

-- THE --  
MEDICAL  
SOCIETY  
OF NOVA SCOTIA

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*Bulletin*

Vol. 3      Number 8

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SEPTEMBER 1924

MEDICAL SOCIETY OF NOVA SCOTIA  
Annual Meeting July 1925  
BRIDGEWATER, N. S.

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# MINUTES 72ND ANNUAL MEETING MEDICAL SOCIETY OF NOVA SCOTIA

(Continued from August Bulletin).

*Thursday, July 17th, 215 P. M.*

The meeting was called to order at 2.15 P. M., Dr. Keddy in the Chair. The President introduced Dr. C. D. Parfitt of Gravenhurst, Ontario, who came as the Representative of the Ontario Medical Association to give the Address in Medicine.

Dr. Parfitt extended the greetings of the Ontario Association to the Nova Scotia Society conveying the most cordial wishes of the former for the success of our Provincial body.

The subject of his address was "Pitfalls in the Diagnosis and Treatment of Pulmonary Tuberculosis." He considered the subject timely since there was in Nova Scotia an unduly high death rate from Tuberculosis. The general practitioner is still the greatest factor in the anti-tuberculosis campaign to secure early recognition of the disease. The protection of the children and the discovery of infective foci require the help of the public health nurse whose work he must generously support.

While the conception that infection takes place in early life is a good working basis it must be remembered that no age is immune. One difficulty is the large amount of time and detail work required to make a diagnosis which is difficult for the busy practitioner, and that repeated examinations may be misinterpreted by patients. Hence it is desirable to use well-equipped sanatoria for periods of observation. From 10 per cent. to 20 per cent. of patients admitted to Sanatoria are found to be non-tuberculous.

For convenience of discussion types of cases admitted to a Sanatorium may be thus grouped.

1. Uncomplicated pulmonary tuberculosis:
  - (a) Early cases requiring the application of painstaking methods of investigation, a period of observation, and cautious elimination.
  - (b) Advanced cases of varying degree in which unfortunately the diagnosis is all too plain.
  - (c) Arrested cases of manifest clinical tuberculosis in which activity may be suspected.
2. Pulmonary cases of all three of the above groups with tuberculosis complications.

3. Pulmonary cases of all three groups with concomitant non-tuberculous disease, present at the time of the original diagnosis, or which may develop while the patient is under treatment.

4. Non-tuberculous disease simulating tuberculosis because of some striking symptom.

Hilary tuberculosis may be difficult to detect by ordinary means,—careful auscultation and X-Ray examination are essential. Basal tuberculosis is rare, and also difficult to detect. Many advanced cases show very few physical signs. Patients with old lesions no longer active may show physical signs, and if suffering from some other condition furnish new difficulties. Tuberculous complications may also be present although unsuspected in about 26 per cent. This may include the larynx, tuberculous colitis, tubal, renal, bladder, prostate, otitis media, spinal caries, meningitis, pleurisy and other complications less frequently.

Among concomitant non-tuberculous diseases the various focal infections have first place, abscessed teeth, nasal sinus disease, bronchitis from an old lesion, chronic cholecystitis and appendicitis, pelvic infections, hyperthyroidism, lues, many glandular enlargements, reflexes and congestive disorders during menstruation, prolonged dyspepsia, diabetes, paratyphoid fever, etc. Rarely pulmonary hemorrhage may be due to other causes than tuberculosis. Slight rises of temperature may be due to various focal infections and not to tuberculosis.

A chronic phthisis may be obscured by a chronic bronchitis and emphysema. A fistula dilatory in healing is suspicious. In some cases a Wasserman throws light on the case. Intrathoracic neoplasms sometimes are sent to the sanatorium. Where a patient does not respond to treatment as he should some complicating disease should be suspected.

Under conventional treatment prolonged and thorough rest in bed is not fully appreciated.

The diagnosis of tuberculosis in many cases is hard and will require all methods of clinical examination in expert hands to verify it or to eliminate it and reach a satisfying diagnosis. At the beautiful sanatorium at Kentville—unsurpassed in design equipment and efficiency of administration—there is under the direction of Dr. A. F. Miller an organization competent to meet most difficult problems in diagnosis.

This paper was discussed by Doctors A. F. Miller, M. A. B. Smith, A. I. Mader, and Thomas. A vote of thanks was moved by Dr. A. F. Miller and seconded by Dr. A. C. Jost. Dr. Parfitt replied.

After a short intermission the Society listened to Dr. A. H. Pirie, Roentgenologist of the Royal Victoria, giving a resume of findings from

his long service in that hospital. The title of his address was, "What we know as certain regarding the action of X-Ray and Radium on Cancer."

Illustrating various points with lantern slides of charts and plates and some very beautiful wax models of cases cited as examples, Dr. Pirie covered the field of use of X-Rays and Radium in the treatment of malignant disease. The possibility of X-Ray cures of **what have** hitherto been considered operable cancers was pointed out, for so far the radiologists have had chiefly the wrecks of surgery to work upon, and the speaker mentioned one case of epithelioma of the lip which he was assured of a cure without scar.

X-Rays and Radium have a similar curative effect as noted particularly in naevus and basal-celled carcinoma, the gamma rays of radium being shorter than those capable of being produced by an X-Ray tube. The following types are radio-sensitive, lymphosarcoma, basal-celled carcinoma, early giant celled sarcoma of bone, early metastatic carcinoma in skin and superficial glands.

The value of radiation has been proven experimentally with mouse cancer. This has grown successfully in a series of un-radiated mice and did not grow in a series which had been previously radiated.

The German method of supposing a dose suitable to kill cancer cells has not proved satisfactory, and has no doubt hurried the fatal issue in many cases. The present treatment is based upon observed effects on normal cells and cancer cells in treated cases. Too great a dose of X-Rays is liable to damage those cells surrounding the malignant growth and lessen their natural resistance, as well as producing radiation sickness. Therefore a moderate dose repeated at suitable intervals seems indicated in spite of the apparent increase in the activity of the treated tissue and gives the best results in the end. Such was exemplified in sweat glands which received monthly doses. At first the activity of these glands was increased and not until the fourth month was there any noticeable diminution, while at the end of the sixth month secretion of the glands had completely ceased without damage to the surrounding skin. A case of superficial metastases in cancer of the breast illustrated by wax models showed a similar rise and fall, while a corresponding change was noted in giant celled sarcoma of the humerus.

The treatment depends greatly upon the type of cancer, and in the case of rodent ulcer, or naevus, or epilation, in ringworm and in the removal of corns, a single dose suffices. Tumor cells become resistant to X-Rays and too frequent treatments decrease their usefulness. Judicious treatment will limit the growth of the disease and the prevention of recurrences after surgical removal by prompt prophylactic treatments begun at once. In this connection it was noted that there

is absolutely no effect upon the scar, which is even more resistant than the surrounding skin. In advanced cases, treatment is only indicated when it relieves pain.

Conclusions:

Never produce radiation sickness.

Fortify, do not weaken healthy cells.

Much harm may be done with "cross-fire" without producing erythema.

Depends upon the form of cancer how it will react to X-Rays.

Four months proper treatment before any improvement may be expected.

In the discussion which followed it was interesting to note the case cited by Dr. Chisholm in which he left a tube of radium in the unclosed portion of wound through which a growth had been removed. Upon learning the amount of radium used Dr. Pirie stated that such a treatment of 1,350 milligram-hours was just the dose which present day methods would indicate, and complimented Dr. Chisholm on having hit on the exact dosage.

On motion of Dr. A. F. Miller, seconded by Dr. W. H. Eagar a cordial vote of thanks was tendered to Dr. Pirie.

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A telegram from Dr. W. F. Read was read and ordered to be acknowledged.

On motion the report of the Committee on the Workman's Compensation Board as amended by the Executive was adopted. This report is as follows:

To the Executive of the Medical Society of Nova Scotia,  
"The Workman's Compensation Board Committee beg to report as follows:

During the year but one case was referred to your Committee. The Doctor had performed an operation the day following the 30 days limit, and was refused payment on his account. The Doctor had notified the Board of his inability to get the patient into the hospital within the 30 days owing to overcrowding of hospitals, and he felt that his moral right to his fee should be recognized by the Board.

Your Committee pressed the matter at a meeting with Mr. Paton, Chairman of the Board, but he declared he had no choice but stick to the letter of the law. Payment of the Doctors fees was thus refused absolutely, this was our only case.

Last year, the scope of your Committee was extended to receiv-

ing suggestions from members of the profession who desired changes in the law governing the Executive of the Workman's Compensation Act, with the view that your Committee present them to the government to have the amendments made. The fact that your Committee received no suggestions, or request for amendments to the law during the entire year, means, your Committee supposes, that the Profession is satisfied with the law as it stands.

Complaints are made and defects exist nevertheless, therefore your Committee would again request that the affiliated Branch Societies prepare such desired changes in the Act providing for a Workman's Compensation Board that, in their opinion, they believe will remedy existing defects.

Respectfully submitted,

(Sgd.) George H. Murphy, Chairman  
E. V. Hogan  
M. G. Burris

Halifax, N. S. July 6th, 1924.

On motion meeting adjourned.

