No. 1, but I believe that it should be retained; even though it serves no other purpose, I think it is well that we should put ourselves on record.

Health insurance is not going to bring about a Utopia. We are not going to be able to inoculate them all or vaccinate them all or send them all in for periodic examinations. The point is that there is a tendency to talk as if health insurance will bring about a complete change and there will be practically no need for curative medicine. I know, for instance, that there is no guaranteed way of preventing arteriosclerosis, and yet they say that there will be a great reduction in this disease. I don't know on what they base this statement. People are still going to die. They are not going to live forever just because we introduce health insurance. It is not square dealing; it constitutes a false promise. They can't reduce the incidence of diabetes, nor of arteriosclerosis, nor of cancer. There are still going to be silent cancers developing. And so I think that Comment No. 1 should be retained.

2. We are opposed to the inclusion of any and all irregular practitioners in any scheme of Health Insurance.

Our No. 2 they thought should be omitted. We certainly do not want any irregulars included in this scheme of health insurance.

3. The introduction of Health Insurance should not be undertaken until the medical personnel that is now engaged with the Armed Forces is again available for civilian duty.

I am sure there will be no disagreement about this comment. The Committees in the east thought that this should be put first in our comments. It is of great importance, and the arrangement of these comments has no bearing on their relative merits.

4. The introduction of any system of Health Insurance into Canada should be preceded by an increase in the facilities for under-graduate and post-graduate medical training.

The Committees all agreed with this comment.

5. Some plan should be devised for the provision of pensions for medical practitioners.

Regarding the pension scheme, the question is whether it should be included here. It probably should not be included as part of the Act, but we felt that if the doctors are to be asked to decrease their incomes considerably, then there should be some sort of compensation for that, and one of the compensations should be some sort of a pension plan.

6. A survey of existing hospital facilities and future requirements is an urgent necessity.
7. Preceding any Health Insurance programme there should be initiated a vast plan of new hospital construction.
8. In accordance with our recommendation that Health Insurance be introduced in successive stages, we believe that a compulsory contributory hospital insurance scheme would be the logical first stage.

These last three comments are dovetailed in with Principle No. 3, which had to do with hospital facilities. I am convinced that there are not, at the present time, enough hospital facilities to undertake the plan which is under consideration. Dr. Heagerty does not agree. He has said many times that there are plenty of hospital beds. I feel that the man in practice will agree that you cannot offer unlimited hospitalization to the whole population without any stipulation as to the time limit that they can stay in hospital. You all know how indefinite that can be in the case of chronic illnesses. I think there will be a need for many more hospital beds. However, we think that there should be, first, a survey of existing hospital facliities and, before proceeding with any insurance scheme, there should be initiated a vast plan of new hospital construction.

* * * *

DR. STRONG: The object of this meeting is to consider these principles and comments and, if you agree with them, to adopt them. The President has suggested that I read each one, but since you have them in front of you, I need not.

DR. D. J. MILLAR: Mr. President, would it not be better to have a general discussion of all the principles and the accompanying comments before that takes place?

ANSWER: Yes, I think that is a good idea.

DR. C. H. VROOMAN: Mr. President, the general discussion would take up the whole evening and nothing would be adopted. I think we should take it, principle by principle, and get something done. I make a motion that we consider these by number.

Motion seconded and carried.

Principles:

1. Moved, seconded and carried.
2.

DR. D. J. MILLAR: Mr. President, one of the reasons I suggested that we have a general discussion preceding the adoption of these principles was because there may be individuals in our professoin who, if they were acquainted with all the things, might not favour health insurance. For instance, my feeling towards health insurance—and I am going to be mercenary—would largely depend on the Act itself—how am I going to be paid? My feeling towards whether or not I want health insurance would depend on facts which do not enter into this particular article.

DR. S. MURRAY: The additional clause at the end of that principle covers such an objection as Dr. Millar brings forth.

DR. STRONG: It is impossible to settle every detail before you adopt the general principles. It follows the line of the resolution which was unanimously passed at a general meeting of the Council of the C.M.A. in January, 1943.

DR. D. A. DUNBAR: I think we should know what we are doing. The danger I see is this—are we going to set up a bureaucracy among ourselves to run this thing and, say, 75% of the general practitioners abide by that group? I think that's a thing that we should be very careful about, in forming your plan as to how your group should be set up. The individual should have the say. I am not in favour of setting up a group that will just tell us how we have got to practise and under what conditions we should practise. Even our Chairman admits that we can't get a group in which the majority would be doctors. We are going to have laymen telling us what to do. I am not against the thing, but we have got to be very careful in setting up a group that is going to dictate to the whole medical profession.

Dr. Strongs No. 2 is the adoption of the principle of contributory health insurance. There are many details which will have to be worked out later on, of course.

No. 2 moved, seconded and carried.

3.

