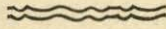


Man's Redemption of Man.



TO man there has been published a triple gospel—of his soul, of his goods, of his body. Growing with his growth, preached and professed in a hundred different ways in various ages of the world, these gospels represent the unceasing purpose of his widening thoughts.

But the third and greatest glory is that the leaves of the tree of science have availed for the healing of the nations. Measure as we may the progress of the world—intellectually in the growth and spread of education, materially in the application to life of all mechanical appliances, and morally in a higher standard of ethics between nation and nation, and between individuals, there is no one measure which can compare with the decrease of disease and suffering in man, woman and child. The psalmist will have it that no man may redeem his brother, but this redemption of his body has been bought at a price of the lives of those who have sought out nature's processes by studying and experiment. Silent workers, often unknown and neglected by their generation, these men have kept alive the fires on the altars of science, and have so opened the doors of knowledge that we now know the laws of health and disease.

WILLIAM OSLER.

THE PUBLIC HEALTH NURSING SERVICE.

(A synopsis and summary of a paper read by Dr. Ira S. Wile, of New York, at a meeting of the A. P. H. Association in October 1923, and published in the February 1924 issue of the American Public Health Journal.)

The first training school of Nurses was inaugurated by St. Thomas Hospital, London, in 1860 from funds provided by Florence Nightingale. Fifty years ago the first training school in the United States was founded, and the phrase "public health nursing" is just thirty years old. While the public health movement of today is not over 40 years of age it may not be unreasonable to discuss the relation of the public health nurse to the practising physician.

The early status of the nurse was to follow orders, to give care, treatment, service, etc., as directed. The present day concept of the institutional and private duty nurse very closely accords with this original idea of nursing function.

In the early stages of public health work the nurses were substituted for medical inspectors, with a kind of inspectorial and messenger service, and practically no bedside work. When the human element of disease was found to be of even greater consequence than the removal of garbage, etc., the nurse had to enter the homes and come in contact with both the sick and the well, to carry medical advice and obtain co-operation in raising health standards.

The final step in the development of the public health nurse occurred when she was employed as an independent agent, not wholly under the direction of medical superiors. She now enters homes unsolicited. She now combines the functions of an educator in hygiene and the bedside worker. She possesses a wide range of new functions that appertain to the sick and, even to a larger extent, to the well. It is part of her responsibility to teach the modern methods of disease prevention. On her visits she seeks to discover suspicious symptoms and endeavors to stimulate in homes, schools and industries, a conscious realization of the value of health and the modes of attaining and retaining it. As a public servant, she is busied in creating public interest in public health, active in interpreting the relation of the environment to physical and mental welfare, and attempts to raise standards of living by methods that were not existent when the original code of nursing ethics was devised. She is the handmaiden of preventive medicine, and her field of service is without limit. She is the guide, counsellor and protector of families and patients, and the helping hand of the public health administrator, seeking to reduce morbidity and mortality in his community.

With the assumption of larger public functions there has been

a difference of opinion concerning the extent to which her ordinary nursing training should be employed. Is the public health nurse merely to be an instructor, or is she to restrict herself to therapeutic nursing? Is she to be merely a teacher of hygiene, advising families concerning their health problems, or is she to be a practical aid to them when sickness attacks the homes? Certainly, from the standpoint of public health, the wider education of the well is fraught with more satisfactory advantages than bedside nursing of the sick. A high degree of attention upon the general nursing aspects of public health service limits the value and accomplishment of the public health nurse. On the other hand, the establishment of most helpful familial relations is to be obtained during the period of attendance upon the sick. Hence the bedside nursing element becomes a practical leverage for promoting the teaching of hygiene in the home. The relative position of the instructive and bedside elements of service obviously must vary according to urban and rural conditions, the presence or absence of district nursing, the number and nature of existent agencies for managing actual problems. Incidentally, the status of the service of the public health nurse depends somewhat upon whether she is supported by public moneys or private funds. Similarly, the nature of her duties and responsibilities are determined by her special status. If the public health nurse is employed in the interests of a single type of program, as, for example, in connection with prenatal work, infant welfare, the prevention of tuberculosis, school nursing, mental hygiene clinics, the prevention of venereal diseases, or obstetrical service, the nature of her duties is determined by the demands of the special service. It sometimes happens, however, that complete public health nursing service is offered wherein a larger variety of duties becomes necessary.

As a result of the varying differences in professional classification, of which a nurse is conscious, there have arisen some questions concerning her relations with the medical profession. This has obtained, particularly because she no longer is dependent upon the call of the physician to enter a home, but seeks out, for the most part, without solicitation, the home contacts which are necessary for the furtherance of her public duties.

The medical profession, to a large extent, still entertains its earlier conceptions concerning the nature, character and function of the nurse. The lack of recognition of independence of the public health nurse has given rise to the necessity for a readjustment of her relations upon a practical, co-operative basis. The public health nursing group of to-day possesses a fine professional spirit, with ambition and enthusiasm, a practical outlook upon the application of scientific knowledge and achievements, and is thoroughly conscientious and industrious, serious and devoted to public health service. They have achieved larger responsibilities that demand initiative, thoughtful independence, capacity for organizations, and the adaptation of professional knowledge to familial needs in promoting the public health and welfare.

The essence of her relations to practising physicians depends upon mutual understanding, co-operation, fair dealing, all of which combine to establish professional friendliness.

Physicians and nurses require the acceptance of their equal professional standings. Regardless of the differences in essential training, the variations in background, the traditions, or professional attainments, there must come an understanding that the professional status of the public health nurse is in no wise inferior to that of the physician. The fact that the educational qualifications to undertake professional nursing are not as high as those demanded for the practice of medicine is of secondary consideration, in view of the youth of the public health nursing movement and the manifest efforts that are being made to raise its standards, qualifications, curriculum, training and experience.

There is a necessity for recognizing that a difference in viewpoint may exist at the present time, because medicine has been focussed for centuries upon the cure of disease, rather than its prevention. The extensive teaching of hygiene, in order to prevent disease, has not become a definitely effective part of the training of young physicians; and, as a result, a considerable number of doctors still fail to grasp the force and meaning of preventive medicine as fostered by the public health nurse. Each group is responsible for the prevention and cure of disease in the interest of public health, though physicians tend to serve the individual while the public health nurse serves the group. There should be a mutual appreciation of the honesty in thought, sincerity in purpose, and the mutual interest which underlies both groups. Each is seeking patients, but for entirely dissimilar purposes. The nurse primarily aims to retain health and the doctor to restore it. Nevertheless, their common field of service lies in establishing home contacts. In pursuit of their special duties each comes in contact with the service of the other, and hence there is a growing necessity for their greater and more understanding co-operation.

Public health nurse and physician are, by virtue of their professional capacities, in frequent contact. They deal with human beings, with families as entities, and members of the same communities. It is immaterial which one first establishes the contact with the home. The physician may call upon the nurse, or the nurse may be responsible for the calling of the physician. In either case the nurse is able to make more effective the medical service by imparting her knowledge of ascertained weaknesses and defects in the family and its organization. She is capable of throwing much light upon the cause, development and likelihood of communicability of specific disease. When she undertakes bedside care she is yielding a tremendous service to family and physician by carrying out the treatment prescribed in written directions, and in leaving records and reports for the information and guidance of the physician.

In her instructive measures she is strengthening the confidence of the family in the efficacy of rational medical attention and is

supplying a tremendous pressure for intelligent physical care. She is a supporter of modern medicine as opposed to unscientific cults and pseudo-scientific sects that are offering the "something just as good" throughout this country. Similarly, the physician strengthens and supports the efforts of the nurse and gives the benefits of his opinions, so as to fortify the counsel that the public health nurse dispenses.

It is not the essential purpose of the nurse to make definite diagnoses, nor necessarily to treat patients of her own initiative. In actual practice the public health nurse endeavors to persuade or convince the people of the necessity of securing adequate medical care, either from a private physician, or at a dispensary or hospital, as may be indicated. There is no unwarranted assumption of responsibility, nor a determination to eliminate the medical practitioner. Despite this principle, obviously it is impossible to avoid making some diagnoses. To recognize measles, pediculosis, caries, kyphosis, conjunctivitis and similar conditions is not only difficult to avoid, but is immediately desirable, in order to institute promptly the necessary measures for the protection of the rest of the family and community. Not infrequently some element of diagnosis must enter, in order to determine what disposition is to be made of the patient, and, indeed, what type of instruction is to be given, pending the arrival of a medical diagnostician. Hence there is little reason to fear the diagnostic trends in public health nursing, because they are mainly for establishing tentative diagnoses and do not involve the complete treatment of patients, without a more definite medical diagnosis. Patently, emergent situations arise when physicians are not available, when a larger degree of responsibility may be and should be assumed as warranted, in the interests of public health. Certainly a suspicion as to the presence of small-pox would warrant a nurse reporting at once to the health officer her suspicions, in the absence of the immediate attendance of the physician. The failure to secure the co-operation of a physician does not release her from her obligation to protect the patient and safeguard the community.

Fair dealing is the common sense fundamental of all relationships and physicians and nurses equally are charged with the necessity for justice, honesty and cordiality. This attitude involves more than the direct personal contact. It involves their attitude toward specific patients and families, and toward communities, large and small, rich and poor, white and colored, foreign born and American born. The professional relationships should recognize no distinctions, but should be evoked on the basis of a common interest and a humane purpose.

Inasmuch as the nurse frequently is responsible for calling in a physician, she should avoid having a preferred list, regardless of her own personal choice. This caution is particularly necessary in small communities and rural sections, where only a limited number of practitioners are available. The selection of a physician should be a matter of determination by the family. If there be no regu-

lar family physician and no expressed desire for a particular one, there is no objection to recommending hospital or dispensary care, or such other relief or guidance as may be secured at any of the large variety of the medico-social agencies. When dealing with a family under private medical care, if reference to a special milk station, maternity clinic, or other agency be indicated, consultation with the physician is desirable in the interest of understanding, cooperation and fair dealing. If, as occasionally may happen, the physician actually in charge of a family appears to be lacking in carrying out his obligations to the patient, or if he is uncooperative, or is failing to give the patient the benefits of the most modern medical science, the problem is one rather to be reported to a superior officer than to be attacked directly. The nurse and the physician must work together with mutual respect, confidence, authority and effectiveness. Hence, in the presence of the patient or family there is no excuse for criticism, innuendo, contradiction, or evidence of dissatisfaction, disagreement, hostility, or lack of faith.

Professional services in the absence of physician or nurse are to be confined to the actual counsel or treatment to be given at that particular time, with ample evidences of friendliness and sympathy, without the introduction of personalities or expression of opinions concerning individuals, particularly co-workers.

In furthering the cause of cordial relationships, consultations by phone or in person are most helpful and tend to bring about a keener appreciation of the needs, purposes and benefits of the two professional groups.

The educational efforts of public health nurses increase familial responsibility for maintaining health and consequently lead to a more careful management of the body. This requires more frequent medical examination and the more adequate degree of attention for the relief of minor defects and handicaps. The correction of the commonest weaknesses of children, for example, calls for a vast amount of medical service. The public health nurse, through her instruction and advice, is increasing the confidence of the people at large in practising physicians, who are being called upon increasingly to build up bodies that hitherto have received insufficient attention. This may be regarded as a curative phase of preventive medicine, but the interest of the nurse is as great as that of the physician in promoting therapeutic procedures that raise the standards of individual vitality and resistance. Her sphere is not limited to those wholesale measures adopted by health departments for the reduction and control of epidemics. Bringing patient and physician together affords ample opportunities for consultation with physicians and makes provision for amicable co-operative service.

