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CIRCULATION BULLETIN

VOLUME XXIX, OCTOBER, 1952 NUMBER 1

VANCOUVER MEDICAL ASSOCIATION

AND OFFICIAL PUBLICATION OF

BRITISH COLUMBIA DIVISION – CANADIAN MEDICAL ASSOCIATION

In This Issue:

OFFICIAL PROCEEDINGS OF THE ANNUAL GENERAL MEETING AND THE GENERAL ASSEMBLY – CANADIAN MEDICAL ASSOCIATION (B.C. DIVISION) SEPTEMBER 15TH AND 16TH, 1952 – EMPRESS HOTEL – VICTORIA, B. C.

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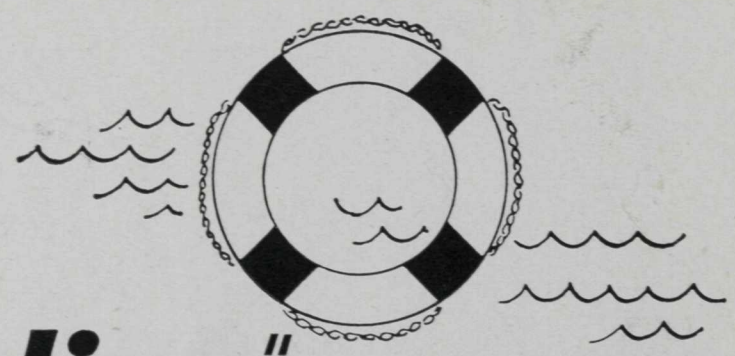

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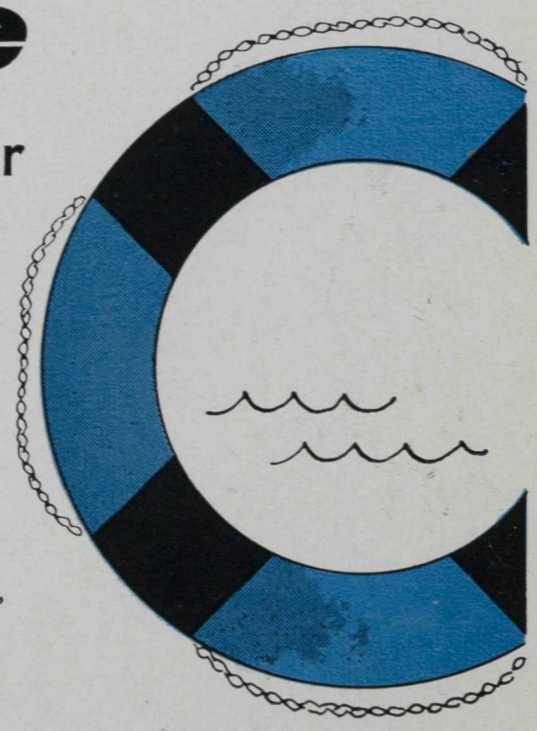

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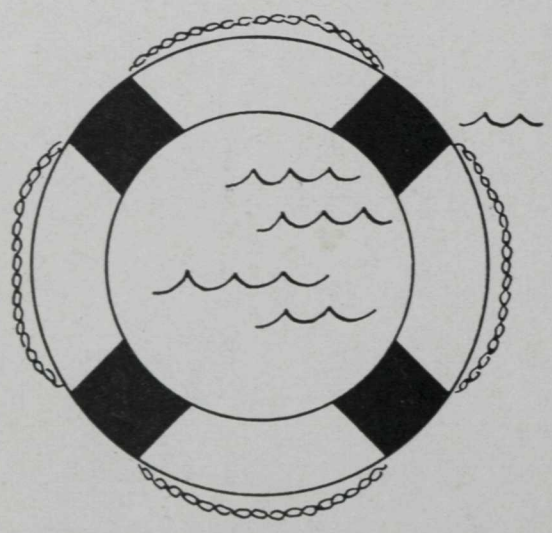

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VANCOUVER MEDICAL ASSOCIATION
PROGRAMME FOR THE FIFTY-THIRD ANNUAL SESSION

Founded 1898; Incorporated 1906

The Regular Monthly Meetings of the Vancouver Medical Association are discontinued for the summer months, but will be resumed in October.

VANCOUVER GENERAL HOSPITAL

Regular Weekly Fixtures in the Lecture Hall

Monday, 8:00 a.m.—Orthopaedic Clinic.
Monday, 12:15 p.m.—Surgical Clinic.
Tuesday—9:00 a.m.—Obstetrics and Gynaecology Conference.
Wednesday, 9:00 a.m.—Clinicopathological Conference.
Thursday, 9:00 a.m.—Medical Clinic.
12:00 noon—Clinicopathological Conference on Newborns.
Friday, 9:00 a.m.—Paediatric Clinic.
Saturday, 9:00 a.m.—Neurosurgery Clinic.

ST. PAUL'S HOSPITAL

Regular Weekly Fixtures

2nd Monday of each month—2 p.m. ..... Tumour Clinic
Tuesday—9-10 a.m. ..... Paediatric Conference
Wednesday—9-10 a.m. ..... Medical Clinic
Wednesday—11-12 a.m. ..... Obstetrics and Gynaecology Clinic
Alternate Wednesdays—12 noon ..... Orthopaedic Clinic
Alernate Thursdays—11 a.m. ..... Pathological Conference (Specimens and Discussion)
Friday—8 a.m. ..... Clinico-Pathological Conference (Alternating with Surgery)
Alternate Fridays—8 a.m. ..... Surgical Conference
Friday—9 a.m. ..... Dr. Appleby's Surgery Clinic
Friday—11 a.m. ..... Interesting Films Shown in X-ray Department

SHAUGHNESSY HOSPITAL

Regular Weekly Fixtures

Tuesday, 8:30 a.m.—Dermatology.
Wednesday, 10:45 a.m.—General Medicine.
Wednesday, 12:30 p.m.—Pathology.
Monday, 11:00 a.m.—Psychiatry.
Friday, 8:30 a.m.—Chest Conference.
Friday, 1:15 p.m.—Surgery.

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SCHEDULE OF WEEKLY CLINICAL MEETINGS

Monday—9 a.m. - 10 a.m. ..... Ear, Nose and Throat Clinic
Tuesday—9 a.m. - 10 a.m. ..... Weekly Clinical Meeting of Attending Medical Staff
Tuesday—10:30 a.m. - 11:30 a.m. ..... Lymphoma Clinic
Daily—11:45 a.m. - 12:15 p.m. ..... Therapy Conference

B.C. SURGICAL SOCIETY

Spring meeting—April 25th, 26th, 1952.

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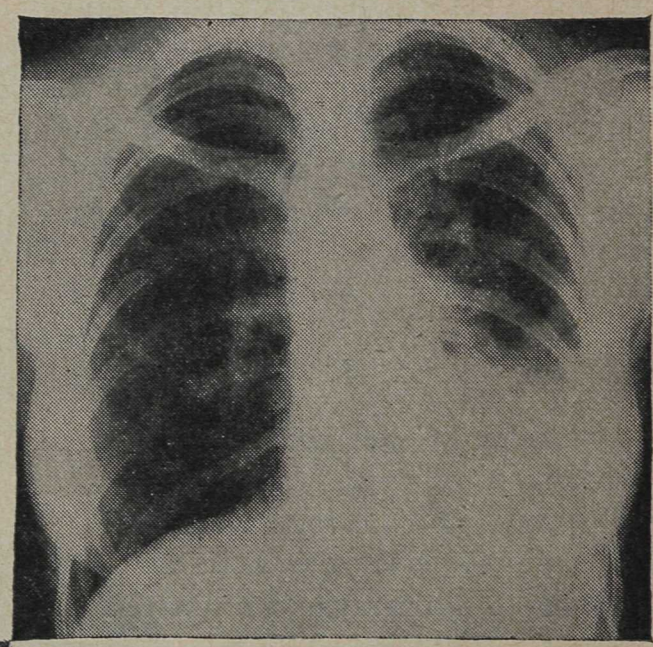
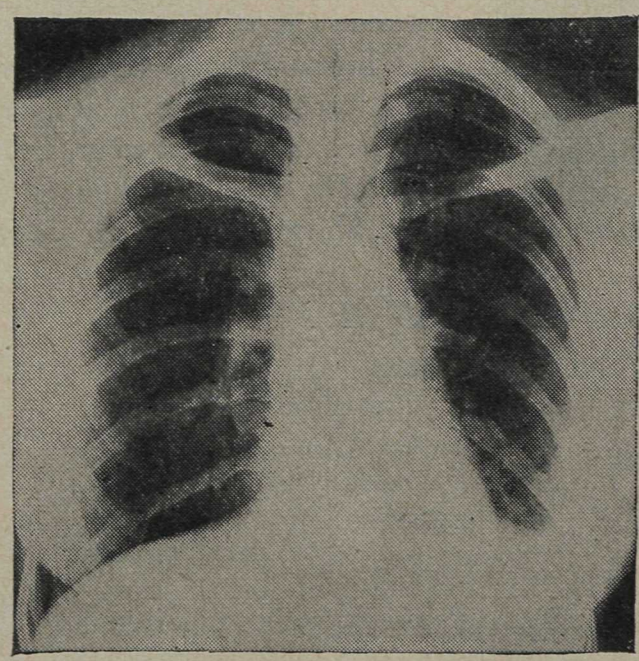


↑ **BEFORE TREATMENT**

(9 days prior to Dihydrostreptomycin therapy) Diffuse lobular tuberculous pneumonia, lower half of left lung; thin-walled cavity above hilus (3 x 3.5 cm.).



← **AFTER 3 MONTHS' TREATMENT**

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The Editor's Page

Many of us must have had the opportunity of reading Dr. Lyon Appleby's "Hush of Retirement", a short but admirable article that he contributed some time ago to Surgery, Gynaecology and Obstetrics—which latter journal has most kindly given its consent to our reproduction of the article.

We are very glad to be able to publish this article for two reasons: first, the sheer pleasure that everyone will get, as we did, from merely reading it—its scholarly facility of style makes it delightful to read. But more important is the real contribution that Dr. Appleby makes to our thinking on this subject of retirement—and how we may make our years of retirement something better and more productive, and more happy, than mere years of freedom from the grind of practice. Just to stop work does not necessarily bring happiness and contentment—far from it, it is too apt to bring boredom and frustration, unless, as Dr. Appleby suggests in his writing, we use these years productively, to develop and give scope to powers that we possess, and that heretofore have had no opportunity for exercise, or to cultivate friendship and the amenities of life. Many men, we fear, look forward to retirement with some dread—and hang on to practice, *faute de mieux*, or in fear that they will find nothing to do, nothing to interest them. Books and travel and golf all have their place—but none of them can completely take the place of a busy, productive life.

And this is where hobbies come in. A hobby, properly selected and fitted to one's tastes and capacities, should have in it a creative element, which will fill one's life with interest and multiple satisfactions—and will make our retirement simply the exchange of one busy life for another. But if this is to be the result one must, as Dr. Appleby says, have first paved the way for the transition, and must have had experience of the hobby beforehand, and must have done pre-retirement work on it. One cannot suddenly adopt a hobby or an avocation—one must grow into it, and it must grow with us—and this involves a certain amount of testing and exploration beforehand: so that we know its capabilities, and can look forward to its development. Then with the poet we may say

"Grow old along with me
The best is yet to be . . . ."

* * *

In our last issue we published a most interesting sketch of the life of Sir James Mackenzie, by Dr. D. M. Baillie of Victoria. We regret that owing to an oversight, a preliminary footnote was omitted. Men on Vancouver Island, and a great many men over here need no introduction of Dr. Baillie—for many years he has been one of the best-known of Victoria medical men, and has enjoyed a very high reputation as a medical man. He also plays, or used to play, a very good game of golf.

Dr. Baillie has now retired from active practice, and, as so many medical men have happily done, has returned, like Cincinnatus of old, to agrarian pursuits on a farm that he owns. We understand that to him retirement means great happiness and peace of mind—and we wish him long years in which to enjoy his leisure. People on Vancouver Island, at least, the southern end of it, seem to live longer and remain active longer, than anywhere else—and Dr. Baillie has chosen this favoured area.

During the summer a list of serials has been compiled containing the complete journal holdings of the library. Copies of these serials have been sent to all the medical libraries in Canada and to several in the United States. Extra copies are available in limited numbers to anyone interested in obtaining them.

Library Hours as from October 1st, 1952:

Monday to Friday ..... 9:00 a.m. - 9:30 p.m.

Saturday ..... 9:00 a.m. - 1:00 p.m.

Recent Accessionss

Brain, W. R., Mind, Perception and Science. 1951.

Caffey, J., Pediatric X-Ray Diagnosis. 1950.

Keynes, G., (ed.) The Apologia and Treatise of Ambrose Pare, 1951.

Kroger, W. S. and S. C., Psychosomatic Gynecology: Including Problems of Obstetrical Care, 1951.

Leopold, S. S., Principles and Methods of Clinical Diagnoses, 1952.

Master, J., Garfield, C. I., and Walters, M. B. Normal Blood Pressure and Hypertension—New Definitions, 1952.

Rhodes, A. J., and van Rooyen, C. E., Textbook of Virology, 1949.

Salter, W. T., Textbook of Pharmacology, 1952.

Samberger, F., Precis de Semeiologie des Maladies de la Peau, 1925.

Shaffer, C. F., and Chapman, D. W., Correlative Cardiology, 1952.

Strecker, E. A., Fundamentals of Psychiatry, 1952.

Surgical Clinics of North America—Symposium on Some Aspects of the Surgery of the Endocrine Glands, Mayo Clinic Number, August, 1952.

White, P. D., Heart Disease, 4th edition, 1951.

Werner, A. A., Research in Endocrinology, 1952.

The following letter of thanks was sent to Dr. E. R. Cunningham who has offered to loan books on ophthalmology to the library:

September 16, 1952.

Dr. E. R. Cunningham,
1569 West 12th Avenue.,
Vancouver 9, B.C.

Dear Doctor Cunningham:

The Library Committee of the Vancouver Medical Association wishes me to thank you for your recent kind offer to loan books on ophthalmology to the library.

The volumes which you list will be indexed and should they be requested by any of the library members we shall be most grateful to borrow them from you.

Yours sincerely,
(sgd.) D. W. Moffat, M.D.,
Secretary, Library Committee.

