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A Tribute to the Profession

"Behold the unassuming bravery of the physician! He sacrifices rest and comfort. He risks his life. He asks not who the patient is; it is enough that it is a suffering fellow-being. Medical practice brings him a living, but he carries it on as a help to others. He does his utmost. In the midst of our peaceful or troubled existence a quiet heroism is at work to which hardly any one pays attention. The physician himself sees nothing remarkable at all in his courage or his efforts. It is the simplest and most natural thing in the world. Such is the true physician in Christendom."

M. F.

(Nathan Söderblom, Archbishop of Sweden.)

MINUTES OF MEETING OF EXECUTIVE MEDICAL SOCIETY OF NOVA SCOTIA, MARCH 6th, 1924.

In accordance with instructions issued by the President, Dr. O. B. Keddy, a meeting of the Executive of the Medical Society of Nova Scotia was called by the Associate-Secretary, with the following notice:—

"Dear Doctor:

The President of the Medical Society of Nova Scotia instructs me to call a meeting of the Executive of the Society at the Halifax Hotel, Thursday afternoon, March 6th, at 2 30 p. m. This meeting is for the consideration of routine matters of business and to make final arrangements for the Annual Meeting in Amherst, having to do particularly with a proposed change of dates in order to secure the presence of some distinguished visitors."

The meeting was called to order in the St. Julien Room of the Halifax Hotel at 2.30 p. m. Those present were,—Doctors M. G. Tompkins, Dominion; D. W. Archibald, Sydney Mines; John McDonald, Sydney; John Bell, New Glasgow; J. R. Corston, Halifax; G. J. McNally, Berwick; L. R. Morse, Lawrencetown, and W. F. Read, Digby.

Dr. J. G. Lynch, Sydney,as a member of the Programme Committee was present and Dr. Archibald represented Dr. L. W. Johnston on the same Committee.

Letters and telegrams were read regarding the enforced absence of Doctors S. G. McKenzie, Westville, D. Mackintosh, Pugwash, J. A. Munro, Amherst, J. J. Roy, Sydney and Dr. F. F. Eaton, Truro.

Telephone messages were received from Dr. Keddy, of Windsor, who was ill and Dr. J. G. D.Campbell of Halifax, also ill. Dr. K. A. McKenzie had been called to Sydney that date.

In the absence of the President and Vice-Presidents Dr. John Bell, New Glasgow, was on motion elected Chairman of the meeting. The Minutes of the last Executive meeting having been dealt with at the Annual Meeting and published in the Bulletin were accepted as printed.

The Associate-Secretary brought up the matter of Counties not yet having medical societies. On motion the Associate-Secretary was instructed to write the doctors of Victoria County,asking them individually whether it would be most convenient for them to join the Cape Breton Medical Society or the Eastern Counties Medical Society, and that they would be free to unite with either Society.

On motion it was resolved that the Executive would suggest to the Medical Societies of Yarmouth and Lunenburg-Queens,that the doctors in Shelburne County should be considered eligible for membership in their respective Societies,—the eastern portion with the

Lunenburg-Queens Society and the Barrington portion with the Yarmouth Society. This suggestion was made following an expression of opinion from individual doctors in this section of the Province.

A communication from the Cumberland County Medical Society, also the Valley Medical Society, with reference to collection of local fees when Provincial fee is collected, was considered. It was moved, seconded and passed that the Associate-Secretary be instructed to prepare a resolution having in view the carrying on of the activities of the Provincial Society and affiliated Branch Societies for the one annual fee which is collected by the Provincial Society; this resolution to be presented to the Committee at its next regular meeting.

After considerable discussion with reference to annual fees it was resolved that a Special Committee consisting of Doctors Corston, Morse and Walker, be appointed to consider ways and means whereby a fee for Provincial Medical Society membership might be collected annually by the Provincial Medical Board,—this applying to all registered physicians.

Full correspondence was read regarding the arrangements for the next Annual Meeting, and a statement presented showed the concurrence of the Executive almost unanimously in favor of a change of date. After full discussion the following Resolution was unanimously carried,—

"RESOLVED THAT the Executive concur in the action of the President approving of a change in date of Annual Meeting and that the 1924 Annual Meeting be held, July 16th and 17th:—and that the whole matter of arranging the programme be referred to the Programme Committee, who shall report again to the Executive."

With reference to the various Committees which should report at the Annual Meeting it was resolved that the Associate-Secretary be instructed to write the Chairman and members of the various Committees to the effect that all these reports must be available for the Executive of the Society at its usual meeting, Tuesday evening, July 15th. It was further resolved that the Associate-Secretary obtain from the Secretaries of affiliated Societies full particulars regarding the death of any member in order that a suitable report might be prepared by the Obituary Committee.

The Associate-Secretary presented the correspondence in connection with the protest by the Profession against the proposed Government action in replacing medical superintendents and administrators by laymen in D. S. C. R. Hospitals and routine and medical pension work. It was moved, seconded and passed that the action of the President and Secretary in forwarding the protests be fully confirmed and approved by the Executive.

Considerable discussion ensued over the method of collecting annual fees. It was thought that the Bank agencies might afford further opportunities for payment. It was generally considered that collection by means of Bank drafts was the most desirable procedure. The Associate-Secretary was instructed to continue writ-

ing to the Secretaries of affiliated Societies for information regarding doctors in their respective localities who had not paid the usual fees.

The matter of the Provincial Health Nursing Service was brought up and freely discussed, The necessity of this work being recognized it was resolved that the question of Public Health Nursing be placed on the Agenda for consideration at the next meeting of the Executive.

With reference to the Medical Bulletin, which has been issued about every two months, it was on motion resolved that the Bulletin be issued monthly from now until the next Annual Meeting,and that advertisements, if available. may be inserted in the same. As a full statement has been prepared regarding Income Tax Exemptions it was resolved that if possible an issue of the Bulletin should be made before the end of March.

A communication from the General Secretary with reference to the cutting down of the annual grant of the Dominion Government to the Provinces for the control of Venereal Diseases was read and considered. On motion it was resolved that the Executive of the Medical Society of Nova Scotia protests most strongly against any curtailment of the grant which has been made by the Dominion Government to the various Provinces for the Control of Venereal Diseases. Further resolved that the Associate-Secretary prepare a suitable statement of the Executive's protest and that the same be passed to Ottawa and to the General Secretary of the Canadian Medical Association.

A communication from Cumberland County with reference to a death from Arsenic poisoning, resulting from "Quack" treatment, was considered by the Executive and a Committee consisting of Dr. Corston and Dr.Walker was appointed to consider the matter.

The matter of supplying Constitutions to affiliated Societies having been brought up by the Cape Breton Society, it was moved and passed, that Constitutions be supplied by the Provincial Society to affiliated Branch Societies as they may require without charge to local Society. With reference to a printing bill in connection with the Sydney Annual Meeting the Secretary was instructed to obtain the bill and have the same paid from Society funds.

Having ascertained that a member of the Executive nominated by the Lunenburg-Queens Society was not now resident in the Province the Associate-Secretary was instructed to ask the Lunenburg-Queens Society to make a nomination for this position. Reference being made by the Associate-Secretary and some members of the Executive regarding the need from time to time of doctors to have assistants or being desirous of changing location, it was considered that a certain space in the Bulletin should be devoted to information along these lines.

An informal discussion concerned itself with the desirability of the practice of medicine in Nova Scotia not being permitted to aliens. This procedure has been adopted to some extent in the

United States. It was not considered, however, desirable that any action should be taken at the present time.

Cheques were issued for Railway fares to the amount of $104.35.

On motion meeting adjourned at 6.45 p. m.

Signed, S. L. WALKER,
Acting Secretary.

THE FEDERAL INCOME TAX.

A Careful Study of This Will Save You Money.

The prime necessity for the correct preparation of Income Tax Returns to the Dominion Government is PROPER FINANCIAL RECORDS. This is distinctly laid down by the Income Tax Act, which also requires that these records be open for inspection by the Inspector of Taxation or his officers, if such is the desire. Past experience of the Income Tax Department is, that the Physician as a rule does not live up to this requirement of the Act.

It is difficult to lay down a definite set of rules to be followed by a Physician in the preparation of his Return, as conditions vary in different cases. The first point to be considered, however, is

INCOME—Professional men are allowed two different methods of arriving at the amount of income to be shown. These are

(1) Cash receipts during the year.
(2) All fees charged whether received or not.

In actual practice it has been found that the first method is more advantageous to the Physician, and we would recommend that it be used.

DEDUCTIONS FROM INCOME.—The Income Tax Act is also very explicit in this regard, stating that all expenses actually and necessarily incurred in the earning of the Income, may be considered proper deductions from Gross Income for the purpose of the Act. The following items are applicable to the Income Tax Return of the Physician :

LICENSE TO PRACTISE.—Under this heading should be shown the fee paid to the Provincial College of Physicians and Surgeons.

FEES TO MEDICAL SOCIETIES.—These are allowable if the Societies to which they are paid are strictly medical in purpose, and not organizations or societies for social welfare.

DRUGS, MEDICINES, BOTTLES, ETC.—Under this item should be included all materials purchased and re-sold to patients, wrapping paper, pill boxes, ointment containers, etc., should be considered under this item.

FEES TO OTHER DOCTORS.—Any amounts paid to other Physicians for assistance should be shown under this heading. These

amounts must also be reported to the Income Tax Department on Form T-4, which must be filed before the 31st day of March each year.

TELEPHONE AND TELEGRAMS.—In addition to the charges paid for the office telephone and for telegrams in connection with the Physician's practice, a portion of the cost of the Physician's residence telephone should be claimed. This will, of course, be estimated. and the basis of estimate should be shown in the Income Tax Return.