Professional relationships exist within the medical profession and are fostered by county, state and national societies. Since the distribution of public health nurses is such that few of their own county societies can be organized, it is desirable to attend all open meetings of their co-workers, and to request the privilege of at-

tendance at the scientific part of medical meetings, which practice had been limited in some societies. This type of contact promotes personal acquaintanceship with many practising physicians on terms productive of better understanding. It yields an unofficial contact that increases co-operation. It evidences a willingness and desire to meet frankly and freely any possible criticisms of nursing service and to accept the benefits of advice, information and professional assistance. If it is possible to secure the opportunity to present a paper before such societies, outlining the nature and character of public health nursing service, a tremendous advantage is gained, not merely through the establishment of more cordial relationships, but by indicating a professional status. The opportunities for mutual education and independence of thinking along lines of public health are numerous. Meetings of societies and personal consultations with physicians for purposes of discussing specific problems are helpful to both the groups and the community.

It must be borne in mind that the number of specialists throughout the country as a whole, is not large, and the bulk of medical service is in the hands of the regular private physicians, who are called upon to be capable in numerous directions. The difficulties of securing the assistance of laboratory technicians, X-ray workers, and highly trained specialists are recognized by physicians. Their efforts to raise the standards of medical practice in a community should receive the full support of nurses.

Every activity serving to increase the medical resources in hospitals, dispensaries and special institutions should find the public health nurse as an active supporter of her more ancient co-professional group. By aiming to improve their facilities for a higher standard of professional service, she inevitably gains power with every improvement of available medical conditions. Incalculable advantage to the community results whether or not the efforts are successful, because of her participation in the campaigns initiated by the physicians.

One might elaborate in great detail particular ways in which to promote more cordial relationships between the twelve thousand public health nurses and the one hundred and fifty thousand physicians in this country. When, however, such an analysis has been made, it would be found that the specific measures could all be grouped into the categories that I have enumerated:—mutual understandings, co-operation, fair dealing and professional courtesy. These are by no means new principles, but they possess a deeper meaning than ever before, because the public health nurse has a new status in the community. She performs a public service which varies from that obtaining for the private duty nurse more than the functions of the private duty nurse differ from those of the institutional nurse. The public health nurse and the practising physician are more than co-workers—they are professional brethren.

REMINISCENCES

Dr. J. B. Black, Windsor, N. S.

Looking back from the Sixtieth Year since I began the Practice of Medicine, there is one pronounced thought always arising; thankfulness, that I chose a profession that gave me more content and gratification, than I could have gotten in any other, and if it could be, I would gladly do it all over again, barring the first seven years, and do it better.

There is no profession, trade or business in which a man can render more service to others, or find friends, lasting till old age, than this one.

When I first decided to study medicine, I was at Mount Allison Academy, passing into the College with the first class that entered that now famous institution. A not very large wooden building, was our "College Hall". It is now used for Manual Training by the Academy.

Of that Class, all made good, but alas, all are gone over to the Greater College and Higher Education Beyond, all, except Senator Wood of Sackville, and myself.

Not long after leaving Mount Allison, I entered the office of a physician for one year, as was obligatory in those days, before entering Medical College. (And pity 'tis 'tis not still in vogue.) Here, I studied and recited daily, when possible, anatomy, physiology, materia medica and chemistry, (I had had the latter, at Mount Allison) and copied prescriptions from an old book of a drug firm, till I could write them better than I can now.

My Preceptor had an excellent reputation as a surgeon and I think I was present at every operation he did that year. And it was not long till I was his anaesthetist, till I left for Medical College.

During the period when office study, before entering college, was compulsory, I had in my office at Windsor, at different times, four medical students preparing for College, one graduated at the University of Pennsylvania, and afterwards practised at Somerset, Kings County, N. S., for a few years, where he died. The second, graduated at McGill, and practised his profession in the City of New York for many years, until his death two or three years ago. The Third graduated at the University of Toronto, and is now practising in the City of Manchester, New Hampshire. The Fourth graduated in New York, and is now Superintendent at the Hospital for Insane, and has been for many years, at Troy, New York.

My first year was spent at the Berkshire Medical College, one of the three oldest colleges in the New England States, which did good work for nearly one hundred years.

After leaving college I was, fortunately or unfortunately, offered a position as student and partner by a graduate of the University of New York, a middle aged man, practising at Summerside,

P. E. I. Here I spent about two years in study and hard country practice.

There were no medical laws in those days, nor for years after. There were many instances at that time, of men with one year with Preceptor and one year at college, going into practice, to earn enough to go back to College.

The first Act, to compel registration of medical degrees, as I remember, was discussed and recommended for passing by the Legislature of Nova Scotia, at a meeting of the N. S. Medical Association, held at Truro, in 1873. By this Act, we were all obliged to send in our Diplomas to the Provincial Secretary, for Registration, I believe Registration was made verbatim.

Of all the members present, at that meeting held over half a century ago (and there was a large number) I believe Dr. Cowie of Halifax, and myself, are the only ones living.

The prescribed course for the Medical Degree at this date, by the American Association of Colleges was as follows (and I think it continued until 1891): First, one year as student with a graduated physician; then one term at College—Seventeen weeks; then with a physician from the end of the first college course till the beginning of the second year. Then, if able to pass the examination, and on presenting a certificate, from his Preceptor, he became a full fledged medical man and qualified(?) to practise his profession.

I well remember the first medical sign I ever saw in Nova Scotia, I think it was in 1862, at my first visit to the Province, riding towards Wolfville, on the old post road. I saw a small unpainted house, on a window of which was a shutter, which I thought was a large box cover and on this was painted, in good sized black letters, "T. R. Jones, M. D." I never saw the man, but he must have been a character, from the stories told of him. He was shrewd and Irish and had the very pleasant wit of his countrymen. One story is as follows: Some one told him that he must get a license from the Medical Board at Halifax, or he would be fined. Straightway he posted to Halifax for his license. He was referred there, to Dr. John Slayter. The Doctor saw that he had a character before him, and humored him. "Mr. Jones," he said, "I understand you have a large number of cases of Diphtheria in your practice." "I have that," said Jones. Then the Doctor asked "Would you tell me what is your treatment of this disease, I understand you have much success in its treatment" "Ah," said Jones, in good rich brogue, and putting his thumb to his nose, "and wouldn't you like to know?" So ended the examination for license.

When I began practice in this county, there were in the profession, in West Hants and East Kings, men of prominence and mark, whose friendship I had, whose memory I cherish and revere, Their kindness to the young stranger and their trust in later years is still gratefully remembered.

Dr. Henry Shaw, of Kentville, conducted one of the largest practices in the County, of excellent ability, fine gentlemanly appearance and address, he died all too soon at the age of fifty-two.

Dr. Edward L. Brown of Wolfville, was another outstanding member of the profession, his practise extending from Cornwallis to Hantsport. His ability and courage made him not only a popular physician, but a very successful one. He was for many years the M. P. P. for Kings County. A sample of his courage and resourcefulness, was an operation for mastoid abscess, done with a carpenter's small chisel and mallet. The patient, a lady, lived for many years after.

Dr Benjamin DeWolfe Fraser of Windsor, was in many respects one of the most notable of his day. He studied medicine at the University of Edinburgh and at Hesse, and held his degree of M. D. from this latter University. He had the distinction of being the first student to be admitted to Kings College, Windsor, without signing the thirty-nine articles—Kings has since broadened a bit. Dr. Fraser's stately home, Gerrish Hall, was the scene of many a brilliant function; hospitality and kindness of heart, were characteristic of this old time gentleman. I had the pleasure of practising in the same town with him for more than twenty-five years, and knew him, not only as a friend, but as an honorable, upright gentleman, in the strict meaning of that word. I know of no better tribute to his memory and character, than that inscribed on the monument over his grave: "He was a noble man."

Dr. Samuel Morris Weeks of Newport, N. S., was one whose ability and personality would have given him a prominent place in the profession, in New York or London. It was always a mystery to me, why he spent his life in a country place. He was the embodiment of honor and uprightness and beloved by the whole country side. In the days when Banks were few and far apart, farmers brought him their savings, to keep for them. I had the honor, by request, of writing a short sketch of the life of these two latter physicians, for Dr. Allison's History of Nova Scotia. I regret that I was restricted to only five hundred words.

It was a most pleasant privilege, to practise among such men, and an honor to be the friend and physician, when ill.

The fees in those days were somewhat in contrast to those at present, obstetrics, Five Dollars, except in Windsor, where the minimum was Ten Dollars. Fifty Cents per mile for travel and when there were several patients in close proximity, the mileage was divided among them. Surgery was equally cheap. In most of the operations I had to perform, I was obliged to be anaesthetist and operator. Nearly all surgery was emergency cases.

What changes in Medical treatment, since I entered the profession in 1864! What changes in the instruction given at college then and now. I remember well the instruction given by the Professor of Practice of Medicine "In Peritonitis—Keep your patient semi-narcotized and his bowels closed for nine days." Here was another, "In Pneumonia—Keep your patient semi-nauseated with Antimony et Potassa-tartras till Crisis is passed." No Post Graduate Colleges then, to go back to. No Antisepsis, No baccilli known, no Appendicitis or Ectopic Pregnancy heard of, no Abdominal Sections except on the rarest occasions, and then the percent-

age of deaths was always alarming. No Clinical Thermometer, no—but I must stop, or I shall fill a volume.

Preventive medicine is of very recent birth and Bureaus of Public Health of still later. I had the honor of moving in Parliament the first Resolution, asking for a Federal Bureau of Health, but my Resolution was ahead of Parliamentary enlightenment, and except for three supporters, I was considered an erratic dreamer, that was in 1907. In 1908, I made a second effort, and the seed then sown, in weakness, grew till the Bureau became a reality. It is capable of improvement.

In 1909 or 1910, I was asked by Sir Thomas Roddick to take charge of his amendment to the Medical Act, which he had introduced in 1902, when it met with defeat. After getting the Law Clerk to amend some of the clauses, I introduced the measure, it was referred to a special committee which I was asked to name, and nine Medical men and one Lawyer were appointed. To meet this Committee, delegates from every Medical Council were invited. It was a sympathetic gathering and the now well known "Roddick Act" was passed unanimously by Parliament. Before the passing of this Act, no medical man could legally practise in any Province of Canada, other than where he lived, without examination by a local board. Now, without interference, he may practice from P. E. I. to B. C.

A good many years ago, I did, so far as I know, the first abdominal operation in Hants County. It was done in a farm house bed-room and under as good antiseptic conditions as I could utilize. It was of course an emergency case, on a woman of sixty-two. The operation was successful, not a drop of pus, or any untoward symptoms.

Now for the last fifteen years, I have had the pleasure of seeing abdominal operations for many different causes, done almost weekly, in our Local Hospital by more skillful hands than mine.

American Child Health Association.

The October Bulletin referred to Scholarships proposed by the above Association, and now we read :—

"Announcement was made some months ago by the American Child Health Association that the sum of \$10,000 would be awarded in scholarships to physicians having a special interest in child welfare, and seeking opportunities to better fit themselves for service in that field. The purpose of the scholarships is, broadly, to stimulate interest in child health work, and to provide means for better training along this line.

More than 101 applications were received from physicians in 36 states. From these applicants 15 have been chosen on the basis of graduation from an accredited medical school, and on evidence of the candidate's real interest in child health work as shown by training and experience.

The special committee on physicians' scholarships was composed of 21 physicians interested in the diseases of children."

MEDICINE AND ITS SUBJECTS.

(AVICENNA, 980 A. D. TO 1037 A. D.)

Avicenna, the greatest philosopher of the Eastern Mohammedan world was born in 980 A. D., was court physician, was imprisoned for treason, exerted an enormous influence in the Jewish, Christian and Moslem world, destroyed his constitution by debauchery and drugs, and died in 1037. He defines Medicine thus:—"Medicine . . . is the science by which the conditions of the human body are known, as to the means by which it is healed or the reverse, and health in possession is preserved, or lost health restored." Medicine is a science with two basic elements, one 'Knowing a condition', and the other, 'operating on it'—and not a matter of theory and practice. He held there were three conditions of the human body,—“sickness, health, and a condition which is neither sickness nor health”. One concludes that the third condition might be called “infirmity”, evidently a result of sickness or a departure from health. A full quotation as to his philosophy of medicine is of interest :—

“Since medicine considers the human body as to the means whence it is cured and is drawn away from health; and since the knowledge of anything is not acquired or completed, since it has had causes, unless it is known by its causes; we ought therefore in medicine to know the causes of health and sickness. And because health and sickness and their causes are often manifest, and often hidden and not to be comprehended except by the significance of symptoms, we ought also in medicine to know the symptoms which occur in health and sickness. Now it was declared in the ascertained sciences that the knowledge of anything is not acquired except through the knowledge of its causes and beginnings, if it has had causes and beginnings; nor completed except by means of knowing its accidents and accompanying essentials. There are, then, four sorts of causes: material, efficient, formal, and final.

