

The
Medical Society of
Nova Scotia



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A Message from the Associate Secretary of the Canadian Medical Association

Toronto, February 15th, 1923.

To the Medical Profession of the
Province of Nova Scotia.

Gentlemen:—

The Canadian Army Medical Corps established a record during the great war of which the Medical Profession of this fair Dominion may well be proud. Ranking along side the most thoroughly organized and highly trained medical men that the greatest nations of the world could produce, our Canadian Profession took second place to none. This achievement was made possible by two facts, namely, the quality of the personnel, and the thoroughness with which such personnel worked in harmony, or, in other words—organization.

What should the application of all this be now that we are back in our native land, carrying on as of yore? Does it not unmistakably suggest that the traditions, ideals and aspirations which characterized our men of yesterday can be equalled, and yes, surpassed, by holding the torch still higher, and so organizing our ranks that the harmony and team play manifested will bespeak for Canada a Medical Profession of which the entire nation shall be justly proud. Individually, our practitioners stand foursquare for what is best in medicine. Why not let us co-relate these great assets through our Provincial and Dominion organizations, in turn, giving back to each other the impetus, strength and support which organization alone can accomplish.

May I take this opportunity of strongly urging every practitioner in the Province of Nova Scotia to throw in his very best, not only into the Provincial Society but into the Canadian Medical Association. The old axiom, "United, we stand; divided, we fall" is, in a measure, applicable to us as practitioners. United, we can unquestionably accomplish great things; divided, we gratuitously refrain from striving to gain the conditions which unity offers. It is sincerely hoped that, with unflinching interest, renewed energy and sincerity of purpose, every practitioner in the Province will rally to the banner, thereby upholding the honour, prestige and distinction of not only the Profession of to-day but of those grand old patriarchs of medicine whom the Province of Nova Scotia remembers with loving pride.

With sincerest greetings to you all, I am,

Yours faithfully,

T. C. ROUTLEY,

Associate-Secretary.

CHIROPRACTIC.

Its Wonderful (?) Origin.

The first Chiropractic adjustment was given in September, 1895, by Dr. D. D. Palmer of Davenport, Iowa, U.S.A. Like many other new ideas it was a mere coincidence the way it came about, and later developed into a well defined science.

Harvey Lilliard, the janitor of the building, where Dr. Palmer, conducted his practice had been stone deaf for seventeen years. By mere chance Dr. Palmer happened to ask the man, Harvey, how long have you been hard of hearing? Seventeen years, sir, was the answer. How did you lose your hearing, suddenly or gradually? Suddenly, sir! I was bending over scrubbing the floor when I felt something snap in my spine, and in two or three days my hearing was completely gone. This gave Dr. Palmer food for thought, and next day asked the janitor if he would submit to a spinal examination, which was readily consented to.

Placing his man prone upon the floor, administering the first Chiropractic adjustment in a premature or crude way. In other words he hit all the high places and by mere accident struck the vertebra that caused the trouble. This was repeated daily and in a few days Harvey could hear sounds, and after a time enjoyed complete restoration of his sense of hearing.

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FEDERAL INCOME TAX.

A Statement prepared by Dr. T. C. Routley, Associate-Secretary of the Canadian Medical Association.

Last year, the Ontario Medical Association procured from the Federal Income Tax Department, and published, a statement relative to the deductions allowable to the practitioners of medicine in the matter of Income Tax returns. From the many reports received, this information was of considerable help to the Profession throughout the Province. With a view to again rendering service to the Profession, the following information is published under the official authorization of the Federal Income Tax Department.

During the month of April, Income Tax Returns for the year 1922 must be filed by every practitioner. According to the Government ruling, the onus of procuring the necessary forms rests upon you. Therefore, do not wait for them to be mailed to you. At least 25% of the tax must be paid when the forms are filed.

In addition to the statutory deductions from Income, (\$2000 for a married man and \$300 for each child under eighteen years of age; and \$1000 for a single man) you are entitled to the following deductions:—

RENT—Where office is separate from your house, full rent, if actually paid. Office in your house, proportion of rent in the ratio of the proportion of house used for your business; This can usually be estimated as one-quarter or one-third.

HEAT AND LIGHT—For separate office, full amount. For office in house, same proportion as rent, i. e. one-quarter or one-third.

OFFICE GIRL—Full amount.

HOUSE MAID—Same proportion as office rent, i. e. one-quarter or one-third.

TELEPHONE—Full amount.

AUTOMOBILE—

(1) Maintenance—Where only one car is used, 75% of total cost of operating is allowed as chargeable to business. When a physician owns more than one car, and one is used solely for business purposes, the whole operating expense of that car is allowable.

Note—No additional allowance is made for any part of the operating expense of the second car.

(2) Depreciation—Applies as above; that is, on the basis of 75% for one car, or 100% for one of two cars, such depreciation being based on the following ratio:—1st year, 25%; 2nd, year 15%; 3rd and succeeding years, 10%.

Wherever you feel that the above does not fairly cover your case, it is suggested that you submit the matter to the local inspector of taxation.

BOOKS, INSTRUMENTS AND OFFICE FIXTURES—Depreciation of 10% per year of the original cost values.

HOUSE OWNER WITH OFFICE THEREIN—In the proportion of the space used for office purposes, i. e., as an average, one-quarter or one-third, you are allowed in this ratio, one-quarter or one-third of your taxes, interest on your mortgage, and insurance. In addition, you are allowed a depreciation of 2½% of the original cost value on a brick house, and 5% of the original cost value on a frame house, in the same proportion, i. e. one-quarter or one-third. Proportion of interest on your house investment is not allowable.

DRUGS, OFFICE SUPPLIES, STATIONERY, STAMPS, etc.
Full amount.

RECEIPTS—If cash receipts only are shown, no bad debts are allowed; if accounts charged are shown, bad debts are allowed. It would appear that the simpler and more satisfactory return would be cash receipts.

Be sure to state in the General Expense column the proportion of expenses shown, that is, one-quarter or one-third, as the case may be, so that the matter will not be referred back to you for explanation, or reduced by three-quarters or two-thirds.

MEDICAL SOCIETY FEES—Show Medical Society Fees as an abatement. Journal subscriptions, post graduate expenses and capital account are not yet considered deductible. These are some of the points which the Association has taken up with the Commissioner on Taxation, and upon which we will continue to press for favourable rulings.

The Sliding Scale (upwards) according to your income, is no doubt, ere this, familiar to you. It is available in printed form.

If you are not perfectly certain as to the correct computing procedure, consult your local Inspector. Write the Secretary of the Association if there is any special point you would like us to get a ruling on for you.

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CODE OF ETHICS.

Chapter C of the Duties of the Profession to the Public.