*Thursday, July 17th, 1924, Parish Hall, 8.00 P. M.*

The session was continued at 8 00 p. m. taking the form of a public meeting Dr. O. B. Keddy in the Chair.

The President gave a short address referring particularly to the hospitality of the doctors and people of Amherst. It was moved by Dr. Walker, seconded by Dr. Jost and passed: "That the Associate-Secretary be instructed to convey to the Cumberland County Medical Society the sincere thanks of the Medical Society of Nova Scotia for the splendid arrangements made for this 71st Annual Session. Especially does the Society appreciate the work of the local doctors as regards the business meetings and social entertainment. The thanks of the Society are due to the Amherst Golf Club, the Marshlands Club, the Press representatives, the Boy Scouts, the Hotels, the Directors of the Parish Hall, the ladies of Amherst, and all others who contributed so much towards the success of the meeting."

The President of the Graduate Nurses' Association Nursing Sister Laura Hubley R. N., Cogswell St. Military Hospital, gave a pleasing address, noting the pleasure the Association had in hearing the addresses of Doctors Little and Parfitt delivered before the Medical Society, also referring to the addresses given by Dr. T. C. Routley and Dr. R. E. Wodehouse before their own Association.

Dr. Keddy then introduced Dr. R. E. Wodehouse, Secretary of the Canadian Tuberculosis Association, who, in his address, made comparisons between conditions 15 years ago, with those of today. This was illustrated with lantern slides. (These slides are now available for

use in Nova Scotia, and can be secured from the Provincial Health Department.)

Dr. C. D. Parfitt, Superintendent of Calydor Sanatorium Gravenhurst spoke of the history of the Canadian Tuberculosis Association, the progress made by the different provinces in caring for the tuberculous and the provisions made for the care of indigent cases. Both addresses were much appreciated by the doctors, nurses, and the public present. A cordial vote of thanks was moved by Mr. R. C. Fuller and seconded by Mr. Sheeve and passed unanimously.

There being no further business the Annual Session was adjourned sine die.

Signed J. G. D. Campbell,  
Secretary

*CANADIAN MEDICAL ASSOCIATION AND BRITISH MEDICAL  
ASSOCIATION AFFILIATION*

A consideration of affiliation between the Canadian Medical Association with the British Medical Association was fully given in the July Bulletin. Since the June meeting of the C. M. A. the two delegates, Sir Jenner Verral and Doctor Cox have reported the results of their mission to Canada to the recent annual congress of the British Medical Association. The suggested terms of affiliation were accepted in full by the British Association and the reports of the delegates were received with great applause. When the decision was made for affiliation the entire congress rose and loudly applauded.

It is hoped that many more members of the Medical Society of Nova Scotia will complete their membership in the Canadian body and be in a position to take advantage of opportunities offered by this British affiliation. Certainly any member of the Profession who plans at any time on visiting in England should belong to the Canadian Association, to take advantage of the courtesies which the British body can extend.

## THE SEVENTY-FIRST ANNUAL MEETING

The Seventy-First Annual Meeting of the Medical Society of Nova Scotia is one of the things that have passed, but it is one of the things well worth remembering. Without exception all who were present considered the meeting to be most successful. This was evident in several ways.

In the first place the visitors were made to feel that they were welcome the minute they arrived in Amherst and practically the Local Committee devoted their entire time to see that everyone had a good time, and that the machinery moved smoothly. There is no question, but much of the success of these Annual Meetings depends upon the social element.

The very high character and quality of the addresses given was noticeable. Beginning with that clear cut definite and convincing paper of Dr. Little's and the snappy intelligent discussion of it, the scientific programme got away to a good start. The high order continued through the session Thursday morning when Dr. Stewart gave the address in Surgery, nor was the standard lowered in the two addresses on Thursday afternoon by Dr. Parfitt and Dr. Pirie. Indeed to many these two addresses were as profitable as either of the others.

There was also evident, especially on the part of the members of the Executive, a desire to carefully consider all matters of business brought before it. Following more than a three hour session Tuesday evening, a quorum of the Executive spent three hours Wednesday afternoon in the stuffy room of the Secretary, instead of enjoying cooling breezes at Forts Lawrence and Beausejour.

The Medical banquet was a most successful affair and materially aided in promoting a happy sociability. The hall arrangements also were good, and enabled work to go very smoothly.

It is of course impossible to have every feature of an annual gathering beyond criticism. To some it appeared that too much attention was directed towards diseases of the chest; one person called it a Health Officers meeting; another deprecated the absence from the programme of all Nova Scotia doctors; most of those present were agreed that too little time was available for the discussion of reports and general business.

When, however, it is considered that the Programme Committee were definitely instructed regarding the programme, and that certain developments in connection with it were for reasons over which the Committee had no control, the only sound criticism is regarding the time for business discussions. As will be noted in reading the full report of the meeting in this issue of the Bulletin, an effort is being made to overcome this next year, by having the annual meeting of

the Executive in May and publishing its proceedings in the June Bulletin. The members of the Society then, being aware of the matters considered, the conclusions will require little or no debate.

While there may be some differences of opinion as to the number who should be invited to give addresses, we must recognize that a meeting of the Medical Society of Nova Scotia is not complete if no papers or addresses are given by its members. The great difficulty seems to be to get a happy medium as regards speakers, home and foreign, social features, business sessions, etc.

It is necessary, however, to point out that the public meeting was a distinct failure, not because of the addresses and those who gave them, but because the Medical Society of Nova Scotia was conspicuous by its absence. It is barely possible to hold an annual meeting in two full days and the Profession should plan on devoting the full time to the annual meeting. It is a principle that has been established by the Canadian Medical Association that one evening should be devoted in all Society meetings to a public meeting, where members of the Profession can speak directly to the laity of those matters of such vital concern to their well-being. Too often this meeting is poorly attended by the doctors, which gives rise to the public criticism that the Profession is not interested in Public Health and welfare matters to the extent one would expect. The Profession can not afford to be under this imputation.

It is felt that this issue of the Bulletin will furnish the Profession in Nova Scotia better than ever before a full knowledge of what was heard and done at the Annual Meeting.

#### APPRECIATION

The following letters have been received since our Annual Meeting which speak for themselves.

"Dr. J. G. D. Campbell, Secretary-Treasurer, Medical Society of Nova Scotia Halifax, N. S.

Dear Sir:-

I have much pleasure in forwarding the following resolution: "The Graduate Nurses' Association of Nova Scotia in Annual Meeting assembled places on record its appreciation of the courteous cooperation of the Medical Society and directs that a copy of this resolution be forwarded to the Secretary."

Yours very truly,

(Sgd.) L. F. Fraser,  
Corresponding Secretary."

"Dr. S. L. Walker, Associate Secretary, Medical Society of Nova Scotia, Halifax, N. S.

Dear Doctor Walker:

Many thanks for your very kind letter of 23rd inst. It was gratifying to learn that my regrets because of my inability to enjoy the pleasure of meeting some of my friends at this Meeting were, in a measure at least, shared by them, and I am grateful to them and yourself for such kind expressions. Among the delightful memories of my Professional life, the red letter days of our Society meetings, when I enjoyed the wit and wisdom and the splendid spirit of good fellowship of a lot of the finest fellows in the world, shall always seem the brightest. It really was a most intense disappointment to me to be unable to join you at Amherst but one of my best and most loyal friends was taken seriously ill just before the time for my departure and when she prayed of me not to leave her, I simply couldn't do it.

Of course I am glad that the meeting was both a professional and social success.

Yours truly,

Sgd.) W. B. Moore,  
Kentville."

"Dr. S. L. Walker, Associate-Secretary, Medical Society of Nova Scotia, Halifax, N. S.

Dear Sir:-

"The Graduate Nurses' Association of Nova Scotia in Annual Meeting assembled places on record its appreciation of the valuable assistance, in preparation, and holding of our Annual Meeting, of Dr. S. L. Walker, and directs that a copy of this resolution be forwarded to Dr. Walker.

It gives me much pleasure to forward the above resolution.

Yours very truly,

L. F. Fraser,  
Corresponding Secretary,"

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#### A LAYMAN'S VIEWPOINT

Under the title of "our visitors", the Amherst Daily News of July 15th has an editorial which indicates very clearly the appreciation in which the medical profession is held by the thinking public today. This is evidence that the Profession in this Province is gaining the confidence of the public to a very large extent. The editorial is so illustrative of this point that it is published herewith in full.

"Amherst will extend a warm welcome to our medical visitors this week, not only for what they are, but for what they represent. There seems to be some little doubt expressed in the old stories as to whether Aesculapius, the god of medicine, was a real person or a divinity created by the fanciful pen of Homer. But in any case, if he were not a real human, he represented what in those days was regarded as a beneficent influence and in some quarters was spoken of as a divinity of light. He has certainly had a numerous progeny, and whether people today can use language with the same eloquence as the old poet, the number of his admirers has greatly increased and there are but few who do not take an intelligent interest in the progress of medicine.

"In every department this branch of science has made tremendous strides during the past few years. Its progress has been so great that a short time ago one of its most eminent exponents declared that there were only two diseases that had not yielded to its mastery and these were cancer and insanity. The Great War showed what tremendous advance had been made, not only in the realm of surgery, but in prevention, and it seems to be taken for granted today that giving the medical men full scope for their activity, War will come to be almost as harmless as any phase of ordinary every day life. By this it is meant that the percentage of deaths on the field of battle from preventable causes would not be greater than what it would be at home.