Letters of thanks and appreciation were also sent to Dr. A. T. Henry and to the General Practitioners Association of Greater Vancouver, for recent gifts to the library.

BOOK REVIEW

THE LIFE AND WORK OF ASTLEY COOPER by C. R. Brock. Edinburgh: E. & S. Livingstone Ltd., 1952 pp. 176 illus.

Sir Astley Cooper was in his day regarded as the greatest of contemporary surgeons. Mr. Brock, working in the same wards of Guy's Hospital some hundred and fifty years after, believes that Astley Cooper has not received from later generations the credit due to him. In a re-assessment of Astley Cooper's work, Mr. Brock, himself an eminent surgeon and anatomist, has carried out a considerable research including an examination of many of the pathological and anatomical specimens prepared by Astley Cooper, and the result is a comparatively short and interesting book.

Even to those who have previously been interested in this great man, there is much in this book which will be new to them. It is conveniently arranged in chapters each dealing with a particular aspect. For instance, "His daily work," and "Astley Cooper and arterial surgery". This arrangement renders the book more readable than the simple chronological order used by many biographers. The illustrations are well chosen and well reproduced.

Astley Cooper, like many great men, was a poor student in his pre-medical days and even idled away the first months of his clinical period. It is perhaps well for posterity that there was no Selection Board to exclude him from Medicine, or eject him from the Medical School in his first year. After this delayed start, he embarked on a career of surgical practice and research of a truly astonishing character, both in achievements and in its intensity. Cooper was principally a practitioner of surgery, but even at the height of his career he began each day at 6 a.m. or earlier in his private dissecting room; his time was then fully occupied with consultations, operations, and more dissections until midnight. One hears often of the strain of modern life, and the lack of time for research, but few men are fortunate enough today to have so busy a practice. He made £21,000 in one year, and saw many non-paying patients daily. It is small wonder that in spite of great personal charm, his mariage was not successful.

Astley Cooper was influenced by John Hunter, whose lectures he attended, and to this is possibly attributable his interest in experiments on collateral circulation, much of which could be read with advantage by the experimentalists of today, before repeating various ligations which were carried out on dogs by Cooper a hundred and fifty years ago. He injected the vessels and dissected with a skill and care which few would have patience to complete today. Hunter's influence cannot be seen so directly, however, in many other subjects which he investigated. For instance, catgut sutures, the lymphatic connections between the thymus and the thyroid glands, and experiments on the healing of fractures. His last monograph on the anatomy of the breast was published a year before his death at the age of seventy-two. He followed up his cases with remarkable persistence, and, if a necropsy was refused, would send body snatchers and a coach, even to distant parts of the country, to obtain the body for dissection.

In his early days, Astley Cooper was strongly in favour of the activities of the French Revolutionaries, in spite of the fact that in 1792 he witnessed the massacres in Paris. He later renounced all political activities, but this early lapse almost prevented his appointment to the Staff of Guy's hospital. A story strangely reminiscent of the current Communist witch-hunting in the United States. He became George IVth's surgeon and friend.

His operating technique was modern in defining structures, and in operating slowly. Part of his success may probably have been due to his impressive personality, and his ability to persuade patients to undergo such ordeals as tying of the abdominal aorta in pre-anesthetic days.

The critical reader may decide, if he wishes, whether Mr. Brock's opinion that Cooper should rank with John Hunter is justified, but there can be no doubt that Mr. Brock has written a very interesting and instructive biography.

—J.C.C.

Vancouver Medical Association

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REPORT OF THE CHAIRMAN ON EXECUTIVE COMMITTEE MEETINGS HELD DURING THE SUMMER MONTHS

Three regular meetings of the Executive Committee were held during the Summer months of 1952. At the first meeting in June, it was decided that a membership drive would be undertaken this Fall. This is now under way and showing very good results so far.

The Vancouver Medical Association was asked by the Community Chest and Council of Greater Vancouver to appoint a member to act on a Committee being formed by them to study the "Prevention of Narcotic Addiction." After considerable thought and discussion as to this appointment, Dr. C. E. G. Gould was asked to act as our representative on this Committee.

The Public Relations Committee of the Canadian Medical Association, B.C. Division, recommended that the General meetings of the Vancouver Medical Association be open to the Press. After much careful consideration and with some reservations, the Executive concurred in this.

Arrangements were made to hold a special meeting of the Association in conjunction with the Faculty of Medicine, University of British Columbia, on Wednesday, October 22nd. The meeting will be addressed by Dr. Ranyard West of London, England, an authority on psychosomatic medicine.

Our Librarian, Mrs. Holmgren, requested leave of absence until June, 1953, and Mrs. A. H. Marchfelder was hired to help the present Assistant Librarian, Miss Anne Keays, carry on the work in the Library while Mrs. Holmgren is away.

Plans for the 1952 Annual Dinner to be held in November are well under way. Dr. Eric Webb was again appointed Chairman of the Committee to make necessary arrangements which will assure the success of this popular event.

A comparative budget in connection with Association finances was drawn up at the end of the first four months of our fiscal year, dating from April 1st. Dr. George Langley, Honorary Treasurer, has reported that expenditures for this period are just under the one-third mark for the year, which to date is a very satisfactory showing.

Respectfully submitted,

E. C. McCoy, M.D., (President)

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THE HUSH OF RETIREMENT

LYON H. APPLEBY, M.D., F.A.C.S., Vancouver, B.C.

In no other of life's professions or occupations is the preparatory period so exacting, so rigorous, so expensive or so prolonged as in medicine. The young physician in the full hybrid vigor of early practice may, it is true, look forward to retirement as something remote which will take care of itself, if he is a provident type and if proper financial dividends accrue. The simple fact, that mental training and preparation for the peace of an unoccupied mind is equally necessary, is but ill understood. For medicine is an anxious pursuit and the concerns of the moment are too engrossing to leave much leisure for the contemplation of the remote future, except perhaps in a materialistic sense. Medical men receive no training whatever in preparation for voluntary retirement or a forced detour on the road to fame.

Retirement must come. For those to whom it comes as a result of a well worked out plan, a competency suitable to the individual is usually well foreseen, but to those to whom it comes as a result of a devastating episode such as a coronary or unexpected stroke, too often the spectre of the fear of dependency is riding pillion, and a needy environment, or the fear of it, is not conducive to mental peace.

The hobbies of medical men are too often of a type which are too strenuous to be projected into the years of retirement—golf, hunting, and other physical pleasures may be enjoyed for a time and, while these may have been anticipated with the keenest delight, yet they do not fill the evening hours, and ultimately satiety dogs the heels of pleasure. For those whose leisure hours were of the vigorous type and who have suddenly been arrested on the tide of life, the suspension of both work and physical pleasures leads to a frustrated, hopeless existence which is only accepted with more than a dash of angostura.

We are no longer educated in a way that permits us to develop sedentary cultural hobbies. We are becoming a nation of skilled artisans. There is in every man a skill hunger, a desire to do something better than his fellow man and our whole system of education is leading to the training which develops skill—a mere cultivation of aptitudes which we may or may not possess. This is a fine preparation for the utilitarian breakfast of life but an indigestible supper in the cultural evening. Skills are not enough! It is not enough merely to be wise in one's own work; the view is too short. The laborer is not remembered for his work, but the designers of our great churches, the preachers of our great sermons, the founders of new biological principles, the writers of our great essays—their memorials shall not depart away. Their minds are fully occupied in retirement!

There is a great economic pincers movement slowly encircling our profession, and unknowingly we are entering a great medical climacteric. With it is coming a great need for reassessment of our plans for retirement, both for those whose hopes encompass nothing more than carefree hours on the municipal golf course on the one hand, and the stately caperings of those who follow the spoor of the red carpet on the other.

While prophecy is a gratuitous folly, I believe that we of more senior years today are amongst the last of this era's confirmed, unblushing sybarites. In these days of the upsurging proletariat, vanishing cellars, mounting taxes, egalitarianism, our savings surtaxed into the limbo, there is no longer a possibility of wealth and but little of unharried retirement. Chilled as we are by the first frosts of our coming austerity, encumbered as we are by the prospect of our ultimate regimentation, we can no longer look forward to yachts, country estates and racing stables, but we can and we must prepare for our intellectual entertainment during the years of our physical decrepitude. Nor can we escape these confiscatory governmental encroachments, dragooned as we are willy-nilly into the strictest financial probity.

On their retirement most men fulfill a natural bent to return to the vineyards of their youth, frequently with a desire to settle there; but the spectre of aging kindred, outstretched palms, and strangers in the old chapel assuages such a yearning at an early date. The desire to retire to salubrious climates is a natural one and the establishment of a new home for a time is all engaging. But you do not make new friends readily after seventy and, in those that you do make, the roots are less deeply thrust. When the flood of home town letters slows as it will do to the merest trickle, an all encompassing ennui develops and the transplanted physician sells out and goes back home.

A man should retire amongst his friends. Sedentary hobbies are like friends: it is true they can be developed to a satisfying degree after retirement but they are not likely to be. Hobbies like friends should be developed as a slow process of growth through the years and something to which one can look forward as an ultimate metamorphosis from an exacting to a relaxing change of occupation. You should develop your hobby before retirement. New friends and new hobbies developed in senior years tend ultimately to cloy. There is wisdom in the old Chinese proverb, "Dig your well before you are thirsty." There can be nothing more pitiful than to watch the tired quest of a beleaguered soul searching for intellectual entertainment. It is then that one appreciates the Latin inscription on the old clock over the fireplace: *Amicitia Vincit Horas*—"Friendship Conquers the Hours."

To those in the full vigor of life, cultural preparation for such a remote contingency as retirement may seem like dribbling tears into your champagne. Yet, retirement should be prepared for and not left until it is something which is suddenly thrust upon you. Every man should have a hobby which should be developed in his youth, and nurtured through his years of activity. It should encompass both physical and mental attributes; it should be something cultural and productive in type; it should be shared with friends; it should be independent of wealth and physical decrepitudes and should be eagerly available:

"When his youthful morn,
Hath travell'd on to age's steepy night . . ."

Shakespeare—*Sonnet* lxiii

Prepare for and do not resent the advent of old age. It is a privilege denied to so many!

Permission of Surgery, Gynecology and Obstetrics.
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WANTED

By December 15th, Medical Officer to the District of Port Hardy and surrounding area. Candidate should have full medical qualifications and must register in British Columbia prior to commencing practice. General practice including Obstetrics and Paediatrics make up the bulk of the work but candidate must be prepared to do emergency work when necessary. Patients are attended in their own homes or flown out to nearby hospitals. Salary approximately $700 a month and a fully furnished, modern five room house is provided free, together with modern oil heat, electricity, telephone, cleaning and running medical supplies. Port Hardy is an isolated but rapidly growing district on the Northern portion of Vancouver Island. **For further information write to Dr. Lynn Gunn, Registrar, College of Physicians and Surgeons, 1805 West 10th Avenue, Vancouver, B.C."**

VANCOUVER MEDICAL ASSOCIATION
ANNUAL REPORT—SUMMER SCHOOL—1952

The 30th Annual Summer School of the Vancouver Medical Association was held from May 26th to May 30th inclusive at the Hotel Vancouver. The Summer School this year proved to be both popular and successful. With the advent of our Medical Faculty it is becoming customary to have local speakers participate. From comments received your Committee's choice of local speakers was well founded and we wish to take this opportunity of thanking them for their valuable assistance in making this year's school a success.

Your Committee was also fortunate in obtaining well known visiting medical authorities as Dr. Chester Keefer of Boston, Dr. Gordon Douglas of New York, Dr. Leland Hunnicutt of Los Angeles, Dr. Robert Bruce of Seattle and Dean MacDonald Critchley of London, England. Dean Critchley's discourse on "The Body Image" will be remembered as one of the finest lectures ever received by this Association.

During the week of the Summer School, four clinics were held at local hospitals. These were moderately well attended. The Committee wishes to thank the hospital authorities and the Chiefs of Staff concerned, for granting permission to hold these clinics and for making the necessary arrangements for presentation of the cases.

The Annual Luncheon was held at the Georgia Hotel, which unfortunately was poorly attended. The Honorable H. H. Stevens, President of the Vancouver Board of Trade was the guest speaker. The Golf Tournament at Quilchena Golf Course was well attended and has established itself as an integral part of our week's activities. Our thanks is due to Dr. J. A. MacNab and his Committee for this tournament. Publicity for the Summer School was well covered this year by the local papers, but it is felt that future publicity may be better handled by the Public Relations Committee of the Canadian Medical Association, B.C. Division.

Attendance showed an increase over the past few years with a total of 214 paid members and 43 internes, making a total of 257. We continue to have a few perennial attendants who do not care to register.

The financial statement shows total receipts of $2,215.50 with disbursements of $1,480.92, leaving a credit balance of $629.58 which is a record balance for many years. It would appear that the success of the 1952 Summer School is a reasonable indication from the profession that we should continue to hold these meetings, in spite of the usual difficulties encountered each year in obtaining good speakers.

The Chairman and members of the Committee again wish to express their thanks to the office staff of the Vancouver Medical Association, without whose help the detailed planning of these programmes would be most difficult.

Respectfully submitted,
J. HOWARD BLACK, M.D.,
Chairman, Summer School Committee.

Annual Dinner of the British Columbia Surgical Society
will be held at the
VANCOUVER HOTEL
on the evening of
November 7th, 1952

The guest speaker will be Dr. W. K. Livingstone, Professor of Surgery, University of Oregon Medical School. The title of his talk will be "A Revolution in Surgery".

NEW WESTMINSTER, B.C. **PHONE 288**

CORRESPONDENCE

October 17, 1952.

To the Editor of the "Bulletin"

J. H. MacDermot, M.D.

Dear Dr. MarDermot:

I would be very much obliged if you would, by means of the "Bulletin", convey to the members of the Vancouver Medical Association my very deep appreciation of the honor they have done me in electing me to Life Membership in the Association.