OFFICE HELP.—Where the Physician employs any person whose duties are directly concerned with the office or profession of the employer, the full amount of salary, wages, etc., should be deducted. Free board and lodging in respect may also be deducted at the value or cost to the Physician.

RENT.—If the Physician carries on the duties of his profession in offices separate from his home he may deduct the full amount of rent paid. If these separate offices are owned by the Physician, all expense in relation thereto for taxes, interest, repairs, etc., may be claimed.

If, however, the offices used are part of the Physician's residence, which he rents from another person, a portion of the rent paid for the entire house may be deducted—based on the portion of the building occupied by the office. The basis used in arriving at this portion should be shown on the Income Tax Return. In determining the portion of rent to be claimed, the location of the offices in the house should be taken into consideration, that is, ground floor space at the front or side of the residence being naturally more valuable than rear or second floor space.

In the two foregoing cases, it should be borne in mind that the rental cost of a property to the tenant consists, in addition to the amounts paid to the owner, any amounts paid by the tenant for light, heat, decoration, repairs, janitor service, etc., and these items where incurred should be considered as part of the rent.

If the Physician occupies offices in a residence which he himself owns, it is necessary to arrive at the total cost of maintaining the house, and to claim such a portion of this as the offices occupied bear to the whole building. In arriving at this, the following item should be considered: Light, heat, janitor service, maid, window cleaners, decorating, repairs, insurance, depreciation, interest on mortgage, taxes and water rates, (exclusive of local improvement taxes) and depreciation.

OFFICE EXPENSE.—Under this heading should be included postage, stationery, index cards, record books and all sundry items.

INSURANCE.—Insurance on equipment and on motor cars should be included under this item. Life insurance must not be included, as under the present regulations premiums paid for life insurance are not allowable as a deduction from Income.

AUTO UPKEEP.—The Income Tax Act allows under this head-

ing the amounts actually expended in connection with the Physician's practice. It is a difficult matter to properly segregate the amounts expended on a motor car for professional use and private use, and it is suggested, therefore, that the total amount expended for the operation of the motor car be shown under this heading, and that the proportion which the Physician estimates as being applicable to his practice be claimed. The following is an example of this method :—

Gasoline	$300.00
Oil	50.00
Repairs	100.00
License	20 00
Painting, cleaning, etc	30.00
Tires and tubes	100.00
	$600.00

Portion applicable to Profession 4/5 ..... $480.00

Depreciation of motor car has been considered under the heading "Depreciation" which follows.

Where two motor cars are maintained by the Physician the total expenditure of one might properly be considered as applicable to the profession of the Physician and may be claimed.

DEPRECIATION.—

(1) Office fixtures, instruments, library etc. with the exception of X-ray and similar equipment may be depreciated at the rate of 10 per cent per annum. X-ray and similar equipment is considered to be useless after five years use, and consequently 20 per cent depreciation per annum is allowed.

(2) Motor Car—Depreciation on motor cars is allowed by the Income Tax Department at the following rates :

1st year of operation	25% of cost.
2nd " " "	15% " "
3rd " " "	10% " "

This should be shown in full, and the same proportion claimed as shown under the Upkeep of Car.

SURGICAL LAUNDRY AND UNIFORMS.—The full amount expended under this heading may be deducted.

INSTRUMENTS.—Where the life of an instrument is not more than one year, the full cost of such instruments should be claimed as a deduction.

BUSINESS TAX.—Where the Municipality in which the Physician practises collects Business Tax from him, the amount paid is considered an allowable deduction for Income Tax purposes; Municipal or Dominion Income Tax payments are not, however, allowed as deductions under the Federal Act.

BAD DEBTS.—Where the Cash Receipts method of showing Income is used, bad debts are not an allowable deduction from Income, for the reason that fees charged in which the bad accounts would be included have not been reported as Income. On the other hand, when the basis of Income is all fees, whether received or not, bad debts are allowable, as the bad accounts would have been reported as Income.

It must be borne in mind that only such expenses as are actually and necessarily incurred by the Physician in connection with his practice are to be deducted, and it is also advisable that the Physician should be in a position to produce evidence of the expenditures, if the Income Tax officials should deem it necessary. If, therefore, the Physician is not keeping adequate records of the financial side of his practice, it would be to his best interest to procure the services of an accountant for the installation and upkeep of a proper bookkeeping system.

For the purposes of the Income Tax Act the Physician and his wife are considered one person, except for Income or property owned by the wife prior to 1st of January, 1917, when the Income Tax Act came into effect—or owned by her previous to her marriage. Investments or property purchased by her from Income from the above are also considered separately under the Act. If, therefore, the residence occupied by the Physician is owned by his wife, and could be classed under the above, it would be in order for him to pay rent to his wife for offices in the residence.

Another point to be considered is, that it is not permissible under the Act for anyone to transfer to a member of his family any income producing property, unless the approval of the Income Tax Department is first considered.

So far in this article, the Income from the Physician's practice only has been considered. Any Income received by him from investments or other sources must also be shown on the Income Tax Return under the proper headings.

Paying the Doctor For Health.

The supposed Chinese proverb of paying the doctor to keep you well originated with the advent of the English traders in China. The small colonies of these people were established in different parts of the Empire, and each was paid a certain amount to have the English government supply them with a resident physician.

It is a far cry from the English colonies in China to the present day when a man of commercial prominence will give his doctor an annual retainer to keep him well. This man is using the same principles in the care of his body that he uses in the care of his business.—(Hygeia, December, 1923).

GOITRE.

(Extracts From a Paper Entitled "THE PATHOLOGY OF GOITRE" by James Miller, M. A., Professor Pathology, Queens University, Published in C. M. A. Journal, September 1923.)

We may define goitre as a more or less permanent enlargement of the thyroid gland. This enlargement may be brought about by stimulation in some of the ways cited, but two types stand out above the others, (1) so-called endemic goitre which is met with in limestone areas and is fairly generally admitted as being due to Iodine deficiency, (2) exophthalmic goitre, a condition due to over stimulation of the gland by factors as yet imperfectly understood but which many regard as intimately associated with the functions of the suprarenals. It is with the former condition, that we are especially concerned to-day. . . .

At one time many types of goitre were distinguished according to the morbid anatomy found, for example parenchymatous, cystic, interstitial, calcareous, etc. It is now generally admitted that these so-called varieties do not develop independently of one another but represent stages or metamorphoses through which all goitres may pass. Very often several of these stages or metamorphoses are present in one and the same case. So constantly are these types, stages and alterations intermixed that classification becomes extremely difficult. Three types, however, stand out fairly clearly:

(1) Parenchymatous goitre representing the stage of active stimulation when colloid is deficient or absent, most typically present in the exophthalmic goitre.

(2) Colloid goitre corresponding to the resting stage to which the gland returns on the removal of the stimulation.

(3) Adenomatous goitre in which tumor-like masses of regenerating or neoplastic tissue occur.

(4) True tumour formation either simple or malignant.

The types most usually met with either as sporadic or endemic goitre are the colloid and the adenomatous. At the same time it is not unusual to meet with areas of parenchymatous change in these two common types. . . . .

Superadded upon the two common varieties are certain complications of which cyst formation, haemorrhage, necrosis and calcification are commonest.

The complications of goitres require more than a word of notice because the size of most goitres is, in no small part, due to cyst formation and haemorrhage. Haemorrhage is the commonest of these complications and may be due to injury or rise in blood pressure, as from sudden exertion, in the vessels of the delicate stroma. The part which trauma plays is emphasized by the frequent occurrence of haemorrhage in the thyroids of dogs. The

bleeding takes place both into acini and into stroma. In the former case sudden enlargement due to formation of a blood cyst may follow. The blood in such a situation disintegrates and is in part taken up by phagocytes. Blood in the stroma leads to a deposit of cholesterine and is followed by fibrosis and often by calcification. Calcareous deposit is usually preceded by a hyaline change in the connective tissue. It occurs in areas of sclerosis often following interstitial haemorrhage and may end in true bone formation. It also occurs in the walls of small vessels in any area imperfectly supplied with blood, or in the media of the larger arteries as a result of senile change. This latter form of calcification is known by the name of Monckebert. It is often an accompaniment, it may be actually the cause, of the senile atrophy associated with some cases of myxodema.

Cyst formation is very common in goitre. Marine would restrict the use of the term to haemorrhagic and necrotic cysts, excluding mere distention of alveoli. This, however, is an arbitrary limitation of the term cyst. The following classification may be given: (1) Cysts due to overdistention of alveoli with colloid. What this is due to is not very clear. It may be caused by deficient absorption into the alveoli. In many instances, as is suggested above, it is due to the formation of large alveoli during an active stage of proliferation. These, when the colloid returns, become passively distended to the limits of their capacity, forming bladder-like spaces. (2) Cysts due to haemorrhage and subsequent degenerative changes. (3) Cysts due to necrosis. These last may follow haemorrhage or they may be due to interference with blood supply as in the case particularly of an adenomatous nodule. Such a nodule has one or more vessels of supply which tend as the tumor enlarges to become unequal to the demand of the growing tissue. Moreover,the pressure of the enlarging nodule interferes both with the intake and the outlet of blood leading to anaemic necrosis,to engorgement and haemorrhage. . . . .

Summing up the situation as regards the mode of origin and history of the enlarged thyroid of the goitrous district the following statements can be made: During periods of stimulation of which the main cause is deficient iodine supply,other causes being alteration of diet, pregnancy, puberty, infective diseases, etc., the gland undergoes hyperplasia. With the passing of these stimuli,the gland resumes the resting state, the colloid returning and distending the now considerably enlarged alveoli. In this way the usual type of colloid goitre is produced. But the gland is not left at rest. The stimuli from different causes are repeated, producing periods of activity followed again by periods of rest. Under this more or less constant state of evolution and involution,in a way that we do not as yet understand,simple tumour formations rise. Thus is produced the adenomatous type of goitre. Areas of nodular hyperplasia and regeneration are produced under like circumstances, but so similar are these to the simple tumour formations of the thyroid that it is practically impossible to differentiate them. At any time in the history of such a gland, from injury or sudden increase of blood

pressure, haemorrhage may take place to be followed by cyst formation, fibrous overgrowth, calcification and necrosis. Through glandular exhaustion, inflammation, or arterial disease, fibrous atrophy of gland tissue may supervene, and myxoedema or an approximation thereto,result.