"In every field the medical pioneer is pushing his way and what were regarded as incurable diseases in the old days are now regarded in pretty much the same light as an attack of measles or a heavy cold. Even in the domain of cancer, some definite progress is being made, and while only a few would claim that a cure had been discovered, there are not many who would assert that a cure will not be at hand within the next few years. The attention which has been focussed upon Dr. Glover and others is only an indication of the intense interest which is being taken in the attacks upon this formidable disease. One scientist may be working from one viewpoint and another from another, but what is not verified is often as important as that which is. The doctor's idea is elimination, to throw away that which is useless and to reach his objective by the nearest approach. Nothing is wanted but what can be proved, and the whole fraternity responds when any man working in a distant field is able to announce something that will be of definite advantage to the profession. **One might say that there is** hardly any association where there is less jealousy over who should be great so long as there are the proofs to show that the one placed in honor has done something to advance the interests of the profession. The plaudits given Dr. Banting last year are only an illustration of the general ethics and courtesies of the medical fraternity.

"We do not need to add to this. In fact there was no necessity of saying so much. All that we intended to say was that the various

medical bodies are heartily welcomed to the town of Amherst and that everyone will hope that their visit here will not only be one of profit, but one of recreation and enjoyment as well. This includes the nurses without whom the medical profession would be short of its most useful support."

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### POPOSED DISTRICT MEETINGS.

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ANNAPOLIS—Tuesday afternoon and evening—October, 23rd. 1924.

HALIFAX—Wednesday evening—October 24th, 1924.

NEW GLASGOW—Thursday afternoon and evening—Oct. 25, 1924.

SYDNEY—Friday forenoon and afternoon—October 26th, 1924.

Probable speakers are Doctors A. T. Bazin, Montreal, Dr. Fraser Gurd, Montreal, Dr. L. M. Murray, Toronto, and Dr. T. C. Routley, Secretary of The Canadian Medical Association.

These are not special Society Meetings, but rather District Meetings and at least three hundred Nova Scotia Doctors should attend. A full notice will be sent to every physician confirming the dates and other particulars. In the interest of the Medical Profession of Nova Scotia let us keep his in mind.

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*Assistant Editor*—"This new story of Chamberton's is horribly mushy."

*Editor*—"Well, run it as a cereal."

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"Chickens sah," said the old negro sage, "is de usefulest animal dere is. You can eat 'em befo' dey is born and after dey is daid."—*Ex.*

# THE KING'S HOSPITAL, LOUISBURG.

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## THE EARLIEST NOVA SCOTIA HOSPITAL

(Taken from the Glace Bay Gazette and republished in the Antigonish Casket).

A very interesting plan copied from one in the National Library Paris, made 200 years ago, in 1724, was shown The Gazette recently.

It is a plan of The King's Hospital, Louisburg, which was conducted by the Brothers of Charity, who often acted as nurses, physicians, and spiritual advisers in cases of necessity.

This early Cape Breton hospital was a large and well conducted building of solid masonry with timber roof. It stood two stories high on Dauphine street, and two stories and basement on Pond and Descataig Streets. It occupied a whole city block, which was inclosed at the rear on Royal street and also part of Pond street with a stone wall fifteen feet high.

The length of the main building on Dauphine was 265 feet, on Pond street 88 feet and on Descatairy street 70 feet.

On looking over the ruins it is seen by the mounds of stone that the wing on Descataig street must have joined the corner building which was connected with the institution and on the same block, thus making this section on Descataig street 195 feet long, and on Royal street 52 feet, giving a total measurement on the four streets of 600 feet. Added to this was also an ell-shaped building on Royal and Pond streets of 52 feet on each street.

In the hospital, there were four main wards with a capacity of 104 beds, besides a number of private rooms with one bed in each room that were likely used for private patients, attendants, etc.

It is not shown in this plan how the wards were heated, and although there are several chimneys shown above the public wards, there are no fire places indicated below. In the administration part of the building there were ten fire places shown for the heating of these rooms.

The sanctuary and altar of the chapel were located at the corner of Dauphine and Pond streets. The sanctuary was divided, or partitioned of from the wards, by a screen or curtain, and when this cur-

tain was drawn aside, the two wards with a length of 231 feet became one chapel as the main doors from corridor to wards were about 12 feet wide. This chapel was no doubt in case of necessity used for service when they were large numbers in the city.

Off the main corridor in rear of building was also a smaller chapel. The main stairway to the second floor was situated in this corridor at the rear of the building. There were also several private stairways leading from the different rooms in the two ells of the building. The corridor continued through the building and out into court, a section as far as the end of the ells was about two feet lower than the floor, then it connected with the lower court with two inclined walks, the difference between upper and lower court being 6 to 8 feet.

In the lower court were the garden and walk. The main walk continued out through a large gate in the wall on Royal street. The yard contained what appeared to be beds of flowers or vegetables, or both, and all were inclosed with fences.

In the ell building on Royal and Descataig streets there was only one partition and nothing shown to indicate for what use it was. In the other ell building on Royal and Pond streets the building was different. In the centre was an extra large fire place with two large boilers in either side set into a chimney; also in this room just outside the wall was a well connected with a door from the same room. In the other room there was a large bath or pool, which was likely supplied with hot and cold water from the adjoining room. A chimney is shown from this room and was likely used for ventilation.

On the centre of the building was a large spire 40 feet high surmounted with a cross on top of which was the French emblem, and rooster, and on each of the roof corners was the fleur de lis.—Glace Bay Gazette.

## REMINISCENCES OF DR. A. J. COWIE, WOLFVILLE, N. S.

(By the Associate-Secretary)

The Associate-Secretary visited Doctor Cowie on the occasion of a recent visit to Wolfville, and chatted with him for some time regarding his earlier life and conditions that existed then. Although Doctor Cowie will be 89 years of age on the 30th day of October, 1924, he is quite well and walks easily the streets of the pretty University town. He especially enjoys motor rides throughout the surrounding country, and is very glad to demonstrate his good eye sight by reading without glasses the newspaper.

Doctor Cowie's father was born in Scotland in 1798 and came to Halifax in 1816. Very soon after he removed to Liverpool and engaged in lumbering. In time he became both prosperous and influential, with his lumber interests, milling and a large tannery, besides owning a number of vessels. Shortly after he moved to Liverpool the Episcopal Church there was opened, and from that time, until his death at the ripe old age of 92 years in 1890, he was warden of this Church. He was at King's College a year and, under the direction of Professor Cowie's mother was Janet More. She was of Loyalist descent, her parents having been in the party of Loyalists, under the direction of Colonel Sylvanus Cobb, who settled in Liverpool in 1761.

Doctor Cowie's school days were spent in the public schools and the Academy at Liverpool, his teacher being an Englishman who afterwards became a clergyman. The school curriculum must have been quite different from today, for when he left school at 16 he had finished Euclid, had read Virgil and Ceasar and some Greek, he also had a working knowledge of navigation and land surveying. An accident in his father's mill at this time laid him up for a number of weeks and was responsible for a sea trip, which he took in one of his father's vessels, which nearly led him to follow the sea as his life's occupation. Following his illness he took a trip in one of the vessels to the West Indies, and from there to England, and wishing to continue at sea he did not return to his studies. After three years he sailed on a clipper barque to South America with a Captain Sponagle as Second Mate. On this trip he recalls very plainly an unusual storm in which the vessel nearly foundered as a result of what appeared to be a solid body of water many feet high moving very rapidly across an other wise fairly quiet ocean. It was a sorry ship and crew that finally limped into Rio Janerio. Here he came into contact with yellow fever.

After this trip he went to London, passed examination for First Mate, and was ready to sail as such with a Captain Merriam of Truro,

when his father offered to send him to College. College however did not appeal to him, unless he looked forward to studying medicine. He was at King's College a year and, under the direction of Professor Howe, took a special interest in subjects that suggested a medical vocation. He was at this time in his 21st year when he went to Halifax and entered the office as a student under the direction of Dr. D. McN. Parker. For this tuition he paid a fee of \$100.00. He kept accounts, put up prescriptions, made pills, tinctures, syrups, etc., and read everything he could find in Dr. Parker's splendid library.

He had had considerable microscopic training at King's College, and Doctor Parker on the occasion of one of his visits to England brought a microscope back with him. He then took up the work more extensively being perhaps the first physician in Halifax to use a microscope for medical work. He assisted at operations and gave anaesthetics,—chloroform being in general use. He entered the University of Pennsylvania in 1858 and graduated in the class of 1860. He returned to Halifax and opened an office over what was then known as Woodill's Drug Store, Corner of Sackville and Hollis Streets, which was kept then by Dr. James R. DeWolf, who later became the first Superintendent of the Nova Scotia Hospital. This corner still has its drug store, being now known as Fader's Pharmacy.

Among those who were in practice when Doctor Cowie started in 1860 were Doctors Almon, Black, DeWolf, Hume and Gilpin (partners), Jennings, Slayter and others. Shortly afterwards came Doctors Rigby, Woodill, Venables, and later Doctor Charles Tupper. For some time Dr. Tupper practised medicine in the city until his political activities required all his attention.