Yours very sincerely,

W. E. AINLEY.

● ● ● ●

PUBLIC HEALTH AND MENTAL HEALTH NEWS

G. F. AMYOT, M.D., D.P.H.,
Deputy Minister of Health, Province of British Columbia

A. M. GEE, M.D.,
Director, Mental Health Services, Province of British Columbia

PRELIMINARY STATISTICS FROM THE REGISTRY

A Registry for the voluntary registration of handicapped children in British Columbia was organized during the year 1951. In January of 1952 a routine was set up between the Registry and the Division of Vital Statistics that all newborns registered on the Physician's Notice of a Live Birth or Stillbirth form who showed a birth injury or congenital malformation would be registered automatically. At the end of June this procedure had been in operation for six months and it was felt that some statistics should be completed for this period. These figures are not felt to be complete as some congenital malformations and birth injuries may not show up within forty-eight hours after birth; this forty-eight hours being the time limit for the completion of the Notice of Live Birth or Stillbirth form. However, the Registry does feel that the figures compiled would be interesting to the medical profession and therefore should be published to show what might be expected from the continuation of this work. One very interesting point is that between January 1 and June 30, 1952, there were 13,958 newborn children registered in British Columbia; of these 204, or 1.5%, were reported to have some type of malformation or birth injury.

Table of the total number of newborn babies registered with the Crippled Children's Registry from January 1 to June 30, 1952, listed by malformation or birth injury and showing whether the cases are active, inactive, not contacted or have died.

TABLE I

Congenital Malformations or Birth Injuries	*Total*	*Active*	*Not Contacted*	*Inactive*	*Dead*
NEOPIASMS—					
220.0 Benign melanoma of skin	9	4	3	2	–
228.0 Hæmangioma and Lymphangioma	4	3	1	–	–

MENTAL, PSYCHONEUROTIC, PERSONALITY—						
325.4	Mongolism	4	2	2	--	--
NERVOUS SYSTEM AND SENSE ORGANS—						
328.0	Corneal Opacity	1	1	--	--	--
388.0	Other diseases of the Eye	1	1	--	--	--
DIGESTIVE SYSTEM—						
538.0	Other diseases of the Buccal Cavity	1	--	1	--	--
560.2	Umbilical Hernia	1	--	--	--	1
GENITO-URINARY SYSTEM—						
613.0	Hydrocele	1	--	--	1	--
637.1	Other diseases of the female genital organs	1	--	1	--	--
BONES AND ORGANS OF MOVEMENT—						
733.0	Other diseases of bone	1	--	1	--	--
748.0	Clubfoot	31	10	17	2	2
CONGENITAL MALFORMATIONS—						
750.0	Monstrosity	4	--	1	--	3
751.0	Spina Bifida and Meningocele	7	2	4	--	1
752.0	Congenital Hydrocephalus	11	1	6	--	4
753.0	Congenital Cataract	1	1	--	--	--
754.4	Other and unspecified malformations of the heart	14	4	4	1	5
755.0	Cleft palate and harelip	21	5	13	1	2
756.1	Imperforate anus	2	--	1	--	1
756.2	Other cong. mal. of the digestive system	4	--	2	2	--
757.2	Cong. mal. of the external congenital organs	12	5	6	--	1
757.3	Other mal. of the genito-urinary system	1	--	1	--	--
758.0	Cong. dislocation of the hip	1	--	1	--	--
758.5	Cong. abnormalities of lumbosacral region	1	--	--	--	1
758.6	Other cong. mal. of bone and joint	5	2	3	--	--
759.0	Cong. mal. of the respiratory system	1	--	1	--	--
759.1	Cong. mal. of the skin	15	5	5	5	--
759.2	Cong. mal. of the muscle	1	1	--	--	--
CERTAIN DISEASES OF EARLY INFANCY—						
761.0	Birth injury without mention of immaturity	33	10	14	5	4
762.0	Postnatal asphyxia and atelectasis without mention of immaturity	7	2	3	--	2
773.0	Ill defined diseases peculiar to early infancy without mention of immaturity	1	--	1	--	--
776.0	Immaturity Unqualified	5	--	2	--	3
SYMPTOMS, ILL-DEFINED CONDITIONS—						
788.2	Rash	2	--	1	1	--
		204	59	95	20	30

In the preceding Table the use of the term "active" is to indicate that these cases are to be kept in the active files of the Rgistry until it is reported that the case has received treatment and that this treatment has been satisfactory. Reports have been received from the Public Health Service on these "active" cases and these have indicated

that the cases should be followed up to see what progress is being made or whether treatment is being given.

The column headed "not contacted" are cases that are being investigated at the present moment by the Public Health Service. Reports will be received at the Registry as to the prognosis of the malformation or birth injury of the child.

The column "inactive" refers to those children that have been reported as having a minor disability or who have been successfully treated and therefore no follow-up of these cases is indicated. The names of these children will remain on the master index so that if at any future time these children are reported with a handicap it would be possible to refer back to the incident at birth.

The following Table II has been added just as an item of interest, though no conclusions can be drawn in this matter.

TABLE II

Table showing newborns registered with one, two or three disabilities

	One Disability	*Two Disabilities*	*Three or more Disabilities*
Active	147	21	6
Dead	15	9	6
Total	162	30	12

This function is only one phase of the Crippled Children's Registry. At the present time the Registry is hardly in a position to publish statistics on its other activities. The medical profession and the Public Health Service have been informed that the Registry is in existence for the reporting of all handicapped children, both from the point of view of statistics for planning, and for assistance to those to whom the handicap is a problem.

The office is located at 2670 Laurel Street, Vancouver 9.

OFFICE AND WAITING ROOM EQUIPMENT FOR SALE

The furniture and equipment for waiting room, nurse's office, doctor's office and examining room, which were used by Dr. M. L. Halperin, Vancouver, are for sale. Information concerning the desks, chairs, cabinets, etc., that are available, may be noted by contacting

Mr. L. Halperin, PAcific 4154 or CEdar 4353

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Canadian Medical Association

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OFFICERS—1952-1952

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President-elect—Dr. R. G. Large ..... Prince Rupert
Vice-President and Chairman of General Assembly—Dr. F. A. Turnbull ..... Vancouver
Hon. Secretary-Treasurer—Dr. W. R. Brewster ..... New Westminster

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Dr. J. McMurchy

Standing Committees	*Chairmen*
Constitution and By-Laws	Dr. R. A. Stanley, Vancouver
Finance	Dr. W. R. Brewster, New Westminster
Legislation	Dr. J. C. Thomas, Vancouver
Medical Economics	Dr. P. O. Lehman, Vancouver
Medical Education	Dr. T. R. Sarjeant, Vancouver
Nominations	Dr. J. A. Ganshorn, Vancouver
Programme and Arrangements	Dr. Harold Taylor, Vancouver
Public Health	Dr. G. F. Kincade, Vancouver

Special Committees

Arthritis and Rheumatism	Dr. F. W. Hurlburt, Vancouver
Cancer	Dr. Roger Wilson, Vancouver
Civil Defence	Dr. John Sturdy, Vancouver
Hospital Service	Dr. J. C. Moscovich, Vancouver
Industrial Medicine	Dr. J. S. Daly, Trail
Maternal Welfare	Dr. A. M. Agnew, Vancouver
Membership	Dr. E. C. McCoy, Vancouver
Pharmacy	Dr. D. M. Whitelaw, Vancouver
Public Relations	Dr. G. C. Johnston, Vancouver

WERE YOU THERE? The annual meeting of the B.C. Division in Victoria was a great success. The business meetings were a pleasure to attend. First came the meeting of the Assembly at which things were freely discussed and decisions made. The annual meeting of the College of Physicians and Surgeons was carried off quickly and efficiently, and later the annual meeting of the B.C. Division was held which again was most informative without any waste of time. A summary of the work accomplished will follow in these pages and I urge you to read it. Our new president, Dr. J. A. Ganshorn, has written a message on our future, and again I highly recommend it for your perusal.

The Committee on Public Relations under Dr. Gordon Johnston is becoming very active. We feel very strongly that it is our duty to let all of you know what is

going on, as well as look after relations with the public. This first aspect is being done through these pages of the Bulletin, where we hope to keep you informed. If there are things you do not understand, write to Dr. Gordon Ferguson, our Executive Secretary, or to myself, or contact your local representative on the Public Relations Committee. We hope to make this section interesting and newsy—so if you have shot a bear, been to a course, or arrested for speeding, drop us a note about it so that we can use it.

The big news in Public Relations, of course, is our weekly radio broadcast. This will be heard over station CJOR at 10:15 p.m. on Tuesdays and should have started by the time you read these lines. This has entailed a great amount of work on the part of the radio station as well as your committee, and is under the direction of Dr. W. J. Dorrance. We would very much like to hear your reactions and those of your patients, so send along your comments.

DISTRICT REPRESENTATIVES ARE—

Victoria—Dr. G. H. Grant
Prince Rupert—Dr. R. G. Large
Courtenay—Dr. H. A. L. Mooney
New Westminster—Dr. J. W. Wilson
Michel—Dr. R. R. M. Glasgow
Kamloops—Dr. H. F. P. Grafton
Nelson—Dr. J. M. McMurchy

—F. L. Skinner.

MESSAGE FROM THE PRESIDENT

I look forward to the coming year with enthusiasm and hope. The organization of our profession in B.C. has been greatly improved. Two years ago we began the complete re-organization of the B.C. Medical Association. It became the C.M.A., B.C. Division, which in itself indicated a broadening of our vision. It became a much more democratic and truly representative organization. On January 11, 1952, this organization was given complete responsibility for medical economics. For over 9 months now the organization, under the able leadership of Dr. H. A. Mooney, has functioned and its record has been commendable. Several urgent problems have been dealth with effectively. We have felt the benefit of our organization. We know that it works; membership has been good, the financial condition is healthy. We have many serious problems ahead but we face the future with confidence.

The solution of our problems may be slow, but democracy was not designed for speed, nor efficiency, rather it was designed to get the best solution. Answers are reached through arguments presented from many points of view plus the pooling of opinion and sharing of experience. Mistakes may be made, but they will not be mistakes born of neglect or narrowness of view.

What are some of our immediate goals? To my mind the most important are to improve our public relations and to make progress toward the solution of our economic problems.

Our association is embarking on an extensive and perhaps unique public relations programme. This is long overdue; now we have demonstrated that we have the will and vigor to get on with it.

As we deal with the pressing and immediate economic problems, we are thinking ahead 10 or even 20 years because we realize advanced thinking is required if the present day problems are to be met wisely.

To be assured of reaching our goals in good public relations and sound economics requires the field support of every member of the profession through membership in the Association and through active participation in our activities.

If your officers and elected representatives can count on this support, I am sure our confidence in the future will be justified.

—J. A. GANSHORN.

A REPORT FROM THE CHAIRMAN OF GENERAL ASSEMBLY

The General Assembly of the C.M.A.-B.C. Division is composed primarily of elected representatives from the Districts—the Principal Delegates, Vice-Delegates and members of the Nominating Committee. The central core of this elected group—the Principal Delegates—together with the officers, make up the Board of Directors. In addition to the elected representatives the Assembly includes the Past-Presidents, the Chairmen and Secretaries of Standing and Special Committees, a representative from each Section, and other individuals whose key positions in the medical community make liaison with the Provincial Association a matter of mutual concern.

The Assembly acts for the Association, and deals with all matters of business affecting the medical profession that do not fall within the sphere of activities of Council of the College of Physicians and Surgeons. Under terms of the Societies Act of B.C., matters related to finances and to changes of Constitution and By-Laws are referred for final decision to the Annual General Meeting.

In 1952 there have been two meetings of the Assembly: (1) A special meeting on May 17th; and (2) The regular Annual Meeting on September 17th.

The Special Meeting in May was called because:

1. The job in Medical Economics, which was undertaken by the Association in January, had introduced a flood of new responsibilities. It seemed prudent to determine at an early date whether the policies which had been rather precipitously adopted by the new Economics Committee and Board of Directors, would be acceptable to the General Assembly.

2. It was thought that consideration of proposed C.M.A. business would be more fruitful a month before the C.M.A. Meeting in June, than at the annual Fall Provincial Meeting.

In respect to the first need for the Special Meeting it is sufficient now to report that activities of the Economics Committee in conjunction with the Board of Directors, were ratified by Assembly. The matters concerned—chiefly the W.C.B. Fee Schedule, Tariff revision, S.A.M.S. contract, have already been reported.

The consideration of projected C.M.A. business at our May Assembly meeting was not entirely satisfactory. For reasons which may be remedied in the future, we could not obtain necessary information from the central office early enough to allow our members time for consideration before the Assembly meeting. It had been hoped that the B.C. delegates to the C.M.A. Council could give concerted thought to the proposed national business in the light of our General Assembly majority opinion.

At both the Spring and the Fall meetings, proposed amendments to the By-Laws were considered. All of these amendments were subsequently ratified by the Annual General Meeting. They will be the subject of another report.

Further business of the Fall Meeting included a consideration of progress reports from special sub-committees that are studying possibilities of Group Life Insurance and Group Pension plans, to be sponsored by the Association. These reports were encouraging and the Assembly recommended further study. News about the plans will be published in the near future.

The reports of Standing and Special Committees were received. These will appear in the Bulletin in due course. Your attention is drawn particularly to the excellent report from the Committee on Economics, which will be published; of special note also was the report from the Committee on Public Relations. This Committee recommended that the Association should undertake a weekly radio broadcast to inform the general public about medical opinion. The Assembly heard a sample radio broadcast, and was favourably impressed. The principle of employing this method to develop and maintain good Public Relations was approved. The Committee was instructed to proceed with their plans, and to report back to the Board of Directors when plans were completed.

Reports from Sections were received—some formal, some informal, because the organization of Sections has not yet been smoothly integrated with the Provincial organization. Indeed, the representative of one Section reported in some detail, although this Section had not held a first meeting! The urge to organize Provincial Sections has developed from the pressure of Economic affairs. Some Sections are deeply concerned about the effect of various Third Party activities—government action, the regulations by pre-paid plans, etc.—on their pattern of practice. The Chairmen and Secretaries of Sections are requested to channel their sectional grievances in future through the Executive-Secretary to the Board of Directors. Problems which cannot be satisfactorily reconciled by the Directors and/or matters which have important general implications, will be considered by the Assembly. This will only be possible when members of the Assembly have received adequate preliminary information before the meeting. Then they may reach a decision in the light of Assembly debate.