Some Remarks on a Recent Visit to the Mayo and Other Surgical Clinics.

By W. Alan Curry, M. D., F. R. C. S., (England), Assistant Surgeon to Victoria General and Camp Hill Hospitals.

There were six of us in the party, Dr. E. V. Hogan, Dr. H. K. MacDonald, of Halifax, Dr. Burris, of Dartmouth,Dr. O. B.Keddy, of Windsor, and Dr. W.Rehfuss, of Bridgewater. We visited surgical clinics in Montreal, Toronto, Chicago and Rochester. We spent a day in Montreal on our way West and another on the homeward journey.

Sir Henry Gray, Surgeon in Chief to the Royal Victoria Hospital, gave us an operative clinic. He is very interested in the subject of a Mobile Ascending Colon. He thinks that it accounts for a great many cases of chronic right iliac pain, which are so unsatisfactorily treated in many cases by the removal of the appendix.

The firm fixation of the ascending colon to the iliacus and quadratus lumborum muscles is a mechanical necessity for the efficient performance of its function. It is important to note how fixation is attained. In the early stage of development the ascending colon lies upon the left side of the body in direct continuity with the primitive alimentary canal and is suspended by the same mesentery which is attached to the dorsal aspect of the gut. A rotation occurs around the axis of the superior mesenteric vessels, whereby the part of the gut which is to become the ascending colon is swung across to the right immediately below the liver and eventually descends to the lumbar and iliac regions. Failure of descent of the caecum or the appendix, explains the operative findings of an appendix tucked up beneath the liver. As soon as the normal descent of the ascending colon and caecum occurs, its primitive dorsal mesentery should disappear and the fixation of the gut becomes com pleted. This is the normal course of development but it is quite certain that it does not always occur and the primitive mesentery persists to a varying extent. The ascending colon becomes a pendulous tube instead of a fixed one.

A few remarks concerning the function of the ascending colon will not be out of place here. It is the only segment of gut that has to support semi-solid material against the action of gravity and drive it vertically uphill. Elsewhere the contents are fluid or the path to be followed is obliquely horizontal or downhill. Mechanical efficiency for this task can only be obtained with a fixed segment such as the ascending colon should be after the complete disap-

pearance of the primitive mesentery. Waves of peristalsis will be expended partially on the mobile segment above and partially on the contents, instead of entirely on the contents as would happen when the gut is fixed. As the gut becomes overloaded it must sag and drag on its mesentery.

If we now shortly review the anatomy of the ascending colon it will serve to explain certain other pathological effects of a mobile colon. The colon normally rests on the iliacus and quadratus lumborum muscles, next the anterior surface of the right kidney. It then bends to the right at the hepatic flexure and overlies the 2nd and 3rd parts of the duodenum. The flexure lies immediately below the pylorus of the stomach and has an intimate relationship with the cystic duct and gall bladder. The full weight of the loaded colon is distributed along the narrow attachment of the mesentery. This strain falls upon the anterior surface of the right kidney,second part of the duodenum and, by radiation,upon the pyloric region of the stomach and under surface of the gall bladder. This explains the occurrence and possible causation of mobile kidney (80% occur on the right side), duodenal and gastric ulcers, gallstones from stagnation of bile due to a pull on the cystic duct plus an infection. Sir Henry Gray during the last year has had 18 cases of duodenal and gastric ulcers, which were demonstrated before operation by a filling defect in the barium meal (X-Ray) and demonstrated to the sight and touch at operation. He found a mobile colon, for which he did a colopexy. The ulcers he left alone and in every case all the symptoms cleared up and the X-Ray six weeks later failed to show evidence of an ulcer.

Dr. Garrow before his death was very interested in the subject. During a visit to Montreal last summer, he reported to me that he had done forty operations. F. N. G. Starr, of Toronto, is very enthusiastic over the results of operation. He has done over two hundred cases, with a very low mortality. Starr believes that the diagnosis of chronic appendicitis is usually a humbug and in the majority of cases no such thing exists. He does not attach the same importance to the association of gallstones, gastric and duodenal ulcers with a mobile colon as Gray, Waugh of London, and others. This operation appears to be taking the place of Lane's Colectomy. Constipation, absorption of toxic products from the large bowel with its harmful effects on the various organs and constituents of the body can be alleviated or perhaps cured. The operation itself is far more formidable than a simple appendectomy. A very long incision through the right rectus is made. The nerves lying on the posterior sheath of the rectus are carefully preserved. On opening the abdomen the small intestines are carefully packed to one side The appendix in the great majority has been previously removed. The parietal peritoneum is then divided on the outside of the colon. The fat is carefully stripped off the iliacus and quadratus lumborum muscles as high as the hepatic flexure. Interrupted silk or catgut sutures are then passed through the anterior and external longitudinal muscular band of the caecum and ascending colon, at the same time picking up the cut edge of the parietal peritoneum. Care

is taken not to leave a pouch of peritoneum when stitching the lower pole of the caecum, in case an internal hernia might occur. Especial care must be taken to secure every small bleeding point in the retro-peritoneal tissues, as several fatalities have occurred from a suppurating haematoma in this area. Lane's kink in the lower end of the Ileum and Sigmoid adhesion are looked for and divided if present.

The reason that I have gone into this subject rather fully is that it struck us as being new and opening fresh avenues of thought. I enquired at the Mayo Clinic from Judd what his opinion was. He said that he did not do the operation himself but some of the other surgeons did, notably Sistrunk. My own opinion is that the surgeon in small centres should go very slowly and perhaps wait for a year or two, until we learn more about the after results and mortality. From Gray's house surgeon I learned that he had lost four cases out of a comparatively small series. Starr told us that he had three deaths out of a series of 200. There have been two cases done in Halifax since our visit.

In Toronto I was very much impressed with the splendid operating team work. F. N. G. Starr and his assistant Roscoe Graham were the finest surgical team that I saw on our whole trip. He did three adenomas of the thyroid and a colopexy during the morning. Lugol's Solution (a mixture of iodine and pot. iodide). XXm. twice daily is widely used to prepare Exophthalmic goitres for operation. The pulse rate comes down, weight is put on and they become a much safer operative risk. For those who have not heard of Lugol's Solution, I think that this tip is well worth remembering. Toxic adenomas are not treated with Lugol's. They are given rest and, if necessary, digitalis to improve the heart action.

In Chicago we learned of a new anaesthetic called Ethylene. It is administered similarly to Nitrous Oxide. The gas is highly explosive and must be kept away from a naked flame. The chief advantages over Nitrous Oxide are the more complete muscular relaxation obtained and its cheapness; although since it has become popular the manufacturers have increased the price to the same as Nitrous Oxide. Dr. Bevan of the Presbyterian Hospital told us how it was discovered. A florist in Chicago noticed that the carnations which arrived from the country widely open, went sound to sleep after spending the night in his store. The Bio Chemists of the University of Chicago were asked to solve the problem. They isolated ethylene from the atmosphere, which is a contamination of illuminating gas. Next they experimented with animals and put them to sleep. Finally they tried it on themselves and lastly on some patients at the Presbyterian Hospital. The gas is now widely used in the various hospitals in Chicago as well as at the Mayo Clinic. I discovered that I had made a mistake when I told Dr. Bevan I had seen it used at the Mayo Clinic. He promptly told me how it was discovered in Chicago and the Mayos' first saw it used in his clinic. There does not appear to be any love lost between the Rochester Clinic and Chicago surgeons.

We spent four or five days at the Mayo Clinic, which by the way

is quite long enough to obtain a fair idea of the work they are doing. This was my first visit, so I will give you some of my own impressions. There are about 1600 beds for private patients scattered around half a dozen or more hospitals. St. Mary's is the largest hospital and has some 600 beds. Several hospitals occupy the upper five or six stories of very comfortable hotels. The patients' friends can live in the hotel and visit the patient as often as they wish by taking the elevator up a floor or two. Rochester is a small town of about ten thousand inhabitants, situated in a rich farming district. The town of course exists on the Mayo Clinic. One of the features of Rochester is the ease with which you can visit the different hospitals. They are all within a stone's throw of the hotel, except St. Mary's which is about a mile outside the town. A comfortable bus takes you there for the modest sum of five cents. The Mayo Brothers and Judd only operate at St Mary's. There are four or five other general surgeons who sometimes operate at St. Mary's but do most of their work in the smaller hospitals. The surgeons impress you as being modest and knowing their work thoroughly. Young men who have made good are given a splendid opportunity of operating in the clinic. Operations commence at 8 a. m. each morning. The night before a printed list of the day's work may be obtained and you can select from the mass of material what is most interesting. Judd is in my opinion the best of the the general surgeons. The Mayos'are getting old and I should imagine have done their best work. They are difficult to understand, on account of their indistinct speech. I notice that W. J. Mayo has a well marked tremor of his hand whilst operating. A visiting Doctor does not have an opportunity of examining the cases previous to operation because they are all private.