Fees in those early days were not high when he took a house on Argyle Street in 1865, his sister keeping house for him, two and six, (2/6) for usual office consultations and visits for laboring men. For merchants and others of their ilk the fee was Five Shillings. Midwifery \$8.00 which included nine days subsequent attendance. Tonsils were removed in the early sixties for \$5.00. These fees were remedied later by the local Medical Society, which was even then active. They met regularly at each others' houses and always refreshments were available for those present. There were no specialists in those days, but Doctor Cowie is under the impression that Doctor Jennings was the only Doctor doing eye operations.

He recalls the first time he was called to consultation, the request coming from Doctor Jennings who was some 18 miles down the Eastern Shore. It was in March with a cold driving Easterly. He did not have a great deal of country work, but this drive with horse and trap

was a very severe one. The case was one of contracted pelvis and resulted favorably for mother and child.

Dr. Cowie was married to Mary S. More of Halifax the same family name as that of his mother. They had three children who are living, a son and a daughter in Halifax, and a son in wolfville with whom the Doctor resides.

Two years after his marriage he went into partnership with Doctor Parker, who at that time had a large general practice. In 1861 Small Pox was prevalent in Halifax City and County, and Doctor Cowie and Doctor Gossip were the City Vaccinators and in charge of Hospital patients. These cases constituted the first patients to enter the Victoria General Hospital, which was finished that year. Those admitted to Hospital were those who could not be properly isolated in their own homes. The vaccine used was obtained from the Marine Supplies from the ships in the harbor. It was the English liquid vaccine. He never had in this epidemic a mishap following vaccination. At Hammonds Plains all the children in the community, over 100, were vaccinated, all but two taking. At this time there were thirty or forty cases in Chezzetcook and Doctor Cowie was there two weeks a guest of Father McIsaac. It was there that when chicken was served at the table on Friday Father McIsaac remarked,—“Well we will have to call this fish today.” The remuneration for this work was fairly reasonable at the time being \$10.00 per day.

Doctor Cowie went to England in 1876 taking with him his wife, children and nurse. He spent the winter chiefly in London and passed his L. R. C. P. examinations in 1877. Leaving the children and nurse at beautiful Hastings, he and his wife spent three very pleasant months on the Continent. When Doctor Parker took up consulting work and moved to Dartmouth, Doctor Cowie bought his residence and their partnership was dissolved. Doctor Cowie retired from practice ten years ago having fifty-five year's practice to his credit.

He was living at Hillside Hall when he completed his 50th year. One evening after dinner he was called to the north end to make two professional calls. On his return he dropped in to spend a time at the Halifax Club. While there he received a telephone that Dr. John Stewart wished to see him at his rooms at Hillside Hall. Here he found also present a number of Doctors of the City, when he was presented with a handsome mahogany humidior, suitably engraved. This was followed by a supper. The occasion seemed to call for something out of the ordinary so Doctor Cowie produced a bottle of Maderia wine that had been brought to his home by one of his father's vessels

while he was a sailor boy. It was a 50th anniversary which was recognized by an over fifty years' vintage.

While Doctor Cowie was talking he was vigorously puffing a well used pipe and apparently enjoying it very much.

Fortunately in these days of idleness his time is well occupied with reading and was intimated he is not compelled to wear glasses. He reads more the current news and literature of the day than medical books. He takes one medical magazine. He enjoys reading the Nova Scotia Bulletin as much as anything else. He plays a stiff game of crib, takes a hand at whist and offered to show the Associate-Secretary a new game of Patience.

Following the interview, through the courtesy of Dr. J. A. M. Hemmeon, the two of us were taken for a motor drive through Deep Hollow to the Gaspereau Valley and Grand Pre and back to Wolfville.

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### CONTAGIOUS DISEASES OF CHILDHOOD

(From the August number of the Canadian Medical Association Journal)

Dr. Charles Herrman, in the New York State Journal of Medicine, Feb. 29th, 1924, in an article on the "Causes and Prevention of the Contagious Diseases of Childhood," writes on the marked alteration in scientific opinion concerning the communicability of infectious diseases and the methods essential for their isolation and sanitary control. He accepts the principle that communicable diseases are usually spread by direct contact with persons having the disease, either in a definite or distinct, or in atypical form, or by carriers who are unwittingly disseminators. Health officers no longer become excited over the disinfection of clothes, rooms and foodstuffs, but rest content with the idea that soap and water, and abundant fresh air and sunlight, will restore the contaminated atmosphere to a condition of safe respirability. The necessity for prolonged isolation is passing away with the better understanding of the nature of infections and their methods of spread through a community. More emphasis is now placed on the development of prophylactic measures that will decrease the susceptibility to infection.

Our ability to control many of our contagious diseases is limited by the presence of a considerable number of unrecognized mild and atypical infections and by the presence of numerous carriers; but most of all by the fact that many infectious diseases are most communicable

during the early period when their true nature is not recognized. Our most effective method of controlling the communicable diseases must in the future be to insist on immunizing methods. The difficulty at present is that childhood is the period of greatest susceptibility to contagious diseases, and parents at present are unwilling to submit their children to methods and procedures concerning whose merit there appears room for argument. The profession should recognize and appreciate this attitude of the general public.

Immunizing will be accepted only slowly in most communities; and chiefly through the gradual extension of facilities for immunizing under the auspices of hospitals, welfare stations, and health centres, whose influence should be to develop confidence; such preventive methods should receive the enthusiastic support of the family physician and the profession generally.

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### COUNTRY PEOPLE BLAMED FOR COUNTRY DOCTOR SHORTAGE

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If the country doctor is disappearing it is the fault of no one except the country people. This is the view of Dr. C. C. Cracraft in a recent number of the Atlantic Medical Journal.

Six reasons why the family doctor will not stay in the country are enumerated by Dr. Cracraft; they are; inadequate fees, bad roads, hard work; lack of hospital accommodations, insufficient opportunities, and above all lack of loyalty on the part of his patients.

The proposal that the rural and small town community provide the doctor with a house, as an inducement to entice or keep him in the country, was condemned by the writer. The persons that gave the doctor the house would think they owned him. Dr. Cracraft declares, and would make life miserable for him.

"Country districts have the remedy in their own hands," the article states. "When they pay the doctor adequately, and promptly, build good roads, provide sufficient hospital accommodations, make the high school what it should be, and, above all, are loyal to the home doctor; then, and then only, will the rural districts be able to obtain competent medical men. Let them do these things and the old-time country doctor will again appear, and there will be no more complaint of a dearth of rural physicians."

## PUBLIC HEALTH AS ADMINISTERED BY MOSES

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

In these latter days the members of the Medical profession are reviewing with pleasure and self gratification—and deservedly so—the splendid advances in preventive medicine and life saving in the last quarter of a century. But has it occurred to us that more than three thousand years ago a perfect system of preventive medicine was in full swing with two million of people? Its success was such that no record of its failure has come down to us, altho minute details of the life of this people have been recorded and have been read by most of us. It will be found extremely interesting to look into the system of public health administered by Moses for many years among two million ex-slaves.

First let us note the first plan adopted for the destruction of the *Bacillus Typhosus*. In the 23rd. Chapter of the book of Deuteronomy is the plan adopted daily for the treatment of excreta by the dry earth system. Had the system of Moses among his two million people been studied and adopted by modern armies what loss of life and suffering could have been avoided and what an obliteration of Enteric epidemics.

In his strict orders for cleanliness and sterilization Moses appealed to the people on no scientific grounds but touched the religious and devout chords in every Jewish mind. "For the Lord, thy God, walketh in the midst of the camp . . . therefore shall thy camp be holy: that he see no unclean thing in thee, and turn away from thee."

Another step of this great health reformer was for the suppression and prevention of Venereal Disease and to make contraband promiscuous sexual intercourse. "Thou shall not commit adultery," and the bastard, the prostitute, and the sexual pervert, "shall not enter the congregation," for "These are abominations unto the Lord, thy God." What endless misery, extending to the third and fourth generation of the offender, could have been avoided if this health order had been obeyed through the centuries. Note the absence of venereal disease so marked even today in the Jewish race. Again note the role of Circumcision in the prevention of syphilis and injurious habits in the young male. Cleanliness and purity were also encouraged by regulations covering the menstrual period.

A further important order in the interest of public health is found in the injunction, "Six days shalt thou labor and do all thy

work," and it was made general in order that all members of the household "may rest as well as thou." Here the health of the people and the worship of God were combined. In appealing for Sabbath observance in modern federal legislation these two phases of the question were emphasized. Two scientists, a French and Swiss, after repeated experiments demonstrated that the seventh day rest was positively necessary to make up for the vital exhaustion of the other six. While the night's rest and sleep restored much of the daily exhaustion yet at the end of the week there was still a loss that only the seventh day of rest could, and did, restore.

With all our modern advancement for the health and happiness of men and women, and it is great, let us take off our hats to Moses,—the first Administrator of Public Health on record.