1. It is the duty of physicians as good citizens, with constant vigilance, to strive diligently for the general welfare and to bear their share in community institutions and burdens. In matters in which their work and training makes them experts, such as personal and community hygiene, health preservation or the prevention of epidemic and contagious diseases they should be ever ready to give counsel for the general good. When pestilence is upon the people it is their duty to continue their work for the alleviation of suffering even at the jeopardy of their lives.

2. Physicians who are daily witnesses of the enormities committed by quackery, and the injury to health, and even loss of life, caused by the use of fraudulent and quack medicines and procedures, should consider it their duty to enlighten the public about these, and to expose injuries sustained by the unwary from the pretensions and devices of empirics and impostors. They should use all their influence, by exercising an option as to shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines or from having a part in any way in their manufacture or sale.

Principles of Ehtics.

In conclusion it may be pointed out that such a Code of Ethics as has been outlined is based upon the Golden Rule, that the principles enunciated are primarily for the good of the patient and of the public at large, and that their observance and enforcement should be such as shall deserve and receive the hearty endorsement of the community.

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DOCTORS ARE SOCIOLOGISTS.

MEDICINE has always been the most altruistic of learned professions; and can proudly claim that its practitioners have ever been ready to give gratuitous assistance to all in need of it.

Each medical practitioner in his own circle, and to the extent of his medical competence, is a medical officer of health, having more influence in directing and controlling the habits, occupation, the housing, the social customs, the dietary and general mode of life of the families to which he has access, than any other person. It must be added that in most instances he has even more influence than the minister of religion in regulating the ethical conduct of his patients, especially as regards alcoholism and sexual vices. In this country, the federal government has relieved the medical profession from their duty of restricting individuals alcoholic consumption, and an experiment has been begun which if continued—and I trust nothing will prevent this—must forthwith reduce the income of practising physicians throughout the American continent, and at the same time do more to diminish crime, accidents and sickness and to increase national efficiency than any other single step that could be taken, with one exception. This would consist in the universal raising of the standard of sexual conduct of men to that which they expect from their future wives, thus securing a rapid reduction and early disappearance of gonorrhoea and syphilis, diseases which rank with pneumonia, tuberculosis and cancer as chief among the captains of death and disablement in our midst.

The growing possibilities of improvement in personal and social welfare depend very largely on the extent to which, as I have put it elsewhere, "each practitioner becomes a medical officer of health in the range of his own practice." Even on their present record, if—at least on one side—the Kingdom of God consists in "the union of all who love in the service of all who suffer," medical men can proudly and yet humbly take their place as essential agents in the daily fulfilment of the daily prayer "Thy Kingdom come."

It is perhaps desirable to attempt at this stage a definition of the sense in which I employ the term socialization of medicine. In it

I would include the rendering available for every member of the community, irrespective of any necessary relation to the ordinary conditions of individual payment, of all the potentialities of preventive and curative medicine. Within the scope of medicine are included the basic sciences of physiology and pathology; and the instruction and training of every child and young person in elementary hygiene, including dietetics, necessarily come also within the range of our subject.

(Extract from a paper entitled "The Increasing Socialization of Medicine" by Sir Arthur Newsholme.

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THE FAMILY DOCTOR.

By Edgar A. Guest.

I've tried the high-toned specialists who doctor folks to-day;
I've heard the throat man whisper low, "Come on, now let us spray."
I've sat in fancy offices and waited long my turn.
And paid for fifteen minutes what it took a week to earn,
But while these scientific men are kindly, one and all,
I miss the good old doctor that my mother used to call.
The old-time family Doctor! Oh, I am sorry that he's gone;
He ushered us into the world and knew us every one,
He didn't have to ask a lot of questions, for he knew
Our histories from birth and all the ailments we'd been thru,
And tho as children small we feared the medicines he'd send,
The old-time family doctor grew to be our dearest friend.
No hour too late, no night too rough for him to heed our call;
He knew exactly where to hang his coat up in the hall;
He knew exactly where to go, which' room upstairs to find
The patient he'd been called to see, and saying: "Never mind,
I'll run up there myself and see what's causing all the fuss."
It seems we grew to look and lean on him as one of us.
He had a big and kipldy heart, a fine and tender way,
And more than once I've wished that I could call him in to-day.
The specialists are clever men and busy men, I know,
And haven't time to doctor as they did long years ago.
But some day he may come again, the friend that we can call,
The good old family doctor who will love us, one and all.

DEVELOPMENT OF PUBLIC HEALTH NURSING SERVICE IN NOVA SCOTIA.

Although for years, even for centuries, the Visiting Nurse has been at work, and has given aid, comfort and instruction as well as actual bed-side nursing, it is but recently that they have been engaged wholly in other than bed-side work. This was natural as a Public Health Nursing Service could only come as a result of the movement of the Medical Profession in Preventive Medicine. Possibly the movement of 25 or 30 years ago to instruct patients suffering from Tuberculosis how to care for themselves and how to protect their families gave a great impetus to this work. When it became apparent that many adults were handicapped by defects that could easily have been remedied in childhood the demand for such service was complete.

The first Anti-Tuberculosis Society was formed in Colchester County in 1905, and a Nurse in the summer of 1909 did the first Country visiting at the homes of patients with Tuberculosis. In 1909 a visiting Nurse was employed by the Halifax Anti-Tuberculosis League and has been working continuously ever since. In 1911 an additional nurse visited rural districts. A second Nurse was added to the Halifax City staff in 1918, and a Chest Clinic opened in 1919. Since 1920 this work has been carried on by the Massachusetts-Halifax Health Commission. The Halifax Branch of the Victorian Order of Nurses was inaugurated in 1902 with a staff of two nurses. During the summer of 1923 the Women's Organizations opened a milk station in the city of Halifax with a Victorian Order nurse in attendance. This nurse visited the homes and instructed the mothers. Arrangements were made the autumn of that year to procure the services of a Victorian Order nurse for the Halifax Dispensary for an hour each day. Medical advice, drugs and minor treatments are given free at this dispensary. At the time of the Halifax explosion, Dec., 1917, the Victorian Order of Nurses had a staff of six nurses in Halifax City. This staff was then increased to fourteen to assist the Halifax Relief Commission in giving treatments in the homes of the people who were injured in this disaster. In addition to the Halifax Branch, the Victorian Order of Nurses have now about six nurses on duty in Sydney and the adjoining towns, two in Dartmouth, Yarmouth and Truro, one in New Glasgow, Canso, Wolfville and Digby. Only in one county had this work been extended to the rural districts.

In 1911 Medical Inspection of Schools was started in the Town of Truro and in 1912 and continuously since a Victorian Order Nurse has given part-time service. In the Spring of 1914 a School Nurse was appointed by the Halifax City School Board, and now four Nurses are employed. The School Boards of Sydney, Amherst, New Glasgow, Truro and Glace Bay now employ a nurse. In Dartmouth, Canso, Wolfville and Digby the Victorian Order Nurses visit the schools at intervals.