You can obtain a very good view of the operative technique and see a remarkable number of major operations covering pretty well the field of general surgery in the course of a few days. The surgeons give you a short history of the case before operation and after they have finished will answer questions and then give a short clinic. Judd and the Mayos keep two operating rooms going apiece. Their assistants make the abdominal incision before the surgeon is washed up. Then the chief surgeons will perform the operation. He leaves the closure of the abdomen to his assistants. In this way they are able to do a large number of major cases during the morning

Practically all the surgery is of the chronic variety. One rarely sees an acute abdomen, due to a ruptured appendix, perforated gastric or duodenal ulcer, ruptured ectopic, etc. The fractures are practically all old cases with non-union or mal-union. I was impressed with the fact that the general surgeons do the gynaecological and urinary surgery. Brasch, whose name is well known on account of his writings in connection with the urinary tract, only does diagnostic work in the Mayo Clinic. The general surgeons, particularly Judd, do the G. U. operations. It was interesting to note their conservatism in the most famous Clinic in the world;particularly since the Americans have divided surgery up

into so many specialties. Another feature of the operating rooms that impressed me was the ease with which a consultation could be held on a difficult case, e. g. Dr. Masson, who by the way is a Toronto graduate, had a case of duodenal ulcer associated with a very large diverticulum of the duodenum. He debated whether to excise the diverticulum or leave it alone and do a gastro-enterostomy. We could see from the theatre seats that he was up in the air and did not really know what to do. He sent word for Judd to come in, who was operating in the next room. Judd sized up the situation in a glance. He advised invaginating the diverticulum with a mattress or a purse string stitch and performing a posterior gastro-enterostomy. The great majority of duodenal ulcers are treated by posterior gastro-jejunostomy. If the case has been associated with severe haemorrhage.they either excise the ulcer or puncture it with a cautery in several places and then introduce a few Lambert stitches. About 80% of duodenal ulcers are cured by this procedure. Gastric ulcers do not give such satisfactory results as duodenal ulcers. If possible the ulcer is excised with the knife or cautery and then a post gastro-enterostomy is performed. If there is a suspicion that the ulcer is malignant or if it is too large for excision,a pylorectomy is done according to the Polya technique. The duodenum is closed and the jejunum is anastomosed to the open end of the stomach

The Billroth No. II operation is also done frequently, in which the duodenum and open end of stomach are both closed and a post gastro-enterostomy is performed. Judd does a gall bladder beautifully. A point in his technique which impressed me very much was that he divided the round ligament of the liver and used the proximal end to rotate the inferior surface of the liver forward. This gave a magnificent exposure of the gall bladder and acted as the best retractor for the purpose that I have ever seen.

Local anaesthesia is used extensively in the Mayo Clinic. Roughly speaking they do ½ of their operation under local, ¼ under ethylene, and ¼ under ether. Chloroform is not used at all. Ether is used for practically all the operations on the gall bladder and the stomach, because the muscular relaxation is more complete. Ethylene is used for operations in the lower quadrants of the abdomen, e. g. appendectomies and herniae. Local is used for the majority of operations on brain, chest and extremities. Haemorrhoids are done under sacral anaesthesia. A long needle is introduced through the sacro-cocygeal junction and 60 - 70 c. c. of 1% solution of novocain are injected. In some cases novocain is injected through the lower three sacral foramina. Spinal anaesthesia is used for some prostatic cases suffering from bronchitis and also for amputations of the lower extremity, particularly in cases of senile and diabetic gangrene, 3 c. c. of a 5% solution of novocain are injected into the spinal canal between the 3rd and 4th lumbar spinous processes.

It takes about ten minutes for anaesthesia to develop, which usually reaches to the umbilicus. The anaesthesia persists for 45 to 60 minutes. Recently I have done several incisions of tuberculous knee joint, associated with advanced pulmonary lesions, under

spinal anaesthesia. One of the notable features of spinal anaesthesia is the marked fall in Blood Pressure during the operation. A few days ago, I did an amputation for senile gangrene under spinal, the systolic pressure fell from 160 to 40 during the amputation. It was counteracted by putting the patient in the Trendelenburg position and injecting 1 c. c. of pituitary extract.

The most extensive operation I have ever witnessed under local anaesthesia, was an operation performed by Hedbloom of the Mayo Clinic. The patient was suffering from dyspnoea and cyanosis due to the pressure upon the trachea of an enormous enchondroma arising from the clavicle and upper half of the sternum. These tumors pursue a very slowly growing malignant course. They tend to recur locally after removal. Hedbloom used ½% novocain solution and resected the clavicle and manubrium of the sternum together with a cartilaginous growth the size of a cocoanut. After removal of the sternum he had the anterior mediastinum exposed together with the aorta and great vessels arising from it. He opened the pleural cavity accidentally but stitched it up promptly without any untoward effects. I inquired during the course of the next day or two and learned that the patient survived the operation and was doing well.

THE NOBEL PRIZES IN MEDICINE.

Alfred Bernard Nobel was born in Stockholm in 1833. He accumulated his large fortune by the discovery and manufacture of dynamite, smokeless powder and artificial rubber. At his death $9,000,000 was provided for 5 prizes of $40,000 each to be given annually for distinctive work in physics, chemistry, medicine, literature,and for the promotion of peace.

The winners of the Nobel prizes in medicine constitute a notable list :—

1901. Emil Adolf von Behring, University of Marburg, Prussia—Diphtheria Antitoxin.
1902. Sir Ronald Ross. University College of Liverpool—Malaria.
1903. Prof. Niels Ryberg Finsen, Copenhagen—Light Therapy.
1904. Prof. Ivan Pawlow, Petrograd—Enzymes.
1905. Robert Koch, Berlin –Tubercle Bacillus.
1906. Professors Cajal and Golgi, Italy—Laboratory technicians.
1907. Alphonse Laveran, Paris—Malaria.
1908. Dr. Paul Ehrlich, of Berlin, and Prof. Metchnikoff, Pasteur Institute, Paris—"606", Vaccines.
1909. Dr. Thomas Kocher, Bern—Thyroid Surgery.
1910. Dr. Albrecht Kossel,Heidelberg University—Cell Chemistry and Biology.
1911. Dr. Allvar Gullstrand, Upsala University—Dioptrics.
1912. Dr. Alexis Carrel, Rockfeller Institute—Transplantation of Organs.

1913. Prof. Charles Richet, Paris—Anaphylaxis.
1914. Dr. Robert Bàràny, Vienna—Diseases of the Ear.
1919. Dr. Jules Bordet, Brussels—Reaction of the Body to Infections.
1920. Prof. August Krogh, Copenhagan—Capillary Circulation.
1922. Professors A. V. Hill, London, and Meyerhof, University of Kiel—Work in Physiology.
1923. Dr. F. S. Banting and Prof. J. J. R. McLeod, Toronto—Insulin.

THE DOCTOR IN COURT.

Mr. R. B. Newcomb, a Cleveland attorney, sums up what the attitude of the physician should be in court procedure, as follows:

"First: No doctor should enter the court room as a professional witness unless he leaves behind all prejudice and bias and takes the stand with a judicial mind to render even-handed justice to both sides, in exactly the same way he would do if the trial judge had called him to court to testify.

"Second: The doctor in court should avoid technical medical terms as far as possible, and, when using them, should explain to the jury in simple language what they mean. Otherwise the value of his testimony is almost wholly lost.

"Third: No doctor should be called to court to give his time from his practice without the assurance from the lawyer calling him that he will be paid for the time that he gives from his practice, that amount which he would have received had he remained at his office or in his own professional work.

"Fourth: The doctor in court is able to contribute very substantially to the administration of justice; and when his demeanor is fair and just, he need have no fear whatever that the lawyer who cross-examines will undertake to trap him or humiliate him in any way. It would injure the lawyer's case to the jury far more than it could possibly help him.

"Fifth: If more doctors would be more willing to attend court and give testimony, the expert medical service would not fall into so few hands as at present.

And last, but not least: The doctor should always keep in mind that his appearance on the stand makes him the representative of a high and noble calling and it befits him to maintain that standard throughout his testimony.

"If these few simple suggestions are followed, the prevailing distaste for court service on the part of medical men will largely disappear."

(Pharmacal Advance.)

REMINISCENCES.

Dr. E. N. Payzant, Jefferson Medical College, 1855.

(Interesting Notes by Dr. C. E. A. DeWitt From a Talk With an Old Practitioner.)

Dr. E. N. Payzant, of Wolfville, N. S., will be 94 years of age July 27 next; having been born in the year 1830. He was educated at Horton Academy and spent two years at Acadia University. He then entered the drug store and office of Dr. Edward T. Brown where he worked for five years assisting the Doctor on many occasions.

During the years of 1851-1852 he attended the session of the College of Physicians of New York, when during the end of the Session he contracted a dissecting wound in his hand, which later was followed by Empyema, which laid him up for about a year. He was married in 1854 to Miss Caroline Allison, of Queens Co., N. S., and did work in that County as a student Practitioner for about one year. The following year he entered Jefferson Medical College, Philadelphia, where he studied in 1854 and 1855, and graduated in 1855. He returned to Hantsport, N. S., after graduation where he practised for about six years. During the years 1857-58 a severe epidemic of Diphtheria broke out which resulted in a large percentage of deaths, the Doctor losing two of his own children at the time. During this period Dr. Payzant was the only Physician between Windsor and Wolfville and covered a large field. Dr. Payzant as did also his fellow colleague, Dr. Nathan Tupper, of Amherst, (brother of Sir Charles Tupper) always practised Dentistry with his Medical profession. He recalls at this period the many cases of Peritonitis he had to deal with and the probability that many of them were really Appendicitis in origin.

Dr. Payzant with Mr. Ezra Churchill, Capt. Warren Beckwith and others prepared an address which he read to the Prince of Wales (later King Edward) during his trip through the Valley at that time.