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You remember the story of the Scotchman who was not feeling as well as usual and called on his family doctor, who looked him over and gave him some pills to be taken at bedtime. A bottle of whiskey was also prescribed for his stomach's sake—a small glass to be taken after each meal.

Four days later Sandy called again on the doctor and said that he was feeling no better.

"Have you taken the medicine exactly as I instructed" the doctor inquired.

"Well, doctor," said Sandy, "I may be a wee bit ahind wi' the peels, but I'm about six weeks ahead wi' the whuskey."

# THE TREATMENT OF UNCOMPLICATED GONORRHEA IN THE FEMALE

(H. B. Atlee, M. C., M. D., C. M., Halifax)

The treatment of gonorrhœa in the female has long been notoriously ineffective and the reasons are two. In the first place the location of the disease is either not understood or not taken into account; and in the second place, the medicaments used do not touch the diseased area. The majority of men treat the condition with vaginal douches. Now, while vaginal douches keep the vagina clean, they do not reach the place where the gonococcus lies hidden, and for that reason are quite useless alone. Nor are drugs and vaccines of any use.

What then is the treatment of the condition?

But before arguing that question let us consider the pathology of gonorrhœa and ask ourselves: Where is the disease?

The gonococcus makes his headquarters in two regions, the cervical canal and the urethra. In the former position he gets into the deep racemose glands that are characteristic of the cervical mucous membrane, and digs himself in quite secure against the vaginal douche, however strongly antiseptic, with only laves the external os. The discharge coming down the vagina does not, as a rule, set up any more than an irritative vaginitis which is dependent purely on the continuance of the cervical discharge. It may however cause a complication lower down, namely, inflammation of Bartholin's gland which may go on to abscess formation.

In the urethra the gonococcus causes an inflammation in every way similar to the urethritis in the male, and as in the latter, may lurk in the urethral glands and the glands of Skene at the mouth of the urethra.

The condition that you come up against then in the ordinary case of gonorrhœa in the female is as follows: Urethritis, Cervicitis and possibly Bartholinitis, and to cure gonorrhœa in the female you must attack the disease in these locations.

I will describe first the treatment I carry out in an ordinary case of acute and chronic gonorrhœa.

The patient is put upon an examining table in a modified lithotomy position, with her feet in the stirrups, or foot rest. With the left forefinger in the vagina and the labia held apart with the fingers of the right hand, the urethra is milked down and a slide taken from the expressed pus.

The next step is to get at the cervix. This is accomplished with the aid of a bivalve speculum. The treatment will fail here unless the speculum is put in properly, for the improper introduction of a speculum into the vagina can cause considerable pain. With the forefinger of the left hand in the vagina you press back towards the rectum, putting the vaginal orifice and the muscles that guard it on the stretch. Time can be taken over this and when the orifice has been enlarged a second finger introduced and the manoeuvre continued. It does not hurt if done gradually. When the orifice is sufficiently dilated the closed speculum is inserted with the forefinger still in the vagina and pressing backwards to keep the orifice open. The great thing to remember is that the sensitive part of the vagina is the anterior wall in the region just posterior to the urethral opening.

With the speculum inserted it is pushed back as far as it will go and opened, and if the cervix does not pop between the ends of the two blades a very slight amount of manoeuvring will cause it to do so. The next thing is to get a slide from the cervical canal. The treatment can then be carried out. For this you need a long pair of sponge forceps and two long malleable applicators. The cervix is first swabbed dry and then one of the applicators, its end wrapped in wool, is dipped into the medicament and thrust up the cervical canal as far as the internal os. If too much wool is wrapped around the applicator it of course will not enter the canal. The medicament used can be either Flavine 2 per cent. in saline—which is the medicament used at the London Hospital where this treatment was first established, or the following: Crystal Violet  $\frac{1}{2}$  per cent. Brilliant Green  $\frac{1}{2}$  per cent. Spirits 50 per cent. Water to 100. The cervix then is thoroughly swabbed with this solution. A pledget with a tape attached is then soaked in the solution and shoved up against the cervix and the speculum removed. The woman must wear a pad, as all these solutions being of aniline dyes stain the underclothing. She pulls the swab out of her vagina before going to bed that night.

Having tackled the cervix you now go to the urethra. After the first treatment you instruct the woman to empty her bladder just before coming for treatment. With her in the same position—and this treatment is carried out immediately after you have treated the cervix—you pass a catheter into the patient's bladder and let in as much as she can take of Pot Permang 1:6000. The patient then passes this solution herself, thus irrigating her urethra.

When the case is acute you carry out this treatment to both urethra and cervix every day for the first week. The bladder irrigations are increased in strength daily 1:6000 until you reach 1:4000, at which strength they are continued. After the first week you carry the treatment out every second day for another week, and then twice a

week. The urethra in an uncomplicated case should be cleared in a fortnight. If it does not clear up you then have to look to the glands of Skene at the mouth of the urethra. If they are clear it is likely that the glands in the floor of the urethra are keeping up the discharge. In this case you swab out the urethra with Silver Nitrate Sol. beginning with grs. 5 to the ounce and working up to grs. 10 to the ounce. An applicator similar to that used for the cervix, and about the diameter of a uterine sound does for this.

The treatment to the cervix, however, is a more tedious business, and at the London Hospital the average time taken before a cure was obtained was three months.

When the discharge has lost its yellow color and becomes colorless and like the white of an egg, a slide should be made and stained for the gonococci. The test of a cure which the London Hospital carries out consists in the taking of three slides, three different days, from both urethra and cervix, and two cultures from both places. The cultures are made on blood agar. If all are negative the patient is declared cured.

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## THE PROBLEMS OF LIFE

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A little girl of six sat looking thoughtfully out of the window of her home the other day. Her mother questioned her as to the cause of her seriousness.

"Oh," she replied, "I was just thinking that when I grow up to be a big lady I'm goin' to get marr'ed and have three children."

Her mother, although very much surprised, was also amused.

"You will be very fortunate indeed," replied the fond parent.

The little miss grew silent and thoughtful again. Finally she said:

"But, of course, you can never tell, mother. I might marry a bachelor."

## MEDICAL VISITORS AT DALHOUSIE REUNION

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A large number of medical men from different parts of the Province and from elsewhere were registered at the recent Dalhousie Reunion.

While it is impossible for the writer to give a correct list, still the following names on the Register attracted his attention—

Dr. J. Sinclair Tait, St. John's Newfoundland, a student at Dalhousie in the 70's. Dr. Tait is a graduate of the University of Pennsylvania with degrees from Edinburgh and London. He was a classmate in London of Dr. Murdoch Chisholm of Halifax and spent part of his vacation with him.

Dr. H. S. Tait, Dalhousie 1914, St. John's, Newfoundland a son of Dr. J. S. Tait was also in attendance.

Dr. E. Ross Faulkner, Dal '21, —43 West 54th Street, New York, who is a frequent visitor to his native Province was also at the Reunion. Dr. Robinson Cox, Dalhousie 1875 of Upper Stewiacke was in attendance.

Dr. E. J. Myer, class of '17, Somerville, Mass.

Dr. Dan Murray, Dalhousie 1903, Tatamagouche, N. S.

Dr. Finlay MacMillan, Dalhousie 1872, Sheet Harbour.

Dr. C. L. Gass, Dalhousie '14, Sackville, N. B.

Dr. M. G. Archibald, Dalhousie 1898, Kamloops, B. C.

Dr. Allister Calder, Dalhousie 1909, Glace Bay.

Dr. A. M. Marshall, Dalhousie 1922, Peticodiac, N. B.

Dr. Grace T. M. Cragg, Dalhousie 1922, Concord, N. H.

Dr. E. E. Bissett, Dalhousie, 1897, Windsor, N. S.

Dr. W. B. Moore, Halifax Medical College 1879, Kentville, N. S.

Dr. D. R. MacRae, Dalhousie 1906, Sydney Mines.

Dr. L. W. Johnstone, class '81 and '82, Sydney Mines, N. S.

Dr. J. S. Brean, Dalhousie 1915, Mulgrave, N. S.

Dr. R. R. Withrow, Dalhousie 1915, Springhill.

Dr. A. R. Reid, Dalhousie 1920, Brooklyn.

Dr. G. K. Smith, Dalhousie 1922, Grand Pre.

Dr. H. W. Kirkpatrick, Dalhousie 1916, Middleton.

# MARRIAGES

## CAMPBELL—HAGEN

Right Rev. Mons. Foley officiated at St. Mary's Cathedral, September 2nd, at the marriage of Miss Alice Rachel Hagen and Dr. Duncan A. Campbell. While invitations to the wedding were extended only to the immediate family and friends of the happy couple, there were present at the church a very large number of friends.

The organist was present, and during the Nuptial Mass solos were rendered by Miss Ella Courtney and J. F. Scriven. As Miss Hagen entered the church on the arm of her father, J. C. Hagen, she wore an imported costume of sand colored cloth worn with a cape. The dress was trimmed with beaver fur and her hat was a picture hat in keeping. An arm shower of ophelia roses completed the costume. Miss Kathleen Hagen, sister of the bride, was bridesmaid, and was attired in green crepe de chene trimmed with silver lace and silver grey hat also trimmed with lace. Her flowers were variegated sweet peas. Eric MacDonald of Sydney, a classmate of the groom, was best man.