Material causes, on which health and sickness depend, are the affected member, which is the immediate subject, and the humors; and in these are the elements. And these two are subjects according to their mixings together; perhaps they become altered. In the composition and alteration of the substance which is thus composed a certain unity is attained.

Efficient causes are the causes changing and preserving the conditions of the human body: as airs and what are united with them; and evacuation and retention; and districts and cities, and habitable places, and what are united with them; and bodily and animate movings and restings, and sleepings and wakings on account of them; and changes in age, and diversities in it, and in races and arts and manners, and in things which befall the human body when they touch it, and are either against nature or are not against nature.

Formal causes are physical constitutions, and virtues which result from them, and combinations.

Final causes are operations. And in the science of operations

without doubt lies the science of virtues, and the science of virtues as we have set forth. These therefore are the subjects of the doctrine of medicine; whence one inquires concerning the human body, how it is cured or diseased. One ought to attain perfection in this research—namely, how health may be preserved and sickness removed. And the cause of this kind are rules in eating and drinking, and the choice of air, and the measure of movement and rest; and doctoring with medicines; and doctoring with the hands. All this with physicians is according to three species: of the well, of the sick, and of the medium whom we have spoken of.”

EARLY MEDICAL PRACTITIONERS IN THE STEWIACKE VALLEY.

(ROBINSON COX, M, D.)

What is known as the Stewiacke Valley is a district of country extending from the upper waters of the Stewiacke river westward for 25 miles, with the outlying districts on either side.

The first settlers of the Valley came in 1780 and rapidly increased until the whole Valley was occupied. These people had no settled medical practitioner among them for more than 50 years, and, I have been told by persons, whose memory could go back to the early years of last century, that there was less sickness among the people during the first half century in proportion to the population, than at any equal period since. Cases of severe illness were extremely rare. No doubt this was largely due to their mode of living. They lived in well ventilated houses, often built of logs, and their food consisted largely of the produce of their farms, and thus they escaped a multitude of ailments arising from disorders of digestion, which give doctors of the present day a large part of their routine work.

During the first two or three decades of the 19th century occasional visits were made by the Truro doctors. About the year 1830 and a few years after, some two or three doctors came to the Valley, but the almost universal health of the inhabitants discouraged them from remaining longer than a few months.

Dr. George Harvey, a native of Newport, Hants County, was the first permanent medical practitioner in the Stewiacke Valley. Dr. Harvey graduated from the University of Edinburgh in 1831 and settled in Upper Stewiacke in 1837 where he remained until 1845. Having charge of the practice in the Stewiacke Valley and also in Upper Musquodoboit, he was kept busy and underwent many hardships in those early days. One of his most important cases may be referred to. It occurred about 1840. On a certain Sabbath morning, two persons a man and his wife started from Eastville on horseback to come to the village church a distance of nine miles (a record of churchgoing not practised at the present day). When about three miles from home the horse

stumbled, the woman fell to the ground and sustained a compound fracture of the tibia and fibula, the ends of the fractured bones protruding and covered with mud. Dr. Harvey was summoned. He declined to undertake the case alone, and Dr. Waddell of Truro was brought to assist. The leg was amputated 3 inches below the knee. This being previous to the days of chloroform or ether, no anaesthetic was used. The operation has been described to me by the woman's daughter who is still living. The patient was placed on a table, a sheet was held as a screen before her eyes to hide the operators while at work, and thus the sense of sight was cut off while the sense of feeling remained, assistants held the patient's hands and the operation was done with all possible expedition. What a contrast to present day surgery!

Dr. Francis was born in West Meath, Ireland, in 1810, and when 19 years of age came to Nova Scotia. After teaching school for 7 years he entered Harvard University where he graduated in medicine in 1847. Dr. Francis was a typical specimen of his race. Both he and Dr. Harvey employed blood letting as a remedy in most cases of inflammatory trouble, and it is questionable if we do not make a mistake in its almost complete abandonment at the present day.

About the year 1864 Dr. R. R. Stevenson of the confederate army of the United States, and Surgeon of Andersonville prison, came to Upper Stewiacke and practiced for 5 or 6 years, when he removed to Elderbank where he died. Dr. Francis died in 1867 and during the 57 years since that time some nine or ten men have occupied the field. Dr. R. B. Smith a son of the late Rev. Dr. James Smith spent eight years here. Dr. R. Cox came in 1875 and is still at work doing what his burden of eighty-two and a half years enables him. The following names have been associated with Dr. Cox at different times for terms varying from 3 months to 4 years each. Dr. D. M. McKay of Vancouver, Dr. J. S. Burris of Kamloops, B. C., Dr. A. E. Forbes of Moncton, Dr. M. G. McLeod of Middle Musquodoboit, Dr. J. W. Mackintosh of Georgetown, P. E. I., and Dr. H. G. McLeod who has been here since September last.

The work of a medical practitioner in an isolated place such as this differs in many respects from practice in towns and cities where immediate assistance can be had in cases of emergency. During past years doctors have been obliged to act alone, and to undertake cases, in which if help could be obtained, would call for at least one skilled assistant and a trained nurse. While cases of this nature are embarrassing they tend to develop a feeling of self-reliance which is uncalled for by the city practitioner.

PAYS TO ADVERTISE.

An Alabama farmer ran the following ad. in a newspaper:
 "Strayed—One Jersey heifer. To the one who returns her I'll give a drink of Old Rose whiskey, ten years old."

Nine men, with heifers, lined up in front of the farmer's home the next morning.

Medical Practitioners In The Musquodoboit Valley.

(ROBINSON COX, M. D., AND JAMES SEDGEWICK, ESQ.)

The Musquodoboit Valley is some six or seven miles south of Stewiacke and is in some respects similar to it. The inhabitants are mostly of the same racial origin, and in character and habits bear a close resemblance. During the first 50 years of their history the people of Upper Musquodoboit had no regular medical practitioner, and were looked after by Doctors from Stewiacke and Middle Musquodoboit. Dr. William Pearson came in the early fifties. For a few years he removed to Lunenburg County, where he won a yacht race at Chester and was awarded a cup, which is still in possession of friends at his old home. During Dr. Pearson's absence his place was supplied by a Dr. Murray. The field occupied by Dr. Pearson was very extensive involving much hard labour. He supplied a large part of the Musquodoboit Valley and surrounding districts, besides making frequent visits to Sheet Harbour and other places on the South Shore. At first there was no regular carriage road to the Shore, and his journeys were made on horseback. He was appointed a Coroner in 1860, married Janet Parker in 1863, and died in 1889. Mrs. Pearson died in 1901. They left no family.

Since Dr. Pearson's death, the following have practised in Upper Musquodoboit:—Dr. MacKenzie, Dr. Turnbull, deceased, Dr. A. A. Deckman, of Bridgetown, Dr. M. G. Archibald, Kamloops, B. C., Dr. G. W. Whitman, Stellarton, Dr. MacKinnion, Bathurst, N. B., Dr. Whitehouse, New York, Dr. J. B. Reid, Truro, and at present Dr. Donkin.

The three men who have been chiefly instrumental in making the medical history of Middle Musquodoboit are, Drs. Harrison, Gladwin and Morris.

Dr. William Harrison was born in Liverpool, England, in 1806, son of a wealthy London merchant and of a prominent family, came to Nova Scotia in or about 1830 and settled in Middle Musquodoboit, where he purchased an extensive homestead, and built there one of the finest residences in the County of Halifax, still extant, and now the property of the Middle Musquodoboit Agricultural Society. He practised about 15 years, but having a large private income he gave over his practice to Wynyard Gladwin M. D., but continued to live in Middle Musquodoboit until his death in 1864. He was a typical English gentleman and skilled professionally. He married Letitia G. Layton, daughter of John Layton, Esquire, of Middle Musquodoboit, and had an issue of two daughters. Mary who married William H. Gladwin and another Catherine, who married his brother, Thomas B. Gladwin, son of the late Lieut. Colonel Henry A. Gladwin of the noted pioneers of the Musquodoboit Valley, and who, like Dr. Harrison, was of English birth.

DR. WYNYARD GLADWIN, M. D., was born in England, son of Charles Gladwin, brother of Lt. Colonel Gladwin, came to Nova Scotia with him and on retirement of Dr. Harrison from active professional work took over and conducted his practice for six or seven

years. Then he removed to Lower Stewiacke where he practised until his death, which took place at Halifax. He married Frances, daughter of Lieut. Colonel Gladwin, by whom he had an issue of 7 children among them J. D. Gladwin, Esq., of Halifax, Ernest Gladwin of Truro, and Mrs. Congdon, wife of F. J. Congdon, K.C., formerly M. P., of Yukon and now of Vancouver, B. C., who has many Halifax friends where he practised law before he removed to the Yukon.

A brief biography of Dr. Morris has already appeared in the Bulletin for December. Dr. J.B.Reid now of Truro was associated with Dr.Morris for a few years. Dr. Shepperd came from England and settled in Musquodoboit in 1865, practised 8 to 10 years, married a Miss McLeod, removed to Dartmouth where he died.

Dr. McLaughlin practised a short time after Dr.Shepperd. Dr. Stevenson, referred to among the Stewiacke doctors, practised a short time at Meagher's Grant where he died. Dr. Wilson, an un-registered practitioner,came from England about 1868 to Meagher's Grant on a hunting trip with some Indians. In a house where he happened to stop was a sick child that had been given up to die, under Wilson's treatment the child recovered and this established his reputation. While swimming the Musquodoboit River to visit a patient, Dr. Wilson was drowned in 1880. Dr. J. R. Chute came to Elderbank about the year 1900 and is still practising his profession there. Dr. M. G. McLeod has been the resident physician in Middle Musquodoboit since January 1923.

Quackery 150 Years Ago.

"No laws will ever be able to prevent quackery, while people believe that the quack is as honest a man, and as well qualified, as the physician. A very small degree of medical knowledge,however, would be sufficient to break this spell; and nothing else can effectually undeceive them. It is the ignorance and credulity of the multitude, with regard to medicine which renders them such an easy prey to every one who has the hardiness to attack them on this quarter. Nor can the evil be remedied by any other means but making them wiser. The most effectual way to destroy quackery in any art or science is to diffuse the knowledge of it among mankind."—William Buchan, F. R. C. P. (Edin.), 1783.

Medical Society of Nova Scotia.

Annual Meeting July 16th and 17th, 1924

AMHERST, N. S.

Meeting of the Executive 7.30 p. m. July 15th.

THE BULLETIN, VOL 3, NO. 3.—APRIL 1924.

Dr. M. R. Elliot of Wolfville in his paper on "Kidney Function in Pregnancy" printed in the February Bulletin, intimates that Doctors should endorse an effort to get a Towner Bill made effective in this Province. This Bill, as we understand it, is of very great value as affecting the birth rate and maternity welfare. It is too often noticed that mention is made of matters of this kind, but no further effort made to bring them before the Profession generally. Dr. Elliot's paper was much appreciated by the Valley Medical Society and that Society would in all probability have adopted and forwarded to the Provincial Society a practical Resolution on what might be accomplished here by legislation similar to the Towner Bill. It is hoped that for the next issue of the Bulletin there will be a statement made available for the Profession as to what is attempted by this Legislation.

In this issue of the Bulletin there appears an article entitled "The Public Health Nursing Service" to which especial attention is invited. If you will recall the report of the Minutes of the last Executive meeting of the Society, you will note that this matter was ordered to be placed on the agenda for the next annual meeting. This meeting will be held the evening before the Society's first session and its findings will be considered as part of the business of that session. All members of the profession should get clear ideas on this subject, for if we have made mistakes we want to get on the right track as soon as possible.