Under a special Act the Massachusetts-Halifax Health Commission was incorporated in 1918, its main object being to conduct a campaign of preventive medicine and public health education in the parts of the City of Halifax and Town of Dartmouth which suffered most from the disaster of 1917. Health Centre No. 1 was opened in the City of Halifax in the Spring of 1920, and another in Dartmouth in March 1921. Well attended Clinics are being held weekly at these Centres, and the fifteen (15) nurses on the staff have now over 2000 families under their supervision. This work will be further increased with the opening of the Dalhousie Clinic.

It is recognized that the prevention of disease and the protection of the health of the people is a primary responsibility and function of government, and it is the intention of the Red Cross to act as an auxiliary to stimulate, support and aid the government in its health work. With this clear cut conception of its position, the Nova Scotia Division has entered the public health field with the finest possible spirit and has offered very substantial assistance and co-operation to the furtherance of the provincial health programme by financing mobile clinics in the province and offering to support a nurse in each county for a year. It was difficult to procure the services of nurses fully qualified in public health nursing which is very essential to carry on the work successfully. The Red Cross Society removed this difficulty by offering a scholarship to nurses who wished to take the public health nursing course which is being given at Dalhousie University. The nurses who accept these scholarships are expected to give a year's service in the province on the prevailing salary given for this work with the results that eleven of the twelve nurses who completed the first course which was given in 1920 have since given continuous service in the province. The determination is wide-spread that the public schools should never again place book learnings before physical fitness and health depends greatly upon the instruction of personal hygiene in early life.

The need being so great for the extension of public health nursing to the rural districts, Legislation was procured for this purpose, and nurses were placed on duty as suitable applicants became available. These nurses are expected to do generalized public health nursing, but as each nurse has such a large field to cover, bedside nursing can only be undertaken in emergency cases and for demonstrating purposes. If one nurse in a county was to undertake bedside nursing, she would not be able to meet this need and would only be able to serve a small percentage of the people in this way. It is therefore considered that a larger number would benefit from this service by working in the schools. Until this work in the province is properly organized and staffed, the nurses are directed to pay special attention to infant welfare work, school work and the prevention of communicable diseases, and any emergency condition which may arise in the communities which they serve. Each nurse makes arrangements to visit a certain number of schools each week. An effort is being made to have the nurses attend to all other duties when in each district and that all schools should be visited

at least once a year. Each pupil is examined by the nurse with special reference to the condition of the skin, eyes, ears, teeth, throat, scalp, cleanliness, personal habits and general physical condition. The parents are notified of any physical defects which, in the opinion of the nurses, should receive attention and they are requested to obtain further medical advice from their family physician. It may be noted here that the parents are largely attending to the correction of these defects. An effort is being made to provide the necessary treatment for pupils who would not otherwise obtain it. The mobile dental clinic has been found to be the most practical way of providing the necessary treatment for pupils who live in districts where no dentists are located.

Advantage is taken of every opportunity offered for health educational work. General health talks are given by the nurses in all the schools, laying stress on the importance of personal, school, home and community hygiene and the prevention of disease. Because of the great variation in the reported prevalence of physical defects among pupils, an effort is being made to adopt a uniform system in reporting all defects. These variations are due to the difference in the interpretation of defects or the degree of the defects. In order to secure uniformity so that records may be comparable it is necessary to report defects in terms of a definite graded scale.

It is hoped that each county clinic will eventually develop into a complete organized health centre, co-ordinating all efforts which are being made in both preventive and corrective work. Perhaps the greatest obstacle to the fulfilment of this hope, is the difficulty which many people find in getting to the clinics, particularly when they reside some distance from the towns where they are located. It may be possible to offset this to some extent by establishing subsidiary clinics. It is regretted that it has not yet been possible to provide the services of a tuberculosis specialist at regular intervals at these clinics which, it is hoped, may be accomplished in the near future.

For the benefit of the people of this province it is desirable that this work should extend to the rural districts. This can best be accomplished by adopting a uniform method and working in the counties as a Unit.

Although this Province has been slow in taking up the matter of disease prevention, a fair commencement at better things has been made which is meeting with a goodly measure of success, and gratifying results have been obtained elsewhere where similar public health programmes have been adopted. There is still considerable work to be accomplished by all agencies working in the same field, but a central organization is necessary to be able to co-ordinate the work satisfactorily. The successful co-ordination of the work depends to a great extent on a complete understanding between all agencies. All interested persons should consider the importance of the development of our resources and the need of extending this service to all parts of the Province. In this effort to accomplish constructive work, the Department of the Public Health is most grateful for the assistance which has been received from the physicians, dentists and various organizations.

SUMMARY OF REPORT WITH RECOMMENDATIONS RELATIVE TO PUBLIC HEALTH NURSING.

(Dr. M. MacEachern—Director General V.O.N).

Firstly: There is unlimited scope for activity in all lines of public health nursing throughout Canada, and particularly in the rural districts.

Secondly: Owing to lack of hospital and nursing service for the sick in many communities, there is extreme need for district nursing throughout Canada.

Thirdly: There are numerous and various agencies carrying on different phases of public health nursing in many communities throughout Canada, and in the best interests of the work more co-ordination and co-operation is essential.

To this end several recommendations have been made to the Order:

First: That they follow that policy of district nursing best fitted to meet the community needs, and this may be either generalized, restricted or specialized.

Second: That in every instance they do what they can to augment or assist all other agencies whether governmental, municipal, voluntary etc., and not in any way usurp or displace the work of any existing organization.

Third: That they exercise the fullest measure of co-operation with governmental bodies, municipal councils, boards of education, voluntary societies carrying on public health activities, as well as with the medical, nursing and hospital profession.

Fourth: That the Order stimulates in every community, if possible, a policy of co-ordination of activities so as to prevent overlapping, duplication and reduce overhead as far as possible.

In this latter connection the policy suggested is as follows:

Firstly: That the different agencies operating in the one community appoint a health council, executive committee or some such body which shall be formed by representatives from each agency, always including the medical, nursing and hospital professions, and preferably presided over by the Medical Health Officer of that community.

Secondly: That this body when organized draft a constitution, rules and regulations, and have regular meetings for the purpose of:—

- (a) Co-ordinating the work without overlapping and duplication.
- (b) Developing a spirit of co-operation.
- (c) Development of the entire health and welfare programme of the community.

Thirdly: That whenever possible these agencies assemble themselves in a common building with one overhead, as far as it is practical; each agency, however, to continue without losing its identity.

Fourthly: That there should be a round table conference or forum for the technical workers once or twice a month.

Fifthly: That there should be a confidential exchange bureau to facilitate the work of the various agencies.

Sixthly: That there should be more or less uniform records in order that valuable scientific data might be secured.

Seventhly: That all these organizations existing on philanthropy or contributions should do so through a Federated budget.

Eighthly: That there should be, as far as possible, interchange and exchange of work throughout the district, especially where duplication or overlapping might exist.