The longest and most detailed piece of business at the Fall Assembly was a consideration of Association policy in respect to Extra Billing. We had previously decided that at this Fall session the Press would be invited to attend all of our meetings. There were plently of misgivings about the Press decision when the Assembly entered upon this particular debate. The pessimists were not disappointed. Undoubtedly we made a hard bed for ourselves. But to gain the favor and friendship of the Press we had to accept that, willy-nilly, many of our statements would be misinterpreted and base motives imputed. How could we expect otherwise when only the specially informed of our own general membership understood the broad reasons and applications of the briefly stated principles.

Extra Billing appears for the uninformed to have very serious implications. Those, however, who had attended special meetings and studied committee reports about this matter during the past two years, were convinced that in reality the problem was of little general consequence and very restricted. We had never faced the problem openly. As a result of misunderstanding many good doctors were disgruntled, and a few doctors were billing patients in a manner that had brought them headlong into conflict with the pre-paid plans. The Assembly decided to establish some guiding principles. Whether the decision will prove to be a sheep in lion's clothing, or vice-versa, we do not know. At least we have faced the problem. Note that only principles were discussed and no final decisions on a practical level have yet been made. It will be up to the Board of Directors, after discussion with representatives of the Pre-Paid Plans, to decide how the principles should be put into practice.

A good deal has been accomplished. But many serious problems lie ahead. During the past two years we have built up an organization which is designed to develop increasing strength within itself. The source of this strength, which will be continually re-filtered, is the membership of General Assembly. It was encouraging to witness, from the chair, the conscientious interest of the members of the 1951-52 General Assembly in the government of our Association.

—F. A. TURNBULL.

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British Columbia Division
Canadian Medical Association

PROCEEDINGS

OF

THE ANNUAL GENERAL MEETING

September 16, 1952

AND

THE GENERAL ASSEMBLY

September 15, 1952

Empress Hotel - Victoria, B.C.

MINUTES

ANNUAL GENERAL MEETING

Canadian Medical Association — B.C. Division

BALLROOM, EMPRESS HOTEL, VICTORIA, B.C.

8:00 P.M., SEPTEMBER 16, 1952

1. *Call to order.*

The Chairman, Dr. Mooney, welcomed the members and guests to the Annual Meeting. Members present numbered 92.

2. *Minutes of Annual Meeting,* 1951.

MOTION—THAT the minutes of the 1951 Annual Meeting be adopted as circulated. Carried.

The President invited the officers of the Canadian Medical Association who were present to address the meeting. Dr. Harold Orr, President, brought the greetings of the Mother Association. He told the meeting that there is a great story to be brought to the people of Canada concerning the part that medicine is now playing to make it a healthier nation.

Dr. T. C. Routley, General Secretary, in his address to the meeting said that he was greatly impressed with what he believed to be an honest and sincere attempt to carry out problems in medicine with the best interests of the people in mind. During the last six years he had travelled 162,000 miles through the countries of Australia, Pakistan, Fiji Islands, Egypt, Siam and could certify that Canadian medical standards were as high as anywhere and higher than many countries.

3. *Business arising out of the minutes.*

Nil.

4. *Financial Report and appointment of Auditor.*

Dr. W. R. Brewster, Honorary Secretary-Treasurer.

Mr. President and Members:

Commenting on the completed Annual Report of our Auditors, Buttar & Chiene, your Committee would like to emphasize the following:

Membership Fees

We feel the collection of $29,175.00 representing a membership of 976 should be a source of great satisfaction to the membership at large, and that continuation of such augurs well for the future success of our Division.

Your Committee is also well pleased with the total excess of receipts over expenditures amounting to $14,140.07, thus increasing our bank balance to $19,888.31. Although this gives us a comfortable start for the year to follow, we cannot allow a sense of complacency to enter into our plans for the future since we must bear in mind that our expenditures in both fixed and contemplated charges, will be a great deal higher next year.

This year our Executive Secretary did not arrive until April with a consequent saving in salary and his absence during the first six months of the fiscal year held up the full scale operations of the Association with a resultant saving in administrative and secretarial expenses.

Our financial position has also been aided a great deal by the wholehearted generosity of the out-of-town members from the President and the Executive and all the Committees who unanimously decided to pay their own travelling expenses to the numerous meetings held during the year. I feel our Association owes these members a hearty vote of thanks.

Founders Fund

It is our hope that this Fund will be further augmented during the coming Fiscal Year.

In conclusion your Committee recommends retaining the firm of Buttar and Chiene as Auditors for the coming fiscal year.

Auditors Financial Statement

We have examined the books and accounts of the Canadian Medical Association, B.C. Division, for the year ended 31st August, 1952, and have found them correctly stated and sufficiently vouched and we have prepared therefrom the following statements which we hereby certify, in our opinion, to be correct, namely:

1. Statement of Receipts and Disbursements of the General Fund of the Association for the year ended 31st August, 1952.
2. Statement of Receipts and Disbursements of the Annual Meeting Account for the year ended 31st August, 1952.
3. Statement of Founders Fund for the period from 1st January to 31st August, 1952.
4. Statement of Receipts and Disbursements of the Association's Benevolent Fund for the period from 1st September, 1951, to 15th August, 1952.

Reported by
Buttar & Chiene,
Chartered Accountants.

STATEMENT OF RECEIPTS AND DISBURSEMENTS—GENERAL FUND
For the year ended 31st August, 1952

RECEIPTS			
Membership Fees			$ 29,175.00
Membership Grant—College of Physicians and Surgeons of B.C.			64.00
Canadian Medical Association—re Executive-Secretary to 1951 C.M.A. Convention			255.65
			$ 29,494.65
DISBURSEMENTS			
Travelling Expenses:			
Executive Secretary to 1952 C.M.A. Convention		$ 141.60	
Executive Secretary—re appointment		146.03	
District Meetings, etc.		112.97	
President to 1951 C.M.A. Convention		93.60	
		$ 494.20	
Vancouver Medical Association Bulletin		$ 600.00	
Printing News Letter and Schedule of Fees		697.37	
Audit and Legal Fees		200.00	
Office Furniture and Fixtures		1,739.19	
Committees' Expenses		293.00	
Organizational Honorarium		1,500.00	
Administrative and General Expenses:			
Salary—Executive Secretary	$ 4,125.06		
Salaries—Office Staff	3,369.25		
Postage, Telephone and Telegraph	851.26		
Office Rent	1,200.00		
Office Supplies and Expenses	1,214.04		
Unemployment Insurance	41.28		

Medical Services Association	27.94		
Bank Charges and Exchange	67.99		
		$ 10,896.82	
			$ 16,420.58
EXCESS OF RECEIPTS OVER DISBURSEMENTS			$ 13,074.07
Add—Excess of Receipts over Disbursements—Annual Meeting Account—Appendix No. 2			1,066.00
TOTAL EXCESS OF RECEIPTS OVER DISBURSEMENTS FOR YEAR			$ 14,140.07
CASH BALANCE			
Cash in Bank at 31st August, 1951		$ 5,748.24	
Add—Increase in funds represented by Excess of Receipts over Disbursements for the year ended 31st August, 1952		14,140.07	
		$ 19,888.31	
Cash in Bank at 31st August, 1952:			
Current Account—Bank of Nova Scotia	$ 9,888.31		
Savings Account—Bank of Nova Scotia	10,000.00		
		$ 19,888.31	

STATEMENT OF RECEIPTS AND DISBURSEMENTS
ANNUAL MEETING ACCOUNT
For the year ended 31st August, 1952

RECEIPTS		
Year 1951:		
Ticket Sales		$ 3,647.17
Exhibitors Rentals—balance		700.00
		$ 4,347.17
Year 1952:		
Exhibitors Rentals—on account	$ 3,800.00	
Hobby Show Donations	130.00	
		$ 3,930.00
		$ 8,277.17
DISBURSEMENTS		
Year 1951:		
Preliminary and Incidentals	307.42	
Printing and Stationery	421.28	
Entertainment and Hotel Expenses	5,515.10	
Speakers	67.10	
President's Expenses	183.81	
Postage	66.90	
Hobby Show Expense	159.52	
	$ 6,721.13	

Year 1952:		
Preliminary and Incidental	155.23	
Printing and Stationery	90.35	
Petty Cash—Programme Treasurer	150.00	
Postage	94.46	
	$ 490.04	
		$ 7,211.17
EXCESS OF RECEIPTS OVER DISBURSEMENTS—Carried to General Fund		$ 1,066.00

STATEMENT OF FOUNDERS FUND

For the period from 1st January to 31st August, 1952

Founders Fees Collected		$ 13,350.00
Add—Interest on Savings Account		.28
		$ 13,350.28
Represented by:		
Founders Savings Bank Account	$ 785.21	
Investment in $12,500.00—4%—Provincial Hydro Electric Power Commission Bonds plus accrued interest thereon	$ 12,565.07	
		$ 13,350.28

All of which is respectfully submitted.

W. R. Brewster, M.D.,
Honorary Secretary-Treasurer.

MOTION—THAT this Annual Report be accepted. Carried.

5. *Report of Chairman, "The Benevolent Fund".*

In the absence of Dr. Ainley, Dr. Turnbull read the financial statement and report of the Benevolent Fund.

BENEVOLENT FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the period from 1st September, 1951, to 15th August, 1952

RECEIPTS			
College of Physicians and Surgeons of B.C.—Contributions			$ 92.50
Repayment of preceding year's Disbursements to Beneficiary			100.00
Interest:			
On Investments		$ 2,255.00	
On Savings Account		7.05	
			$ 2,262.05
			$ 2,454.55
DISBURSEMENTS			
Payments to Beneficiaries		$ 1,559.50	
Expenses:			
Premium Surety Bonds	$ 15.00		
Audit Fee	50.00		
Postage	5.00		

Bank Charges and Safety Deposit Box Rental	10.13		
		$ 80.13	
			$ 1,639.63
EXCESS OF RECEIPTS OVER DISBURSEMENTS			$ 814.92

BANK ACCOUNT

Balance at 31st Balance at 31st August, 1951	$ 2,970.53
Add—Increase in Bank Balance represented by Excess of Receipts over Disbursements for the period ended 15th August, 1952	814.92
Balance at 15th August, 1952	$ 3,785.45

SUMMARY OF BONDS

On hand at 15th August, 1952—$67,000.00 Bonds at cost ..... $ 64,506.25
(Market Value—$ 58,985.00)

NOTE—There has been no change in investments held by the Fund during the period.

MOTION—THAT the report be accepted on behalf of the Trustees of the Benevolent Fund. Carried.

6. *Report of Chairman of General Assembly,* Dr. F. A. Turnbull.

Under the terms of our revised Constitution and By-Laws the Chairman of General Assembly is an elected officer of the Association, and is ex-officio member of all Standing Committees, except the Nominating Committee. The General Assembly is comprised of a group of elected representatives from the Districts—the Principal Delegates, Vice-Delegates, and members of the Nominating Committee. The central core of this elected group—the Principal Delegates, make up our Board of Directors. In addition to the elected representatives the Assembly includes our Past Presidents, the Chairmen and Secretaries of Standing and Special Committees, a representative from each Section, and other individuals whose key positions in the medical community makes liaison with the B.C.M.A. a matter of mutual concern.

The General Assembly acts for the Association and conducts to a finality for the medical profession all matters of business that do not clearly fall within the sphere of activities of the Council of the College of Physicians and Surgeons.

Under the terms of the Societies Act of B.C. matters related to finances and to changes of Constitution and By-Laws must be referred for final decision to this Annual Meeting, and these are not included in my report. By the terms of our By-Laws it is now my duty to report to you in synoptic form the actions of your General Assembly during the past year.

There have been two meetings. A Special Meeting called by the Board of Directors on May 17, 1952, and the regular Assembly, September 17, 1952.

THE SPRING MEETING

The Special Meeting in May was called for two reasons. First, because the job in medical economics, which we undertook in January, had introduced a flood of new responsibilities, and it was considered prudent to determine at an early date whether the policies which had been precipitously adopted by the Economics Committee and the Board of Directors would be acceptable to the General Assembly. And secondly, it was thought that a consideration of proposed C.M.A. business would be more fruitful a month before the C.M.A. meeting in June, than at our annual Fall meeting.

In respect to the need for the Special Meeting in May, it is sufficient for me now to report that activities of the Economics Committee in conjunction with the Board of Directors were ratified by the Assembly. The activities concerned—the W.C.B. Fee Schedule, Tariff revision and S.A.M.S. contract are on record. Other Economic matters that did not require immediate decision were also discussed.

At both the Spring Meeting and the Assembly meeting, certain proposed amendments to our By-Laws were considered, approved, and referred to this Annual General meeting for final action, as you will hear later.

Our consideration of projected C.M.A. business at the May Assembly meeting was not altogether satisfactory, because, for reasons beyond the control of the C.M.A. executive, we could not obtain necessary information about proposed C.M.A. business sufficiently early to allow our members time for consideration before the Assembly meeting. That is a matter which we hope to remedy in the near future. It has appeared to us that it would be in the better interest of both the Dominion and the Provincial Association if one delegate to the C.M.A. Council could give concerted thought to the proposed business in the light of General Assembly majority opinion.

THE FALL MEETING

Our meeting yesterday was convened at 9 a.m. and finished at 5 p.m. Average attendance was sixty five members. You will be acquainted with the considerable volume of business that was conducted through the medium of the Bulletin and the News Letter. Progress reports were received from Committees that are studying possibilities of Group Life Insurance and Group Pension Plans to be sponsored by the Association. The reports were encouraging, and the Assembly recommended further study. You should hear about these plans within a few months.

The reports of Standing and Special Committees were received, and will be published in due course. I will refer only to the Report from the Chairman on Public Relations. This Committee, under the Chairmanship of Dr. Gordon Johnston, recommended that the B.C.M.A. should undertake a weekly radio broadcast to inform the general public about medical opinion. The General Assembly heard a sample radio broadcast and were favourably impressed. The principle was approved, and the Committee were instructed to proceed with their plans, and to report back to the Board of Directors when plans were completed.

Reports from Sections were received—some formal, some informal, because the relation of the Association with the organization of Sections has not yet been smoothly integrated. Indeed, one Section reported in some detail, although it had not yet had a first meeting. The representative of that Section was given a cordial and sympathetic hearing. We recognized the depth of his feelings. We are anxious to hear any and all such reports from Sections. If they have an axe to grind, then we must receive their petition, and attempt to work on their behalf in the light of, and for, the greater good.