A NOTE OF APPRECIATION.

This is one of several notes received by the Associate-Secretary following the publication of the December and February Bulletins—

"Please accept my hearty congratulation for the last copy of the "Bulletin". It is very interesting and shows you have acquired the right swing. One thing more is perhaps wanted. Brief communications from M. D.'s on various subjects of professional nature, e. g. opinions, suggestions, grievances, etc. These, even if followed by some mild and gentle controversy, would tend to knit the brotherhood more closely together."

Two copies of the Canadian Medical Association Journal are needed to complete office files. The numbers are Volume 12 No.7 (July) 1922 and Volume 13 No. 6 (June) 1923. If any readers of the Bulletin can spare these numbers and will forward them to the Associate-Secretary it would be greatly appreciated.

The Digby Courier in a recent issue, on the page headed "The Bear River Weekly Courier" prints the following under the title of "The Doctor's Country Drives":—

"The man whose lot is not to be envied this winter is the doc-

tor with a country practice, whose professional duties call him out for several miles on a cold stormy wintry night, when the roads are in an almost impassable condition. It may be that he has just gotten home and into a warm comfortable bed after being out in the cold for several hours, when a telephone ring comes in and summons him on another trip. Still he obeys the summons, and to judge from his appearance he seems to enjoy the experience."

It is satisfactory to note the appreciation shown of the strenuous life of the country practitioner. The Courier further emphasizes this by having it again appear on another page in the same issue.

ENLARGED TONSILS AND ADENOIDS.

The following being an editorial comment in the March issue of the Canadian Medical Association Journal will be of interest to the doctors in Nova Scotia who have been hearing of cases of enlarged or diseased tonsils and of adenoids being referred by County Health Nurses for operation,—

"The subject of enlarged tonsils and adenoids continues to engage considerable attention in Great Britain. At a meeting of the West London Medico-Chirurgical Society on December 7th, Sir James Dundas Grant opened a discussion on the subject. He reviewed the various opinions that had been expressed as to the functions of the tonsils. He considered that when healthy they had a definitely protective action, especially in the earlier years of life, but a distinctly injurious one when they became diseased. Discussing the question as to whether the presence of enlarged tonsil and adenoids predisposed children to contract infectious disease, and whether their removal afforded greater immunity, he stated that he had been able to have this matter tested in a London school of a thousand children. The medical examiner of the school reported 99 out of the 1,000, as having enlarged tonsils and adenoids. Of these 99, ten had caught scarlet fever or one in ten. Of the 901 remaining children with moderately healthy tonsils only 33 had caught scarlet fever, or one in twenty-eight. Of the 99 who had had tonsils and adenoids during the beginning of the session, 9 had had them removed, and not one of these caught the disease. These results would seem to show that removal of enlarged tonsils and adenoids diminished the incidence of scarlet fever and of diseases dependent upon it."

FRIENDS OF THE MEDICAL PROFESSION.

The February issue of the Canadian Medical Association Journal has an editorial entitled "The Society of Friends of Medical Progress." The reference is to a Society founded recently in Boston, composed of professional and lay members with the following objects:—

- (1) To encourage and aid research and experimentation for

the advancement of Medical Science.

(2) To inform the public of the truth concerning the value of scientific medicine to humanity and to animals.

(3) To resist the efforts of ignorant or fanatical persons or Societies constantly urging legislation dangerous to the health and well-being of the people.

Prominent professional and lay men and women constitute the Officers and members. It is the purpose of the Society to disseminate the truth and the facts so that the public will not be misled by the propaganda of the anti-vaccinationist, vivisectionist and all other "ist" organizations that are the enemies of medical science.

The Journal calls attention to a similar individual protest made to the Executive of the Association against a monthly paper in Ottawa whose columns have been repeatedly open to attacks against the Medical Profession.

The editorial then proceeds to analyse the reasons for this active interest in support of the Medical Profession. It is because these broadly educated "friends" appreciate to the fullest degree that the health and well-being of the world depends upon the practice of scientific medicine which is only possible by careful and full research.

In conclusion the editorial makes the following appeal to members of the Profession to so carry on our work as to gain the respect and confidence of thinking people.—

"The line of action of the profession is thus clearly indicated. Let us each and everyone do our full duty in the prevention and treatment of disease. Let us from time to time reconsecrate ourselves according to the Spirit of the Hippocratic Oath, the simplest and best code of ethics yet formulated. By unselfish devotion to the common weal, while not necessarily forgetting that the labourer is worthy of just and proper hire, we shall make "Friends" and allies of all thinking people. They will fight our battles and to much better effect than can we. When we array ourselves against the forces of evil, our efforts are so liable to misinterpretation, and to be looked upon as a "powerful union" fighting to maintain a "monopoly." Thus we lose. In addition to the careful performance of our daily duty, education is our one effective weapon. In season and out the public must be instructed by precept and by example along the paths of health."

SOME INFANT MORTALITY STATISTICS.

The present infant mortality rate for Nova Scotia is 100.6 deaths in 1000 births. The rate in towns and cities is 134.1 and in rural districts 72.5. There is no good reason why this rate should not be cut in half. With the present expectation of life as 55 years, if the infant mortality rate were reduced to 40 this expectancy would be raised to 64 years.

A recent survey in the United States has shown a great variation in rates. In cities with a population exceeding 250,000 the

highest rate was in Buffalo being 103 per thousand births. In this group Seattle showed the lowest rate namely 50. In cities between 50,000 and 100,000 population Charleston, S. C., gave the rate of 129, while Berkeley gave a rate of only 37. In cities of 100,000 to 250,000 of a population San Antonio gave the highest rate of 143, while Grand Rapids gave the lowest rate of 61.

A summary of causes of death in 100 births is as follows:—

46.8 due to mal-formation, premature birth, injuries or congenital mal-nutrition.

18 deaths from diarrhoea and enteritis.

13 from pneumonia and bronchitis.

9 from epidemic diseases.

14 from ordinary causes.

When one realizes the enormous number of deaths that might be prevented it hardly seems possible that any sane thinking man or woman would hamper in any way Child Welfare work.

ADDITIONS TO 1924 MEMBERSHIP LISTS.

Additional Names to be added to the Medical Society of Nova Scotia and the Canadian Medical Association Lists for 1924 are:—

CANADIAN MEDICAL ASSOCIATION	MEDICAL SOCIETY OF NOVA SCOTIA.
Dr. D. A. McLeod	
“ F. G. MacAskill	Dr. W. F. Read
“ J. G. MacDougall	“ G. C. W. Bliss
“ J. R. Corston	“ A. S. Kendall
“ D. S. McCurdy	“ W. T. McKeough
“ S. R. Shankel	“ C. M. A. Webster
“ C. M. A. Webster	
“ Philip Weatherbee	
“ P. S. Campbell	

CANADIAN MEDICAL ASSOCIATION

ANNUAL MEETING OTTAWA

JUNE 17th, 18th, 19th and 20th, 1924.

One fare and one-half for return ticket.

Fare from Sydney \$29.55. Fare from Halifax \$25.50.

Pullman Halifax to Montreal. Lower berth \$6.55.

THE COUNTRY DOCTOR.

The last twenty years has witnessed a decrease in the number of medical schools by over 60% undoubtedly due to continent wide efforts to raise the standard of medical education. At first there was also a marked reduction in the number of students from 28,000 to but little over one-half this number. During the last three years there has been a slight yearly increase the number now standing at about 17,000. In 1910 there was one doctor for 608 inhabitants but in 1920 there was one doctor for 729.

The lay press has noticed this and comments on it as follows: "Perhaps the total number of physicians would still be sufficient if they were more evenly distributed. Sixty-three per cent of them are in cities of more than 5,000, which contain only 47 per cent of the population. It is easy to appreciate the desire of the majority of doctors to locate in cities where hospital facilities are provided, and where there are not the personal hardships of country practice—the long rides over difficult roads at all hours of the night and day. In many rural areas in the United States doctors are so few that they are guaranteed minimum incomes by the municipal authorities. Probably there is an insufficiency of medical service in some parts of rural Canada also. The country physician is traditionally a fine figure, one of the most useful servants of humanity. He is more certain of hard work than rapid gains, but the need for him should be a challenge to young men entering the profession."

There is much to be said on this subject, and in the interests of the people of Nova Scotia the Medical Society should consider the matter. In some of the articles regarding the early practitioners of this Province attention has been directed to the necessity of the early doctor using his brain, his imagination and his hands to meet the emergencies of practice in those days. These men became stalwarts in both the profession and the community on account of this very training. The tendency today is for the recent graduate to continue as long as possible in the environment of his college and the aids and conveniences of city hospitals and laboratories.

Will not some of the profession express their views on this matter ?

A country doctor, who was attending a laird, had instructed the butler in the art of taking his master's temperature with a thermometer. On repairing to the house one morning he was met by the butler, to whom he said:

"Well, John, I hope the laird's temperature is not any higher today? "

The man looked puzzled for a moment and then replied:

"Weel, I was just wonderin' about that myself. Ye see he deed at twal' o'clock."

The following doctors were in active practice in Halifax Town in 1851 as noted by the Farmers' Almanac of that year:—

Dr. James F. Avery	Dr. Jas. R. DeWolf	Dr. Robert Hume
“ Wm. J. Almon	“ Alfred Gilpin	“ James C. Hume
“ James Allen	“ Wm. Gregor	“ James Humphrey
“ Rufus S. Black	“ Mathias Hoffman	“ Edward Jennings
“ Alex. Mitchell	“ Daniel M. N. Parker	“ Alex. Sawers
“ Joseph Steverman		

With reference to one of the above, Dr. Matthias Hoffman, the Acadian Recorder of Nov. 15th, 1919 had the following paragraph contributed by “Occasional.”—

“There is at present in the Legislative Library two oil paintings of two medical doctors. One is by Hoppner the celebrated artist, rival of Lawrence. The painting is of Dr. Hoffman, who was an army surgeon in the British Army, and was at the battle of Corunna when Sir John Moore was killed. He afterwards came to Halifax and was for many years port physician. The other is an oil painting of John B. Garvie, who attended the emigrants of the pest ship “England”, and was with Dr. Slayter when he died on board that ship.

CHARACTERS AND CHARMS IN MEDICINE.

Roger Bacon, a philosopher of the 13th Century, while such an ardent apostle of scientific observation, research and study of causes and effects that he was tried for heresy, nevertheless considered that magic characters and charms had their place in life. As regards medicine he wrote:—

“It is to be taken into consideration that a skilled physician and whoever else has to arouse the spirit, can usefully (according to the physician Constantine) employ charms and characters even if feigned; not because the characters and charms themselves accomplish anything, but that the medicine may be received more trustingly and eagerly, and the spirit of the patient stimulated, and he may more abundantly confide and hope and enjoy; because the stimulated spirit can renovate many things in the body it informs, so that it may convalesce from infirmity to health, out of enjoyment and confidence. If therefore, the physician, for the magnifying of his work, that the patient may be excited to hope and confidence of health, does something of this kind, not for fraud nor for his own advantage (if we believe the physician Constantine), it is not to be reprobated. For he, in his epistle concerning articles suspended from the neck, thus allows charms and characters for the neck, and defends them in such cases. For the mind has much power over the body, through its strong emotions, as Avicenna teaches in the fourth book on the Mind and the eighth on Animals; and all wise men agree.”

The Treatment Of Exophthalmic Goitre.

Extracts from a paper presented by Dr. G. S. Fahrni at Winnipeg Medical Society Meeting in May 1923.

(From C. M. A. Journal, February 1924.)

Following the article on Goitre, dealing chiefly with the varieties, formation, etc., some remarks on treatment may be in order. The article referred to above points out that in view of the many different degrees of intensity no standardized treatment can be indicated—each individual case must be studied and its special treatment outlined. Exophthalmic Goitre can be cured most safely and thoroughly by the removal of all excess thyroid epithelium and the cases reported were treated on that plan. Therapeutic agents used are:—

- (1) Rest—complete physical and mental rest with confinement to bed, no company or cares permitted.
- (2) Medication—opium or one of its derivatives.
- (3) Diet—full diet, with the elimination of foods having a high iodine and tryptophane content.
- (4) Operation—time and nature depending entirely on the condition of the patient.