Following the ceremony Dr. and Mrs. Campbell and their guests were driven to the residence of the bride's parents, Bland street, where a wedding breakfast was served. Later they left on a motor trip to Boston, New York and other American cities, anticipating an absence of several weeks. After the honeymoon they will return to Halifax for several days before going to Bridgewater, where they will make their home.

The bride graduated in the violin at Mount St. Vincent, and is very well known in local musical circles.

She is a member of the orchestra of Mt. St. Vincent. During the past few weeks she has been entertained at a number of showers given in her honor by her girl friends.

Dr. Campbell is located in Bridgewater. He is a graduate of Dalhousie Medical School and was a member of Class '23. (*Chronicle*)

Dr. A. C. McLean, Dalhousie 1922, formerly of Inverness, now of New Richmond, P. Q., was married at Inverness, August 13th to Gertrude Dorothea, daughter of Mr. and Mrs. J. B. Henderson of that town. Among the out-of-town guests was Doctor G. K. Smith of Grand Pre.

## PERSONALS

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Dr. C. D. Campbell, Dalhousie 1924 is assisting Doctors L. W. Johnstone and D. W. Archibald, Sydney Mines during August and September.

Dr. D. W. Byers of Annapolis was seriously injured in an automobile accident August 15th, his car dashing into the end of the bridge in St. George Street pinning the doctor to the seat of the car and breaking several bones. He was very seriously bruised and cut. The car was almost completely demolished. He was attended by his brother physicians Dr. L. B. Braine and Dr. Augustus Robinson. Monday evening accompanied by Mrs. Byers and Dr. Robinson he was admitted to the Victoria General Hospital.

Dr. Grace Cragg on the staff of the New Hampshire State Hospital is spending a short August vacation at her home in Halifax.

Dr. Archie McCallum and Mrs. McCallum (Dr. Arabella McKenzie) are removing from Halifax to Toronto and will reside there in future.

The new Hospital in Digby was opened August 2nd., with Miss Catherine M. Campbell of Whycomagh a graduate of the Victoria General Hospital, Halifax, in charge. The local doctors have been chiefly instrumental in bringing about the establishment of this new institution.

Dr. Dan McDonald, North Sydney is the new president of the Public Health Officers Association.

Dr. C. S. Marshall, Dal. 1924, Physician for the Polarus Shipping Company, Sonora, spent a short vacation in Halifax and attended the Dalhousie Reunion. During his absence Dr. J. J. Carroll of Sherbrooke discharged his duties.

Dr. L. H. MacKim of Montreal accompanied by Mrs. MacKim has been spending a short vacation at his old home in Wallace, New Glasgow, and other places along the Gulf.

Mr. G. M. Bruce a 5th year student at Dalhousie has been for some time on the Staff of the Nova Scotia Sanatorium. His health has been wholly restored to him and he will enter Dalhousie to complete his Course this Fall.

A news despatch from Berwick, August 29th to the Morning Chronicle reads as follows:—

“It is understood that a well-known physician in the eastern part of the Province has about completed negotiations for the purchase of

the practice, office and residence of the late Dr. Geo. J. McNally. The practice under Dr. McNally was a large one and included a good deal of work at the King's Memorial Hospital."

At the 11th Annual Meeting of the International Association of Industrial Accidents Boards and Commissions held in the Provincial Building, Halifax, August 27th to 29th, a number of medical problems were discussed by local and foreign medical representatives. Papers were presented by Dr. J. G. MacDougall of Halifax, who spoke on 'Hernia Injuries.' Among other speakers were Dr. W. E. Struthers of the W. C. B. of Ontario, Doctors T. B. Acker and W. H. Eager of Halifax, Dr. G. Gibson of Winnipeg, Dr. Albright of Minnesota, and Dr. Lowy of New York.

Sir Henry Grey, surgeon to the Royal Victoria Hospital, Montreal, who gave a series of lectures at the Dalhousie Graduates Medical Course was a guest during his stay at Government House.

A rather pertinent letter appears in an issue of the Halifax Herald by Dr. Geo. E. DeWitt M.H.O. advocating whole time Medical Health Officers. This is something that will probably come some day, but how it can be carried out in this Province is something that should be carefully considered. Perhaps some of the Profession will use the Bulletin to express their views to this matter.

By a clerical error two names were omitted from the Membership of The Medical Society of Nova Scotia, namely:—Dr. M. A. B. Smith, and Dr. F. E. Lawlor, both of Dartmouth. Others were added to the roll at the Amherst Meeting.

Dr. John Stewart, Halifax, spent the latter part of August visiting in Cape Breton, particularly Whycocomagh and vicinity. It was in this Parish that his father, the late Rev. Murdoch Stewart, after his arrival from Scotland, was Minister, labouring for many years, until compelled to retire through old age.

Dr. M. G. Archibald of Kamloops, has been visiting his old home in Musquodoboit and has motored all over the Province. He enjoyed the Dalhousie Reunion and was also at the Dalhousie Post Graduate School.

Dr. Byers, following his recent automobile accident, was a patient in The Victoria General Hospital for a little over two weeks. He is now convalescent and has returned to his home in Annapolis.

The engagement is announced of Miss Josephine, daughter of Dr. and Mrs. J. L. Churchill, Halifax, to Mr. Frank Harper Curry.

Mrs. Moore, wife of Dr. E. F. Moore of Canso, was a recent visitor in Halifax, the guest of Mrs. Hoben, South St.

Dr. S. H. Keshen writes friends in Halifax from Switzerland, where he is sightseeing for a time before going to Vienna and Buda-

pest. Dr. Keshen has already spent some weeks in both London and Paris.

Dr. J. J. Carroll, who has been supplying for Dr. O. R. Stone, Sherbrooke, for sometime, was recently admitted as a patient at St. Martha's Hospital, Antigonish. We trust that the indisposition will be of short duration with full recovery.

Dr. Luther McKenzie, of New York, gave a fine address on "Lung Abscess" at the recent Dalhousie Post Graduate Course. Dr. McKenzie was born and brought up at Bedford, and has been revisiting his old home for some weeks.

Dr. R. M. Benvie, of Stellarton, was in attendance at the Dalhousie Post Graduate Course. He was accompanied by Mrs. Benvie and son Robert.

Beginning with the October Bulletin, there will be published the first instalment of a paper entitled "The Legacy of the Celt". This is quite in line with one feature of the Bulletin, to portray Medical Practice of many years ago. This coming paper is medico-historical in character, and no one is more competent to deal with it than the Author, Dr. G. H. Murphy, of Halifax. This Paper was read before the Sir William Osler Club of Halifax, at its Meeting March 29th, 1924.

Mrs. Gallant, wife of Dr. Andre Gallant, formerly of Meteghan, N. S., now practising in the Magdalen Islands, has been visiting this summer in Western Nova Scotia.

Dr. W. R. Morse, a medical practitioner in China, with his wife and daughter has been spending the summer in Nova Scotia. Dr. Morse is a brother of Dr. L. R. Morse of Lawrencetown.

Mrs. Chas. K. Fuller of Yarmouth left for Edinburgh the latter part of August to join her husband, Dr. C. K. Fuller, who is taking post graduate work there. They will return late in the Fall.

Col. F. S. L. Ford M. D., C.M.G. of Toronto spent a portion of his vacation this year in Nova Scotia. He motored from Toronto visiting his brother in Wolfville and then proceeded to the South Shore, the scene of his boyhood and early days of practice.

Dr. J. R. Chute, Elderbank, accompanied by his wife spent a short vacation in August motoring through the Stewiackes, his former home, Truro and other places in Colchester County. Dr. Chute graduated from Dalhousie in 1877, is a brother of the Rev. A. C. Chute D. D., and an uncle of Arthur Chute, a popular writer of the day.

Dr. J. O. McLean, Dal. 1922 now on the Staff of the Pennsylvania State Hospital, Scranton, spent his vacation at his old home in New Glasgow and other parts of the Province.

Mrs. Hugh A. Dickson M. D. of Central Onslow is spending a month at Maple Creek, Sask., which was her former home. She was accompanied by her two children.

Dr. Sinclair Tait of Newfoundland, who is noted as registered at the Dalhousie Reunion and spending part of his vacation with a former classmate Dr. Murdoch Chisholm, was born and brought up in Wallace, Cumberland County, where a sister still resides. Another classmate of Dr. Tait's was the late Dr. Miller Linton, who graduated from the Halifax Medical College in 1876. Dr. Linton practised in Westville dying at a comparatively early age in 1890. Dr. Tait visited friends in Truro, among them being a daughter (Mrs. William Lawrence) of the late Dr. Linton.

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## OBITUARY

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A former resident of Halifax, Mr. T. W. Lindsay died recently in St. Catherines, Ontario, as a result of injuries received in an accident. He was making his home with his son Dr. Roy D. Lindsay who removed from New Germany to St. Catherines a year or more ago.

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Supplementing our Obituary Notices in August Bulletin, Dr. W. B. Moore of Kentville, forwards the following appreciative note with reference to the late Dr. J. St. C. McKay:—

“His was a generous soul, responsive, loyal and true to his friends and patients. Strong and pronounced in his opinions and convictions, he exemplified the qualities of the Great Scotch Race from which he sprang, and his truth, honesty, and sincerity worthy of the finest traditions of his ancestors, impressed most deeply those who knew him best, and must always mourn their loss.