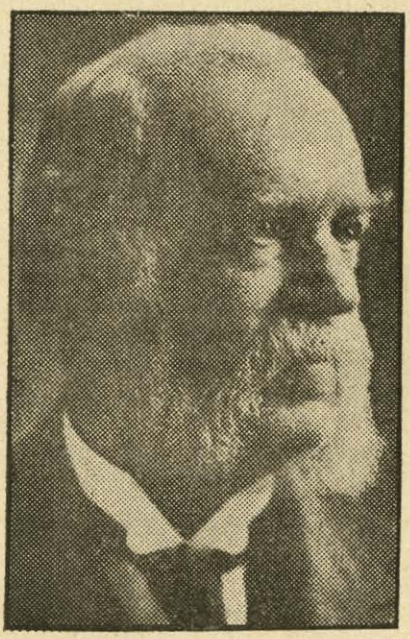
In 1860 Dr. Payzant moved to Wolfville where he remained only a short time before going to West Cornwallis, Kings Co.where he was the pioneer physician for six years, and was succeeded by the late Dr. James M. Fitch. During this period there were many epidemics of fever, which were called Gastric Fever. The Doctor put much time and thought in the study of these cases, holding in many cases Post Mortems in an endeavour to discover the Pathology, etc. In some he found the stomach involved but in most the small bowel—these were evidently typhoid cases and a large percentage of the cases died.

The sanitary conditions about the houses and barns were bad, the housewife would dump everything out the back door and allow

the rain to soak the garbage etc. into the soil with its consequent pollution. Cases of the above nature would be given a fairly liberal diet and considerable stimulants especially brandy.

About this time Dr. Payzant was called to Middleton in connection with Dr. Andrews on a case of Fractured Kidney, as a result of a man falling from a tree. Seven Haemorrhages took place and eventually the bladder became blocked with clots. They tried everything to relieve the patient and eventually injected Pepsin into the bladder which cleared up the clots and with rest etc., patient recovered. Another case the Doctor mentioned was one of some Uterine Haemorrhage, everything they knew was tried, but eventually in desperation the Doctor injected Tincture of Iodine into the Uterus, which stopped the Haemorrhage.

About 1867 Dr. Payzant moved back to Wolfville and practised Dentistry exclusively until about eight years ago when at the age of 85 he gave up active work. The Doctor still retains his mental faculities, but is confined most of the time to his bed.



AUGUSTUS ROBINSON, M. D.

Univ. Penn. 1857, M. R. C. S. Eng. 1858, L. S. A. London 1863.

Annapolis Royal.

Still in practice and 89 years young.

PUBLIC HEALTH NOTES.

ISSUED BY THE DEPARTMENT OF THE PUBLIC HEALTH, NOVA SCOTIA.

Halifax, N. S., Feb. 20, 1924.

1. SMALLPOX. The Virulence of the smallpox infection is increasing in both the United States and Canada. This appears to be the quite general consensus of opinion among the leading health authorities. In 1922 in the countries named, the number of deaths per 100 cases of the disease was about 4 times that of the previous year. During the epidemic of the mild form of the disease which has been experienced in this Province, the number of deaths which resulted were very few. So few indeed were they, that it was in many cases extremely difficult to impress on the public the importance of adequate control measures.

Familiarity with a mild type of the disease which was comparatively easy of control should not lull us into a false security. It is conceivable that infection from a severe type of the disease may overpower the relatively feeble immunity resulting from an attack of the extremely mild form. It may be, also, that the protection which vaccination affords cannot be relied upon with so great surety against the much more virulent infection. There must be no slackening of the effort to make impossible a wide-spread outbreak, if the interests of the public are to be properly safeguarded.

2. TUBERCULOSIS. Throughout the United States and Canada there has been in the last ten years a most marked reduction in the number of tuberculosis deaths. Many writers have called attention to this, and some have attempted to explain it.

The extremely valuable "Statistical Bulletin" of the Metropolitan Life Assurance Co. refers to the reduction in the January issue. Among their policy holders who number nearly one seventh of the entire population of the United States and Canada the rate of tuberculosis deaths has dropped from 206 per 100,000 in 1913 to 110 in 1923.

In Nova Scotia a reduction has taken place but the Province has by no means kept pace with the improvement above noted. During the same period our rate has dropped from 175 to 124, the latter being the lowest rate the Province has ever presented. Had we kept pace with the improvement, our present rate would be about 90, not 124, and we would be losing, not 650 persons per year but 450 only. Who or what is responsible for the loss of those 200 lives ?

3. WHOOPING COUGH TREATED BY X-RAY. Any method of treatment of whooping cough which appears to offer a prospect of being valuable, deserves comment in a Province, in which for several years, that disease had the distinction of being next to

tuberculosis, the most fatal of the diseases classed as communicable.

The Canadian Medical Association Journal of Feb. 1924, records the experience of Dr. R. R. Struthers, associated with other physicians on the staffs of the Montreal General and the Children's Memorial Hospital, in his method of treating whooping cough by exposure to the X-Ray. No explanation is given of the rationale of the treatment.

Twenty-six cases having been referred to in the Boston Medical & Surgical Journal as having been treated with encouraging results, Dr. Struthers undertook a trial of the method in the Montreal General and Children's Memorial Hospital. Forty-five cases had been treated at the time the report was made and the results of the treatment are classified as follows:—

"Seven cases (15%) can be classed as 'prompt cures'—that is the whooping and vomiting entirely ceased within twenty-four hours, and did not return.

Twenty cases (45%) we characterized as 'relieved'—that is within four or five days showed considerable amelioration of symptoms, there were less frequent and less severe spasms and cessation of vomiting, and we felt that the improved condition could be traced directly to the treatment.

Eighteen cases (40%) showed no appreciable change, though we think that in some of these the duration of the disease was definitely shortened.

No information is given of the stage of the disease, in respect to the above percentages of results.

The method of treatment differed somewhat from that followed in Boston. There the treatment had consisted of short exposures—sufficient to over-expose a flat plat of the chest—every other day for two or three treatments. The Montreal cases were treated with one single large exposure. Few received any other medication either by vaccine or orally within a week after the treatment.

OBITUARY. The press informs the Department and the Province of the death of Dr. W. G. Putnam,of Yarmouth on Feb.14th. His record in this community has been an outstanding one, and by his death the town of Yarmouth loses one of its most popular and respected citizens.

ACCORDING TO INSTRUCTIONS

Doctor—"Well, you are certainly looking much better than I expected to find you.

Patient—"I think that is because I followed the directions on your medicine bottle."

Doctor—"Very likely; what were they?"

Patient—"Keep the bottle tightly corked."

TYPHOID CARRIER.

(From Public Health Notes Issued by Department of Public Health, Nova Scotia)

.Recent investigation of an outbreak of Typhoid in one of the industrial centres of the Province led to the discovery of a carrier of Typhoid on one of the farms supplying milk to the locality. The man in question contracted Typhoid in 1911—five years later his father developed Typhoid and during the summer of 1923 two other men who came to live on the farm developed Typhoid. The other two members of the household gave no history of ever having had Typhoid.

This farmer supplied milk to a dairy that sold milk only to customers who carrried it from the shop—it had no regular customers on milk route, but many people bought milk only occasionally from this shop, having their regular supply from other established routes. There were some fifty cases scattered all over the town and most of the original cases bought milk from this dairy about two weeks before they became ill. The most of the other cases in the town were traced to these original cases as secondary to them.

The bulk of the milk from the farm in question was sold to an ice cream manufacturer who put his mixture through a process of pasteurization before freezing. One group of cases—a family of five children contracted Typhoid a fortnight later eating this ice cream—after it had been allowed to melt and stand for twelve hours. Laboratory examination of both the feces and urine from this farmer gave a culture of Typhoid bacillus.

The case is interesting from the fact that it has been definitely proved that a carrier existed and that the majority of original cases had used milk supplied by him, and further brings out the importance of ice cream as a medium of transmitting Typhoid germs.

There was some considerable doubt as to the efficiency of the pasteurizing plant as operated in this particular instance. It also demonstrates the importance of enforcing the regulation that ice cream once melted is not to be refrozen or mixed with freshly made material.

TRY THIS.

(Judge.)

A printer received an inquiry from a surgeon who wanted bids on several thousand letter-heads, different sizes, grades and colors, and he wanted the form held standing.

The printer wrote back: "Am in the market for one operation for appendicitis,one,two or five-inch incision, with or without ether; also with or without nurse. Quotations must include putting appendix back and cancelling the order if found sound. Successful bidder is expected to hold incision open for sixty days, as I expect to be in the market for an operation for gall stones,and I want to save the extra cost of cutting."

THE BULLETIN

(Dr. S. L. Walker, Associate Secretary.)

The Associate-Secretary attended the regular meeting of the Colchester-Hants Medical Society at Windsor on February 26th, and addressed a public health meeting at Annapolis the following evening. He took advantage of this opportunity to pay his respects to three of our Honorary Members in their own homes.

Dr. J. B. Black of Windsor, having fully recovered from his serious illness last fall was in good health and spirits, and to see him move around his own home one could hardly realize he is nearly blind. He attended the Society meeting in the afternoon and discussed vigorously and practically some phases of health work presented by one of the papers. He has promised to prepare some interesting notes for the Bulletin.

Tuesday evening was spent most pleasantly at the home of Dr. William Woodworth, Kentville, whose reminiscences were in the last Bulletin. About 13 years ago the doctor lost the sight of one eye, and since then gradually the sight of the other has diminished until he is nearly blind. He is well physically and as keen mentally as ever. After spending an evening in their home one can well understand their many friends making them the splendid presentation that was noted in the December Bulletin.

It was a unique experience to go into the home of Dr. Augustus Robinson, Annapolis Royal, see his office with evidences of every day work, to have to go in the parlor while a patient consulted him, or have him called from the supper table for the same purpose, to see him moving around freely and quickly, a fluent and intelligent talker, looking just like his photo which it is hoped will show up well on another page,—and to know at the great age of 89 years he was still at work. In a wonderful body there is a wonderful mind to enable him to keep up a medical practice to this day. A very special effort will be made to have Dr. Robinson furnish the Profession in Nova Scotia with a full and interesting recital of matters of interest to the Profession for an early issue of the Bulletin. To undertake to do this from this one interview would not at all do justice to Dr. Robinson.