Our Nominating Committee Report was received, and their recommendations were unanimously accepted. You will hear more of this later.

Finally, we received the very important report of the Committee of Economics from the Chairman, Dr. Russell Palmer, which will be published, and we debated about our policy in respect to the problem of Extra Billing. This matter of Extra Billing appears on the surface to have serious implications and, like so many problems in medical economics, it has various aspects. It has been the subject of many Committee meetings and reports during the past two years.

We decided to establish some guiding principles. Whether it will prove to be a sheep in lion's clothing, or vice-versa, we do not know. At least we have faced the problem. I will not relate the Assembly conclusions on the matter to you now as they will be published shortly.

7. *Constitution and By-Laws*—Dr. R. A. Stanley.

The following amendments were approved by the Board of Directors on May 16, 1952, and by the General Assembly on May 17, 1952, for confirmation at this Annual General Meeting:

1. RESOLVED THAT BY-LAW No. 1 be amended to read: "The office of the Association shall be "The Academy of Medicine Building, 1807 West 10th Avenue, Vancouver."

2. RESOLVED THAT BY-LAW No. 11, Section 1, be amended to read: "The Association shall be composed of several types of Members as set forth in the following sections of this By-Law."

3. RESOLVED THAT BY-LAW No. 11, Section 2, be amended by adding the words—"With initial fees attached thereto."

4. RESOLVED THAT BY-LAW No. 11 Section 3, be amended to read: Senior Members—Senior Membership may be conferred by the Board of Directors upon any ordinary member whom they consider worthy of the honour, who has been a member in good standing of the Association for the preceding ten years and who has attained the age of seventy years. Senior Members shall enjoy all the rights and privileges of the Association but shall not be required to pay the annual fee. All current Senior Members of the Canadian Medical Association are automatically accepted for Senior Membership.

5. RESOLVED THAT BY-LAW No. 11, Section 4, be amended to read: Honorary Members—Honorary members may be nominated by any member of the Association and shall be elected only by a unanimous vote of the Board of Directors or the General Assembly in session and voting. Not more than two honorary members may be elected in any one year and at no time shall the list of living honorary members exceed ten. Honorary members shall enjoy all the rights and privileges of the Association but shall not be required to pay any annual fee.

6. RESOLVED THAT in BY-LAW 11, the present Sections 5 and 6 be renumbered Sections 6 and 7 respectively.

7. RESOLVED THAT BY-LAW No. 11, Section 5 read: Special Members—Special membership may be conferred by the Board of Directors on any member or group of members of the Medical Profession, in special circumstances, upon application to the Executive Secretary, and compliance with regulations made by the Board of Directors. Fees, rights and privileges to be designated in each instance. (Sect. 5 allows the Board to consider internes, students, medical officers, retired doctors, etc., for membership.)

8. RESOLVED THAT BY-LAW No. 11, renumbered Section 6, be amended to read: Subsection (a)—Suspension, Expulsion and Discipline of Members—Ordinary membership in the Association shall terminate if the member ceases to be a member in good standing of the College of Physicians and Surgeons of British Columbia. Subsection (b)—Any Member whose annual fee is directly payable to the Association and whose annual fee has not been paid on or before the 31st of March of the current year, may, without prejudice to his liability to the Association, be suspended from all privileges of membership. Subsection (c)—Any member who has been suspended or expelled shall not be restored to membership until all arrears of fees have been paid or until such requirements as may be determined by the Assembly or the Board of Directors have been met.

9. RESOLVED THAT BY-LAW No. V, Section 5, be amended to read—"The Directors may, and upon the recommendations of General Assembly confirmed at a General meeting of the Association, shall from time to time make Regulations, not contrary to law or to the Societies Act of B.C. and may repeal or amend the same subject to such confirmation as may by By-Laws or by the Societies Act be required, to regulate the conduct in all particulars of the affairs of the Association.

10. RESOLVED THAT BY-LAW No. VI, Section 1, be amended by adding—Subsection j. Deputy Minister of Health of British Columbia; Subsection k. Senior Medical Officer, D.V.A., B.C.; Subsection 1. One representative from each affiliated Society that is not already represented.

11. RESOLVED THAT BY-LAW No. VIII, Section 3, Subsection 3, be amended to read: "a quorum at all sessions of the General Assembly shall consist of 20 members."

12. RESOLVED THAT BY-LAW No. XX be amended by deleting all words after "Board of Directors."

13. RESOLVED THAT BY-LAW No. XXII, Section 1, Subsection 1, be amended changing the words "this By-Law" to "these By-Laws" in line 2.

The following were approved by the Board of Directors on September 14, 1952, and General Assembly, September 15, 1952:

14. RESOLVED THAT BY-LAW No. III, be retitled "Affiliated Societies".

15. RESOLVED THAT BY-LAW No. III, Section 1, be amended to read—The designation Affiliated Society shall mean and include an organized medical society representing the legally qualified practitioners of medicine in a defined geographical area in the province of British Columbia, which has applied for affiliation and has been recognized by the Association as an "Affiliated Society".

16. RESOLVED THAT BY-LAW No. III. Section 2, subsections a and b; Section 3, subsections a and b, be amended by substituting the words "Affiliated Society" for the word "Branch" wherever it appears.

17. RESOLVED THAT BY-LAW No. VI, Section IV, subsection b, be amended by substituting the words "Affiliated Society" for the word "Branch" wherever it appears.

MOTION—THAT these amendments be adopted. Carried.

The General Assembly, May 17, 1952, approved the transfer of the Benevolent Fund to the College of Physicians and Surgeons of B.C. The following Extraordinary Resolution has been drawn to complete the necessary constitutional authority. This was approved by the Board of Directors, September 14, 1952, and the General Assembly, September 15, 1952, and is now presented for confirmation at this meeting.

EXTRAORDINARY RESOLUTION

BY-LAW No. XXIII

WHEREAS pursuant to the provisions of By-Law No. XXI, a Benevolent Fund was established by the Association for the purpose of assisting any person who is or has been a member of the College of Physicians and Surgeons of British Columbia or the husband, wife, parent, child, brother, sister or other member of the family of such person or any person who is or was dependent upon him whether or not he has been a member of this Association.

AND WHEREAS the Association is able to finance the Benevolent Fund only on a voluntary basis and it is considered that a compulsory means of financing the Benevolent Fund is desirable.

AND WHEREAS the existing Benevolent Fund consists principally of monies transferred to the Association by the College of Physicians and Surgeons.

AND WHEREAS it is considered advisable that the Benevolent Fund in its entirety be paid over and transferred to the College of Physicians and Surgeons of British Columbia.

NOW THERFORE BE IT RESOLVED that Section 4, By-Law No. XX1, of the Association be and the same is hereby repealed and that the following be substituted therefor:

Section 4—"The Benevolent Fund of the Association established pursuant to the provisions of By-Law No. XXI and as of the 15th day of August, 1952, consisting of cash in the amount of $3,785.45 and bonds of the par value of $67,000.00, shall be paid over to The College of Physicians and Surgeons of British Columbia, a body duly incorporated under the Medical Act of the Province of British Columbia, being R.S.B.C. 1948, Chapter 206, upon the understanding that the said Fund and all interest accrued or hereafter accruing thereon and any additions thereto shall be used and applied by the said College of Physicians and Surgeons and the Council thereof only for the purposes set forth in Section 92 (1) (c) of the said Medical Act or such other purposes as the members of the College may decide, and further that upon payment over as hereinbefore provided the Trustees of the existing Fund be and they are hereby fully released and discharged from any and all obligations as Trustees of the said Fund."

MOTION—THAT this Extraordinary Resolution being By-Law No. XXIII be adopted. Carried.

8. *Report of President*—Dr. H. A. L. Mooney.

The following is a brief summary of the work done in the past year.

The active and constructive work took place for the most part after the 1st January with the transfer of the control of economics to the Division.

At that time it was necessary to strike some sort of a budget and a system for the collection of dues. The Board of Directors set the annual dues at $30. Because we were starting a new office and had no idea of the initial expenditure which might be necessary, the Founders Fund was decided upon, following original suggestions made by Dr. J. Ross Davidson and Dr. Donald H. Williams. As it has turned out the money thus raised has not had to be used in the way we had anticipated. As a result this money is now in a Reserve Fund for any future contingency which might arise. With this in mind, it is thus still possible for any members of the Association, who have not already done so, to contribute to the Founders Fund, if they so desire. This I would urge upon all members in order to build up a reasonably large reserve.

Dr. E. C. McCoy was appointed temporary Director of Organization to help expedite the work in the office. His energy and enthusiasm proved extremely valuable to the Association, particularly in the direction of the Founders Fund and the membership appeal.

At this present time our membership is 976 and some 940 members in the C.M.A. from this Division.

We know that each year in any voluntary organization, that membership is the foundation which makes all the work and the results possible. It is thus imperative that we all continue in the coming years to support the Association and make sure that every other doctor in our own community becomes a member.

The services of Dr. Gordon Ferguson were acquired in April as the first "full time" Executive Secretary for the Division. He has already proven to be invaluable, not merely from the work which he accomplishes in the office, but from the advice and guidance which he has given to all of us.

Work accomplished during the year included the negotiation of a new S.A.M.S contract with the Government with the increase in per capita payment from $14.50 to $18.50. The Workmen's Compensation Board Committee continuing from Council, successfully concluded their negotiations with the Compensation Board. A new Tariff was prepared for deadline of April 15th and was distributed to all members of the profession as soon as possible thereafter.

The Executive Secretary and myself have called upon the Minister of Health and Welfare, The Honourable Mr. Eric Martin, and expressed to him the desire of the doctors to cooperate with him in any way which will benefit the health of the people of the Province of British Columbia. He has assured us of his willingness and anxiety to cooperate with the medical profession,

The Constitution has proven that it is workable but like any other new development has required and probably will require revision as the circumstances may demand. In this regard I would like to see it made possible for the Executive Secretary and the President to visit all the larger Districts of the Division throughout the Province. The Committee on Education is ready and willing to help with the provision of speakers for any of the Districts, and working through the Executive Secretary's office, I believe can make a very great contribution to the medical men in the Province.

Any success which we have had during this past year has been due in large part to the very hard work done by the Committee Chairmen and their Committees. Dr. Palmer with his various Sub-Committees, has put in countless hours of hard and profitable work. Dr. Frank Turnbull, as Chairman of the General Assembly, worked tirelessly and in an ever efficient manner, and has been a veritable tower of strength to the Association, and without his help this year could not have been nearly so successful. To all these people the Association owes a very great debt.

Finally, to keep any organization going with the maximum efficiency, it is not only necessary to have membership, it is equally necessary for any members who have any criticisms to make certain that these criticisms are heard. This can be done directly to the General Assembly or through your representatives on the Board of Directors.

Constructive criticism is naturally always the most acceptable, but I believe that it is of the utmost importance for all members to take an active interest and if they feel that something is being done which is not in the best interest of the Association they should raise an immediate active voice to the Executive and Board of Directors requesting early consideration of the matters concerned.

This has been a most interesting year, and it has been a great privilege to have been the President of this Association during the year 1951-52.

9. *Installation of New Officers.*

The President called the new officers forward and invited Dr. Stewart Wallace to install them. The new President, Dr. J. A. Ganshorn, was then invited to take the Chair.

10. *New President's Remarks.*

I would like to thank you for this great honour you have extended to me. The task is a great and responsible one and I wish to assure you that I will carry it through to the best of my ability.

Work in the Association is stimulating. We have developed an excellent organization of a democratic nature which is working smoothly and producing excellent results. Your elected delegates work hard and harmoniously for the common good.

The programme for the coming year will in most instances be a continuation of the work started this past year. Particular emphasis will be given to Public Relations and Medical Economics of which the study of the principle of feeing and instituting our defined policy on extra billing will be leading.

Although the Executive of the Board of Directors acts as a 'Grievance Committee', some thought will again be given to extending the scope of this 'mediation' board. The study of salaried doctors and contract practice will continue.

How much can be done by the Association in lecture tours around the province is not yet clear, but a beginning will be made this Fall.

Our membership at 976 the first year is a good sign, but there is room for improvement until every physician in a private practice and institution is firmly associated with us. It is hoped that members will not stop at paying the fee but will also take part in the activities of the Association and contribute their experience to this work.

I would like once more to remind you that the Founders Fund remains open, and although there are over 200 members who have contributed, it is the hope of the

Board of Directors that every physician will in time make the contribution so that financial stability of the Association will be assured.

11. *New Business.*

Nil.

12. *Adjournment.*

The meeting adjourned at 10:15 p.m., to meet next in Vancouver during the week beginning September 21, 1953.

MINUTES

GENERAL ASSEMBLY

Canadian Medical Association — B.C. Division

MONDAY, SEPTEMBER 15, 1952

1. *Call to order.*

The meeting was called to order by the Chairman, Dr. F. A. Turnbull, at 9:45 a.m. in the Ballroom of the Empress Hotel, Victoria, B.C. In his opening remarks he told the Assembly that this was the first 'Full Dress' meeting of the General Assembly as set up under the new Constitution. We are here to carry out business that has been conducted by the Board of Directors all year.

This was in a sense a Public Meeting as we have for the first time invited members of the Press to attend.

2. *Approval of the minutes.*

MOTION—THAT the minutes of the meeting of May 7, 1952, be accepted as circulated. Carried.

3. *Treasurer's Report*—Finance Committee.

This Report is published in full in the proceedings of the Annual Meeting.

4. *Benevolent Fund*—its disposition.

It was hoped that Dr. Ainley would have been in attendance to discuss this purely administrative problem. A letter by him written on September 4, 1952, was read.

Dr. Turnbull explained that Council had taken the problem to their legal Counsel and the Association to Mr. Sherwood Lett.

The EXTRAORDINARY RESOLUTION being By-Law No. XXIII was then read and approved for presentation to the Annual Meeting. (See proceedings of Annual Meeting.)

MOTION—THAT we convey to Dr. Ainley our thanks for his efforts on behalf of the Benevolent Fund. Carried.

5. *Report of Representative to C.M.A. Executive*—Dr. H. A. L. Mooney.

Mr Chairman and Members:

The following is a brief report as representative of British Columbia on the Executive of the Canadian Medical Association.

Meetings of the Executive Committee took place following the Annual Meeting in Montreal, and in Toronto in November, 1951. There was no further meeting until immediately preceding the 1952 Convention at Banff.