The following chief causes of failure in the surgical treatment of this disease are:—

- (1) Incorrect diagnoses—the common error being that of autonomic imbalance.
- (2) Diminished resistance of these cases to operation strain.
- (3) Possible injury to trachea with subsequent pneumonia.
- (4) Incomplete haemostasis.
- (5) Wound to be left open if condition not satisfactory.
- (6) Should combat positive operative restlessness.
- (7) Administration of water---to keep fluid content of tissues as high as possible.
- (8) Remove sufficient gland tissue.
- (9) Early operation.

HADN'T MISSED IT.

There is an old negro living in Memphis who was taken ill, and called a physician of his race to prescribe for him. But the old man did not seem to be getting any better, and finally a white physician was called.

Soon after arriving he felt the negro's pulse for a moment, and then examined his tongue.

"Did your other doctor take your temperature?" he asked his patient, kindly.

"I don't know, sah," he answered feebly, "I hadn't missed anything but my watch as yet, boss."

AMERICAN COLLEGE OF SURGEONS NOVA SCOTIA FELLOWS.

Dr. A. E. Mackintosh, Amherst, N. S.	Dr. Philip Weatherbee,	Halifax	“
“ Ross Millar,	“	“ C. S. Morton,	“ “
“ J. L. MacIsaac, Antigonish, N. S.	“	“ J. A. M. Hemmeon, Wolfville	
“ W. F. MacKinnon,	“ “	“ L. R. Morse, Lawrencetown, N. S.	
“ W. N. Reh fuss, Bridgewater, N. S.	“	“ W. S. Phinney, Yarmouth,	“
“ Allister Calder, Glace Bay, N. S.	“	“ A. E. G. Forbes, Lunenburg N. S.	
“ M. T. Sullivan,	“ “	“ J. W. McKay, New Glasgow, N. S.	
“ Murdock Chisholm, Halifax, N. S.	“	“ Clarence Miller,	“ “ “
“ Allan R. Cunningham,	“ “	“ John W. McLean, North Sydney, N. S.	
“ A. E. Doull,	“ “	“ R. M. Benvie, Stellarton, N. S.	
“ E. V. Hogan,	“ “	“ James Bruce, Sydney, N. S.	
“ D. J. MacDonald,	“ “	“ D. A. MacLeod,	“ “
“ P. A. MacDonald,	“ “	“ J. J. Roy,	“ “
“ H. K. MacDonald,	“ “	“ J. W. T. Patton, Truro, N. S.	
“ John G. MacDougal,	“ “	“ O. B. Keddy, Windsor, N. S.	
“ S. J. MacLennan,	“ “	“ George W. T. Farrish, Yarmouth, N. S.	
“ R. E. Mathers,	“ “	“ William G. Putnam,	“ “
“ V. L. Miller,	“ “	“ C. A. Webster	“ “
“ G. H. Murphy	“ “		

IN NO DANGER.

A prominent lawyer who formerly practised at the bar of Kansas City tells of a funny incident in a court there during a trial in which a certain young doctor was called as witness.

Counsel for the other side in cross-examining the youthful medico gave utterance to several sarcastic remarks tending to throw doubt upon the ability of so young a man.

One of the questions was: “You are entirely familiar with the symptoms of concussion of the brain?”

“I am.”

“Then,” continued the cross-examiner, “suppose my learned friend, Mr. Taylor, and myself were to bang our heads together, should we get concession of the brain?”

“Your learned friend, Mr. Taylor, might,” suggested the young physician.—Harper’s Weekly.

PERSONAL

Dr. W. M. Anderson of Amherst, left in March for an extended trip in the Canadian and United States West.

Dr. A. Robinson of Annapolis Royal, was laid up for two or three weeks in March with a severe cold.

Dr. J. L. McIsaac of Antigonish, has recently spent some weeks in New York, Boston and other United States cities.

Dr. Daniei McIntosh of Pugwash, an Honorary member of the Medical Society of Nova Scotia, was the guest of honor at a regular communication of Acadia Lodge No. 13, A.F. & A. M. Pugwash, on March 3rd, of which he is D. D, G. M. In Medical practice for 53 years, Dr. McIntosh has been a Mason for 51 years.

Quite a reference was made in the news items from Wolfville in a Halifax Daily to the interesting Reminiscences by Geo. E. DeWitt published in the March Bulletin.

Dr. C. S. Morton, Halifax, has recently become a Fellow of the Americal College of Surgeons. The present membership in Nova Scotia is published in this issue. Inquiries have been made regarding the American College of Physicians but no information has been received.

Dr. Daniel McDonald, North Sydney, left the last of March for a three weeks visit to the University Hospital Surgical Clinic, Philadelphia. Mrs. McDonald accompanied him to New York and will visit their son who resides at Newark, New Jersey.

Dr. Walter L. Muir is the President of the Halifax Branch of the McGill Graduates' Society. He presided at the last annual social function, which was a banquet, followed by dancing and cards held at the Halifax Hotel, February 28th.

Friends of Dr. W. B. Almon, City Health Officer, will regret to learn of his serious indisposition, and that he is a patient in the Victoria General Hospital. The Farmer's Almanac for 1833 and subsequent years notes Dr. W. B. Almon as Health Officer for the Town of Halifax in those years. The office is either congenital or inherited.

Dr. J. W. Smith, of Liverpool, is reported in a Liverpool News item in a Halifax daily paper under date of March 31st, as leaving "to join other members of the House of Assembly and Legislative Council who have accepted the invitation of the President of the

British Empire Steel Corporation to visit the plant and mines of that Company in Cape Breton." One wonders what reason the Correspondent will give as to why the genial Doctor didn't make the trip.

Mrs. Robbins, New Glasgow, wife of Dr. W. H. Robbins has been making an extended visit in New York, Boston and Ottawa. At the latter city she attended the Executive of the National Council of Women.

The Yarmouth Hospital Medical held a special meeting in March to make appointments made necessary by the death of Dr. W. G. Putnam. Dr. Charles A. Webster was elected President. On revision of the by-laws the Hospital staff was increased from six to eight and Doctors Morton, Lebbetter and Gullison were added. Dr. C. K. Fuller and Dr. W. S. Phinney were appointed Specialists in diseases of eye, ear, nose and throat. A Resolution of sympathy was adopted and sent to Mrs. W. G. Putnam and her daughter, Miss Helen.

Dr. W. B. Moore, of Kentville, one of the most versatile members of the Medical Profession in Nova Scotia, recently prepared and presented a paper before a local Musical Club on the "Early Musical History of Kentville. This was much appreciated for its literary, historic and artistic worth.

Among those attending the recent session of the Grand Lodge, L. O. L., was Dr. Nat McDonald of Sydney Mines.

A recent book entitled "Life and Science" has been published in London and has met with a splendid reception. The book was written by Dr. Fraser Harris, formerly of the medical staff of Dalhousie University. The book reviews have been especially favorable. The very many friends of Dr. Harris in the Profession in Nova Scotia will be glad to learn of the success of this literary venture, and further glad to know that he has been fully restored to health.

The City Press notes the marriage on April 2nd, of Dr. Mildred Resnick to Mr. Joseph C. Glube, of Halifax. The marriage service was conducted by Rabbi Frank assisted by Rabbi Levi in the presence of immediate friends and relatives of the couple. A reception was held at the residence of the bride 17 York St., after which Mr. and Mrs. Glube left on a wedding trip to Montreal, Toronto and New York. Mr. Glube is a well know business man, energetic and popular. The bride received her M. D., C. M., from Dalhousie University in 1921. She took post graduate work at Edinburgh, London and Montreal, was for a time on the Staff of the Children's Hospital and for a considerable time on the Staff of

the Nova Scotia Sanatorium. The members of the Profession desire to extend their congratulations.

Dr. Clyde Holland, of the Dalhousie Medical Staff, will be one of a large number of Nova Scotians who will this summer attend the British Empire Exhibition in Wembley, Eng. Dr. Holland will spend several months in special Hospital work.

The many friends of Dr. W. D. Finn, Halifax, will learn with regret of his very serious illness. His brother, R. E. Finn, M. P., was called from Ottawa owing to his serious condition.

Many of the doctors in Nova Scotia have for some time actively assisted the Boy Scout Movement. We note that at a recent First Aid Exhibition of Scouts in Bear River, Dr. A. B. Campbell judged the work of the Troop.

The small towns in strategic situations are becoming supplied gradually with hospital accommodation. The doctors of Digby are now considering establishing a Hospital in that town. It is exceedingly easy to establish a Hospital, but it is a different matter to maintain it, if it fulfils the requirements, namely, to provide necessary hospital care for those who are unable to secure or pay for the same elsewhere. Unless these hospitals can care for the poor they should not appeal to the public for support.

Dr. J. A. McIvor, formerly of Baddeck, is now practising near Vancouver, B. C.

Mrs. McKinnon, wife of Dr. Hugh McKinnon, Inverness, sailed recently for England, where she will visit in her old home for several months.

In the latest number of "The Dalhousie Review" there is a learned and entertaining paper by Dr. A. G. Nicholls, Halifax, on "Forgotten herbals, mythical qualities of plants, and botanists of the Renaissance."

A Port Hood correspondent in a Halifax Daily thus refers to Dr. D. Mc. I. Chisholm of that town:—"Dr. Chisholm, though well advanced in the seventies, is one of the hard working physicians of the Province. On Monday, when H. A. Smith met with an accident on Port Hood Island, the doctor crossed on the ice even when parts of the harbor was open sea, a feat many a younger man dare not attempt." Dr. Chisholm graduated from the University of New York in 1882 and has 42 years of practice to his credit. In our next Bulletin Dr. Finlay MacMillan will describe some thrilling experiences on "ice and sea."

The Press has published flattering reviews of a new book by

Doctor Murdock Chisholm, entitled "The Book of Revelation and its Key."

Dr. J. L. McIsaac, of Antigonish, recently returned home after spending several weeks at the Mayo and other Clinics.

Dr. S. J. McLellan, South Park St., Halifax, has just returned from a few weeks stay in Baltimore and New York doing his own special work at John Hopkins, Bellevue, and other clinics. While in New York he met Dr. George D. Stuart, who spoke in pleasing anticipation of his coming visit to the Medical Society of Nova Scotia at its Amherst meeting.

BIRTH.

Shubenacadie, N. S., Feby. 2, 1924 to Dr. and Mrs. D. F. McInnis, a son, Donald Ross. Congratulations.

OBITUARY

James Drummond Fraser, died at his home at Stellarton, March 15th, 1924, in his 89th year. Of good family, of splendid character, he was respected in business and in church. He is survived by six members of his family, one daughter being Mrs. Eaton, wife of Dr. F. F. Eaton, Truro.

The death occurred March 16, 1924 at Liverpool, of Rev. J. D. Heal a retired minister of the Methodist Church, aged 77 years. Dr. Gordon Heal M. D. C. M., Dalhousie University, 1915 of London, England, at present in Mesopotamia, is a son of the deceased.

Mrs. Sophia Bruce who died at Shelburne March 8th, 1924 at the advanced age of 88 years, was the mother of Mrs. Brown, wife of Dr. G. W. Brown, of Clark's Harbor, Shelburne Co., N. S.

The death occurred at Amherst March 22nd, 1924 of Mrs. Bessie Allison Brown, at the advanced age of 94 years. Mrs. Brown was a Miss Allison, of Cornwallis, Kings County, and was a sister-in-law of Dr. E. N. Payzant, our oldest member of the medical profession in Nova Scotia.

John B. Hallett died at the Victoria General Hospital, April 1st, aged 75 years. He was an ardent fisherman, and for many years a keen curler. He was buried in Truro, where he lived for 40 years. His brother, Dr. E. O. Hallett, of Weymouth, was in Halifax when he died, and accompanied the remains to Truro.