Col. R. L. Miller: Here is where I disagree. The whole thing is entirely inconsistent with what the government is trying to do. We are all in favour of the principle of health insurance and then we are going to start in tearing the thing to pieces. You put hospitalization first and then you turn around and state that until we get more hospitals we cannot introduce hospitalization; that there must be a survey of hospitals. I don't believe the general public thinks that is more important than diagnostic aid. As a matter of fact, diagnostic aid is the most important thing. I think you are trying to throw in a monkey wrench. There has got to be a full health care, including preventive care, or we might as well forget health insurance.

I feel that Dr. Archer has covered all the important points. We don't want in any way to become servants of the state. Some of us will be. I have never heard of anyone that was a servant that was independent. I think the whole thing is entirely inconsistent. You will never build hospitals until you have people to put into them, and the poor men can't have hospitals until health insurance comes in.

Question: May I suggest that the period after the words "Health Insurance" be taken out and the word "but" put in there? I think that would be much better.

Dr. L. MacMillan: It seems to me there is an ambiguity in the words "at once." "At once" means now. It would not make any difference if it were introduced a year from now. I suggest that you make it read "at one and the same time."

Dr. Strong: It seems to me that you can endorse a principle and then you can proceed to point out that the immediate application of that principle is impossible. I think Dr. MacMillan has given us a very good point and our wording "at once" should be revised.

Further to Col. Miller, I don't know what his experience is but it is not the experience of us here in Vancouver. We have hospitals that are full and have a long waiting list of patients. We know that the waiting list will increase tenfold with the adoption of health insurance. You can't give them hospital insurance unless there are hospital beds empty to put them in. It is fantastic to say that there will not be more demand for hospital services. There are no exclusions under this Act—everything will be eligible for treatment. We think that the Government should be warned that it is out of the question to attempt the whole thing in one move and we think that a successive stage plan should be followed. We recognize that it cannot be successful until more hospitals are built. Under the Act there is no provision for the building of hospitals. The government is going to sell a scheme to the public without any provision for the facilities to give these people service.

Col. Miller: I realize that we shall not have hospitals until we stir the people up to the necessity for them. When they pass this Act they will realize that they will need more hospitals and they will be built.

Another thing, you don't want this scheme to come into effect until all the medical men come back from the war. How long do you think this war is going to last? You are denying the citizen the right to get these benefits, of which the Dominion Government intends to give the major share out of the revenue from income tax, enabling the poor person to pay a little and get a lot in health insurance. The hospitals will have to come in order to implement the scheme.

Dr. Schilder: In Austria the hospitals increased five times up to 1914 until the war started. In 1919 that scheme was widened for the middle classes. Hospitalization increased twenty times of the normal, and later on, in 1928 or 1929, the general scheme was introduced which excluded only the larger incomes, incomes which are not available for any working man, and the hospital scheme increased fourteen times.

COL. MILLER: I think that is the very argument I am making. They didn't wait until they got their hospitals. We are doing nothing for our poor people in our country in the matter of health. The first thing is to have a health insurance act and then you will increase yoru hospitals. Russia has done the same thing.

DR. L. MACMILLAN: I move that an amendment be made to delete the words "at once" in Principle No. 3 and the words "at one and the same time" be substituted.

Amendment as above seconded and carried.

DR. C. H. VROOMAN: I don't think we shall get through this paper until four or five tomorrow morning if the discussion is not confined to one person speaking once on each clause, at least not more than twice.

4.

A member remarked that he did not understand this one.

DR. STRONG: The doctor has had this before him for as long as ten years and has never raised any objection to it before.

No. 4 moved, seconded and carried.

No. 5.

COL. MILLER: Was there any reason for putting "whole medical profession" in there?

DR. STRONG: Yes. At first we put that principle in there without the word "whole." Then we realized that there was a part of the medical profession that is an essential salaried branch employed by the government, so we put that word "whole" in. We had no objection to the salaried systems as they now exist. We do think the salaries might be greater, but we have no objection to the public health men and others that are serving on a salary basis.

No. 5 moved, seconded and carried.

No. 6 moved, seconded and carried.

No. 7.

DR. SCHILDER: I would like to ask Dr. Strong, where there is no income limit what about private practice?

DR. STRONG: We think everyone in the community should be required to assist in paying these premiums. Our suggestion is that everyone pays the levy for health insurance. A man that can afford it is permitted to seek private medical service and we feel that there will be a certain number in the community who will do this. Therefore, the private practice will come from that source. As you know, there will be other sources of income. There will be the W.C.B. cases; there will be certain private insurance examinations; there will be all the transient tourist work that comes in—visitors from provinces that have not adopted the scheme will be available and subject to a private medical fee.

DR. E. E. DAY: In regard to this wealthy 6% of the population—they are going to demand service. They are the people who have got the money and they are going to demand the service.

DR. STRONG: If you want btter accommodation than public ward accommodation, then you will have to pay for it—you'll have to pay the difference. My feeling is that these people will use the insurance practitioner for certain illnesses, but that they will want, and demand, private medical attention for the more serious things that develop, and that is where the doctor will have to charge them.