At the Annual Meeting in Banff in June, Dr. Thomas McPherson of Victoria was presented as Senior Member of the Canadian Medical Association from the B.C. Division.

Also at Banff, for the first time in the history of the Canadian Medical Association, the press was admitted and sat in during the deliberations of General Council, an experiment which is being tried at the Divisional Meeting here in Victoria.

Two specific problems which had been referred from this Division for the attention of the C.M.A., namely—The care of R.C.M.P. personnel, and the Sick Mariners Fund, were discussed in Executive Session and were referred for further investigation and report to the Economic Committee of the C.M.A.

There is a much higher budget in prospect for the C.M.A. during the next year and possibly for succeeding years. The increases have been due to such items as:

A grant to Trans-Canada Medical Services for $8,000.00.

Budgetary arrangements for the Economics Committee to have a meeting at which all Division Chairmen will be present.

Increases in the Central Office staff including the services of an Economic Advisor if necessary.

A grant to the first World Conference on Medical Education in London.

Beginning the preparation of a Forty Year Index to the Journal.

The expense to which the C.M.A. is being put in maintaining a seat on the Joint Hospital Accreditation Committee in the U.S.A. and the part which it hopes to play in the standardization of hospitals in Canada.

For all these reasons it has been found necessary to increase the dues payable to the C.M.A. from $10.00 to $20.00 a year. As was pointed out in the News Letter to the Profession from the Secretarial Office, this has been the first increase in fees since 1922, and when you consider the necessity for maintaining a sound financial standing in the Canadian Medical Association, I am sure no one will question the wisdom of the increase.

Membership in the Division of British Columbia now stands at 976, the paid up membership to the C.M.A. from British Columbia for this year is 940.

Since the C.M.A. is the voice of Medicine in Canada which speaks for all of us, it behooves us to see that we have the largest possible membership in the C.M.A. from this Division. It is important to remember that in joining the C.M.A. we are not merely subscribing to a magazine, we are doing our share in making the C.M.A. the effective organization which we know that it is, and must remain.

All of which is respectfully submitted.

H. A. L. MOONEY, M.D.

Dr. Turnbull at this point introduced Dr. T. C. Routley, General Secretary of the Canadian Medical Association and Dr. Roy Richardson, Chairman of the Committee on Economics of C.M.A.

6. *Representative to C.M.A. Executive to succeed Dr. Mooney in June,* 1953.

The resolution recommended by the Board of Directors, 14 September 52, "THAT the Board of Directors recommend that any officer of the Association may be our representative to the Canadian Medical Association Executive" was read and discussion resulted as follows.

MOTION—THAT the representative from the B.C. Division to the C.M.A. Executive always be an officer. Carried.

MOTION—THAT Dr. J. A. Ganshorn be nominated to be our representative to the C.M.A. Executive in June, 1953.

AMENDMENT—THAT Dr. Ganshorn be elected for a period of three years. AMENDMENT DEFEATED.

The Chairman declared that Dr. Ganshorn was unanimously elected as our representative to the C.M.A. Executive in June, 1953, for one year.

An intermission of 15 minutes was called during which the President officially opened the Exhibits and conducted a tour.

7. *Report of Public Relations Committee*

Dr. Gordon Johnston reported on the activities of his committee. Among other things, they fostered the idea of a radio programme to acquaint the public with the

activities of the profession. A sample programme had been prepared by Mr. Dorwin Baird of CJOR on the 'Interview Type" and it was presented to the General Assembly.

MOTION—THAT the principle of a Radio Programme for our Division be adopted. Carried.

The Press had been invited for the first time to attend the Annual Meeting. Since this Committee had been formed less than three months ago very little had been accomplished so far. Hope for more space in the Bulletin was expressed. Reticence on the parts of doctors to have their affairs publicized having been overcome, the Public Relations Committee now feels it can promote better relations through the medium of press and radio.

Dr. Johnston's committee consists of Dr. F. L. Skinner, Dr. W. J. Dorrance, Dr. Howard Black and Dr. R A Stanley

Associate members: Drs. G. H. Grant, R. G. Large, H. A. L. Mooney, J. W. Wilson, R. R. M. Glasgow, H. F. P. Grafton, J. M. McMurchy.

MOTION—THAT this report be accepted. Carried.

On behalf of the Association an expression of thanks was made to Dr. Johnston for the splendid report and the initiative that the committee has shown; and to Mr. Baird for the radio demonstration.

8. *Information concerning Group Sickness and Accident Insurance.*

The group policy has functioned well since 1942 and there are 354 policies in operation.

MOTION—THAT suitable publicity be given to the already existing group policy with regard to sickness and accident insurance. Carried.

9. *Recommendations concerning Group Life Insurance*—Dr. Brewster.

MOTION—THAT Marsh and McLennan, consulting actuaries, be empowered to act for us without cost and proceed with the study of a full scheme for Group Life Insurance, the details of which are to be in the hands of the Board of Directors within the next two months. Carried.

10. *Recommendations concerning Group Pensions*—Dr. N. J. Blair.

MOTION—THAT the Committee on Pensions be requested to continue to investigate the subject and contact any broker or other source of information regarding Pension Plans. Carried.

11. *Accidental Death and Hospital Benefits proposed for group policy.*

MOTION—THAT this matter be deferred for further consideration with the possibility that medical benefits to members of the medical profession be considered at the same time. Carried.

12. *COMMITTEE REPORTS*

COMMITTEE ON MEDICAL EDUCATION

Mr. Chairman and Members of General Assembly:

Now that our Medical Faculty is so firmly and well established perhaps the greatest future usefulness of this Committee will be to keep strong liaison between the general profession and the Medical School. To this end Dean M. M. Weaver consented to be an ex-officio member of the committee and met with us on April 30th, when he outlined the aims and teaching philosophies of our Medical School.

The purpose of the Medical Faculty of the University of B.C. is to train a good, but undifferentiated physician, that graduates will be thoroughly trained in the basic sciences and clinical subjects, but without undue emphasis on any specialty. Such undergraduate training would be a firm foundation for future specialization but at the same time make a fully capable general physician. Also considerable emphasis will

be laid on teaching Medical Economics, ethics and other aspects of the practical application of medical knowledge and the physician's relationship to his colleagues.

Therefore, it is strongly urged that this committee meet at least once or twice yearly with the Dean of Medicine or his representative to exchange views on undergraduate medical education. In this way the profession will remain informed and the medical teaching faculty may find helpful certain occasional suggestions from the active practising profession.

Your committee wishes to thank Doctors E. Christopherson and E. France Word for traveling to Trail at their own expense to speak to the West Kootenay District Meeting.

The Committee on Medical Education supports the principle of Post Graduate tours, and will continue to supply speakers on request, but hopes that the Association budget will soon make it possible to reimburse out-of-pocket expenses for such volunteer speakers.

Your committee was requested to consider a submission from the Central Nucleus Committee on Medical Education of the C.M.A. regarding a proposal to hold a world international conference on Medical Education, such conference to be convened in London in the Autumn of 1953 under the auspices of the World Medical Association.

The Committee on Medical Education of the B.C. Division heartily supports this proposal, feeling that only out of such a conference could be derived a proper picture of world medical supply and a genuine comparison of medical quality and training. Your committee also emphasized to the Central Committee that in any such international conference there was need for recognition of the problems concerning undergraduate studies. Also that such a conference should be most helpful in any future planning for medical care and public health on a world-wide basis.

All of which is respectfully submitted,

GORDON O. MATTHEWS, M.D.

COMMITTEE ON PROGRAMME AND ARRANGEMENTS

Mr. Chairman and Members of General Assembly:

Interim Report

To date we have had eight full meetings. All arrangements are complete for speakers, annual meetings, luncheon, golf, buffet supper and dance and annual dinner.

Exhibitors were contacted early and forty-one have been allotted space for their exhibits.

Sixteen men of the profession have signified their desire to enter the hobby show.

The ladies committee has been fully organized and have a full programme for the doctors' wives.

Financially the programme will be successful.

I wish to thank each and every man of the Committee for their excellent contributions and loyal support.

All of which is respectfully submitted.

RAYMOND C. NEWBY, M.D.

A vote of thanks to the Programme and Arrangements Committee for their efforts was extended on behalf of the Association.

PUBLIC HEALTH

Mr. Chairman and Members of General Assembly:

We beg to submit herewith the annual report of the Committee on Public Health for the year 1951-1952. Your committee continued to act in an advisory capacity in matters related to the field of Public Health.

Only two problems were referred to the committee for advice, namely "Fluoridation of Water Supplies" and the Industrial Conciliation and Arbitration Act that affects the Medical Profession.

In the first instance, it was recommended by your committee that the principle of Fluoridation of Communal Water Supplies under control conditions for the prevention of dental caries be endorsed.

In respect to the Industrial Conciliation and Arbitration Act, it was recommended that the Medical Profession should follow the same policy as the professional engineers and oppose inclusion of the Medical Profession under the provisions of this Act.

All of which is respectfully submitted,

G. F. KINCADE, M.D.

CONSTITUTION AND BY-LAWS

Mr. Chairman and Members of General Assembly:

Several amendments to the Constitution have been considered this year. These may be divided into three categories.

1. Those made necessary by the separation of our finances from those of the College of Physicians and Surgeons of B.C. This necessitates revision in particular of the By-Law regarding membership.
2. Several minor clarifications of detail.
3. The alteration of our By-Law re Branches. The word "Branch" has a definite legal meaning in the Societies Act, which demands subservience. This is not the intention of our Association with regard to the Regional Medical Societies.

This committee's recommendations under categories (1) and (2) above have been dealt with by the Board of Directors and on May 17, 1952, were passed by the General Assembly. They must now be considered for confirmation by our Annual Meeting, September 16, 1952.

Our recommendations under (3) above "Branches" have been accepted by the Board of Directors and must now be dealt with by this General Assembly and the General Meeting, September 16, 1952.

RESOLVED THAT BY-LAW No. III be retitled "Affiliated Societies".

BY-LAW No. III—AFFILIATED SOCIETIES

RESOLVED THAT BY-LAW No. III, Section 1, be amended to read—

The designation Affiliated Society shall mean and include an organized medical society representing the legally qualified practitioners of medicine in a defined geographical area in the province of British Columbia, which has applied for affiliation and has been recognized by the Association as an "Affiliated Society".

RESOLVED THAT BY-LAW No. III, Section 2, subsections a and b
Section 3, subsections a and b
be amended by substituting the words "Affiliated Society" for the word "Branch" wherever it appears.

RESOLVED THAT BY-LAW No. VI, Section IV, subsection b, be amended by substituting the words "Affiliated Society" for the word "Branch" wherever it appears.

I wish to thank the members of the committee and our Secretary, Dr. Ferguson, for their cooperation.

Respectfully submitted,
R. A. STANLEY, M.D.
Chairman.

MOTION—THAT we approve these amendments for presentation to the Annual Meeting. Carried.

ARTHRITIS AND RHEUMATISM

Mr. Chairman and Members of General Assembly:

Although not as active as when first organized, this committe continues to meet several times a year—most recently on July 28th. It continues to function as an Advisory Committee for the Canadian Arthritis and Rheumatism Society and to further clinical and laboratory investigation into the causes and treatment of rheumatic diseases, chiefly rheumatic fever and rheumatoid arthitis.

An extensive investigation as to the best method for the use of Cortisone in rheumatoid arthritis and rheumatic fever was undertaken on a research basis in certain well-equipped centres in the province in the early spring of 1951. The funds for this purpose were provided by the B.C. Division of the Canadian Rheumatism Association and Professor Robert Kerr kindly took on the chairmanship of what has proved to be a very active committee. It is anticipated that a report will be ready by the spring of 1953 on these research activities. The delay is caused by a desire to have the long-term value of the newer remedies assessed rather than the short-term reports with which the literature is over-abundant.

Other research that is under way concerns the methods of assessment of various steroids in the blood and urine, and this is being carried out at the University of British Columbia under the direction of Professor Marvin Darrach. This has been under way for only a short time and may well prove to be both illuminating and time consuming.

Clinical investigation is also proceeding in various centers into new methods of treatment and from time to time the Profession in the province is being advised of any valuable additions to treatment, either by articles in the Bulletin, the C.M.A.J. or by guest speakers at district meetings.

The committee would like to draw to the attention of the Profession the need for special beds, particularly in major hospitals, both for the study of rheumatic disease and for the instruction of under-graduate and post-graduate students. It is felt that much of the future improvement in knowledge of rheumatic diseases will come from improved instruction at a medical school and teaching hospital level.

Finally, it is again stressed that this committee has always advised the Canadian Arthritis and Rheumatism Society that its policy should be to augment the facilities available to the family physician to treat his patients who have rheumatic disease rather than to compete with him. It is gratifying to be able to report that this policy has been followed out and the only difficulty encountered has been with some family physicians who seemed unwilling to receive back a patient for further treatment who has been referred to an Arthritic Center. This applies particularly to indigent patients, even those eligible under S.A.M.S., and may constitute a talking point for those who favor socialization of medicine.

All of which is respectfully submitted,

A. W. BAGNALL, M.D.

CANCER

Mr. Chairman and Members of General Assembly,

Members of the Committee on Cancer of the British Columbia Medical Association for the past year were:

Dr. A. M. Evans, Chairman; Dr. J. Balfour, Dr. A. C. G. Frost. Dr. J. A. Ganshorn, Dr. Roger Wilson, Dr. Ethlyn Trapp, Dr. W. J. Dorrance, Dr. G. R. F. Elliot, Dr. H. K. Fidler, Dr. H. M. Edmison, Dr. A. B. Nash.

No matters of importance were brought to the attention of the Committee on Cancer during the past year.

Respectfully submitted,

A. M. EVANS, M.D.

CIVIL DEFENCE

Mr. Chairman and Members of General Assembly,

This constitutes the report of the Committee on Civil Defence. Little actual work concerning the medical aspect of this problem has been done by your committee during this last year. The work of organization, by and large, has been carried along in the Government Services by the various Health Officers.