Captain Benjamin Gullison died at his home at Beaver River, Yarmouth Co., April 5th aged ninety years. Captain Gullison

followed the sea until 1899 being 40 years in command. He was a father to Mrs. Blackadar, wife of Dr. R. L. Blackader of Port Maitland. Dr. F. E. Gullison, of Yarmouth, is a grandson of the deceased.

Mrs. Rex F. Davison, of Bridgewater, died suddenly April 10th at Toronto where she had been spending the winter. She was a daughter of the late Dr. Marshall, of Annapolis, and a sister of Mrs. Reh fuss, wife of Dr. W. N. Reh fuss, of Bridgewater.

WILLIAM DOMINIC FINN, M. D., COLLEGE OF PHYSICIANS AND SURGEONS, N. Y., 1890, HALIFAX, N. S.

The death of Dr. W. D. Finn, Sunday, April 13th, came as a shock to the citizens of Halifax, altho it was known he had been seriously ill for just two weeks. He was another victim of that scourge which is so baffling medical science at the present time, and his exceedingly short illness only shows how insidious may be its development.

Dr. Finn was the son of John and Mary (Farrell) Finn and was born in 1867. He first studied medicine as a student in the office of the late Dr. Farrell, an outstanding physician and citizen of Halifax. He graduated in 1890 taking the New York State Board examination, and the same year began practice in Halifax. He was twice married, his first wife being Miss Alice Downey, of Dartmouth, who died a victim of small pox in the epidemic which swept Halifax in 1901 very shortly after her marriage. His second wife was Miss Emma Grant, of Halifax, who with two sons and two daughters survives him. R. E. Finn, M.P., for Halifax, and John Finn, Superintendent of Jordon & Marsh's Department Store, Boston, are his two brothers. His mother and one sister are living in Halifax and another sister lives in Sussex. N. B.

The Bulletin is indebted to Dr. C. S. Morton, an intimate friend of Dr. Finn's, for the following references to his professional career.

"Returning from New York after graduation in 1890 he identified himself with his uncle, the late Dr. Edward Farrell, and remained with him until Dr. Farrell's death, taking over much of the practice. Since then he has been closely identified with the professional life of the city. He served for a number of years on the Staff of the Victoria General Hospital, also on the Staff of the Halifax Dispensary.

He was appointed a coroner for Halifax City and County in 1892, but as many such appointments had been made much difficulty arose, and all were requested to resign in 1895. Dr. Finn then was appointed Medical Examiner for the City of Halifax and the Town of Dartmouth, which position he has filled with eminent satisfaction ever since. No man was better qualified than he for such work, and the respect and confidence he enjoyed from the Bench and Bar of the Province any man might well envy. His

decisions were given after much thought, were always founded upon fact and tempered with ripe and intelligent judgment.

His experience in the "Herbert Fuller" Case, when Mate Bram was convicted of murder, brought him very prominently before the public both in Canada and the United States.

After the death of Dr. Flinn a little over a year ago, Dr. Finn was appointed as Medical Examiner by the United States Government for this Port for the American Immigration Authorities, which duties he discharged in his usual thorough and courteous manner.

During the whole thirty years of his general practice in this city Dr. Finn enjoyed the confidence and esteem of an exceptionally large clientele.

A physician of keen insight, a surgeon who ranked amongst the best in the Province, he daily sought to do what he could to alleviate the suffering of his fellow man. His was no shallow knowledge. Anatomy and Pathology were his favorite subjects, and he knew them thoroughly. Of a philosophic turn of mind he was a wide reader and thoroughly at home in all the later lines of thought."

To his widow and children, to his mother, his brothers and his sisters, the medical profession in Nova Scotia will extend sincere sympathy.

COLCHESTER-HANTS MEDICAL SOCIETY.

The regular quarterly meeting of the Colchester-Hants Medical Society was held in the Victoria Hotel, Windsor, Tuesday, Feb. 26th, at 2.00 p. m. In the absence of the President, Dr. Eaton of Truro, the Vice-President, Dr. A. R. Reid, of Brooklyn, occupied the Chair. The Secretary, Dr. H. V. Kent read the Minutes of the last meeting.

The scientific programme was presented as follows:—

Paper by Dr. W. Alan Curry, of Halifax, title,—

"Some Notes from a Recent Visit to the Mayo and other Surgical Clinics." The paper was supplemented by remarks from Dr. Keddy who was one of the party visiting these Clinics. This paper will be published in the Bulletin.

Dr. Bissett presented a case of a young lad showing marked bronzing of the skin which brought forth an interesting discussion as to diagnosis, the general concensus of opinion inclining towards Addison's Disease.

Dr. S. L. Walker, of Halifax, presented a paper dealing with the relation of the medical profession to the public health questions of the day, especially referring to the work of the Health Nursing Service in Nova Scotia. There is an evident demand by the public for an up-to-date health nursing service, which should be not only supported but directed by the medical profession. The impression in the public mind is that most of the doctors are not strongly in sympathy with this modern health work. The point was made

that this work of the prevention of disease and the improvement of health was being regarded by the public as necessary, and in order for the profession to hold its good name for service to the community, all doctors should give constructive support to the work.

Dr. J. W. T. Patton, of Truro, read a paper entitled—"Peritonillar Infections" which was comprehensive and instructive as to the most desirable treatment for this common disease. This will be published shortly in the Bulletin.

Several matters of business were dealt with, and adjournment made in time for the visitors to get the late afternoon trains.

A special Committee consisting of Doctors J. B. Black and Bissett, of Windsor, and Dr. Kent, of Truro, was appointed to collect historical notes of early practitioners in Hants and Colchester Counties.

The following Resolution was also adopted:---

"WHEREAS, Tuberculosis is found largely among the poor of this Province, who are unable to meet the expenses required by the Provincial Sanatorium at Kentville, And Whereas the method of securing admission of poor cases to the Sanatorium is difficult and almost impossible, And Whereas the necessity of furnishing Sanatorium treatment for poor cases is urgent, in the interest of the Province, And Whereas, the spread and death rate from Tuberculosis cannot be properly controlled, unless poor cases receive institutional treatment;

THEREFORE be it Resolved,—That the Colchester-Hants Medical Society respectfully suggests to the Executive Council of Nova Scotia, that the admission of poor patients to the Sanatorium be made contingent upon the recommendation of the M. H. O. of the Town or County in which such poor patient resides, and that such recommendations be endorsed by the Provincial M. H. O. for Nova Scotia.

(Sgd) H. V. Kent, M. D.

Secretary.

IN REPLY.

A young man with a pretty but notoriously flirtatious fiancée, wrote to a supposed rival: "I've been told that you have been seen kissing my girl. Come to my office at 11 on Friday; I want to have this matter out."

The rival answered: "I've received a copy of your circular letter and will be present at the meeting."

Desperado—"Halt. If you move, you are dead."

Student—My man, you should be more careful of your English. If I should move, it would be a positive sign that I was alive.

NURSES' DIRECTORY

REGISTERED NURSES IN NOVA SCOTIA 1923-1924.

NAME	ADDRESS
MacKenzie, Miss Mary Elizabeth	City of Sydney Hospital, Sydney, C.B.
Forbes, Miss Marion Gordon	" " " " " "
Campbell, Miss Annie	" " " " " "
Calder, Miss Jennie Squair	" " " " " "
Gooley, Miss Lena	" " " " " "
MacKinnon, Miss Katherine Margaret	" " " " " "
MacDonald, Mrs. Honora E.	Medical Hall, New Waterford, C. B.
Sister Frances Joseph	Hamilton Memorial Hospital, North Sydney
" Mary Irenaeus	" " " " " "
" Anna Dolores	" " " " " "
" Catherine Gerard	" " " " " "
Gouthro, Miss Mary Ann	Harbour View Hospital, Sydney Mines
MacCuish, Miss Elizabeth M.	" " " " " "
Prendergast, Miss Susan	" " " " " "
LeBlanc, Miss Hilda Agnes	St. Joseph's Hospital, Glace Bay
Cameron, Miss Annie Jane	" " " " " "
Spencer, Miss Lyda Alice	Glace Bay General Hospital, Glace Bay
MacKeen, Miss Stella Agnes	Emergency Hospital, Sydney, C. B.
Burke, Miss Georgie Helma Murray	Emergency Hospital, Dominion Iron & Steel Co., Sydney, C. B.
Trueman, Miss Sophia May	Cottage Hospital, Springhill
Smith, Miss Amy Grace	" " " " " "
Barker, Mrs. Bertie Baxter	Highland View Hospital, Amherst
Fowler, Miss Dorothy Lawson	" " " " " "
DeMing, Miss Isa Christina	Aberdeen Hospital, New Glasgow
Chipman, Mrs. Ghlee Woodworth	Dawson Memorial Hospital, Bridgewater, N. S.
Townsend, Miss Phoebe Estella	" " " " " "
Munroe, Miss Evelyn Hope	Jordan Memorial Hospital, River Glade, N. B.
Turner, Miss Lydia	Hillside Hospital, Bridgeport, Connecticut, U. S. A.
Pemberton, Miss Eveline Mary	King's Daughters' Hospital, Staunton, Virginia, U. S. A.
Graham, Miss Prudence Rebecca	The Jamaica Hospital, New York Ave., Jamaica, New York, U. S. A.
Watson, Miss Lillian B.	The People's Hospital, 256-270 W. Cedar St., Akron, Ohio, U. S. A.
Johnston, Miss Mary Alice	King Edward VII Memorial Hospital Paget, Bermuda
Dickson, (Mrs. Dr. H. S. Dickson)	" " " " " "
Sarah Conway	Holualoa, Hawaiian Islands.
Arthur, Miss Mary	Northern Westchester Hospital, Mount Kisco, N. Y.
Barton, Miss Dorothy May	Saskatchewan Sanatorium, Fort Qu'Appelle, Sask.
Campbell, Miss Laura E.	D.S.C.R., Hospital, St. John West, New Brunswick
LeJeune, Miss Mary Catherine	Vincent Memorial Hospital, Boston
Conn, Miss Hattie Elizabeth	Mary Zinn Home, White Plains, N. Y.
Hall, Miss Elizabeth Abbot	" " " " " "
King, Miss Belle Kinread	" " " " " "
Carson, Miss Agnes Douglas	Victoria General Hospital, Halifax
Cox, Miss Agnes	" " " " " "
McSween, Miss Mary	Tuberculosis Hospital, Morris St., Halifax
McLellan, Miss Loretta Beatrice	" " " " " "
Barrington, Miss Sibella A.	Halifax Infants' Home, Tower Rd. Hfx.

Fleming, Miss Caudia Mary
 McInnis, Miss Olive Boyce
 Davidson, Miss Margaret
 McDonald, Miss Vera Mildred
 Walker, Miss Mildred Margaret
 McDaniel, Miss Mary Rebecca
 Sister Mary Mercedes
 MacIsaac, Miss Sarah Catherine
 Trefry, Miss Marjorie E.

Coolen, Miss Mary Ellen
 Hubley, Miss Laura M.

MacLatchy, Miss Katherine Osborne
 Fraser, Miss Frances Margaret
 Carroll, Miss Elizabeth Ann
 Campbell, Miss Mary F.
 MacWatt, Miss Esther MacD.
 Crosby, Miss Gertrude
 White, Miss Catherine Veronica

Allbou, Miss Mary Ann
 Allsop, Miss Carrie Lake
 Archard, Miss Alfreda Catherine
 Archard, Miss Sarah Ann

Baillie, Miss Isabel Katherine
 Brady, Miss Alice A.
 Brown, Miss Ethel May
 Browne, Miss Elizabeth O. R.
 Barnstead, Miss Ethel L.
 Bartol, Miss Edith Watson
 Barnaby, Miss Agnes Gertrude
 Bligh, Mrs. Clara Belle

Black, Miss Amy I.
 Billman, Miss Alice
 Boucher, Miss Estelle Marie

Cadegan, Miss Bridget
 Caldwell, Miss Enid R.
 Cameron, Miss Margaret
 Cameron, Miss Catherine
 Campbell, Miss Elizabeth
 Campbell, Miss Ida
 Campbell, Miss Elizabeth Ann

Campbell, Miss Catherine
 Campbell, Miss Mary Martha
 Chisholm, Miss Mary Ethel
 Chisholm, Miss Mary Cecelia
 Chisholm, Miss Katherine Marie
 Cliffe, Miss Florence Mary
 Conrad, Miss Flora Dorothy
 Coon, Miss Emma

Dagleish, Miss Gertrude Rhea
 DeCoffe, Miss Grace Marguerite
 Dunlap, Miss Laura A.