DR. L. MACMILLAN: It is quite a common practice in Los Angeles for the doctors to charge a different fee for the patients who take the public, semi-private and private wards.

A DOCTOR: For the average general practitioner there will not be any other practice. My practice will be health insurance practice practically 100%.

DR. FUNK: If all specialists are going to be included in the scheme, why will you pay more to these men? Or are all the specialists going to be kept out of it and be paid extra?

A DOCTOR: The specialists are in the scheme but their method of payment has not yet been settled. Oh yes, the specialist will be definitely in the scheme.

DR. STRONG: You are overlooking the fact that there are a lot of details to be settled. The matter of remuneration has not been settled. The plan calls for some registration of patients with doctors. Regardless of whether they are paid on a fee for service basis or on capitation, the Health Insurance Commission will have to know how many people intend to call, say, Dr. Funk during the year. It is a question of allocating certain people to certain doctors. None of the specialists will be included because access to specialists will be through the general practitioner, with the exception of E.E.N. & T. men, for instance, where the public generally go to them direct. The whole thing requires a terrific amount of thinking out.

What are you going to do with the man who goes to the general practitioner as a rule but goes to a so-called surgical specialist if he requires a major surgical operation?

DR. VROOMAN: The government in their bill have said that it is going to apply to everybody. Why should we now agree with them. I think it is a good plan to leave it out and not agree with them at the present time.

No. 7 moved, seconded and carried.

No. 8.

DR. BOAK: Why should that clause say that the government should pay for the indigents?

DR. STRONG: We want to make it clear that the indigents are included and we want the government to pay their premiums so that there will be no difference in the care they will get.

DR. MACEWEN: I think the government is already arranging for that. They take the total number of the provinces, and any that don't pay, then the government must make up the difference, according to the draft bill.

No. 8 moved, seconded and carried.
No. 9 moved, seconded and carried.
No. 10 moved, seconded and carried.
No. 11 moved, seconded and carried.

No. 12.

DR. L. MACMILLAN: The Commission appointed by whom?
ANSWER: The Lieutenant-Governor-in-Council appoints it.

CAPT. GLASGOW: I understand that that Chairman was not necessarily to be a Doctor of Medicine.

ANSWERS Your understanding is incorrect.

No. 12 moved, seconded and carried.

Nos. 13, 14, 15 and 16.

DR. S. MURRAY: The doctors cannot have the major number of appointees. I have in mind the nursing profession, the pharmaceutical profession, etc.

DR. STRONG: There is provision in the Act for Committees of medical men, nurses, dentists, druggists, etc. We are only concerned with the fact that the medical men should have a Committee.

DR. S. MURRAY: As it stands now, supposing that the Main Committee is set up with doctors in the minority. That could be overcome by encouraging the nurses and other allied professions to have ample representation and in that way it woud it would be dominated by professionaly trained people. I am referring to Principle No. 13.

DR. STRONG: In the consideration of No. 13, the Committee suggests a majority of professional people.

DR. DUNBAR: This No. 13 Committee is only advisory. The other is the one that administers the Act.

Nos. 13, 14, 15 and 16 moved, seconded and carried.

No. 17 moved, seconded and carried.

No. 18.

DR. L. MACMILLAN: I am sure that that particular section must have involved an enormous amount of work. I would suggest that the word "limited practitioner" has a rightful place in that section, and under "limited practitioner" I would class the E. E. N. and T. specialist to whom the public go directly, and also under "limited practitioner" I would suggest a general practitioner who has limited his work for 10, 20 or 30 years but who is as useful in any other part of the other branches. I think there has been an omission when they do not mention a "limited practitioner."

DR. STRONG: The wording of this clause has been practically unchanged for the last ten years. It is a clause about which there has been more discussion than any one of the other principles. We recognize, as Doctor MacMillan has pointed out, that there are certain specialists that the general public almost demands ready access to; for instance, the E. E. N. and T. men. I don't like the introduction of the word "limited." I think the writing here contains the usual understanding that we have of these things. I know that there are men who limit their practice to one part of the whole medical service and yet are not specialists. Consultants, of course, is a broad term. A consultant can be anyone in a rural community; he is the nearest available medical practitioner. I don't think that the addition of limited service will add anything to the meaning of that whole principle. I think it is fairly clear.

I tihnk we must try to visualize this: that you cannot introduce any plan of socialized medicine without realizing that there are going to be certain disruptions which will be entirely foreign to our present concept. I think our idea should be to make them in the interests, not only of the doctor but of the patient, and I think that this principle regarding medical benefits attempts to set out what should be provided under this scheme.

DR. MILLAR: Why bother about general practitioners until we start this scheme?

No. 18 moved, seconded and carried.

No. 19.

DR. BOAK: Should we add the words "of that province" to that sentence?

DR. D. J. MILLAR: It think it would still be state medicine if the province introduced it.