In the Victorian Order we find that there is no other possible way of utilizing our agencies to the greatest advantage than in this manner. I have already presented this in several places throughout Canada. The City of Brantford a week or two ago adopted the plan in two and now six or eight agencies are grouped together in one body working harmoniously. The City of St. John, N. B., is attempting much the same plan under the leadership of Dr. Roberts.

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ANNUAL MEETING OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

This meeting will be held in Windsor, July 3rd, 4th, and 5th. All roads will lead to the beautiful Town of Windsor that week, and the meeting will be an especially good one.

Will Doctors who propose to read papers advise Dr. Keddy of Windsor, and the Associate-Secretary, Dr. Walker, of Halifax. In all probability it will be necessary to hold Section Meetings, in order to present all papers offered. Already several have promised to assist in the programme. Full particulars will be published as early as possible.

PREVENTIVE DENTISTRY.

How is cancer in the mouth usually caused? By continued irritation of the soft tissues, by rough and jagged edges of teeth or faulty artificial appliances. Care of the teeth will prevent a large percentage of the cases of Cancer found in the mouth. Investigations in recent years show that neglect of the teeth, which results in focal infection, is the cause of a large percentage of systemic diseases, from infancy to old age.

Recent experiments show that the diet of the mother before the birth of the child is a most important factor in the development of healthy teeth and that the diet of the child from infancy is a most important factor in the prevention of decay of the teeth.

Delay in grading of pupils in public schools is costing the Government of Nova Scotia several thousands of dollars a year.

The Red Cross Society in providing dental services in travelling health Clinics, is doing a most important work, which will result in better health for the people of Nova Scotia as well as less expense to the Government in educational as well as health departments.

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THE GENERAL PRACTITIONER.

There has been for ages and probably always the tendency on the part of the specialists to consider the general men as hopelessly slow, good but ignorant, kind but ill informed, clever but crude, gentlemen but poor scholars, good friends but crassly ignorant, and all that sort of thing.

Under the surface the specialist seems to have delved so deeply into his subject that he is its master, which is well. He has specialized so long that there is to him nothing outside of his field. He has played the role of leader so long that he cannot see the possibilities in the general man. It is not his intention, but his misfortune thru continuity of circumstance and narrowing of the field of vision.

That there are geniuses in the general practice, plying their art and working miracles every day, unhonored and unsung, must not be lost sight of.

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“What is heredity?”

“Something a father believes in until his son begins acting like a darn fool.”

OBITUARY

FREDERICK SMALLWOOD KINSMAN, M. D.

University of New York, 1884.

The death occurred quite suddenly on January 31st of Dr. F. S. Kinsman, of Truro. He died at Chatham, N. B., where he and Mrs. Kinsman had gone only a few days before to spend a few months with their brother-in-law, George Fisher, of that town.

Dr. Kinsman was a native of Centreville, Kings County, and after graduation was in general practice at Bear River and Digby. He had been a resident in Truro for nearly twenty years and had confined his practice to Eye, Ear, Nose and Throat Diseases. He was always regarded as a practitioner of ability, and perhaps no Specialist could be more careful or painstaking in his work than was Dr. Kinsman. He was, however, exceedingly modest and was not one in any way to seek recognition at Medical Societies by addresses or papers. He had, however, a splendid mind and had a most pleasing literary style in any papers which he presented.

As a Methodist he was an earnest and appreciated worker. In Politics he never varied from the Liberal faith. In civil life he was held in high esteem.

In the immediate family there survive his widow, one son, and one daughter, both resident in Regina. Surviving brothers and sisters are J. L. Kinsman, Wolfville, Clarence Kinsman and Mrs. Eaton, Sheffield Mills.

Funeral services were held at the Pleasant Street Methodist Church on Friday, February 2nd. Interment took place at Canning on February 3rd, following an impressive service conducted by Rev. T. J. Hodgson, in the Methodist Church.

THOMAS DE LA TOUR DESBRISAY, M. D.

Bowdoin College, 1876.

Lunenburg, N. S.

Following a few days' illness from Pleuro-Pneumonia the death of Dr. DesBrisay occurred at Lunenburg on February 20th.

Dr. DesBrisay came from a very distinguished family, descendants from the Huguenots, who left France when the Edict of Nantes was issued and located in England. The family have records showing their ancestry back as far as 1444.

The late doctor's father was Dr. Thomas DesBrisay. He graduated from Dartmouth College and practised in Halifax and Dartmouth.

Dr. DesBrisay was born at Dartmouth July 19th, 1849, received his elementary education in private schools, took a three years' Medical Course at Harvard University and then graduated from Bowdoin College in 1875. He began practice in partnership with Dr. Calder at Bridgewater, where he remained for three years, then practiced in Dartmouth for one year, and then located in Lunenburg, where for forty years he carried on a large practice.

He was prominent in church work and in the I.O.O.F. Fraternity. He was charitable and hospitable, a friend to the needy and poor, and ever ready to help in all good causes.

He is survived by his wife, and one son, Dr. Charles, now practising Dentistry in Halifax.

MRS. A. A. DECHMAN.

The Medical Profession will extend sympathy to Dr. A. A. Dechman of Bridgetown upon the death of his wife on December 17th, 1922. Mrs. Dechman was a daughter of E. W. McCurdy of Baddeck. She was very highly esteemed by the entire community.

FROM CURE TO PREVENTION.

More money is spent by a railway on train and track inspection than on wrecking crews. The average owner of an automobile does not wait until there is a breakdown, he is always on the watch for signs of motor trouble. The progressive factory manager does all that he can to guard against interruptions in production by solicitously looking after his machines.

Vastly more complex than any machine, the human body is in need of vigilant care and frequent examination, yet for the most part it is neglected until pain and disability sound an unmistakable alarm. Then the doctor is called in and too often is expected to do the impossible. Usually he is thought of as a wrecking crew instead of a train and track inspector. The doctor will be increasingly called upon to keep his patients well. The emphasis is shifting from cure to prevention.

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PLEASE READ THIS AGAIN!

(The last two paragraphs of Dr. Nichol's Article on "The Present Status of Medicine in Nova Scotia," published in the last Bulletin.)

The plan whereby the various Medical Societies of our Province become branches of the Nova Scotia Medical Society, and thereby of the Canadian Medical Society, is an admirable one. Members have the very great privilege of receiving the Canadian Medical Association Journal, whereby they become au courant with things medical in the Dominion, keep in touch with things outside their little circle, and find an invaluable exponent for their scientific observations. The work of Jenner, Koch, and James McKenzie, to mention but three that first come to mind, show us what may be accomplished by a wide-awake general practitioner, toiling away from a great medical centre.