Elliott, Miss Ethel
 Evans, Miss Reta Mertie

Nova Scotia Hospital, Dartmouth

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Halifax Infirmary, Halifax, N. S.
 Camp Hill Hospital, Halifax, N. S.
 Health Centre No. 1, Gottingen St.,
 Halifax, N. S.

“ “ “ “
 Nursing Sister, Military Hospital,
 Halifax, N. S.

“ “ “ “
 Health Centre, No. 2, Dartmouth
 V.O.N.344 Gottingen St., Halifax, N.S.

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 “ “ “ “
 “ “ “ “

P. O. Box 31, Springhill, N. S.
 241 North St., Halifax, N. S.
 104 Henry St., Halifax, N. S.
 104 Henry St., Halifax, N. S.

R.R. No. 2, Westville, Pictou Co.,
 678 Robie St., Halifax, N. S.
 Wolfville, N. S.
 12 Erskine St., Dartmouth, N. S.
 78 Spring Garden Rd, Halifax, N. S.
 Oxford Ave., Sydney Mines, C. B.
 South Street, Halifax, N. S.
 28 Westminster Apts., Morris St.
 Halifax, N. S.

Amherst, N. S.
 Armdale, N. S.
 84 Queen St., Halifax, N. S.

Bridgeport, C. B.
 Sweet's Corner, Hants Co., N. S.
 Mabou, C. B.
 “The Berkley”, Inglis St., Halifax
 Red Islands, C. B.
 P. O. Box 626, Pictou, N. S.
 East Broadway, Whitney Pier,
 Sydney, C. B.

Old Bridgeport, C. B.
 Point Tupper, Richmond Co., C. B.
 303 Brunswick St., Halifax, N. S.
 Beaulieu, Antigonish, N. S.
 265 Charles St., Boston, Mass.
 Upper Derby, N. B.
 17 Rose Street, Dartmouth, N. S.
 Box 81, Springhill, N. S.

Bridgewater, N. S.
 Afton, Antigonish Co., N. S.
 1 Kent St., Halifax, N. S.

P. O. Box 538, Pictou, N. S.
 Chester, N. S.

- Ferguson, Miss Katherine Livingstone
 Fischer, Mrs. Mary McDonald
 Fraser, Miss Lavinia Flora
 Fraser, Miss Catherine Janet
 Fraser, Miss Annie Margaret
- Gilbert, Miss Norah Emily Beatrice
- Gillis, Miss Agnes
 Grady, Miss Stella Mary
 Graham, Miss Catherine Mary
 Grant, Miss Marion Augusta
 Graves, Miss Laura May
 Gunn, Miss Janet Hazel (Mrs. John A.)
- Foster, Miss Helen Maud
 Ferguson, Miss Elizabeth C.
- Hall, Mrs. Harry (Mildred M.)
 Hanson, Miss Amy L.
 Hart, Miss Lillian Maud Dixon
 Hayden, Miss Mary Josephine
 Harrington, Miss Marjorie Hilda
 Hergott, Miss Eulalia Juliette
- Holmes, Miss Florence Jean
 Hopkins, Miss Grace Rebecca
 Hubley, Miss J.
 Humphrey, Mrs. W.G.R. (Sadie MacLennan)
 Hyatt, Miss Alice C.
- Keatings, Miss Mary A. R.
 Kennedy, Miss Kathryn Mary
 Knee, Miss Margaret Oakley
 Kirkpatrick, Miss Martha
- Langlely, Miss Nina Winnifred
 LaPierre, Miss Minnie Antrielle
 Lee, Miss Marguerite S. E.
 Lester, Miss Olla Dell
 Lisson, Miss Teresa Ellen
- MacArthur, Miss Gladys M.
 McCarthy, Miss Mary C.
 MacDonald, Miss Georgina Ellen
 McDonald, Miss Harriet Helena
 MacDonald, Miss Margaret Katherine
 MacDonald, Miss Sophie G.
- McDonald, Miss Gertrude A.
 MacDonald, Miss Anna Rosalie
 MacDonald, Miss Mary Catherine
 MacDonald, Miss Katherine Louise
 MacInnis, Miss Florence L.
 MacInnis, Miss Annie Jane
 MacGlashen, Miss
 MacIsaac, Miss Mary Anne
 MacIntosh, Miss Jessie Simpson
 McFarlane, Miss Elizabeth Eleanor
 MacKay, Miss Harriet Adele
 MacKay, Miss Florence
 MacKenzie, Miss Helen Gertrude
 MacKenzie, Miss Margaret E.
- Sydney Mines, C. B.
 Glace Bay, C. B.
 325 South St., Halifax, N. S.
 Antigonish, N. S.
 Yarr.outh, N. S.
- 130 Rake Lane, Wallasey, Cheshire,
 England.
- 494 Esplanade, Sydney, N. S.
 29 Dahlia St., Dartmouth, N. S.
 17 North Street, Halifax, N. S.
 30 Cedar St., Halifax, N. S.
 94 Vernon St., Halifax, N. S.
 East River, St. Mary's, Guystorough
- 22 Church St., Halifax, N. S.
 New Aberdeen, C. B.
- 136 Robie Street, Halifax, N. S.
 North Sydney, C. B.
 Sackville, N. B.
 294 Gottingen St., Halifax, N. S.
 33 Lawrence St., Halifax, N. S.
 The Dennis, 1103 Pine Grove Ave.,
 Port Huron, Mich., U.S.A.
- Windmill Rd., Dartmouth, N. S.
 Springhill, N. S.
 99 Windsor St., Halifax, N. S.
 40 Walnut St., Halifax, N. S.
 Springhill, N. S.
- 30 South Bland St., Halifax, N. S.
 248 Robie Street, Halifax, N. S.
 74 Vernon St., Halifax, N. S.
 Shubenacadie, N. S.
- Port Hawkesbury, N. S.
 86 Queen St., Halifax, N. S.
 72 Duncan Street, Halifax, N. S.
 57 Lyman St., Truro, N. S.
 114 Lancaster Terrace, Brookline,
 Mass., U. S. A.
- 266 North St., Halifax, N. S.
 42 Gramercy Park, New York City
 302 Oxford St., Halifax, N. S.
 28 Lorway Ave., Sydney, N. S.
 Thorburn, Pictou Co., N. S.
 223 Third Ave., N.W. Rochester,
 Minnesota, U. S. A.
- 269 Charlotte St., Sydney, N. S.
 Church St., Antigonish, N. S.
 Ottawa Brook, C. B.
 4 Wentworth St., Sydney, N. S.
 40 Coburg Rd., Halifax, N. S.
 102 S. Logan St., Lansing, Mich.
 R. R. No. 2, Amherst, N. S.
 Grant's Lake, Guys. Co., N. S.
 Stellarton, N. S.
 48 Campbell St., Sydney, N. S.
 72 Edward St., Halifax, N. S.
 55 Windsor St., Halifax, N. S.
 Stellarton, N. S.
 315 Barrington St., Halifax, N. S.

- MacKenzie, Miss Mary Catherine
 MacKinnon, Miss Florence Mary
 McKinnon, Miss Annie May
 MacKinnon, Miss Euphemia
 McKeil, Miss Mary Blanche
 MacLaughlin, Miss Gwendoline A.
 MacLean, Miss Catherine Ellen
 MacMillan, Miss Anna Margaret
 MacNeil, Miss Sarah Belle
 MacNeil, Miss Isabel
 MacPherson, Miss Flora
 MacRury, Miss Mary
- Mahoney, Miss Constance Virginia
 Martin, Miss Annie Viola
 Matheson, Miss Christina Bell
 Mullins, Miss Mary Frances
 Murphy, Miss Elizabeth Clotilda
 Murphy, Adriana R. (Mrs. J. W.)
- Newell, Miss Bessie
 Nicholson, Miss Georgie Isabel
- Patterson, Agnes B. (Mrs. Robt.)
 Power, Miss Mary Lea
 Pottier, Miss Estelle Judith
 Pushie, Miss Vera Jennie
- Rankine, Miss Henrietta
 Rathburn, Miss Dorothy Frances
 Ryan, Miss Caroline Martha Hopkins
 Ryan, Miss Violet Augusta
- Spares, Miss Mayme Dorothy
 Shank, Miss Margaret Shaw
 Saunders, Miss Florence H.
 Saunderson, Miss Theodora
 Shannahan, Miss Mary C.
 Shea, Miss Mary Alice
 Sheehan, Miss Theresa Margaret
 Shortt, Miss Katherine Patricia
 Silliker, Miss Edna May
 Strum, Miss Laura Judith
 Sutherland, Miss Roberta
- Thomas, Miss Lalia Elizabeth
 Tomplkins, Miss Clara Beatrice
 Tout, Miss Dora Olivia
- Turner, Miss Nellie
- VanDorsser, Mrs. Georgie Everett
- Walsh, Mr. Ralph Allen
 Watkins, Miss Janet Florence
 Way, Miss Sarah Gladys
 White, Miss Eva Marion
 White, Miss Ida Mary
 White, Teresa Elizabeth
 Withro, Miss Florence L.
- Young, Miss Anna Teresa
- Hay Cove, Rich. Co., C. B.
 25 Pleasant St., Sydney, N. S.
 Bridgeport, C. B.
 391 Townsend St., Sydney, N. S.
 88 Dresden Row, Halifax, N. S.
 3 Sherwood St., Halifax, N. S.
 Elmsdale, N. S.
 New Glasgow, N. S.
 North Sydney, Box 232, N. S.
 Egerton, Pictou Co., N. S.
 Canso, Guys. Co., N. S.
 167 Royal Ave., Sydney, N. S.
- Lourdes, Pictou Co., N. S.
 39 Garden St., St. John, N. B.
 Alba, Station, C. B.
 16 Tower Rd., Halifax, N. S.
 Ogden, Guys. Co., N. S.
 Brookfield, Col. Co., N. S.
- 49 Park St., Sydney, N. S.
 98 Caledonia Mines, Glace Bay, C.B.
- 10 Prince St., St. John West, N. B.
 Arichat, C. B.
 536 Massachusetts Ave., Boston.
 Stellarton, N. S.
- 39 George St., Sydney, C. B.
 43 Brenton St., Halifax, N. S.
 Box 206, Springhill, N. S.
 Windham Hill, Cumberland Co., N. S.
- Elmsdale, N. S.
 Caledonia Mines, C. B.
 Kingsport, N. S.
 Smith's Cove, Digby Co., N. S.
 143 Morris St., Halifax, N. S.
 130 Brunswick St., Halifax, N. S.
 27 Church St. Halifax, N. S.
 Brookfield, Col. Co., N. S.
 New Glasgow, N. S.
 Mahone Bay, Lumenburg Co., N. S.
 200 Windsor St., Halifax, N. S.
- 548½ Robie St., Halifax, N. S.
 45 Carleton St., Halifax, N. S.
 Care of H. J. Moss, 11 Prince St.
 Halifax, N. S.
- Sackville, N B.
- 127 Wright St., St. John, N. B.
- Upper Prospect, Hfx. Co., N. S.
 172 Henry St., Halifax, N. S.
 195 Windsor St., Halifax, N. S.
 9 Spring Garden Rd., Halifax, N. S.
 86 Queen St., Halifax, N. S.
 Whiteside, Richmond Co., C. B.
 Elmsdale, N. S.
- Box 369, Yarmouth, N. S.

MEDICAL DIRECTORY

THE CANADIAN MEDICAL ASSOCIATION

PRESIDENT—J. F. Kidd, Ottawa. Annual Meeting, Ottawa, 1924.