No. 19 moved, seconded and carried.

No. 20 moved, seconded and carried.

COMMENTS

CHAIRMAN: I think it would be well to go through the additional comments as well.

Comment No. 1 moved, seconded and carried.

Comment No. 2 moved, seconded and carried.

No. 3.

QUESTION: Why not six months after the cessation of hostilities? Or why not two years after the cessation of hostilities—the majority will be out by then?

DR. STRONG: The reason that it is included is because there have been a number of requests, particularly from men overseas, that those of us in Canada use every effort to this end and it seems the government has recognized that nothing should be undertaken against the advantage of the men in uniform. Whether you leave it in this phrasing or not, you might add "or until six months after the cessation of hostilities." It is obvious that there cannot be an immediate mobilization. We know that. The idea was to leave

it in a more or less general phrase to show that there must be consideration for the men in uniform.

A Doctor: We are going to have a panel system of medical service. If we have a panel system and all the entire population has signified which doctor they are going to have, how can a man get into the scheme after he comes back? I think it is a perfectly proper comment.

A Doctor: How would it be to put in there—"is rehabilitated"?

A Doctor: There is no reason why we should not include that clause. It is our duty to protect the man overseas or in uniform.

Comment No. 3 moved, seconded and carried.

Comment No. 4 moved, seconded and carried.

Comment No. 5 moved, seconded and carried.

Comments Nos. 6, 7 and 8 moved, seconded and carried.

Dr. D. J. Millar: Mr. President, I think that this meeting should move a vote of thanks to show the appreciation they feel for the very excellent work that has been done by Dr. Strong and his Committee in the matter of health insurance. While I don't always agree with the findings, I know that this Committee has worked very excellently along these lines.

Motion seconded and carried.

Dr. Lorne Wood: What difficulties does the health insurance scheme expect from these other groups or cults, including the chiropractors and religious organizations? Are they going to force them to conform to this thing? How are you going to handle them?

Dr. Strong: The answer that has been given is that everyone will have to contribute. No one has to take the benefits. They point out that these levies are partly for the sake of public health. They say that the state has a perfect right to demand contribution to the welfare of the whole. There as yet has been no word as to how the situation is going to be handled; for instance, whether they will let children go to school who are not vaccinated or inoculated, etc. That is still to be settled.

This plan will do away with the contract schemes now in existence. It will do away with our voluntary services that have been established.

Dr. H. H. Milburn: I have been going over these principles and additional comments. Principle No. 3 and Additional Comments Nos. 6, 7 and 8 stand out prominently as far as I am concerned. I would like to move a resolution that this body especially should endorse these particular ideas, and that we forward this resolution to the annual meeting of the C.M.A. in Toronto in May.

Dr. G. A. McLaughlin: I think these are the basis of our whole health insurance discussion and I second the motion.

Motion carried.

MEETING ADJOURNED ABOUT 11:00 P.M.

CANADIAN MEDICAL ASSOCIATION ANNUAL MLEETING

The Seventy-fifth Annual Meeting of the Canadian Medical Association was held in Toronto with headquarters at the Royal York Hotel on May 22nd, 23rd,. 24th, 25th and 26th.

The attendance was large and ideal weather made this successful meeting very enjoyable. The total registration of doctors was 1508,—a new high for an annual meeting in Toronto.

The Sessions of General Council were well attended,—British Columbia being represented by ten members: Dr. P. A. C. Cousland of Victoria, President of the British Columbia Division; Dr. F. M. Auld of Nelson; Dr. Murray Blair of Vancouver; Dr. F. M. Bryant of Victoria; Dr. H. A. DesBrisay of Vancouver; Dr. A. H. Meneely of Nanaimo; Dr. A. H. Spohn of Vancouver, representative from B. C. on Executive Committee of the Canadian Medical Association; Dr. G. F. Strong of Vancouver of the Com-

mittee on Health Insurance, C.M.A.; Dr. Ethlyn Trapp of Vancouver, and Dr. M. W. Thomas, Executive Secretary.

Dr. A. E. Archer of Lamont, Alta., was re-elected Chairman of General Council. Dr. D. Sclater Lewis of Montreal, President, passed the insignia of office to Dr. Harris McPhedran of Toronto, who is the new President of the Association. The President-elect is Dr. Leon Gerin-Lajoie of Montreal, and Dr. Frank S. Patch was re-elected Honorary Treasurer.

The Annual General Meeting was largely attended and the colourful ceremony and addresses were very impressive. Senior memberships were conferred upon eight members, Dr. M. G. Archibald of Kamloops being elected from British Columbia. The election of Dr. Charles F. Martin of Montreal to Senior Membership was very popular.

Dr. P. A. C. Cousland of Victoria was elected to represent British Columbia on the Executive Committee of the C.M.A., and Dr. A. Y. McNair of Vancouver is the alternate representative.