The Medical Profession is a great Republic. It exists for the advancement of medical science and the amelioration of human suffering. We all need one another. Particularly as we find ourselves here, a large isolated family in this Ultima Thule of Canada, as Haliburton calls it, should we aim at the exaltation of our profession and the improvement of ourselves. Let us, no matter what our College, assist our local University. It needs our encouragement, it needs our sons and daughters. It needs money, It needs books. Whatever it receives, it will repay a hundredfold, in service to the profession and the community at large, in discovery, in intellectual stimulus, in scholastic attainment. Let us improve ourselves by joining our nearest Medical Society and attending its meetings; by reading our Journals, and by recording our observations. If we do not achieve the highest ends, we at least will have the satisfaction of maintaining an honourable place in the procession.

RURAL HYGIENE.

A careful and widespread investigation by officials of the Division of Chemistry in the Dominion Department of Agriculture has revealed the fact that 35 per cent of the wells in the country districts throughout Canada are seriously polluted, with an additional 18 per cent suspicious and probably dangerous. In 22 per cent of the wells the water is contaminated by a saline substance. Only 24 per cent were found to be pure and wholesome. This is a state of affairs which should rouse not only the health authorities in the districts where conditions are not as they should be, but the people themselves to the danger they are in from impure water and to the necessity of remedying the evil at once.

Every doctor in Nova Scotia should concern himself with the water supply of the people in the community in which he lives. It is a very easy matter to point out to the man living in the country the possibility of contamination of his water supply. It is a sharp criticism on the profession to have Typhoid, for instance, called "a disease of the country" rather than the city or town. The shallow well in close vicinity to stables, etc. is the principal source of trouble.

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THE RED CROSS IN NOVA SCOTIA.

The Nova Scotia Division of the Canadian Red Cross Society has once more reported a year of sustained and effective social service. It is the kind of work of which the fruits cannot fail to be reaped in greater and greater abundance as the years pass. We have read with intense interest and appreciation about the relief brought to patients in out-of-the-way places, thirty or forty miles from the nearest doctor; about the help so promptly given to families whose houses had been burned down; about the travelling clinics and organization of "Public Health Talks" all over the province which have imparted timely and invaluable knowledge on the care of the body. Some 4,669 persons were treated during the last year, at an average cost of 96 cents per head. To those whose disinterested and self-denying efforts have accomplished all this, our deepest thanks are due. And we owe them more than thanks—something they will value far more than mere personal recognition. We owe them our help in providing such financial support as will enable the good work to be carried on with ever increasing efficiency. This is a public concern, and a public obligation which few realize as they should. To quote the words of a notable Englishman, "What is the use of your imperialism, if you are not breeding an Imperial Race?"—*Herald* 1-2-25.

THE BUSINESS MAN'S CHIEF ASSET.

In an address recently delivered before the London Rotary Club, Sir Napier Burnett said that hitherto we have been prone to regard health merely as the negation or antithesis of disease. But health is a definite entity—a positive state that can be preserved and maintained. When we hear the statement that health can be purchased, we are to understand that the knowledge of how to maintain the chemical balance in the human body is available if we will but apply it. The old proverb that “a man is as old as his arteries,” should be brought up to date, and expressed as “a man’s arteries are as old as he cares to make them.”

In regard to the health of the business man, carrying heavy responsibilities and organizing large industries, there are few more tragic experiences in life, than when suddenly pulled up by the refusal of the human machine to function correctly, he is told by the doctor that there must be three or six months cessation from all work, and that he can never again carry on at the old pace and live. The writer then takes up some of the common warnings: (1) insomnia, (2) dyspepsia, (3) shortness of breath, (4) individual health limitations. The answer is periodic medical examinations. To recognize your medical man as your adviser in health as well as your physician in disease is a commercial proposition well worthy of consideration. He next cites results of the experience of a large Life Insurance Company in annual stock taking of health in which the Company, on a particular group of policy holders, had its principal returned and made a gain of about 200 per cent on its investment during a period of approximately five years.

The business man’s concern in the health of his employees has three aspects: (a) the legislative or compulsory aspect which considers workmen’s compensation acts, (b) voluntary effort, as “welfare schemes,” and (c) the health of the worker—an important factor in production. “Slacking” is not infrequently due to defective physical health. Systematic and scientific medical examinations are pleaded as the economic doctrine of making better use of the knowledge we now possess.

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ANTI-TUBERCULOSIS CAMPAIGN

(Public Health Bulletin)

Dr. R. E. Wodehouse, the Secretary of the Canadian Tuberculosis Association, was a recent visitor to the city. Dr. Wodehouse is endeavouring to bring about the participation of this Province in the programme, the adoption of the principles of which was placed on record by the Executive of the Tuberculosis Association at its meeting

in Ottawa in November. There are three schemes, distinct, yet having some co-relation, all aimed at making more effective the fight against Tuberculosis.

- (a) The survey of the school children of a district or county in each Province—as has been done in Saskatchewan.
- (b) The improvement of the diagnostic service of the Province, by helping to provide diagnosticians for clinic staffs.
- (c) Eventually a demonstration in a certain area (presumable the same area in which the child survey shall first have been made), along the lines of that undertaken at Framingham, Mass.

To what extent this Province will be able to participate in any of these schemes, admirable as each and all are, cannot yet be decided. The Province certainly needs the Anti-tuberculosis work, and the way has been prepared for its acceptance of the child survey, by the acceptance by Dr. Hattie, Professor of Hygiene at Dalhousie University, of the position as Provincial Representative of the Canadian Association, on the committee, having the matter under consideration.

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PROFESSOR W. H. HATTIE

(Public Health Bulletin)

Through the medium of the public press, the profession has been made aware that Dr. Hattie's long connection with one or another provincial institution or organization entered upon a new phase on Dec. 4th, with his acceptance of a responsible position on the professorial staff of Dalhousie University. Laudatory though the press comment has been, they have fallen far short of doing justice to the patient, painstaking, far-seeing application, the exceptional ability, and administrative capacity, the unfailing gentlemanliness and tact which has created a functioning and efficient Department of Health, if not out of nothing, then from a something which by but the narrowest margin escaped being a nonentity. It is pleasing to know that Dr. Hattie's connection with the Department may not be wholly severed, and that he may still be able to exercise his usual wise and skilful supervision over at least one of the Departmental subdivisions.

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Willie had swallowed a penny, and his mother was in a state of alarm.

"Helen," she called to her sister in the next room, "Send for a doctor; Willie has swallowed a penny!"

The terrified and frightened boy looked up imploringly.

"No, mama," he interposed, "send for the minister."

"The Minister?" asked his mother, incredulously. "Why the minister?"

"Because papa says he can get money out of anybody."

BRANCH MEDICAL SOCIETIES

Notes and Extracts from Minutes

Halifax Medical Society

Oct. 11th. Camp Hill Hospital Clinical Meeting.

Dr. W. A. Curry presented three cases of T.B. Knee. Giving a short and concise review of the etiology, diagnosis and treatment.