The Association endorsed the principle that the pertinent Health Officer in a given area would be the director and authority by the Civil Defence scheme in that area working in concert with the medical organizations of that area. Early in the year it was indicated that desire existed on the part of the Civil Defence Agencies, particularly the Federal Agency, that a series of First Aid Stations should be set up throughout the province. This has not been done as of this date. Frankly speaking, the stumbling block is a shortage of money and the eternal difficulties existing between the various governments, Municipal, Provincial and Federal, as to share of financial responsibility. No provision has yet been made that I am aware of, concerning administrative offices, secretarial staff and other necessity services for this project.

In all fairness, I must commend the endeavors of Doctors Patterson, Elliot and Murray of the Provincial and City Health Services for their efforts and activities in this cause.

Again I emphasize that the difficulties of bringing an active organization into being is one of finance. I do not intend to be a party to any programme that is not properly financed by the responsible Governments in setting up the medical aspect of this scheme. I have had no communications from the City Civil Defence Headquarters and only one or two from the Provincial Headquarters.

In my humble opinion, if Civil Defence is a real and urgent necessity then the problem is not being faced squarely from a financial standpoint by the responsible Governments. Should an emergency ensue suddenly it is only fair to state that there is little or no medical organization existing at the present time to deal with it that I know of. I should think that this will be a continuing direction as they come from time to time from the Civil Defence Agencies.

Respectfully submitted,

R. HUGGARD, M.D.

INDUSTRIAL MEDICINE

Mr. Chairman and Members of General Assembly,

So far this year the Committee on Industrial Medicine has not had any specific work assigned to it, nor have we had any requests from Government or other official bodies for advice.

All of which is respectfully submitted,

E. W. BOAK, M.D.

MEMBERSHIP

Mr. Chairman and Members of General Assembly,

I herewith beg to report on the activities of the Membership Committee of the Association for the year 1951-52.

On October 1, 1951, there were 1325 doctors members of the B.C. Medical Association. The conditions under which the profession became members of the Association were changed, and it was found that there was a period in which doctors did not avail themselves of the privilege of belonging to our Association. However, I am pleased to report that on July 1st of this year, there were 966 members.

An opportunity was given the profession to enroll as Founder Members of the new B.C. Division of the Canadian Medical Association, at an amount in excess of the annual dues. Two hundred and twelve doctors have availed themselves of this privilege.

It is probable that more members will have joined the Division before this Annual Meeting. If figures are available, the Secretary will advise.

Respectfully submitted,
LAVELL H. LEESON, M.D.

PHARMACY

Mr. Chairman and Members of General Assembly,

During the past year the Committee on Pharmacy has been again engaged in the preparation of a new edition of the Formulary. It is expected that it will be ready by the end of the summer. This project has occupied several years and the material in the revised edition has been considerably altered from the last previous edition. The work was undertaken with the expectation that the new volume would be of value to the practising physician and that it would be of use as a reference in connection with prescribing within the Social Assistance Medical Service.

A good deal of attention was devoted to the increasing cost of providing medicines to Social Assistance cases, and at the request of the Committee on Medical Economics a plan was prepared aimed at reducing this cost. This plan is on record.

This report is respectfully submitted,

D. M. WHITELAW, M.D.

HOSPITAL SERVICE

Mr. Chairman and Members of General Assembly,

I beg to report that upon appointment by your Association as Chairman of the Committee on Hospital Service a committee consisting of Dr. P. O. Lehmann, Dr. F. Patterson, Dr. A. Hardyment, Dr. J. H. Black, Dr. D. Munroe and Dr. L. R. Williams were selected.

However, during the year no problems were placed before us and it was not necessary to meet.

As Chairman, I have attended several of the meetings of the B.C. Hospital Association and have been kept informed of their various activities.

Thanking you and the Association for the privilege, this report is respectfully submitted.

J. C. MOSCOVICH, M.D.

Carried.

MATERNAL WELFARE

Mr. Chairman and Members of General Assembly,

This report from the Committee on Maternal Welfare is in the form of a request from the committee to the British Columbia Division.

The committee feels that one of its most important functions if not the most important should be that of reviewing all maternal deaths that occur in the province of British Columbia. This review to be entirely a clinical review in detail of each individual case in an endeavor to determine whether or not the death could be classified as preventable or non-preventable. Such a detailed study in retrospect would have great educational value if properly edited and published as a clinical case report in our Bulletin. Such reports would be entirely clinical and not concerned in any way with names of patients, doctors or localities in the province. If we are to gain ground in the ever present problem of Maternal Welfare we must study these problem cases and all learn from them.

If it is the wish of this Association to ask this committee to carry out such a function it is necessary that through this Association whatever steps are necessary be taken in order that all the clinical information possible be made available to the committee for such a study.

On behalf of the committee I would ask that you give this request your serious consideration and take such action as you see necessary in order that such an important function may be carried out.

Respectfully yours,
ALEC M. AGNEW, Chairman.

13. *Reports from Sections*

Reports were received from the following sections:

Anæsthesia—Dr. N. R. J. McMillen
Dermatology—Dr. D. E. H. Cleveland
General Practice—Dr. J. F. Tysoe
General Surgery—Dr. J. W. Frost
Internal Medicine—Dr. F. L. Skinner
Obstetrics & Gynæcology—Dr. A. C. Gardner Frost
Neurology & Psychiatry—Dr. B. F. Bryson
Pædiatrics—Dr. J. H. B. Grant
Radiology—Dr. W. L. Sloan
Pathology—Dr. H. K. Fidler
Eye, Ear, Nose & Throat—Dr. G. Chisholm

The Chairman explained that steps are going forward to assist the Section on Radiology and some of the other newer sections with integration and, if necessary, special meetings with the executive will be held to assist them with their problems.

14. *Report—Nominating Committee.*

Mr. Chairman and Members of General Assembly,

The Nominating Committee presents the following nominations for the year 1952-1953.

1. PRESIDENT ELECT — Dr. Geddes Large
2. VICE-PRESIDENT — Dr. Frank Turnbull
3. CHAIRMAN OF GENERAL ASSEMBLY — Dr. Frank Turnbull
4. HONORARY SECRETARY TREASURER — Dr. W. R. Brewster
5. FINANCE COMMITTEE
   Dr. E. W. Boak
   Dr. W. J. Dorrance
   Dr. G. O. Matthews
6. The place of the next Annual Meeting will be Vancouver at the Hotel Vancouver during the week beginning Monday, 21 September, 1953.

Chairman, Dr. H. A. L. Mooney
Secretary, Dr. G. G. Ferguson

Further nominations were called for each office separately. There being no further nominations in any instance, the officers named in the report were declared elected.

15. *Report of the Committee on Medical Economics*

Mr. Chairman and Members of General Assembly,

I have the honour to submit the annual report of this committee for the year ending the 16th of September, 1952. The members of the committee were selected from the elected representatives to the General Assembly and were appointed by the Board of Directors of the Association. The members were: R. A. Palmer, Chairman; N. J. Blair, P. O. Lehmann, F. P. Patterson, Ross Robertson, all of Vancouver, W. R. Brewster, New Westminster, John Tysoe, Victoria, H. F. P. Grafton, Kamloops; J. R. Davidson of Vancouver was a late appointment. Ex-officio members of the committee were the President of the Division, Dr. H. A. L. Mooney; the Chairman of the General Assembly, Dr. F. A. Turnbull, and Dr. J. A. Ganshorn, the President-elect. Additional members appointed from the interior of the province—Dr. F. L. Wilson of Trail and Dr. A. S. Underhill from Kelowna—were unable to serve. Honorary advisors to the Committee on Medical Economics were Dr. H. H. Milburn, Dr. G. F. Strong and Dr. Wallace Wilson, all of whom were good enough to accept appointment.

The committee has served entirely in an advisory capacity, responsible to the Board of Directors and to the General Assembly. Working in this spirit it has considered a number of important problems in medical economics since the Association took over responsibility for these matters from the Council of the College the 12th of January, 1952. A preliminary report was published in the March, 1952, issue of the Bulletin and an additional report was given to the special meeting of the Assembly 17th May, 1952. Matters which were fully reported on those occasions will therefore be only summarized at this time.

The work of the committee was divided into two main groups. First, those problems requiring early or immediate action, such as the W.C.B. fee revision, the renewal of the S.A.M.S term of service, the revision of the Tariff schedule, problems concerning M.S.A. and other prepaid medical plans, and the day to day economic problems of the individual practitioners. Secondly, long term problems, such as health insurance, study of the basic costs of medical services, inter-relations of special and general practice, studies of the patterns of practice and of new developments in the provision of medical services to the community. These various problems were assigned to sub-committees under the following chairmen.

W.C.B.	Dr. Fred Sparling
Tariff Revision	Dr. John Tysoe
Prepaid Plans	Dr. P. O. Lehmann
S.A.M.S.	Dr. Ross Robertson
Salaried and Contract Practice	Dr. J. R. Davidson
Health Insurance & Government Plans	Dr. F. A. Turnbull
B.C.H.I.S. Relationships	Dr. J. A. Ganshorn

It is to be noted that all chairmen of the above sub-committees were members of the main Committee on Medical Economics with the exception of Dr. Fred Sparling who had been appointed previously by the Council and was good enough to accept re-appointment by the Association.

In addition, a Reference Committee was appointed.

W.C.B. Fee Revision

Members of the sub-comittee were Dr. Fred Sparling, Chairman, Dr. Roy Huggard and Dr. G. A. McLaughlin, all of whom had previously served in the sub-committee of the Council and generously accepted re-appointment. Additional members appointed by the Association were Dr. F. P. Patterson and Dr. W. R. Brewster. As previously noted in the report to the Bulletin in March, 1952, and elsewhere, the first three members of this sub-committee had numerous meetings with representatives of the Workmen's Compensation Board. These meetings were conducted in a friendly and cooperative spirit and as a result, many of the outstanding differences in the W.C.B. fee schedule were revised by the end of February, 1952. If you recall, at that time our representatives did not have our own tariff revision as a guide so that some continuing discrepancies were inevitable. However, it is expected that opportunities for the removal of these will be provided in the future. The profession is indebted to Dr. Fred Sparling and his sub-committee for valuable work done. Our thanks are due also to Dr. Giles Murphy of the W.C.B. and his medical officers for friendly cooperation.

This sub-committee was dissolved with the completion of its work in March, 1952, and in August, 1952, Dr. F. P. Patterson was instructed to form a new sub-committee to maintain liaison with the W.C.B. with the object of considering any future or recurring problems in this field. It is hoped that some mechanism may be devised whereby problems in the payment of medical services by the Board may be arbitrated when necessary.

The Tariff Revision

The sub-committee consisted of Dr. J. F. Tysoe, Chairman, Doctors N. J. Blair, S. L. Williams, Roger Wilson, Peter Spohn of Vancouver and Dr. H. J. Alexander of Vernon. This committee held frequent meetings, usually at weekly intervals, and were able to complete a revision of the entire schedule, including laboratory and x-ray services. This was approved for publication by the Board of Directors 15 April, 1952. It was therefore possible to give notice of the change in the tariff schedules to the various interested prepaid medical plans at that time, though the actual printing of the schedule was delayed until the end of May. An outstanding problem presenting in the introduction or preamble was that of the division of fee for a surgical case between the surgeon and the doctor in attendance, usually the general practitioner. It was not possible to secure agreement between the interested parties and it was deleted. It will be necessary to give problems presented by such an omission the closest of attention in the future, and it is also hoped that discussions between representatives of the interested groups, namely the surgeon specialist and the general practitioner, may evolve a satisfactory solution.

Another important problem involving the welfare of the whole profession concerns the proper evaluation of laboratory and x-ray services. As some of these services are technical or semi-technical it should be possible to determine a basic cost and to relate the schedule fee to the known value. Unless an attempt is made to do this on some fair and reasonable basis, and if these services are found to be on an uneconomic basis, the fee schedule for all professional services may be jeopardized.

Prepaid Plans

The members of this sub-committee were Dr. P. O. Lehmann, Chairman, Doctors Gordon Francis, Elmer Jones of Vancouver, Dr. Gordon Grant of Victoria and Dr. Jack Sinclair, New Westminster. The numerous problems into which this committee made some enquiry included the status, financial and otherwise, of the various societies offering prepayment for medical services, the problem of extra billing, the problem of income limits for subscribers.

The sub-committee is keeping under periodic review the financial condition, benefits and terms of service of the approved societies.

The problem of extra billing required a good deal of detailed study, having in mind not only the interests of the various sections of the medical profession but also the subscribers to the prepaid plans, and the societies or associations themselves. Recommedations in respect to extra billing will be considered separately by the Assembly.

In regard to income limits and prepaid plans, after some consideration it was decided not to recommend any change in the position that no more than 10% of any group may be above a certain basic income level.

In one instance, the M.S.A. requested the sub-committee to investigate the possibility of fraudulent charges being made by a doctor for services not actually rendered. This matter was investigated and the services of an auditor were obtained. The matter was referred to the Economics Committee and on to the Executive of the Board of Directors. After consideration of all the evidence, it was found that while some mistakes had been made there was no fraud or malpractice. Satisfactory restitution to the M.S.A. was made by the involved doctor.

Problems presented by Trans-Canada Medical Services, the problem of the care of service men's dependents under prepaid plans, the problem of developing adequate prepaid plans for individual subscribers, are to be given consideration by the sub-committee in the future.

S.A.M.S.

The members of this sub-committee were Dr. Ross Robertson, Chairman, Doctors L. S. Chipperfield, T. R. Blades, W. W. Simpson, H. Scott, M. M. Baird, Howard Black and Mr. Deighton

This sub-committee was immediately faced with a number of difficult problems. Paramount amongst these was the matter of renewal of the contract with the Government. The difficulties were increased by the lateness of the season as in the past years the renewal of the contract had been arranged before or just after the New Year. After a study of the actual costs of the service in the preceding three years and having consideration for the changing conditions of private practice, it was felt that the profession should be paid on a scale approaching the actual cost of service less some allowance for collection of funds and administration which would be of the order of about 10%, The basic responsibility for providing medical services and other necessities to pensioners was a community-wide problem. The profession itself had a special responsibility to maintain a high quality of service on the most economical basis. Experience in the past three years has shown that the profession has been paid at the rate approximating 50% of the minimum schedule of fees, whereas the actual overhead cost of running a practice seemed to vary between 30% and 60%.