While I personally enjoyed my visits to these Honorary Members, I also wished them to know that, as Associate-Secretary of the Medical Society of Nova Scotia, I was conveying to them the congratulations and good wishes of all members of the profession in this Province. This I know has your full endorsation. Perhaps we do not consider how desirable it is to keep up our acquaintance and friendship with those who have borne the burden and heat of the day. Let us honor them and pay our respects to them while they are still with us. If we have kind words to say, let us say them now; if we have good deeds to do, let us do them now; if we have flowers to give, let us give them while the objects of our friendship and love are still with us.

The attention of all readers of the Bulletin is directed to the article, entitled "Income Tax", printed elsewhere in this issue.

One doctor wrote last year that the notes on this line in the Bulletin saved him the price of the annual fee. This article should be closely studied and advantage taken of every point mentioned, as it has been prepared by experts for the profession all over Canada, and doubtless many physicians can make material savings. While our organization is chiefly in the interests of the people whom we serve, yet we must not let our own interests suffer if it can be avoided.

Elsewhere we publish the list of members of the Canadian Medical Association and the Medical Society of Nova Scotia for 1924. At least this is the list of paid up members according to the records of the Secretary. If your name is not there, and it should be, please advise, so the correction can be made. Your membership in the Medical Society of Nova Scotia is necessary before you can attend either the meeting of the C. M. A. at Ottawa or the provincial meeting at Amherst.

STATE MEDICINE

The Associate-Secretary in several addresses to local medical societies has made the statement that the day of State Medicine was not far distant in this and other countries. It has been intimated that there are members of the profession who are endeavoring to hasten the arrival of this day. If this is true these doctors can be regarded as not caring for the best interests of the public or the profession. Any form of State Medicine, as yet adopted or outlined, falls far short of its objects, which must be to give the public the best possible service and the profession remuneration.

This form of medical service will come up in the shape of "Health Insurance", and three parties will be concerned in putting it in operation,—the Government, the Public and the Medical Profession. The point that the Associate-Secretary has stressed in his addresses is the necessity of the Profession taking the Public into its confidence and becoming leaders in the modern health campaign. Then, as partners, the Public and the Profession will lay their requirements before the Government and obtain a desirable and practical scheme. Failing in this the Public will make the Government enact legislation which will be unfair to the Profession, and not even in the best interests of itself.

D. S. C. R. ATTACKS THE MEDICAL PROFESSION

The replacement of the medical superintendent of the D. S. C. R. Hospital at St. Anne de Bellevue by a layman, and the announcement that a similar course would be followed elsewhere, brought forth strong objections from the Canadian Medical Association and all Provincial bodies. A delegation from the C. M. A. interviewed the Prime Minister, and upon the request of Dr. T. C.

Routley, General Secretary, the various Provincial Societies approved of the protest made by the delegation.

While the ostensible reason for this proposal has been given as a desire to curtail expenses, it can only be interpreted as a plan to oust medical men from the Department to make places for laymen at present concerned with administration, which can be almost wholly dispensed with, or carried on by clerks. Any person who has studied the inside workings of this Department since 1918 can see that a purely medical service has been directed, dominated, and controlled by laymen. Moreover this lay supervision was increased in every possible manner, and that without vigorous protest from Medical Directors.

The latest assumption of purely medical duties by laymen was too palpably fraudulent and absurd to be accepted without protest.

The protests received from members of the Executive of the Medical Society of Nova Scotia voiced two chief objections. It was in the first place grossly unfair to the Ex-service men, who required consideration for purely medical or surgical disabilities. In the second place it was a nasty slur on the administrative ability of members of the Profession, themselves ex-service men.

With reference to protests forwarded from Nova Scotia the General Secretary writes the Associate-Secretary as follows:—

"I must congratulate you for the vigorous manner in which you have prosecuted the D. S. C. R. matter which we had under advisement by the Government. Your favour of the 9th inst. accompanied by a copy of Dr. Keddy's letter to the Prime Minister is certainly very much to the point.

It will be interesting to see just what effect the expressions of opinion voiced by the medical profession throughout Canada will have on our Government in this whole matter. Dr. Beland announced in Toronto a few days ago that no further changes were contemplated at the present time.

Yours faithfully."

"All you people of this congregation," said the self-willed minister, "are entirely too stubborn. You're regular mules." "Ah! yes," replied the mild member, "now I understand why you always addressed us as 'Dear Brethren'."

HEDGING

A doctor who was making a call on one of his patients, a widow, said: "You are slightly morbid, my dear lady. You should look about and marry again."

Oh, doctor, is—this a proposal?"

"Allow me to remind you, madam, that a doctor prescribes medicine—but he doesn't take it." —Pickup.

MEDICAL SOCIETY OF NOVA SCOTIA

Membership for 1924

Up to the time of going to press for this issue of the Bulletin the following are the doctors in Nova Scotia who have paid their fees for 1924 in the Medical Society of Nova Scotia. This list is to be supplemented by those who are Honorary members of the Society: Namely,—Doctors James R. Collie, River John; Finlay McMillan, Sheet Harbor; E. N. Payzant, Wolfville; Augustus Robinson, AnnapolisRoyal; A. J. Cowie, Halifax; John Stewart, Halifax; J. B. Black, Windsor; Geo. E. Buckley, Guysboro; Marcus Dodd, Bridgeport; A. M. Perrin, Yarmouth; H. B. Webster, Kentville; Wm. S. Woodworth, Kentville; Daniel Mackintosh, Pugwash; and George E. DeWitt, Wolfville; A. DeW. Barss; Wolfville.

As further fees are received the names will be published in subsequent issues. In this way a complete list will be available for the Secretary-Treasurer for the annual meeting. 'Is your name printed here?'

Doctor E. E. Bissett
" O. B. Keddy
" L. M. Silver
" J. F. Lessel
" V. L. Miller
" D. W. Byers
" T. C. Lockwood
" W. H. Cole
" H. A. Grant
" N. D. McKenzie
" H. D. Wilson
" A. E. Blackett
" E. T. Granville
" J. L. Churchill
" H. W. Schwartz
" D. A. Campbell
" S. T. Phillips
" Wm. Grant
" M. A. B. Smith
" R. O. Shatford
" H. W. Kirkpatrick
" W. M. Cochrane
" J. C. Ballem
" F. T. McLeod
" A. S. Burns
" N. Pratt
" A. R. Melanson
" P. N. Balcom
" G. A. Barss
" A. Birt
" J. L. McIsaac
" J. M. McKiggan

Doctor J. A. Munro
" B. E. Goodwin
" A. C. Macintosh
" W. A. McKay
" B. A. LeBlanc
" G. R. Deveau
" A. A. Deckman
" J. A. Proudfoot
" G. K. Smith
" J. W. Smith
" H. G. McLeod
" G. W. Stramburg
" W. F. McKinnon
" C. B. Trites
" J. J. McDonald
" J. A. M. Hemmeon
" A. W. Miller
" T. A. Lebetter
" G. J. McNally
" M. D. Morrison
" R. F. McDonald
" J. F. McDonald
" F. S. Messenger
" C. S. Elliot
" L. R. Morse
" E. M. Rowlings
" W. D. Finn
" D. A. McAulay
" A. R. Cunningham
" S. L. Walker
" R. G. Mack
" F. V. Woodbury

octor C. A. Hamilton
" J. L. Gilroy
" C. A. S. McQueen
" B. W. Skinner
" A. G. Nicolls
" K. A. MacKenzie
" W. L. Muir
" A. C. Jost
" C. S. Morton
" G. E. B. Rice
" F. W. Green
" W. G. Putnam
" A. Hines
" A. R. Reid
" W. J. Kennedy
" R. H. Sutherland
" J. J. Roy
" J. B. Reid
" S. W. Williamson
" E. W. Dunlop
" W. S. Phinney
" A. E. Forbes
" F. F. Eaton
" T. B. Acker
" L. Thomas
" F. E. Walsh
" Thomas Armstrong
" R. G. McLellan
" D. W. Archibald
" J. S. Murray
" G. E. Buckley
" J. R. Miller
" M. Chisholm
" M. J. Wardrope
" R. R. Withrow
" D. L. McKinnon
" W. H. Hattie
" C. Bayne
" J. C. Morrison
" Dan Murray
" H. K. McDonald
" P. A. McGarry
" G. H. Murphy
" G. W. Grant
" J. A. Sponagle
" C. Miller
" W. H. Robbins
" G. W. T. Farish
" W. A. Curry
" D. W. Zwicker
" T. R. Davis

Doctor M. G. Burris
" R. E. Mathers
" A. E. Doull
" C. N. Donkin
" J. S. Brean
" J. Bell
" L. P. Churchill
" M. E. Armstrong
" J. G. D. Campbell
" D. Hartigan
" J. T. Munro
" J. K. McLeod
" H. V. Kent
" S. A. Fulton
" W. B. Moore
" S. R. Johnston
" J. A. McI. Murdoch
" W. F. Kenny
" J. W. McKay
" A. N. Chisholm
" R. Cox
" L. L. Harrison
" John Stewart
" E. O. McDonald
" M. C. Tompkins
" F. B. Malcolm
" M. R. Elliott
" J. P. McGrath
" R. McK. Saunders
" W. M. McRae
" C. E. A. deWitt
" E. P. Atkinson
" Wm. Rockwell
" W. N. Rehfuss
" C. S. Marshall
" A. B. Campbell
" H. B. Harvey
" M. G. McLeod
" A. R. Campbell
" N. H. Gosse
" W. R. Dunbar
" L. W. Johnston
" C. K. Fuller
" E. V. Hogan
" J. W. T. Patton
" F. B. McLean
" T. H. McDonald
" A. F. Miller
" W. J. Egan
" A. I. Mader
" M. E. McGarry

Doctor F. T. Densmore
" Hugh McKinnon
Doctor John Macdonald
" T. M. Sieniewiez

CANADIAN MEDICAL ASSOCIATION

The following is a list of doctors in Nova Scotia who have paid through the Provincial Society the 1924 membership fee in the Canadian Medical Association. Later payments will be noted in subsequent issues of the Bulletin.