Dr. E. V. Hogan presented a case of Inguinal Hernia where the "radical operation" had failed after several attempts. The operation consists in the "darning of the Inguinal Ring with a strip of transplanted Fascia Lata." This operation has been successful in a series of three cases.

Dr. K. A. MacKenzie gave a short and highly interesting talk on the treatment of nervous functional disorders by Psycho-Therapy.

Oct. 24th, 1922. Old Dalhousie College.

The society endorsed the combined program of Cancer Control Red Cross and Public Health Week, beginning Nov. 12th. Paper by Dr. J. L. Churchill, "Concerning Nephritis." Dr. K. A. MacKenzie, "Notes on Diabetes."

Nov. 8th. Old Dalhousie College.

"Symposium on Fractures." Drs. Miller, Donovan, Lyons and Eagar. Comparison of the modern methods of treatment over the older ones, various causes of mal-union, demonstration of modern splints and presentation of X-Ray plates.

Nov. 22nd. V. G. Hospital Clinical Meeting.

Presentation of cases by hospital staff.

Dr. Hogan, "Fracture of neck of Femur, treated by extension and abduction."

Dr. H. K. MacDonald. (a) Fracture of Tibia and Fibula, treated by open operation and plating.

(b) Carcinoma of the tongue.

(c) Recurrent carcinoma of the glands of the neck.

Dr. G. H. Murphy. (a) Excision of T.B. Elbow in a man with very good result.

(b) Severe infection in the region of a supra-condylar fracture of the humerus with good recovery and no involvement of the elbow joint.

(c) Inguinal Hernia operated on under local anesthetic.

Dr. J. G. MacDougall. (a) Typical case of Volkmann's Contracture in a child.

(b) Female with a uniform swelling in the episternal notch.

Dr. W. A. Curry. (a) Fracture of radius and ulna treated by open operation and manipulation.

(b) Fracture of the tuberosity of the tibia and tearing of the internal lateralligaments, treated by excision of knee joint.

Dr. S. R. Johnston. X-Ray plates of an opaque enema showing the presence of a patent ilio-caecal valve.

Dr. Frank Mack. Neglected Syphilis in a female of four years duration.

Drs. A. G. Nichols and K. A. MacKenzie. Specimen of brain showing the rare condition of two distinct tumors of different histological characteristics. One was an Endothelioma in front of the Optic Chiasm, the other was a Fibro-Sarcoma in the Cerebellum. This case presented no focal symptoms.

Dec. 6th, 1922. Old Dalhousie.

"Nitrous Oxide, Its uses and limitations." by Drs. J. F. Lessel and W. L. Muir.

This paper was very ably presented showing the great advantage of this anesthetic, especially in patients who are unable to take chloroform or ether. Muscular relaxation however is not obtained with this anesthetic, therefore it is not ideal in abdominal operations.

Jan. 10th, 1923. Green Lantern.

Guest for the evening was Dr. Ross Millar of Amherst who read a paper entitled "Infections of the Knee Joint."

Dr. Millar by the aid of diagrams described the surgical anatomy of the knee joint, and their most common injuries. The detailed procedure of treatment for an infected joint was also described.

Jan. 24th, 1923. Old Dalhousie College.

Paper by the Hon. W. J. O'Hearn, K.C. "Some Interesting Medico-Legal Points."

Various subjects of extreme interest to the profession such as Insanity in its various forms, Dying Declarations, etc. were ably and clearly discussed by the Attorney-General.

"A few remarks about 'Insulin'." by Prof. D. Fraser Harris. Prof. Harris recently returned from Toronto, ably and clearly discussed the work on Insulin to date, and gave a short review on the general physiology of Carbohydrate metabolism, and Histology of the Pancreas.

The historical work leading up to the discovery of "Insulin" by F. G. Banting was described. The results so far have been very gratifying.

Feb. 7th, 1922. V. G. Hospital.

Presentation of a number of interesting cases by the hospital staff.

Feb. 21st, 1923. Old Dalhousie College.

Paper by Dr. G. H. Murphy. "Pelvic Hemorrhages (Ectopic)." Dr. Murphy in a general way discussed the surgical anatomy of the female pelvic organs, also the various causes, differential diagnosis, and treatment of "Extra-Uterine Pregnancy."

Hearty and interesting discussion followed by various members.

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THE VALLEY MEDICAL SOCIETY

Dr. J. A. Sponagle reports a very successful mid-winter meeting of the Valley Society at Middleton, January 9th, 1923. In the absence of Dr. W. F. Read, Digby, President, who is taking a post-graduate work, Dr. Burns of Kentville, Vice-President, occupied the chair.

In view of the poor train service and the bad roads at this time of year, notice of motion was given to have the mid-winter session made into an autumn meeting, either in October or November. A letter of condolence was sent to Dr. S. N. Miller, Middleton, who has recently been quite ill. A communication was read from the Social Service Council of Kings County re the restriction of prescriptions for liquor. A Committee consisting of Doctors Morse, McNally and Moore were appointed to report on this communication at the next meeting.

With reference to Article X, Section 1 of the Uniform Constitution, the Executive were authorized to make the best arrangement possible with the Medical Society of Nova Scotia.

The following were duly elected to membership (Article III, Sec. 4 having been complied with):—Dr. G. K. Smith, Grand Pre, Dr. Wm. C. Archibald, Lawrencetown; Dr. N. H. Gosse, Canning; Dr. R. O. Bethune, Berwick; Dr. J. A. M. Hemmeon, Wolfville.

The next meeting of the Society will be held in Digby the last week in May.

The scientific programme was of much interest. Dr. Burns of Kentville gave a paper on "Protein Therapeutics." Dr. H. W. Kirkpatrick of Middleton, "Sinusitis as observed by general practitioners." Dr. L. R. Morse, Lawrencetown, "After 25 years practice." The guest of the Society at this meeting was Dr. D. Fraser Harris, who presented

a unique and most interesting historical paper entitled. "Murder and the Anatomy Act." At the conclusion of his address Dr. Harris showed a number of lantern slides illustrative of persons, places and incidents referred to in his paper. It is hoped that other Societies will have the pleasure of hearing this valuable paper.

One pleasant feature of this meeting was the social time at a fine banquet at the American House in the evening.

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COLCHESTER-HANTS MEDICAL SOCIETY

The regular February meeting of this Society was to have been held in Windsor, Feb. 20th, 1923. As the train accommodation is such that Doctors attending from Truro would have to be from home two full days, and as the roads were bad and there was so much sickness that no outside doctors could attend the meeting was indefinitely post-poned. The Associate-Secretary of the Provincial Society was in Windsor that date conferring with the Windsor Branch of the Red Cross, and the first steps have been taken to arrange for the Annual Meeting next July. In the absence of Dr. Millar, President, Dr. O. B. Keddy, Vice-President, has the matter in hand.