This problem was brought forward to the main Committee on Medical Economics who were in agreement with the findings of the sub-committee and on this basis discussions were entered into with the Minister of Health. Negotiations were begun by the main Committee on Medical Economics and continued by special representatives appointed by the Board of Directors, Dr. F. A. Turnbull and Dr. E. C. McCoy. Satisfactory and friendly relationships were maintained with the Minister and his representatives and the difficulties of both parties were given full consideration. Finally, at the Special meeting of the Assembly 17 May, 1952, the following resolution was passed. "RESOLVED THAT in future negotiations with the Government regarding the Social Assistance Medical Service contract that the ultimate objective for payment be the cost of service less 10% for administration; AND THAT the Executive of the Board of Directors subject to ratification by the Assembly be authorized to terminate the contract unless satisfactory progress is made towards this objective."

The Minister, the Hon. A. D. Turnbull, pointed out that at that time he was quite unable to budget any amount approaching the suggested sum, but he was able to offer a substantial increase in the contract, from $14.50 to $18.50 per capita. After consideration to the time of year, the Committee on Medical Economics recommended the acceptance of this offer subject to the understanding that the whole matter of the payment for services should be given further consideration before the contract is to be renewed the following year.

In the course of the discussions, the Minister pointed out two matters giving his department increasing concern, namely, the general increase in the utilization of medical services by the pensioners and secondly, the very rapid rise in the utilization of drugs. Both these factors were very likely to affect the ability of the government to pay for professional medical services and both these matters were to some extent under the control of the practising profession. The Committee on Medical Economics promised to give both problems full study and the Committee on Pharmacy of the B.C. Division was asked to look into the utilization of drugs. Dr. D. M. Whitelaw and his Committee on Pharmacy brought forth some useful recommendations which would serve to control the use of some of the more expensive drugs. This control would consist chiefly of having some of the more expensive preparations, not required for emergency, to be approved by a special committee to be set up by the B.C. Division. This recommendation, among others, was laid before the Special meeting of the Assembly on the 17th of May and was approved and sent on to the Minister of Health and Welfare. He agreed to the recommendations with some minor alterations suggested. In view of the change of Government there has not been an opportunity to put these into effect as yet. It was the strong recommendation of the Committee on Medical Economics, however, that the profession as a whole must accept full responsibility for preventing any unnecessary utilization of services or drugs or any other form of wastage as far as it is possible to do so. A campaign to enlist the full cooperation of the practising profession is to be maintained.

Another matter of importance which is receiving the attention of the sub-committee and the main committee is the problem of payment for services to pensioners provided by the staff of in-patient and out-patient departments of large organized hospitals, such as the General Hospital, St. Paul's Hospital and the Children's Hospital. Discussions are under way with representatives of the interested hospitals, the directors of S.A.M.S. and your committees.

Another problem which is receiving some consideration by the sub-committee is that of differentiating the value of payment for services rendered by general practitioners and by specialists. It has been suggested that the general practitioner should receive a substantially greater rate of payment, but this problem is to be given closer study.

Reference Committee

This committee was constituted in June and was set up to cope with economic problems arising between individual practitioners and the pre-paid medical plans, and also possibly with W.C.B., and between individual practitioners. It was given specific terms of reference which are as follows:

1. Tenure of office be two years; that two members change at the end of one year and three members change at the end of the following year. (To start the two members would retire after serving only the first year.)
2. Committee be responsible to the Board of Directors through the Medical Economics Committee.
3. The committee be appointed by the Chairman of the Medical Economics Committee.
4. Prepaid Plans be asked to contribute on a per capita basis to the cost of paying an honorarium of $15 per meeting to the members of the committee.
5. The committee be anonymous to the profession at large.
6. The committee be instructed that matters of the committee not be discussed outside of committee meetings.
7. All complaints shall be received in writing through the Executive Secretary.
8. The committee be empowered to render opinions directly to the disputing parties whenever possible through the Executive Secretary.
9. Disputing parties may appear before the committee on the request of either party.
10. The committee appoint its own Chairman annually.

It was stressed that the members of the committee should not be approached by individual members of the profession, and should have a formal meeting only when duly arranged through the Executive Secretary of the Division. Otherwise, it would be quite impossible for the various members to continue the performance of this very important work. A number of meetings have already been held and a number of difficulties have been dealt with.

In addition to the actual handling of current problems as they arise from time to time, it was hoped that as a result of its experiences the sub-committee will be in a position later in the year to offer advice as to general principles affecting the application of tariff schedules and some other problems of medical economics.

The sub-committee is not to serve as a mediation (grievance) committee to cope with difficulties arising between patients and practitioners and it was decided to ask the Executive of the Board of Directors to act in this capacity. This they have agreed to do.

Sub-committees on Health Insurance and Government Plans under Dr. F. A. Turnbull and on B.C.H.I.S. under Dr. J. A. Ganshorn, have had, so far, only limited opportunity for action due to the attention required by the other problems enumerated above. However, it is expected that these sub-committees will enjoy increased activity in the coming year.

The Problems of the Future

In addition to the work done for the various matters described above, the main Committee on Medical Economics has planned a series of meetings to consider some of the problems that may be presented by trends toward health insurance, changing patterns of practice, the development of community health services, a changing relationship between the general practitioner and the specialist, and other related matters. The first of these meetings was held on July 17th and we were privileged by having in attendance two of our honorary advisers, Dr. G. F. Strong and Dr. Wallace Wilson. The following papers were presented.

1. An analysis of the problem.—Dr. Palmer.
2. Levels of government and our approach to them.—Dr. Turnbull.
3. Experiences with government.—Dr. Ferguson.
4. Voluntary prepaid plans - their contribution.—Dr. Ganshorn.
5. The specialist in the medical future.—Dr. Lehmann.
6. The general practitioner in the future field of medicine.—Dr. McCoy.

It is planned to have further discussions along these general lines soon after the Annual Meeting.

The recent provincial Health Survey by Dr. G. F. Elliot and his committee has not been made available as yet to the members of your committee but it is intended to give this report careful study as soon as possible. As was pointed out by the Deputy Minister, Dr. G. F. Amyot, in his letter to the Bulletin, the original press story which stated that the B.C. Division had provided members to Dr. Elliot's committee was quite erroneous and the B.C. Division has no responsibility whatever for the report itself.

Miscellaneous problems of the individual practitioners

From time to time in the past year the committee has been faced with problems or questions raised by individual practitioners, usually in regard to difficulties arising between the practitioner and some third party, such as the W.C.B., the Provincial government, the Dominion government, the Sick Mariners Service, the Indian Service, and so forth. Careful consideration has been given each problem which arose and an attempt was made to contribute to some satisfactory solution.

In closing, I must thank the members of the committee and the sub-committees including the ex-officio members and our honorary advisers, for very wonderful co-operation, good team spirit and much work done. Almost without exception one has encountered a prompt willingness to accept responsibility and to work in a spirit of fairness and goodwill, having in mind the proper interests of our patients, and the community as a whole, and various third party organizations. It has been a gratifying privilege to be a part of such a team.

In particular, one might pay tribute to our President for his constant interest and help. The committee could hardly have functioned without the guidance and assistance of the Chairman of General Assembly, Dr. F. A. Turnbull. In the early months the committee also received very much help from the temporary Director of Organization, Dr. E. C. McCoy, who also gave outstanding service to the other business of the Division. Since his arrival the middle of April, 1952, our new Executive Secretary, Dr. G. G. Ferguson, has been of the utmost help and by his experience and ability has lightened the load of the main committee very materially. We feel most fortunate to have his friendly assistance. I would like to mention also the work of our two secretaries, Miss Craigen and Mrs. Coulter, which has contributed very much to the accomplishments of the committee and its sub-committees.

Respectfully submitted,
R. A. PALMER, M.D.,
Chairman.

Carried.

16. *M-S-A Board of Directors Nominee.*

MOTION—THAT Dr. R. C. Newby be selected as our nominee for the Board of Directors of M-S-A. Moved THAT nominations close. Carried.

17. *Extra Billing.*

At the request of the Chairman, Dr. J. A. Ganshorn outlined the background of the problem. He first defined "extra billing"—"an amount over and above the amount which is paid to the doctor by an approved medical care plan." He pointed out that extra billing is growing and has been disturbing M-S-A and organized medicine who have to deal with these problems.

A guiding policy must be framed and adopted.

Dr. P. O. Lehmann outlined the work done by the Sub-committee on Prepaid Plans with regard to extra billing and the various approaches they had made to the problem. The sub-committee suggested that extra billing be allowed to all doctors and that competitive medicine today would act as a control. Only prominent doctors would be able to justify the extra bill to their patients.

The following motions were introduced and a full discussion took place.

MOTION—THAT this Assembly approves the following policy in establishing terms of service for approved prepaid plans;
THAT any doctor be he specialist or general practitioner, have the privilege of extra billing provided he gives the patient warning beforehand that he may or will be extra billed. Carried.

MOTION—THAT the subscribers be advised by the prepaid plans that they may expect to be extra billed if they go directly to a specialist, the specialist at an appropriate time to advise the patient that he will be extra billed. Carried.

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KINDLINESS :: UNDERSTANDING :: DEPENDABILITY

We are reprinting this clever and amusing column from the pages of the Victoria Daily Colonist, of the date August 21, 1952. We have received the kind permission of the Colonist, and of Mr. G. E. Mortimore, their able columnist, before doing so. We felt that our readers would enjoy it as much as we did ourselves. —ED.

ALL ABOARD

with G. E. MORTIMORE

Medicine has made great strides in the last generation, but doctors seem to think it is walking backward.

In the old days doctors were a light-hearted crew. Equipped with a box of pills, a family of leeches and a happy grin, they set out to cure everything from ingrown eyebrows to death.

Now they are the saddest assortment of Gloomy Dans you could find outside an undertakers' convention. With a wagon-load of shiny new tools and more wonder drugs than you can shake a scalpel at, they refuse to admit that they can cure anything. And the more lives they save, the gloomier they get.

No doctor worth his penicillin speaks the word "cure" above a whisper, for fear of being whipped out of the profession.

The modesty of the medical profession increased in direct proportion to the brazen confidence of the popular science writers.

For some time the Reader's Digest was the poor man's guide to medicine, and the lead-swinger's handbook. You could depend on it for a fine selection of new diseases—at least one every month.

Any intelligent husband could pass a shaking hand over his brow, point out in the pages of the Digest some symptoms which he had just found in himself, and work breakfast in bed Sunday morning.

But along with this pleasant list of new ailments, the Digest began presenting stories of new medicines which would cure them, and cure the good old reliable ailments as well.

The Digest became so good at curing diseases on paper that doctors snatched it from the waiting-room as soon as it arrived, leaving patients with nothing to read but copies of the Snail-Watchers Gazette and the Illustrated London News for November, 1912.

Then it transpired that some of the wonder drugs weren't so wonderful after all. Some of them cured you of athlete's foot, but gave you warts on the ears instead. Others cured you, but killed you immediately afterwards.

Yet other wonder drugs worked, but by that time doctors had turned sour on the printed and spoken word. Sooner than arouse false hopes ,they scared people to death by declining to offer them any hope at all.

Nowadays every story of a new miracle medicine, no matter how spectacular its results, carries a statement by some doctor that the stuff is not in any sense a cure. The announcements grow more and more apologetic. The next new fixit lotion will probably be heralded in these terms:

"Dr. Wilbur Bone announced today that he has developed a new antibiotic, smithomyecin, which will not cure anything at all. It was first hoped that smithomyecin would be effective against pimples and dandruff, but tests have established that the new drug not only is completely ineffectual, but in nine of ten cases results in harmful side-effects."

CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

B.C. Division

PHYSIOTHERAPY SERVICES PROVIDED BY THE C. A. & R. S.

The B.C. Division, Canadian Arthritis and Rheumatism Society has been in operation since March, 1949. Essentially the aim has been to increase the diagnostic and treatment facilities for patients suffering from Rheumatic Diseases. The most important part of the programme has been the provision of physiotherapy services and the special feature has been that "mobile units" can visit patients confined to their homes. The basis of physiotherapy treatment for most arthritics is instruction in remedial exercises to restore wasted muscles, prevent "freezing" of joints and possibly mobilize some already partially ankylosed joints, and correct postural defects. Owing to the large numbers of patients referred, it is usually practical for the physiotherapist to give several initial periods of instruction in these measures, which the patient can carry out regularly on his own initiative. Following this period, patients are checked at lengthening intervals to ensure that they are carrying out their exercises properly.

The Division now employs about 22 chartered physiotherapists serving in the following cities and surrounding areas: Vancouver (including Burnaby), North and West Vancouver, New Westminster, Victoria, Nanaimo, Mission and Haney, Kelowna, Penticton, Vernon and Salmon Arm, Kamloops (including Chase), Nelson, Trail, and Cranbrook (including Creston, Fernie and Kimberley). From April, 1951, to April, 1952, about 1200 patients were newly referred for physiotherapy treatment. Approximately 49% of treatments were given in physiotherapy departments in the various centres; 37% were given in the home by mobile therapists; and 14% were given to hospitalized patients.

It has been the policy of the B.C. Division to accept private patients for physiotherapy on referral from any qualified medical doctor and this policy has been put into practice in most centres. A minimum amount of information is required on the requisition, together with the physician's suggestion for treatment. About 25% of patients currently receiving physiotherapy treatments are referred in this manner, the remaining 75% being referred from Outpatient Department Clinics. Treatment fees for all patients, including those privately referred, are based on their ability to pay. It is important for the referring doctors to be aware that their private patients continue to be their responsibility and are not seen by any professional personnel of the Canadian Arthritis and Rheumatism Society, except the physiotherapists. The therapists employed by the Society are all registered under Section 1 of the Association of Physiotherapists and Massage practitioners of B.C., members or affiliates of the Canadian Physiotherapy Association and this implies that they carry out treatments only under medical supervision. Whereas these therapists all have special knowledge and skill as regards treatment of rheumatic disorders, they should have medical guidance. It is especially important that they be advised of any contraindications to remedial exercises.

It is obviously impractical to attempt to give symptomatic "heat treatments" and massage to all the patients who might get temporary benefit from such measures. The physiotherapist may be able to recommend simple home measures which may accomplish as much in the long run, taking into consideration the fatigue and strain that results from travelling to and from the physiotherapy department.

WANTED

Certification in Medicine to practise Internal Medicine within a General Practice. Reply in person to Dr. W. M. Toone, 93 Lonsdale Avenue, North Vancouver, B.C.