Those in attendance from British Columbia were: Dr. P. A. C. Cousland, President of the British Columbia Medical Association, Dr. F. M. Auld of Nelson, Dr. L. F. Brogden of Penticton, Dr. A. O. Rose of Langley Prairie, Dr. A. H. Meneely of Nanaimo, Doctors F. M. Bryant, E. W. Boak and A. B. Nash of Victoria, Dr. J. G. Robertson of New Westminster, and from Vancouver: Doctors A. M. Agnew, L. H. Appleby, Murray Blair, Aristide Blais, W. Harold Brown, Otto DeMuth, H. A. DesBrisay, E. H. Funk, W. L. Graham, E. R. Hall, G. L. Hodgins, T. H. Lennie, Josephine Mallek, G. E. McKenzie, Murray Meekison, G. E. Seldon, Howard Spohn, G. F. Strong, Ethlyn Trapp and M. W. Thomas.

The thirty members listed above were joined by a number of British Columbians, who are now serving with the Forces. Those in uniform included: Surgeon Captain A. G. Laroche; Surgeon Commander H. S. Morton; Lieut.-Col. Walter Bapty, formerly of Victoria; Lieut.-Col. G. H. Clement and Lieut.-Col. D. H. Williams, formerly in Vancouver; Major S. G. Kenning, formerly in practice in Victoria; Major S. L. Williams, formerly Nanaimo; Majors A. N. Beattie and I. Tchaperoff of Vancouver; Surgeon-Lieut. R. M. Jameson; Capt. S. Janowsky and Flight-Lieut. H. V. Hughes of Victoria.

Papers were presented by Doctors L. H. Appleby, E. R. Hall, Murray Meekison and Howard Spohn of Vancouver, Dr. A. B. Nash of Victoria and Surgeon Commander H. S. Morton of Esquimalt.

The British Columbia members were very shocked to learn of the passing of Dr. R. E. McKechnie. Many expressions of sympathy to his family were heard. The whispered news was passed with a tribute to a great medical gentleman. At the General Session on the day that word was received the President, Dr. Harris McPhedran, called upon the large assembly in the Concert Hall to stand while he reviewed the life of a former President of the Association.

Dr. H. A. DesBrisay, who is a member of the sub-committee of the Committee on Medical Education of which Doctors C. E. Dolman, convener, and F. A. Turnbull are the other members, upon receipt of a telegram from Dr. K. D. Panton, Chairman of the Committee on Medical Education, arranged a conference with prominent members of the Faculty of Medical Schools in Canada, and on the following day a luncheon was held which was attended by representatives from the Universities of Toronto, Alberta, Dalhousie, Manitoba and McGill. The following from British Columbia were present: Doctors P. A. C. Cousland and F. M. Bryant of Victoria, H. A. DesBrisay, T. H. Lennie, G. E. Seldon, G. F. Strong and M. W. Thomas. Much useful information was gathered in the informal discussion of the needs to be met in the pre-clinical and clinical years of the medical course. While much impressed by the task which confronts the profession in British Columbia those present were encouraged and supported in their effort by the conference. Dr. A. T. Mathers, Dean of Medicine of the University of Manitoba, and Dean Grant of Dalhousie University, gave much information. Doctors Scott and Gillespie of the University of Alberta, discussed the difficulties encountered in the establishment of the Faculty at Edmonton. Dr. Duncan Graham, Dean of Medicine of the

University of Toronto, and Dr. D. Sclater Lewis of McGill, joined the others in giving strong support and encouragement to British Columbia. Surgeon Captain Best of Toronto was very interested and contributed freely to the discussion regarding the needs during the whole course in impressing the opportunity which British Columbia has to build a Medical School on proper lines. British Columbia students are finding it increasingly difficult to secure entry to other medical schools and this together with the need to use the abundance of clinical material in our hospitals and discharge a responsibility by B. C. in support of Canada's needs, makes it imperative that immediate steps be taken to establish a Medical School in British Columbia.

Advantage was taken of the presence of Dr. G. M. Weir in Toronto to confer with him regarding the need of a Medical School in the re-training programme. Dr. Weir is Director in this department at Ottawa.

It was unfortunate that the meetings interfered with the attendance of Doctors Appleby, Funk, Spohn and others at the Woodbine racing meet.

Doctor Appleby is now a patient in Toronto General Hospital where Dr. Roscoe Graham operated upon him on May 29th. We hope he makes satisfactory progress.

OBIIT

May 10th, 1944

FREDERICK J. NICHOLSON

In the death of Dr. F. J. Nicholson, the Vancouver Medical Assocation lost a loyal friend and member of many years' standing: and Vancouver lost a man who was in his day a very distinguished physician and surgeon, though for many years he had given up medical practice—partly on account of his health, which has been none too good for a long time, and partly because he wished to devote himself to other interests.

But the F. J. Nicholson fund of the Association will endure as a memorial to him—he established it some few years ago, and donated many valuable books, in addition to a sum of money earmarked for Library purposes. All his active medical life he was a faithful member of our Association, and took a close interest in its affairs.