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YARMOUTH COUNTY MEDICAL SOCIETY

Dr. W. G. Putnam is spending the winter in France, and his present address is Queen Hotel, Boulevard Victor Hugo, Nice.

The County Medical Society Secretary, Dr. Gullison, writes as follows:—

There is very little to report in the Yarmouth Co. Medical Society. Dr. Bethune has moved to Berwick and Dr. Morton from Pubnico to Tusket in Bethune's place. One of the Chiropractors has long since departed for parts unknown, and the other has faded into obscurity. Our policy here was *absolute silence* in regard to them, refusal to even recognize their existence, and it has worked beautifully.

At the Annual Meeting of the Yarmouth Hospital Medical Board officers for 1923 were elected, namely:—

President—Dr. S. W. Williamson.
Secy.-Treas.—Dr. T. E. Gullison.

LUNENBURG-QUEENS MEDICAL SOCIETY.

Dr. L. T. W. Penny, New Germany, Secretary of the Society writes the Associate-Secretary under date of Feb. 26, 1923, pointing out the difficulties in the way of holding a mid-winter meeting. After complimenting the N. S. Secretary on a letter complaining of indifference of some Secretaries he writes as follows:—

“As far as our Local Society is concerned, I may say that we have not had a meeting this winter, and, from what I can learn from the members I have consulted, we are not likely to have one until some of this snow disappears. There is a great deal of sickness all over the County, and the roads are, in many places, well nigh impassible. For these two reasons the winter has been a very trying one to our Medical Men, and they all feel, I am sure, that with all the wallowing through the snow they have done and must look forward to doing for a long time yet, they do not desire a sleigh drive of from 10 to 30 miles to a meeting.

“You may rest assured that when the Society again meets we shall only be too pleased to avail ourselves of the offer of the Provincial Executive, etc. In the meantime let me ask if the N. S. Medical Society proposes doing anything *practical* during present session of Legislaure, relative to Workman's Compensation Board and Chiropractors?”

Note:—Would Dr. Penny and all Doctors who are concerned with these two matters suggest what *practical* things could in their opinion be done. Send in your ideas on the subjects. (S.L.W.)

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CANADIAN MEDICAL ASSOCIATION ANNUAL MEETING IN MONTREAL

June 12, 13 and 14, 1923

The plans outlined in the preliminary announcements in preceding issues of the *Journal* (December, January, February) are developing in a satisfactory way although minor changes have been found necessary.

For instance, Sir Berkeley Moynihan's address “Medicine in Art” will be delivered at an open meeting to which members, their ladies and guests will be invited. This will necessitate departure from the decision to hold no evening sessions, and Tuesday evening, June 12th, will be devoted to this address.

The programme for opening day—Tuesday—will be: registration, discussions on "Infections of the Hand" and "Injuries of the Hand and Forearm," official luncheon at 12 noon, and in the afternoon paper by W. J. Mayo, "Septic Factors in the Great Plagues," Orthopaedic Clinic and selected illustrative cases by Sir Robert Jones, of Liverpool, and lantern slide demonstration on "Acute Osteomyelitis" by Edward Gallie, Toronto. In the evening Sir Berkeley Moynihan's address as noted above.

All the sessions of opening day will be held in the Mount Royal Hotel.

On the second day —(Wednesday) the afternoon general session will be given up to: paper "Intestinal Obstruction," Sir William Taylor, Dublin; Symposium, Recent advances in the treatment of organic disease, Nephritis, Myocarditis, Pleural Infections, the Prostrate and Diabetes.

In the evening the official banquet.

For the afternoon of the third day the programme is not as yet complete.

The Hospital Clinics: As announced, sectional clinics will be given in the various hospitals during the forenoons of Wednesday and Thursday as forming part of the Association programme. In addition the staffs of the hospitals have arranged to fill in the week from Monday to Saturday with a *clinical week*.

Eye, Ear, Nose and Throat Section: The programme for this section is well advanced. Clinical sessions will be held at the Royal Victoria, Montreal General and Hotel Dieu Hospitals on Tuesday, Wednesday and Thursday respectively, whilst two other sessions will be held in the Mount Royal Hotel on Wednesday and Thursday. Dr. S. F. Fraser, of the Royal Infirmary, Edinburgh, will be present, and will contribute.

CANADIAN SOCIETY OF ANAESTHETICS

The following have consented to participate in the programme

H. G. Barbour, Professor of Pharmacology, McGill;
W. Easson Brown, Ass't. Anaesthetist, Toronto General Hospital;
J. J. Buettner, Assoc. Prof. of Anesthesia, Syracuse;
M. S. Dooley, Prof. of Pharmacology, Syracuse;
Robert Hammond, New York;
W. B. Howell, Montreal
T. J. Kruse, Assoc. Prof. of Pharmacology, Pittsburg;
E. C. Levine, Montreal;
F. H. McMechan, Avon Lake, Ohio;
W. L. Mendenhall, Prof. of Pharmacology, Boston;
R. L. Stehle, Ass't. Prof. of Pharmacology, McGill;
D. A. Warren, Hamilton.

The address of welcome will be delivered by W. W. Chipman, Prof. of Gynaecology and Obstetrics, McGill University.

PUBLIC HEALTH NOTES

Issued by the Department of Public Health, Nova Scotia.

Halifax, N. S., Mar. 8, 1923.

TUBERCULOSIS.

A compilation of the tuberculosis statistics of the various Canadian Provinces (excluding Quebec) has recently been prepared by the Federal Bureau of Statistics. It deals with and compares the figures obtained from the Provinces for the six months' periods January to June of the years 1921 and 1922.

Nova Scotia's unfortunate position is most prominently shown.

	1921		1922	
	Jan. to June Total Deaths	Rate per 100,000	Jan. to June Total Deaths	Rate per 100,000
Prince Edward Island.....	62	70	59	67
Nova Scotia	415	79	369	70
New Brunswick	229	59	241	61
Ontario	1124	38	1084	36
Manitoba	236	39	219	35
Saskatchewan.....	170	22	185	24
Alberta	179	30	160	26
British Columbia	229	44	211	39

MUNICIPAL HONORS FOR MEDICAL MEN.

Returns received up to the present indicate that in a number of the Nova Scotian towns a number of the medical men have been honoured by having been selected for the highest local positions dependent on the exercise of the franchise. Dr. E. DuVernet of Digby, Dr. C. S. Marshall of Bridgewater, Dr. G. W. Whitman of Stellarton, are some of the men whose selection for the mayoralty of their respective towns reflects the prominent position held by these doctors in the respect and esteem of their communities. Each of these doctors has at one time or another been Medical Health Officer of the town of which he has now been elected to the mayoralty so that, acquainted as each is with the aims, intentions and powers of the Department and the special health problems of his own community, co-operation, from which their respective communities should largely benefit, can be confidently expected.

SLEEPING SICKNESS.