Recognizing the proper association of the Latin admonition “*De mortuis nil nisi bonum*” with the knowledge of our human fallibility, it has seemed to me that the lovable qualities of the late Dr. John St. Clair McKay, were so appealing that those who knew him best will certainly never recall the admonition in their remembrance of his personality.”

There passed away at the Victoria General Hospital on Sunday morning, August 17th, Mrs. C. S. Harrington, aged 73 years. Mrs. Harrington was the widow of Charles H. Harrington Q. C. who died in 1903. Before her marriage she was Miss Mary S. R. DeWolfe, daughter of the late Doctor James R. DeWolf, who practised in Halifax, being a class mate of Sir Charles Tupper and Dr. D. McN. Parker. The funeral took place from her late residence "Clifton" Armdale, with interment at St. John's Cemetery, Fairview.

Since this Bulletin has gone to Press the death occurred at the Victoria General Hospital of Dr. George J. McNally of Berwick, N. S. The sympathy of the Profession will be extended to Mrs. McNally at this time. An obituary notice will be prepared for the next issue of the Bulletin.

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CARL A. SHAW M. D. RUSH MEDICAL COLLEGE 1879,  
ST. KITTS, B. W. I.

(Registered in Nova Scotia 1916)

Dr. Shaw died suddenly at his home in St. Kitts, B.W.I., August 9th, 1924, where he has practised most of the time since his graduation. He was a son of Isaac Shaw of Berwick, and lived for short periods of time in Wolfville, Canning and Halifax. He is survived by two brothers, Professor Harlan Shaw and Rev. Avery Shaw D. D. both resident in the United States. Another brother Rev. M. B. Shaw died a short time ago in Los Angeles, following a lengthy career as a Missionary in India. (This brother was a seatmate for several years in Acadia College, with the Associate-Secretary.)

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The funeral of the late Dr. John S. MacKay of Windsor, N. S. who passed away at the home of his father was very largely attended. Rev. C. D. MacIntosh conducted the services assisted by Rev. Jas. A. Forbes, Rev. Mr. Andrews of Windsor was also present. Interment was at the Village Cemetery. Among those of his own Profession who attended the funeral were—Dr. Reid of Windsor, Dr. J. W. MacKay, Dr. Hector H. MacKay, Dr. A. E. Blackett of New Glasgow, Drs. MacKay and Campbell of Halifax, Dr. D. Campbell of West Branch.

Among the many beautiful floral offerings were, wreaths, medical practitioners of Windsor; Square and Compass, Masonic Lodge, Windsor; Floral Anchor, G. W. V. A.; Wreath L. A. G. W. V. A.; Wreath—Liberal Conservative Association, Windsor.

ANDREW DEWOLFE BARSS, M. D., UNIV. OF EDIN., 1864,  
WOLFVILLE, N. S.

The death of Dr. A. DeW. Barss of Wolfville occurred August 22nd, 1924. He was one of Wolfville's oldest and most esteemed residents. He was an Honorary Member of the Medical Society of Nova Scotia. He had been in poor health for several years yet his death came as a shock to a large circle of friends. He was eighty-two years of age. He is survived by his son, Dr. J. Edmund of Windsor, Conn., his sisters, Miss Margaret Barss and Mrs. Wm. Chipman of Wolfville, and his brothers, Alfred of the Masonic Home, Windsor, and J. Howard Barss of Wolfville.

Although Dr. Barss was born in Halifax he was long resident in Wolfville and was prominently identified with Acadia College from which he graduated in 1859. He received his medical education at Edinburgh University, taking his degree in 1864. He practised his profession then continuously in Wolfville until a very few years ago. Dr. Barss was not only connected with the College life of Wolfville, being Treasurer of the University and a member of its Senate, but was also for a number of years the manager of the Wolfville agency of the Peoples Bank of Halifax. Indeed he almost seemed to emphasize the educational and civic duties as obligations upon his time more than the actual practice of medicine and surgery. He thus gave freely of his time, his means and his strength to the public welfare.

It goes without saying of course that he was a valued member and officer of the Baptist Church in Wolfville.

The funeral service took place Sunday afternoon, August 24th from the Baptist Church. Dr. Marshall the pastor of the Church presided at this service. Dr. Hemmeon of the United Church and Dr. Patterson, President of the College took part in the service, and Dr. J. H. McDonald gave the address.

Interment was in Willow Bank Cemetery. The floral tributes included a wreath from St. George's Lodge A. F. and A. M.

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Dr. H. K. McDonald of Halifax was recently called to his old home in Pictou County by the last illness, death and burial of his father James Robert McDonald of Lyons Brook. Mr. McDonald died August 26, 1924 aged 83 years.

He was one of Pictou County's best known men, prominent in business and the church and social life of the community. For many years he was prominently identified with Logan's Tannery and was married to a daughter of the founder of that once flourishing industry.

The death occurred August 28th at Guysboro of William Whitman, ex-M.P.P., for the County of Guysboro, and for a number of years a member of the Legislative Council of Nova Scotia. Mr. Whitman, who was in his seventy-sixth year, represented the County of Guysboro from 1901 to 1911. Subsequently he was appointed a member of the Legislative Council, which office he resigned two years ago on account of failing health. He was a man held in the highest esteem by all who knew him.

Dr. Geo. W. Whitman of Stellarton is a son of the deceased.

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GEORGE JOHNSON McNALLY, M.R.C.S. ENG. 1879.  
L.R.C.P. LONDON 1897, BERWICK.

With great regret the Medical Profession learned from the Press of the death at the Victoria General Hospital, of Dr. G. J. McNally, of Berwick, following an illness of three weeks. He was present as usual at the Annual Meeting of the Medical Society, held at Amherst in July, but, as we now recall his presence, he seemed unusually quiet and reserved; evidently he was not in his usual good health and spirits.

Dr. McNally was born 51 years ago in York County, New Brunswick, but came to Halifax as a young man and resided in Berwick many years. After graduation he practised first in Berwick and then removed to Fredericton, where besides his Practice he engaged in Civic Affairs, being Mayor of Fredericton from 1903 to 1906. He married and returned to Berwick where he continued to practise till his last illness.

He was for a number of years a prominent member of the Independent Order of Forresters, and was High Chief Ranger for Nova Scotia. He was to have presided at the Annual Meeting of this Order in Halifax, but his death occurred while the Order was in Session. He was a public spirited citizen and was prominently identified with the origin and development of the Kings' Memorial Hospital, opened in Berwick in 1923.

Dr. W. B. Moore of Kentville, writes:—

“He was doing faithful and valuable Medical and Surgical work in this hospital up to the time of his last illness. He was kind hearted and generous to his patients and his friends, and to his family a faithful husband and father. The expressions of sorrow by those who knew him, because of his comparatively early death, were far removed from the commonplace, and were obviously deep and sincere.”

The bereaved family will have the sincere sympathy of all members of the Medical Society of Nova Scotia.

# CANADIAN MEDICAL ASSOCIATION

ANNUAL MEETING, REGINA, SASK. JUNE 1925

## OFFICERS

President—J. F. Kidd, Ottawa.  
President-Elect—David Low, Regina.  
Vice-Presidents **ex-officio**—Presidents of affiliated Provincial Associations.  
Chairman of Council—A. Primrose, Toronto.  
Honorary Treasurer—A. T. Bazin, Montreal  
Director General—T. C. Routley, 184 College St., Toronto.

## THE COUNCIL

(We have not yet received appointments from Provincial Associations).

## EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, <b>Chairman</b>	F. N. G. Starr, Toronto
J. F. Kidd, Ottawa, <b>ex-officio</b>	S. E. Moore, Regina
David Low, Regina, <b>ex-officio</b>	S. L. Walker, Halifax
A. Primrose, Toronto, <b>ex-officio</b>	G. S. Cameron, Peterboro
A. T. Bazin, Montreal, <b>ex-officio</b>	J. S. McEachern, Calgary
T. C. Routley, Toronto, <b>ex-officio</b>	T. Glen Hamilton, Winnipeg
C. F. Martin, Montreal	Murray Maclaren, St. John

## STANDING COMMITTEES

Legislative Bureau - - - -	W. D. Rankin, Woodstock, N. B.
Medical Education - - - -	N. J. Maclean, Winnipeg
Necrology - - - - -	H. B. Small, Ottawa
Constitution and By-laws - - -	J. H. Mullin, Hamilton
Canadian Intra-Provincial Relations -	D A. Stewart, Ninette
Ethics & Credentials - - - -	H. B. Anderson, Toronto
Public Health - - - - -	J. M. Uhrich, Regina
Economics - - - - -	A. S. Monro, Vancouver
Pharmacy - - - - -	V. E. Henderson, Toronto

## SPECIAL COMMITTEES

Lister Memorial - - - - -	R. J. Blanchard, Winnipeg
Conference on Medical services - - -	A. Primrose, Toronto

# MEDICAL SOCIETY OF NOVA SCOTIA

## DIRECTORY AFFILIATED BRANCHES

### 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. Dan. McDonald, North Sydney

Dr.