Dr. Nicholson was one of the old-timers in Vancouver medicine. He came to Vancouver at the beginning of the century, or at the end of the last one, and quickly attained a high place in the ranks of the profession. His academic record was a very high one at McGill and he had in addition a great deal of practical ability. He was a good surgeon and an excellent clinician.

During the first World War Dr. Nicholson volunteered for service with the No. 5 General Hospital that saw service in the Mediterranean as well as in France, and contained so many of our men—Proctor, Monro, McTavish, Patterson, Wallace Wilson, Schinbein, C. S. McKee, W. B. McKechnie, Harrington, W. A. Clarke, and many others. Not long after his return, he became deeply interested in mining and became a director of the Pioneer Gold Mines, which had such a meteoric rise into active operation. He suffered from poor health—and found medical practice too demanding—so gave it up for this other work. But he never lost interest in medicine, as our history of him shows. He took an interest, too, in the University of British Columbia, which was also a recipient of his benefactions.

"Nick", as he was familiarly called, was personally very well liked by all who knew him: he was always friendly and genial, and retained his friendships.

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With all its pleasures, "the good old summertime" leads all the seasons in gastro-intestinal upsets and diarrheas.

Vacations, outings and picnics with their dietary indiscretions, changes from accustomed food and water supplies, bacterial contamination, all may be responsible for severe diarrhea during summer months.

Whatever the cause, prompt control of diarrhea is ensured with Kaomagma.

At the Onset . . . administer two tablespoonfuls of Kaomagma Plain, in a little water —

And follow this with one tablespoonful of Kaomagma Plain, after every bowel movement —

Then . . . when stools become consolidated, one tablespoonful of Kaomagma with Mineral Oil may be indicated three times daily.

Many physicians prescribe Kaomagma to be included as an important unit in the vacation kits of patients bound for isolated vacation spots. Giving directions for its use at the first indication of diarrhea, these doctors provide immediate protection which their patients need until they are able to return for proper follow-up and specific therapy.

KAOMAGMA

Wyeth

Trademark Reg'd in Canada

KAOLIN IN ALUMINA GEL

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SUPPLIED IN 12-FLUIDOUNCE BOTTLES

JOHN WYETH & BROTHER (CANADA) LIMITED, WALKERVILLE, ONTARIO

The "ABC" of Vitamin D Therapy

Prevention of rickets is part of the daily routine in the care of infants and young children. Hence there is a big advantage in simplifying the administration of vitamin D.

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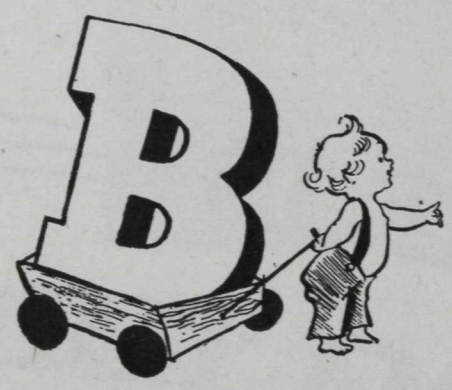

Two drops of Drisdol in Propylene Glycol in the daily ration of milk is the prophylactic dose.

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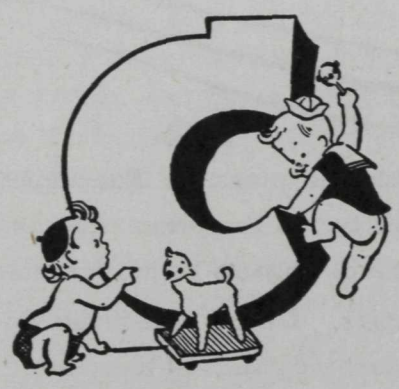

Drisdol in Propylene Glycol disperses uniformly in milk and does not affect its palatability.

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Brand of Crystalline Vitamin D_3 from ergosterol

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HITO---Age 43

OCCUPATION: PRESIDENT GREATER EAST-ASIA CO-PROSPERITY SPHERE, INC.

DIAGNOSIS.

Patient appears to be sufering from mental reactions following rabies.

PAST HISTORY.

The illness was indirectly caused by his partnership in the Greater East-Asia Co-Prosperity Sphere, Inc. The patient was alloted a territory in China. While in Shanghai in 1937 he was bitten by a rabid dragon.

The patient has not completly recovered from the shock; hydrophobia and other mental symptoms remain. The dragon is doing well.

Mental reactions simulate those of delirium tremens and he imagines attacks at various times by eagles (U.S.) and lions (Br.).

There is a definite mistrust of all those around him. The patient has a feeling of insecurity and apprehension. He feels that his partners in business have failed him. He is less inclined to travel, feeling that when he is away from home he is liable to be suddenly attacked. Sea voyages, he believes, are definitely dangerous.

TREATMENT.