Doctor A. R. Cunningham
" S. L. Walker
" R. G. Mack
" F. V. Woodbury
" M. G. Burris
" R. E. Mathers
" A. E. Doull
" B. W. Skinner
" A. G. Nicolls
" K. A. MacKenzie
" W. L. Muir
" A. C. Jost
" C. S. Morton
" G. E. B. Rice
" F. W. Green
" W. G. Putnam
" A. Hines
" A. R. Reid
" W. J. Kennedy
" R. H. Sutherland
" J. J. Roy
" J. B. Reid
" S. W. Williamson
" E. W. Dunlop
" W. S. Phinney
" A. E. Forbes
" F. F. Eaton
" T. B. Acker
" L. Thomas
" F. E. Walsh
" Thomas Armstrong
" R. G. McLellan
" D. W. Archibald
" J. S. Murray
" G. E. Buckley
" J. R. Miller
" M. Chisholm
" M. J. Wardrope
" R. R. Withrow
" D. L. McKinnon
" W. H. Hattie
" C. Bayne

Doctor C. Miller
" W. H. Robbins
" G. W. T. Farish
" W. A. Curry
" D. W. Zwicker
" T. R. Davis
" F. T. Densmore
" Hugh McKinnon
" C. N. Donkin
" J. S. Brean
" J. Bell
" L. P. Churchill
" M. E. Armstrong
" J. G. D. Campbell
" D. Hartigan
" J. T. Munro
" J. K. McLeod
" H. V. Kent
" S. A. Fulton
" E. O. McDonald
" M. G. Tompkins
" F. B. Malcolm
" M. R. Elliott
" J. P. McGrath
" R. McK. Saunders
" W. M. McRae
" C. E. A. deWitt
" E. P. Atkinson
" Wm. Rockwell
" W. N. Rehfuss
" C. S. Marshall
" A. B. Campbell
" H. B. Havey
" M. G. McLeod
" A. R. Campbell
" N. H. Gosse
" W. R. Dunbar
" L. W. Johnston
" C. K. Fuller
" E. V. Hogan
" J. W. T. Patton
" F. B. McLean

Doctor J. C. Morrison	Doctor T. H. McDonald
" Dan Murray	" A. F. Miller
" H. K. McDonald	" W. J. Egan
" P. A. McGarry	" A. I. Mader
" G. H. Murphy	" M. E. McGarry
" G. W. Grant	" John McDonald
" J. A. Sponagle	" John Stewart

Doctor T. M. Sieniewiez

The March of The Dead.

In this way the New York Tribune tried about three years ago to impress the United States people with the immensely greater sacrifices made by their allies. After saying that the United States dead reach a total of 52,000. it says :—

"Not more than 100,000 persons have marched, in the greatest parade that Fifth Avenue has ever known. Our Preparedness parade, and possibly the Third Liberty Loan parade, totalled that number of marchers. All day long they marched, and until after sundown. We thrilled at the sight of these living Americans.

"Let us visualize the march of the British dead. At daybreak they start down Fifth Avenue, twenty abreast. Their fallen comrades follow a few paces behind, in close marching order. Until sundown these men who have 'gone west' march down the Avenue. The next day there is a similar parade, and the next, and the next. For ten days the British dead pass in review.

"For eleven days more the French dead file down the avenue in review. Three weeks of marching dead men.

"The Russians who died, fighting for their empire that was, would require the daylight hours of five weeks more. And for the other brave allied fighting men we must reserve a fortnight. Two months and a half for the allied dead to march past a given point."

NEVER USED ANY OTHER

Reporter: "Uncle, to what do you attribute your long life?"

Oldest Inhabitant: "I don't know, yit, young feller. They's several of these patent-medicine companies that's dickerin' with me'.

BREAKING THE NEWS

A Scotchman woke up one morning to find that in the night his wife had passed away. He leaped from his bed and ran horror-stricken into the hall.

"Mary," he called down-stairs to the general servant in the kitchen, "come to the foot of the stairs, quick."

"Yes, yes," she cried. "What is it?

"Boil only one egg for breakfast this morning!" he said.

NEW GLASGOW VS. STELLARTON

Now that winter is about over here is what was recorded as happening in New Glasgow about January 22, 1924:

"A most interesting curling match was played this afternoon at the Bluenose Curling Rink betweeen the physicians of New Glasgow and Stellarton. It was one of the most exciting games of the season, and the veteran New Glasgow skip, Dr. E. Kennedy, the well-known coroner, played the game of his career, getting some of the most difficult shots possible. His team were in the keenest possible form and they had no great difficulty in defeating their confreres from the neighboring mining town. Dr. Clarence Miller skipped the Stellarton rink, and his team played well, but were unable to overcome the lead set by the New Gladgow curlers. At the conclusion of the play the score stood 14 to 8 in favor of New Glasgow. The rinks:

New Glasgow	**Stellarton**
Dr. A. Love	Dr. A. MacGregor
Dr. J. C. Ballem	Dr. Parker
Dr. W. Robbins	Dr. Whitman
Dr. E. Kennedy	Dr. C. Miller
Skip.....14	Skip.....8

When Is a Doctor Not a Doctor ?

The title "Doctor" is very generally used by others than members of the medical profession. That this is not always recognized at least in country districts, gives rise to a story that the Eastern Chronicle, New Glasgow, tells of Principal M. Cumming, of the Agricultural College, Truro :—

Some agricultural meetings were being held in a certain section. One of the Principal's co-workers had preceded him to the section and held the opening meeting, He announced that on the following night Dr. Cumming would be present. After the meeting an aged resident came to him and asked if he was certain Dr. Cumming was coming. On receiving a reply in the affirmative, the old man said he was very glad for he wanted badly to see him. He was not feeling well, in fact had been ailing for some time and thought perhaps the Doctor could do him good. The agricultural expert tried to explain that Dr. Cumming was not that sort of a Doctor, but it did not appear very plain to the unwell man. After a long pause and study, he asked with emphasis: "Do you mean to tell me that he can't even pull a tooth?" "I'm pretty sure he can't," was the reply. "Well all I've got to say is that he must be a heluva doctor," shot back the old man, leaving in disgust. And he didn't turn up the next night.

"Doctor" asked the invalid, "don't you think a change to a warmer climate would do me good?"

"Heavens, man!" replied the doctor, "that's just what I'm trying to save you from!"

PERSONAL

Dr. and Mrs. C. S. Hennigar returned to their home in Liverpool about the middle of February after several months absence while the Doctor was being treated in Halifax and Rochester. All will unite in hoping that he is now fully recovered, and quite fit to again carry on his work.

The profession will regret to learn that Dr. Paul P. Balcom of Berwick has not fully recovered from his protracted illness, and is only partially resuming his practice.

The many friends of Dr. E. O. Hallet, of Weymouth, will be glad to know that Mrs. Hallet's health has much improved. She spent several months in Boston during the winter under treatment.

During the month of February Dr. Evan Kennedy, of New Glasgow, was seriously ill with pneumonia. He was a patient in Aberdeen Hospital. Following his illness he spent several weeks in Boston.

Dr. V. Connors, lately at Digby, has removed to Harcourt, N. B., where he will practice.

Mrs. McKenzie, wife of Dr. S. G. McKenzie, of Westville, was ill with pneumonia in February and was a patient in Aberdeen Hospital, New Glasgow.

Friends in Halifax and throughout the province, especially members of the medical profession, will regret to learn of the sad accident which befell Dr. W. E. Daley, necessitating the removal of his left eye on Saturday morning. The operation was performed at the Victoria General hospital The accident occurred on Thursday night while Dr. Daley was putting his car in the garage. Just as the machine was entering, one of the doors of the building swung to, crashing against the windshield, a piece of the flying glass severely cutting his left eye. He was at once removed to the hospital where, after a consultation, it was decided to remove the eye.

Dr. H. Rindress, of North Sydney, spent several weeks during the winter in Montreal and Boston.

Friends of Dr. A. J. Fuller, Yarmouth, will be glad to learn that Mrs. Fuller, who was ill in the Yarmouth Clinic Infirmary in February, following operation, has made a good recovery.

Master Alexander, son of Dr. C. A. Webster, of Yarmouth, was a patient in the Yarmouth Hospital in February. He has made a good recovery.

Paul Baxendale, M. D., C. M., Dal. Univ. 1920, formerly of

Sydney Mines, was recently married as noted in the following news item:

Dr. Paul Baxendale, a former Dalhousie athlete and for several years the star quarterback of the college football team, was recently married in his home town, Hanna, Alberta, to Miss Helen Carrie Venus, daughter of Mr. and Mrs. E. L. Venus, also of Hanna. Dr. Baxendale was a former resident of Sydney Mines. Dr. and Mrs. Baxendale will reside in Hanna.

"30 years ago today", says the Recorder of February 7th, 1924, Dr. M. A. B. Smith was elected Alderman for Ward 2, Darthmouth. For over thirty years Dr. M. A. B. has taken an active interest in matters relating to his town, his church, his profession and various Societies and organizations.

During the winter Dr. F. D. Charman, of Truro, and Dr. M. G. Burris, of Dartmouth, were reported in automobile accidents. Fortunately neither of them were seriously injured.

Dr. and Mrs. K. G. Mahabir, of Halifax, spent the month of March on a trip to New York, Florida and Havana.