VICE-PRESIDENTS EX-OFFICIO—Presidents of affiliated Provincial Associations.

HONORARY-TREASURER—A. T. Bazin, 836 University St., Montreal.

GENERAL SECRETARY—T. C. Routley, 127 Oakwood Ave., Toronto.

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N. J. Maclean, Winnipeg.	A. R. Munro, Edmonton.
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J. S. McEachern, Calgary.	B. D. Gillies, Vancouver.
J. G. McDougall, Halifax.	Clarence Brown, Ottawa.
F. N. G. Starr, Toronto.	J. A. Gunn, Winnipeg.
L. G. Pinault, Campbellton, N. B.	G. R. Peterson, Saskatoon.
W. S. Galbraith, Lethbridge.	

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- British Columbia—George Hall, Victoria, ex-officio; H. M. Robertson, Victoria; G. H. Manchester, New Westminster; F. J. Buller, Vancouver.
- Manitoba—T. G. Hamilton, ex-officio; G. S. Fahri, D. A. Stewart, Ninette.
- New Brunswick—S. H. McDonald, ex-officio, St. John; E. J. Ryan, St. John; G. Clowes Vanwart, Fredericton.
- Nova Scotia—O. B. Keddy, Windsor, ex-officio; G. H. Murphy, Halifax; W. J. Egan, Sydney; A. S. Simpson, Bridgewater.
- Ontario—J. F. Argue, Ottawa, ex-officio; F. W. Marlow, Toronto; E. R. Secord, Brantford; J. H. Mullin, Hamilton; G. S. Cameron, Peterborough.
- Saskatchewan—J. A. Valens, ex-officio; P. D. Stewart, Saskatoon; F. W. Hart, Indian Head.

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T. C. Routley, Toronto, ex-officio.	J. H. Mullin, Hamilton.
F. N. G. Starr, Toronto.	J. F. Argue, Ottawa.
J. S. McEachern, Calgary.	E. W. Archibald, Montreal.
G. S. Cameron, Peterborough.	H. K. McDonald, Halifax.

MEDICAL DIRECTORY

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1923-1924

PLACE OF MEETING, AMHERST, N. S.

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1st Vice-President.....	Dr. W. N. Rehfluss, Bridgewater, N. S.
2nd Vice-President.....	Dr. J. J. Roy, Sydney, N. S.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax, N. S.
Associate-Secretary.....	Dr. S. L. Walker, Halifax, N. S.

EXECUTIVE

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Dr. M. G. Tompkins, Dominion
Dr. D. W. Archibald, Sydney Mines
Dr. John MacDonald, Sydney

Pictou County Branch
Dr. John Bell, New Glasgow
Dr. S. G. MacKenzie, Westville

Lunenburg-Queens Branch
Dr. R. G. MacLellan, Lunenburg
Dr. A. S. Simpson, Bridgewater

Yarmouth Medical Society
Dr. A. J. Fuller, Yarmouth

Colchester -Hants Medical Society
Dr. E. E. Bissett, Windsor
Dr. F. F. Eaton, Truro

Committee on the Cogswell Library

Dr. A. G. Nicholls, Halifax (Chairman)
Dr. J. R. Corston, Halifax, N. S.
Dr. John Stewart, Halifax, N. S.
Dr. P. Weatherbee, Halifax, N. S.
Dr. C. S. Morton, Halifax, N. S.

Committee of Arrangement

The Medical men of the Cumberland County Branch of the Medical Society of Nova Scotia.

Committee on Public Health

Dr. M. E. Armstrong, Bridgetown, N. S.,
(Chairman)
Dr. J. K. McLeod, Sydney, N. S.
Dr. Clarence Miller, New Glasgow, N. S.
Dr. L. P. Churchill, Shelburne, N. S.

Executive C. M. A.

Dr. H. K. MacDonald, Halifax, N. S.
Dr. John Bell, New Glasgow, N. S.

Council, C. M. A.

The President, Ex -Officio.
Dr. G. H. Murphy, Halifax, N. S.
Dr. W. J. Egan, Sydney, N. S.
Dr. A. S. Simpson, Bridgewater, N. S.

Elections to Provincial Medical Board

Dr. J. G. McDougall, Halifax, N. S.
Dr. W. B. Moore, Kentville, N. S.
Dr. C. S. Marshall, Bridgewater, N. S.
Dr. G. W. T. Farrish, Yarmouth, N. S.
Dr. J. J. Roy, Sydney, N. S.
Dr. John Bell, New Glasgow, N. S.

Eastern Counties Branch
Dr. W. F. MacKinnon, Antigonish

Halifax County Branch

Dr. M. G. Burris
Dr. K. A. McKenzie
Dr. G. H. Murphy
Dr. C. S. Morton
Dr. J. R. Corston

Valley Branch

Dr. G. J. McNally, Berwick
Dr. L. R. Morse, Lawrencetown
Dr. W. F. Read, Digby

Cumberland Medical Society

Dr. J. A. Munro, Amherst.
Dr. D. Mackintosh, Pugwash

Elections to Editorial Board, C.M.A. Journal

Dr. W. H. Hattie
Dr. G. H. Murphy
Dr. J. G. McDougall
Dr. Kenneth MacKenzie
Dr. A. G. Nicholls
Dr. E. V. Hogan

Committee on Uniform Schedule of Fees

Dr. W. N. Rehfluss
Dr. Ross Millar
Dr. M. G. Burris
Dr. O. B. Keddy
Dr. S. L. Walker

The President named the following Committees:—

Programme Committee:

Dr. O. B. Keddy
Dr. S. L. Walker
Dr. W. F. MacKinnon
Dr. J. G. B. Lynch
Dr. L. W. Johnstone

Committee on X-Ray Resolution:

Dr. W. H. Eager
Dr. S. R. Johnston
Dr. A. E. Blackett

Committee on Obituaries:

The Associate-Secretary and the Secretaries of affiliated Branches.

MEDICAL DIRECTORY

AFFILIATED SOCIETIES

CAPE BRETON MEDICAL SOCIETY

President.....Dr. W. T. McKeough, Florence
1st Vice-President.....Dr. Allister Calder, Glace Bay
2nd Vice -President.....Dr. D. A. McLeod, Sydney
Secretary-Treasurer.....Dr. J. G. Lynch, Sydney, N. S.

Executive

The above Officers with Drs. L. W. Johnstone, P. McF. Carter, E. C. McDonald

Nominated to Provincial Executive

Dr. John McDonald, Sydney
Dr. D. W. Archibald, Sydney Mines
Dr. M. G. Tompkins, Dominion

YARMOUTH COUNTY MEDICAL SOCIETY

President.....G. W. T. Farish, M. D.
Vice-President.....Z. Hawkins, M. D.
Secretary-Treasurer.....F. E. Gullison, M. D.

Executive

Town:—W. C. Harris, M. D.
County:—Dr. L. M. Morton

Member of Executive of the Provincial Society:—Dr. A. J. Fuller

VALLEY MEDICAL SOCIETY

President.....Dr. A. S. Burns, Kentville
Vice-President.....Dr. L. W. Braine, Annapolis
Vice-President.....Dr. W. R. Dickie, Barton
Vice -President.....Dr. M. R. Elliott, Wolfville
Secretary-Treasurer.....Dr. C. E. A. deWitt, Wolfville

Representatives of Executive Provincial Society

Dr. G. J. McNally, Berwick Dr. L. R. Morse, Lawrencetown
Dr. W. F. Read, Digby

COLCHESTER-HANTS MEDICAL SOCIETY

Officers 1922-1923

President.....Dr. F. F. Eaton, Truro
Vice-President.....Dr. A. R. Reid, Brooklyn
Secretary-Treasurer.....Dr. H. V. Kent, Truro

Executive

Dr. R. O. Shatford, Londonderry Dr. C. H. Morris, Windsor

MEDICAL DIRECTORY

LUNENBURG-QUEENS MEDICAL SOCIETY

Officers for 1922-1923

President.....Dr. J. S. Chisholm, Mahone
Vice-President.....Dr. F. T. McLeod, Riverport
Secretary-Treasurer....Dr. L. T. W. Penny, New Germany

Executive

The above Officers with:

Dr. A. E. G. Forbes, Lunenburg Dr. F. A. Davis, Bridgewater
Annual Meeting is held on the second Tuesday in June, of each year, and other
Meetings on the second Tuesday of August and January, the time and place of the
two latter Meetings to be decided by the Executive.

EASTERN COUNTIES MEDICAL SOCIETY

Officers

Hon. President.....Dr. Geo. E. Buckley, Guysboro
President.....Dr. J. J. Cameron, Antigonish
Vice-President.....Dr. J. S. Brean, Mulgrave
Secretary-Treasurer....Dr. P. S. Campbell, Port Hood

Executive Committee

The Officers and—

Dr. J. A. Proudfoot, Inverness	Dr. M. E. McGarry, Margaree Forks
Dr. J. A. McDonald, St. Peter's	Dr. B. A. LeBlanc, Arichat
Dr. J. J. McRitchie, Goldboro	Dr. E. F. Moore, Hazel Hill
Dr. J. F. McIsaac, Antigonish	Dr. R. F. McDonald, Antigonish

Nominated to Executive of the Provincial Society: Dr. W. F. McKinnon,
Antigonish.

CUMBERLAND COUNTY MEDICAL SOCIETY

Officers

President.....Dr. D. Mackintosh, Pugwash, N. S.
1st Vice-President.....Dr. Wm. Rockwell, River Hebert, N. S.
2nd Vice-President.....Dr. M. J. Wardrope, Springhill, N. S.
3rd Vice-President.....Dr. M. D. MacKenzie, Parrsboro, N. S.
Secretary-Treasurer.....Dr. W. T. Purdy, Amherst, N. S.

Members of Executive, Medical Society of Nova Scotia:
Dr. D. Mackintosh, Pugwash, N. S.
Dr. J. A. Munro, Amherst, N. S.

PICTOU COUNTY MEDICAL SOCIETY

Officers

President.....Dr. Evan Kennedy
Secretary-Treasurer....Dr. John Bell
Member on Executive of N. S. Medical Society, Dr. John Bell
Meetings:—First Tuesday in January, April, July, and October. Annual Meeting
in July.

MEDICAL DIRECTORY

HALIFAX MEDICAL SOCIETY

OFFICERS:

President:
DR. M. G. BURRIS

Vice-President:
DR. E. V. HOGAN

Sec.-Treasurer:
DR. S. J. TUREL

Executive:
DR. K. A. MacKENZIE
DR. A. McD. MORTON
DR. H. G. GRANT
DR. F. R. LITTLE
DR. J. R. CORSTON

1923 - PROGRAMME - 1924

1923.

Oct. 10—Halifax Hotel, Presidential Address.

Oct. 24—Dalhousie College, Paper by Dr. H. B. Atlee, "Treatment of Gonorrhoea in Women."

Nov. 7—V. G. Hospital, Surgical Clinic.

Nov. 21—Clinic, N. S. Hospital.

Dec. 14—Medical Science Bldg., Dalhousie, "A Visit to South America with the American College of Surgeons", illustrated by Motion Pictures, by Dr. J. G. MacDougall.

1924.

Jan. 9—Dalhousie College, "Symposium on Functional Neuroses". Prof. Norman T. Symons, Dr. A. Birt, Dr. K. A. MacKenzie, Dr. F. E. Lawlor, and Dr. H. G. Grant.

Jan. 23—Clinic, T. B. Hospital.

Feb. 6—Medical Clinic, V. G. Hospital.

Feb. 20—Dalhousie College, Paper by Dr. W. N. Rehfuss, Bridgewater, "The Acute Abdomen".

Mar. 3—Paper by Prof. E. Gordon Young, "The Relation of Bio-Chemistry to Modern Medicine".

Mar. 19—The operation of the N. S. Temperance Act in relation to the Medical Profession. Open Discussion.

Mar. 31—Paper by Dr. W. H. Hattie, "History of Medicine".

Apr. 14—Annual Meeting.