To date treatment has been purely symptomatic, the patient is being persuaded to wind up his partnership and withdraw from the Greater East-Asia Co-Prosperity Sphere, Inc. He is to lead a quiet life of retirement; frequent purges (Tojo) are recommended. The taking of oil and quinine is to cease and rubber to which an allergy exists is to be avoided.

Urasal

SAFE LONG TERM TREATMENT

URASAL is a tart effervescent saline containing Hexamine, piparazine and Lithium compounds.
It is safe for long term treatment of rheumatic pains and mild infections of the urinary tract.

URASAL is entirely safe.
It can produce no cumulative effects.

URASAL is a solvent.
Therefore it aids the effective elimination of waste materials and toxins.

URASAL is a urinary antiseptic.
Hexamine breaks down to formaldehyde which is a bactericide.

Prescribe: One dessertspoonful in 4 ounces of water three times daily.

Package: In bottles of 4 ozs. and 10 ozs.

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During Food Shortages...

It is well to bear in mind that dried brewers yeast, weight for weight, is the richest food source of the Vitamin B Complex. For example, as little as 1 level teaspoonful (2.5 Gm.) Mead's Brewers Yeast Powder supplies:

45% of the average adult daily thiamine allowance
8% " " " " " riboflavin allowance
10% " " " " " niacin allowance

— in addition to the other factors that occur naturally in yeast such as pyridoxine, pantothenic acid, etc. Following are suggestions for palatably mixing 1 level teaspoonful Mead's Brewers Yeast Powder:

(1) Shake in cocktail shaker with 4 ounces of milk (with or without 1 level teaspoonful sugar and cocoa).

(2) Stir with fork into ¾ ounce of ketchup or chili sauce. Optional, add a few drops of lemon juice.

(3) Stir with fork into 3 ounces of soup (preferably thick soups such as bean, pea, oxtail, beef, etc.).

(4) Spread on bread with 2 to 3 times the amount of peanut butter.

(5) Add 1 level tablespoonful (and a little extra salt) to 2 cups of meat stock gravy.

Mead's Brewers Yeast is supplied in 6-oz. bottles, economically. At the rate of even 2 level teaspoonfuls per day, per adult, a bottle should last over a month. Also supplied in 6-grain tablets. 100 and 250 tablets per bottle. All Mead Products are advertised only to the medical profession.

Why not try this recipe at home? It makes good gravy taste meatier. Send for tested wartime recipes containing yeast.

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Your investigation of variously offered products is, of course, primarily in view of determining which offers most toward helping to render a better service to patients; price alone is not your determining factor, as with ordinary commodities.

If you haven't had experience with G-E x-ray or electromedical equipment, you'll not take for granted that it is of the fine quality you are looking for. But to countless thousands of other physicians, hospitals, and clinics, the world over, equipment bearing the GE *trademark* is accepted without question, because they have learned from experience that in all G-E equipment this desired fine quality is inherent.

This reputation for inherent fine quality has been earned the hard way—by strict adherance to definitely established policies and ideals throughout a half-century of service to the profession. And it perhaps best explains why a G-E apparatus, wherever it may be used—in physicians' offices, or in civilian or military hospitals, in any and all climes—always can be relied upon to give the eminently satisfactory service that characterizes all G-E products.

Though your plans for buying an x-ray or electromedical apparatus may be yet rather indefinite, may we suggest that in the meantime you obtain further information through our local representative, whose branch office address we will be glad to send you. Address Dept. K65.

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*Trade Mark Reg'd.

Literature and samples on request.