The Truro Board of Trade was incorporated September 11th, 1890, with 37 charter members. Dr. H. V. Kent, of Truro, one of the executors of the estate of the late Geo. A. Hall, a former secretary and one of the charter members, furnishes the Press with particulars of its institution. In the list of charter members the name of only one doctor appears, namely the late Dr. D. H. Muir, altho there were eight doctors resident in the town at that time. The list of members for 1924 shows every doctor in the town a member of the Board, twelve in all as we recall the names.

Dr. J. G. D. Campbell, Halifax, Secretary-Treasurer of the Medical Society of Nova Scotia, is still somewhat of an invalid being yet unable to resume active practice. He has had a long tedious illness.

Major General G. LaF. Foster, M. D., accompanied by Mrs. Foster, sailed on the Cunard liner Antonia, March 4th, for an extended visit to England.

A recent issue of a City Daily has a news item from Wallace, N. S., to the effect that Ernest S. Boyle arrived home February 26th, and will practice his profession in Wallace. Dr. Boyle is an Arts' Graduate of Acadia University, and an M. D., C. M., of McGill, 1923.

A recent visitor to Wallace, N. S., was Dr. Wm. L. Fraser, Long Island Medical College, 1897, formerly of Fox Harbor, Cumb. Co., now a resident of Lynn, Mass.

Dr. and Mrs. L. R. Morse, of Lawrencetown, have sailed for England. In London they will meet Dr. and Mrs. W. B. Morse, returning on a two years furlough from the China Mission Field. Dr. W. B. Morse will receive special treatment for his eyes in Paris, and both brothers will do considerable hospital work both in England and the Continent.

Dr. F. H. Alexander, formerly of Gabarus, has removed to Lockeport, N. S.

OBITUARY

CECIL TOWNSHEND, M. D., C. M., MCGILL UNIVERISTY 1900, CANMORE, ALBERTA.

The death occurred, Feby. 18th, in London, from pneumonia, of Dr. Cecil Townshend, after a very short illness. His former home was in Parrsboro, N. S. He was a son of the late Dr. Stewart Townshend of that place. He was 45 years of age.

Dr. C. A. Barnaby, a much respected member of the profession, died at Halifax on the 15th of August. Dr. Barnaby had practiced in several parts of Nova Scotia since 1881, but removed to Halifax some years ago, where, on account of indifferent health, he was obliged to live quietly, and to undertake but little professional work. Some months ago he found it necessary to forego all practice, but was able to go about until within a few days of his death. He was ever ready to do a good turn and enjoyed the esteem of all who came in contact with him.—C. M. A. Journal.

J. E. Kinsman, an Ex-M. P. P., died Feby. 20th, at Cambridge, Kings Co. He was a brother of the late Dr. F. S. Kinsman who died about a year ago.

Mrs. Frances Byers died recently in Springhill, and was buried in Maitland, her former home. She was a daughter of the late Hon. A. M. Cochrane and widow of the late Dr. John A. Byers, of Springhill.

Dr. Ralph Norval Knowles, Bangor, Maine, died Feby. 21st, 1924, from pernicious anaemia. Dr. Knowles was a son of Mrs. B. S. Knowles of Windsor, and he was buried in his home town Feby. 26th. He received his preliminary education in the Windsor Academy and graduated with honors from Johns Hopkins. He specialized in tuberculosis work at the Maine State Sanatorium for one year and then settled in Bangor. He was 39 years of age.

The death occurred January 27, 1924, at the home of her daughter, Mrs. McLellan, Springhill, of Mrs. Emma Cox, relict of Eben-

ezer Cox, Kingsport, N. S., at the advanced age of 82 years. She was the mother of Dr. Newman Cox, Baltimore, and a sister of Dr. John Dewis, of Boston. Dr. Dewis has attended a number of our annual Medical Society meetings.

Mrs. Frank Calder, mother of Dr. Allister Calder, of Glace Bay, died at her home, Springville, Pictou County, Feby. 5th, aged 70 years.

The following news item from New Glasgow under date of February 6th, refers to the father of Dr. W. A. McLeod of Hopewell, Pictou Co.:

"In the passing of Robert G. MacLeod at his home, New Lairg, yesterday, Pictou county loses one of its best citizens. He had reached the age of 86 years and most of his long and active life was spent in that section of the county, where he had a splendid farm and was regarded as a progessive farmer. For many years he has been Justice of the Peace. He was a member of the Presbyterian Church and a leading Conservative."

Friends of Dr. and Mrs. W. P. Mackasey, Halifax, learned with regret of the death recently of one of their twin sons, aged 3 years.

On Sunday morning, Feby. 24th, an impressive service was held in St. John's Presbyterian Church in memory of the late Dr. W. G. Putman, Yarmouth. The service was conducted by Rev. D. K. Grant a school and college friend of the deceased. Many tributes were paid to his splendid manhood and Christian character. At the close of the service the entire congregation stood while the Dead March was played.

Dr. Charles Morandini, for a number of years medical officer on the French cable ship Edouard Jeramac, operating out of Halifax, died recently in France, whither he had gone following an illness that developed when he was at Halifax. Dr. Morandini, who made many friends during his stay at this station, was a son of a major in the French army and grandson of the Colonel of a famous French battalion.

Early in February John Proudfoot, aged 84 years, died at his home in Saltsprings, Pictou Co. He was a well known citizen and took an active part in public affairs. Dr. J. A. Proudfoot, Mayor of Inverness, is his son.

Rev. George E. Sturgis, M. D., died on January 4th, at Upper Woods Harbor. He practised a number of years in Hants County, and elsewhere in the province. In recent years he has lived with his sons in Auburn, Maine. As a clergyman and physician he was much respected.

Mrs. Catherine Jane Lawson, widow of Dr. William Scott Muir and mother of Dr. Walter L. Muir, died at Halifax February 29th after a protracted illness. The funeral took place from St. John's Church, Truro, March 3rd. Dr. Will Muir, her late husband died just 22 years ago.

Dr. William F. McNutt, a former resident of Truro, who has been a prominent surgeon in San Francisco for over 30 years, died in that city February 1st, following injuries received in an automobile accident. Dr. McNutt was held in high esteem by the Medical profession in California and received much recognition in Medical Societies. He was for many years one of the State Board Medical Examiners.

Doctors in Nova Scotia can never be accused of slighting their responsibilities as citizens when it comes to rendering services in city, town or munincipal councils. We note the following as Mayors for 1924:

Dr. W. F. McKinnon, for Antigonish, re-elected.

Dr. E. Duvernet, Mayor of Digby for the third consecutive term.

Dr. J. A. Proudfoot, recently elected Mayor of Inverness.

Dr. J. A. Sponagle, elected by acclamation in Middleton.

Dr. H. B. Havey is Mayor of Stewiacke for the fourth term.

Some doctors failed to be elected, while several, among them Doctors Marshall, of Bridgewater, and Whitman, of Stellarton, declined further Mayoralty honors.

Doubtless a number of doctors have been elected councillors but we only noticed the names of Dr. Love, of New Glasgow, and Dr. Forbes, of Lunenburg.

"Putting the Eyes out of Samson" is the striking heading to several characteristic letters in the Halifax Press recently from our great student of the Holy Scriptures, Dr. Murdock Chisholm. Whether or not one may endorse Doctor Chisholm's conclusions in whole or in part, there is genuine enjoyment in reading his delightful delineations of character and his happy way of applying his quotations to modern questions.

AMBIGUOUS

A clergyman about to enter a bus noticed a gentleman seated in the corner who had celebrated rather too well.

"Do you allow drunkards in your bus?" he asked the conductor.

"Well, not as a rule," said the conductor, "but slip in quietly."

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.

THE COUNCIL

ASSOCIATION'S MEMBERS

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

REPRESENTATIVES FROM AFFILIATED ASSOCIATIONS

Alberta—W. Egbert, Calgary ex-efficio; A. T. Turner, Innisfail; E. L. Connor, Lethbridge.

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. Fahnri, 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.

EXECUTIVE COMMITTEE

W. G. Reilly, Chairman.
A. T. Bazin, Montreal, ex-officio.
T. C. Routley, Toronto, ex-officio.
F. N. G. Starr, Toronto.
J. S. McEachern, Calgary.
G. S. Cameron, Peterborough.
E. R. Secord, Brantford.
T. G. Hamilton, Winnipeg.
J. H. Mullin, Hamilton.
J. F. Argue, Ottawa.
E. W. Archibald, Montreal.
H. K. McDonald, Halifax.

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1923-1924

PLACE OF MEETING, AMHERST, N. S.

President.....Dr. O. B. Keddy, Windsor, N. S.
1st Vice-President.....Dr. W. N. Rehfuss, 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

Cape Breton Branch
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

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

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.
Member-at-Large, New Glasgow, Nova Scotia.
Dr. D. Mackintosh, Pugwash, N. S.
Dr. J. A. Munro, Amherst, N. S.

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. Rehfuss
Dr. Ross Millar
Dr. M. G. Burris
Dr. O. B. Keddy
Dr. S. L. Walker

The President named the following Committees:—

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.

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

Saskatchewan...
Indian Head.

EXECUTIVE COMMITTEE

W. G. Reilly, Chairman.
A. T. Bazin, Montreal, ex-officio.
T. C. Routley, Toronto, ex-officio.
F. N. G. Starr, Toronto.
J. S. McEachern, Calgary.
G. S. Cameron, Peterborough.
E. R. Secord, Brantford.
T. G. Hamilton, Winnipeg.
J. H. Mullin, Hamilton.
J. F. Argue, Ottawa.
E. W. Archibald, Montreal.
H. K. McDonald, Halifax.

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. 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 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.

HALIFAX MEDICAL SOCIETY

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1923 - PROGRAMME - 1924

1923.

Oct. 10—Halifax Hotel, Presidential Address.

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