Dr.

### COLCHESTER-HANTS MEDICAL SOCIETY

#### Officers 1924-1925

President .....	Dr. A. R. Reid, Brooklyn, N. S.
Vice-President .....	Dr. O. Shatford, Londonderry.
Secretary-Treasurer .....	Dr. H. V. Kent, Truro.

#### Executive

Dr. D. F. McInnis, Shubenacadie, Dr. E. E. Bissett, Windsor.

Dr. J. B. Reid, Truro.

Nominated to Executive of the Provincial Society:

Dr. R. O. Shatford, Londonderry, and Dr. O. B. Keddy, Windsor.

### CUMBERLAND COUNTY MEDICAL SOCIETY

#### Officers

President .....	Dr. Wm. Rockwell, River Hebert.
1st Vice-President .....	Dr. J. R. Gilroy, Oxford.
2nd Vice-President .....	Dr. M. D. McKenzie, Parrsboro.
3rd Vice-President .....	Dr. W. V. Goodwin, Pugwash.
Secretary-Treasurer .....	Dr. W. T. Purdy, Amherst, N. S.

Members of Executive Medical Society of Nova Scotia:

Dr. F. E. Boudreau, Amherst.

Dr. J. A. Munro, Amherst, N. S.

### 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. J. A. McDonald, St. Peter's

Dr. J. J. McRitchie, Goldboro

Dr. J. F. McIsaac, Antigonish

Dr. M. E. McGarry, Margaree Forks

Dr. B. A. LeBlanc, Arichat

Dr. E. F. Moore, Hazel Hill

Dr. R. F. McDonald, Antigonish

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

## LUNENBURG-QUEENS MEDICAL SOCIETY

### Officers for 1923-1924

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.

## 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.

## VALLEY MEDICAL SOCIETY

President .....Dr. S. F. Messenger, Middleton.  
Vice-President .....Dr. L. B. Braine, Annapolis.  
Vice-President .....Dr. N. H. Gosse, Canning.  
Vice-President .....Dr. H. L. Roberts, Digby.  
Secretary-Treasurer .....Dr. C. E. A. deWitt, Wolfville.  
**Representatives on Executive Provincial Society**  
Dr. G. J. McNally, Berwick.      Dr. M. E. Armstrong, Bridgetown.  
Dr. W. F. Read, Digby.

## 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. R. L. Blackadar, Port Maitland.  
Nominated to Provincial Executive:—Dr. S. N. Williamson.

## HALIFAX MEDICAL SOCIETY.

### 1924 Officers 1925

President.....Dr. E. V. Hogan, 109 College St.  
Vice-President .....Dr. F. R. Little, 454 Robie St.  
Secretary-Treasurer .....Dr. W. L. Muir, 245 Robie St.

### Executive

Dr. V. L. Miller, Dr. A. R. Cunningham, Dr. J. L. Churchill,  
Dr. P. Weatherbee, Dr. F. G. Mack.

# MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1924-1925.

PLACE OF MEETING—BRIDGEWATER, N. S. JULY 1st, 2nd. 1925.

President ..... Dr. W. N. Rehfuss, Bridgewater.  
1st Vice-President ..... Dr. E. V. Hogan, Halifax  
2nd. Vice-President ..... Dr. L. W. Johnstone, Sydney Mines.  
Secretary-Treasurer ..... Dr. J. G. D. Campbell, Halifax  
Associate-Secretary ..... Dr. S. L. Walter, Halifax

## EXECUTIVE

### Cape Breton Branch

Dr. D. McDonald, N. Sydney  
Dr.  
Dr.

### Colchester-Hants

Dr. R. O. Shatford, Londonderry  
Dr. O. B. Keddy, Windsor

### Cumberland County

Dr. F. R. Boudreau, Amherst  
Dr. J. A. Munro, Amherst

### Lunenburg-Queens

Dr. R. G. McLellan, Lunenburg  
Dr. L. W. T. Penny, New Germany

### Valley Medical Society

Dr. M. E. Armstrong, Middleton  
Dr. W. F. Read, Digby

### Eastern Counties

Dr. W. F. McKinnon, Antigonish

### Halifax Branch

Dr. V. L. Miller  
Dr. A. R. Cunningham  
Dr. P. Weatherbee  
Dr. F. G. Mack

### Pictou County

Dr. H. H. McKay, New Glasgow  
Dr. G. A. Dunn, Pictou, N. S.

### Yarmouth Society

Dr. S. N. Williamson

## COMMITTEES

### Cogswell Library

Dr. A. G. Nicholls  
Dr. J. R. Corston  
Dr. John Stewart  
Dr. Philip Weatherbee  
Dr. C. S. Morton

### Editorial Board—C. M. A. Journal

Dr. W. H. Hattie  
Dr. G. H. Murphy  
Dr. J. G. McDougall  
Dr. K. A. McKenzie  
Dr. E. V. Hogan

### Arrangements

The Executive Committee, with the Members of the Lunenburg-Queens Medical Society.

### Public Health

Dr. A. C. Jost, Halifax  
Dr. E. Kennedy, New Glasgow  
Dr. M. E. Armstrong, Bridgetown  
Dr. J. K. McLeod, Sydney  
Dr. L. W. T. Penny, New Germany

### X-Ray (Special Committee)

Dr. A. F. Miller, Kentville, N. S.  
Dr. J. J. Roy, Sydney  
Dr. A. I. Mader, Halifax, N. S.

### Annual Fees P. M. B. (Special Committee)

Dr. J. R. Corston, Dr. S. L. Walker, Dr. L. R. Morse

### Mental Hygiene (Special Committee)

Dr. W. H. Hattie, Halifax  
Dr. J. J. Cameron, Antigonish  
Dr. F. E. Lawlor, Dartmouth  
Dr. S. L. Walker, Halifax

### Workmen's Compensation Board

Dr. G. H. Murphy  
Dr. E. V. Hogan  
Dr. M. G. Burriss

### Members of C. M. A. Council

Dr. W. N. Rehfuss (Ex-Officio) Bridgewater  
Dr. J. G. D. Campbell (Ex-Officio) Halifax  
Dr. S. L. Walker (Ex-Officio) Halifax  
Dr. L. R. Morse, Lawrencetown  
Dr. G. H. Murphy, Halifax  
Dr. W. J. Eagan, Sydney

Dr. H. K. McDonald, Halifax  
Dr. John Bell, New Glasgow, N. S.  
C. M. A.

### Nominated to Education Committee

Dr. K. A. McKenzie, Halifax, N. S.

### Nominated to Legislative Committee

Dr. J. G. McDougall, Halifax

C. M. A.

Dr. W. H. Hattie, Halifax

# MEDICAL SOCIETY OF NOVA SCOTIA

## HALIFAX MEDICAL SOCIETY

### 1924 Officers 1925

President ..... Dr. E. V. Hogan, 109 College St.  
Vice-President ..... Dr. F. R. Little, 454 Robie St.  
Secretary-Treasurer ..... Dr. W. L. Muir, 245 Robie St.

### Executive

Dr. V. L. Miller, Dr. A. R. Cunningham, Dr. J. L. Churchill  
Dr. P. Weatherbee, Dr. F. G. Mack,

### PROGRAMME FOR 1924-1925

- Nov. 26— Discussion on "Hemorrhage"  
Dr. A. Birt, "Etiology."  
Dr. M. J. Carney, "Medical."  
Dr. A. R. Cunningham "Nose and Throat."
- Dec. 10— Continuation of Discussion on "Hemorrhage."  
Dr. F. G. Mack, "Genito-Urinary."  
Dr. W. Alan Curry, "General Surgical."  
Dr. A. I. Mader, "Gynaecological."
- Jan. 14— Medical and Surgical Conditions in West China.  
Dr. W. R. Morse, Dean of the Faculty of Medicine, Western China Union University.
- Jan. 28— Discussion on "Everyday Obstetrical Problems."  
Dr. E. K. MacLellan, "Accidental Hemorrhage; Placenta praevia."  
Dr. M. G. Burris, "The First Stage of Labor."  
Dr. P. A. MacDonald, "Eclampsia."  
Dr. A. McD. Morton, "Management of the Third Stage of Labor."
- Feb. 11— Continuation of "Everyday Obstetrical Problems."  
Dr. H. B. Atlee, "Abortion—Uninfected."  
Dr. V. L. Miller, "Septic Abortion"  
Dr. G. H. Murphy, "Indications for Caesarean Section."
- Feb. 25.....Victoria General Hospital.  
Clinical Medical.
- Mar. 11—Discussion on "Blood Chemistry."  
Dr. V. N. MacKay.  
Dr. K. A. MacKenzie, "Diabetes."  
Dr. J. L. Churchill, "Kidneys."
- Mar. 25—"A Quarter of a Century of Practice Among the Mining population of Cape Breton."  
Dr. M. T. Sullivan, New Aberdeen, N. S.
- April 8 ..... Childrens' Hospital.  
Clinical Evening
- April 22 .....Annual Meeting

Members are urged to take advantage of the opportunity to discuss the various papers.

The time will be allotted to speakers as follows: Symposia—First Speaker, 15 minutes. Discussion—Each Speaker, 5 minutes, others 10 minutes.