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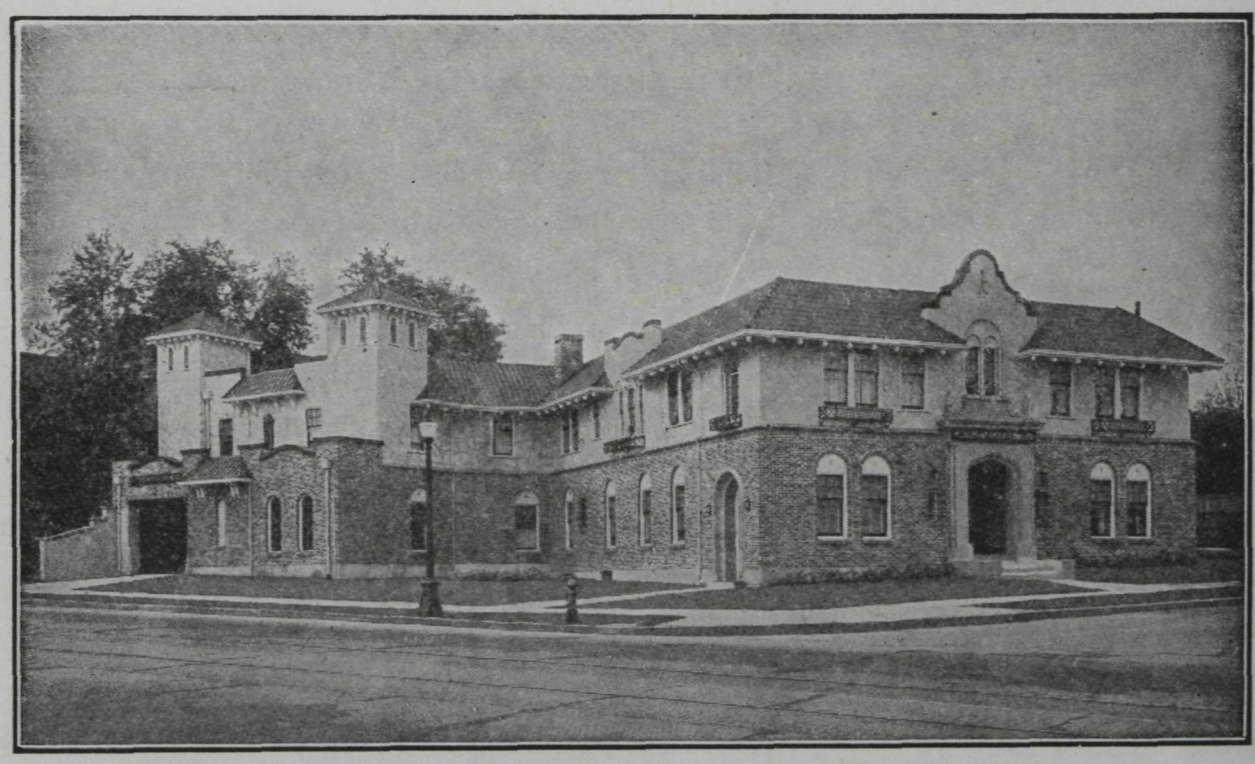

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Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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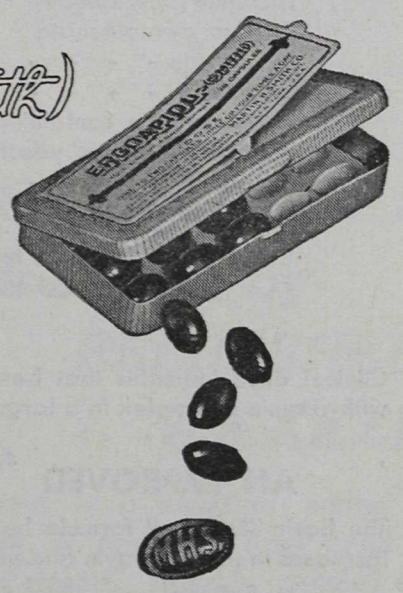

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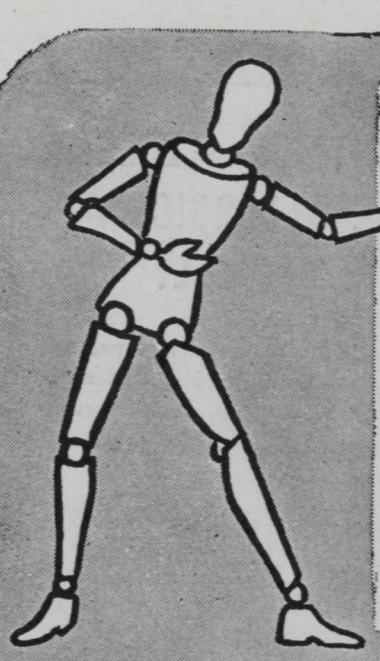
Dosage: 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, *visible only* when capsule is cut in half at seam.



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High dosage B vitamins of stable potency *plus Vitamin D*— *providing a daily therapeutic dose of the B complex and D* in a pleasant tasting liquid preparation which is economical to your patient.

BeForte LIQUID is compatible with syrupy solutions, like simple syrup which will carry any of the well-known drugs such as bromides. It may also be mixed in any proportions with Syrup Ferro-Catalytic. A one-to-one mixture of BeForte LIQUID and Syrup Ferro-Catalytic makes an extremely palatable preparation exhibiting iron and the B complex vitamins.

BeForte LIQUID

Vitamin B_1 (Thiamin hyd.)	1100 Int. units (3.3 mg.)
Vitamin B_2 (Riboflavin)	800 S.-B. units (2 mgs.)
Nicotinic (acid amide)	20 mgs.
Calcium pantothenate	500 micrograms
Pyridoxine	250 micrograms
Vitamin D	500 Int. units.
A concentrate containing all B complex factors natural to brewers' yeast in the ratio of 160 S.-B. units of B_2 per G	200 mgs.

Stabilized in a base of Malt Extract.

DOSE: One teaspoonful once or twice daily.
MODES OF ISSUE: 4, 8 and 80 fluid ounce bottles.

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Clinical data indicates that beneficial effects are obtained following intensive therapy with vitamin B complex in a large number of clinical conditions.

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DOSAGE: *One to three tablets daily.*
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