From the press, intimations have been received of the presence of a number of cases of Sleeping Sickness (Lethargic Encephalitis) in Winnipeg. Up to the present no cases have been reported in Nova

Scotia during the present year. Each Medical Health Officer in his own district, however, has reported the presence of influenza of greater or less severity of type, and the connection between the two complaints should not be forgotten.

INFLUENZA.

The reports received from the M. H. O's. of the Province indicate the presence of widely spread Influenza, a greater or lesser number of cases being present in every county or municipality. The mortality consequent upon the outbreak appears to be low, though doubtless there will be many deaths from various pneumonic conditions, for the onset of which an influenzal attack was primarily responsible.

MORBIDITY REPORT, JANUARY.

Communicable diseases to the number below given were reported to the Department by Medical Health Officers during the month of January.

Measles	155	Diphtheria	12
Pneumonia	27	Influenza	100
Scarlet Fever	23	Mumps	22
Tuberculosis, pulm...	33	Typhoid Fever	1
Tuberculosis, other ..	3	V. D. G.	21
Chickenpox.....	40	V. D. S.	16

In addition to the above, Influenza, Measles, Mumps, Chickenpox and Whooping Cough were reported from several places as being "several" in number, or being "epidemic," numerical tabulation being difficult.

ALTERATIONS IN ADDRESSES.

Physicians altering their addresses are requested to inform the Department in order that the Department mailing list may be kept accurate and up to date. There are many requests made the Department for information of the whereabouts of physicians or of the names of physicians practising in certain counties or towns. It is difficult to keep the mailing list accurate without the assistance of the physician themselves.

The report of the Department of the Public Health for the year ending Sept. 30, 1922, is now ready for distribution, and will be forwarded shortly to the persons on the Department mailing list, or to any to whom it might be of interest. To those to whom the health standing of the Province as indicated by its vital statistics is of moment the record which is shown will be received with satisfaction. The reduction of the General Death Rate to 12.54 during 1920-21 indicates that during that year at least the number of provincial deaths was well below the number recorded each year for some years previously. The year named was an outstanding one in that respect, however, not

only in Nova Scotia, but in almost every community in which records have been kept. Not Nova Scotia alone enjoyed the satisfaction of seeing the lowest recorded rate attained in that year, for the same happy experience fell to many communities very widely separated geographically. At the same time the attainment of an average rate approximating the figure should not be impossible in this Province, and might well be the goal at which our efforts should be aimed.

DEATHS.

Dr. T. D. DesBrisay who was for many years M. H. O. of the town of Lunenburg, died recently. During his many years practise in that town, he had endeared himself in many ways to a large circle of the population of Lunenburg County, who with his other acquaintances in the province will hear of his death with regret.

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LOCALS

The Valley Medical Society started out for a hundred per cent membership. We note however, there are five doctors in Kings County, three in Annapolis and two in Digby who are not yet members of the local Society. This means they are not eligible for membership in the Medical Society of Nova Scotia. Perhaps all of these Doctors will desire to attend the Annual Meeting at Windsor so please apply for membership in the Valley Medical Society at once.

Dr. C. S. Bezanson who appears in the Medical Register with address at Barrs' Corner, Lunenburg, is settled at Canning, Kings. Co.

Dr. R. O. Bethune has moved from Tusket, Yarmouth, to Berwick, Kings.

Dr. A. Birt, 61 College St., Halifax, is residing for the present in Bridgewater.

Dr. B. W. Mosher, formerly of Hopewell, Pictou Co., now resides in Halifax.

A letter from Dr. D. A. Murray of River John intimates that he is about to retire from practice. Dr. Murray has practiced in his native place for over 30 years.

Dr. A. F. McGregor, New Glasgow is practicing in Montreal.

The many friends of Dr. S. N. Miller will be glad to know that he has recovered from his recent severe illness.

The Halifax Medical Society at its meeting, January 10th passed a Resolution extending sympathy to Dr. John Stewart on the death of his distinguished brother, Rev. Thomas Stewart, D.D.

Dr. M. E. McGarry, Margaree Forks, who was so seriously ill last fall has been recuperating and taking post-graduate work at the same time in New York.

A reprint has been received of the Address delivered by Dr. Fenton B. Turck of New York at the meeting of the C.M.A. in Halifax in 1921. Dr. Turck in sending the same wrote that he remembered his visit to Halifax with much pleasure.

Dr. L. A. Craig, Red Cross Commissioner has accepted a position with the American College of Surgeons.

Dr. S. L. Walker until recently with D.S.C.R. has been appointed Acting Commissioner. Until further notice all correspondence with the Associate-Secretary should be addressed c/o Provincial Red Cross, Metropole Bldg., Halifax.

Dr. W. F. Read of Digby is taking Post Graduate work at the Manhattan Hospital. He will return about the middle of April.

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PUBLIC FAITH IN DOCTORS

In a recent issue of the A. M. A. Journal, an Editorial refers to an address of Dr. Fischer of Cincinnati, who criticizes what he terms "Group Medical Practice." If the Group is fully prepared for business Dr. Fischer likens the service of the group clinic to that of a Cafeteria, in which one can serve oneself to a diagnosis as one serves oneself to a meal:—

"One starts with a numbered card and buys himself at different counters and from different men a general examination, an investigation of the throat, a roentgen-ray plate of the gallbladder, a dental overhauling, a surgical operation, and a plaster cast for the foot. Each item carries its price which is punched on the ticket.

What the scheme takes no account of is that the patient does not care whether he has Hirschsprung's disease, erythema nodosum or pseudohypertrophic muscular atrophy. What he is after is a plain statement of what is the matter with him, and whether he can be "cured" or not; also there is wanted a little appreciation of his state of mind and some understanding of the economic hardships of his family in the interim of being ill. The food counters do not carry these dishes."

Contrasting with this Dr. Fischer says:—"The Medical Profession will increase or lose its public power only as the collective expression of the people's faith in the doctors who touch them." The Editorial comment then concludes."

The Medical Profession of Nova Scotia is at the parting of the ways. Shall we hold or regain the confidence of the people, or shall they regard us as shop-keepers or Union Labor men? Will our Provincial Organization have for its great end and aim "The Welfare of the Community?" Unless our object is over and above everything else altruistic we have no right to continue our present programme. Only if our motto is "Service to the Public" will success attend our efforts.

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AMERICAN COLLEGE OF SURGEONS.

Nova Scotia Doctors take the Trip.

As noted in the Press, Dr. J. G. McDougall, Dr. Ross Millar and Dr. and Mrs. I. M. Lovatt are enjoying the splendid trip arranged by the American College of Surgeons. An Amherst paper reports this trip as follows:—

"Dr. Ross Millar of this town and Dr. J. G. MacDougall of Halifax, left for New York on the Ocean Limited to-day whence they will sail on Saturday for Buenos Aires with a party of the American College of Surgeons. The trip will take about two and a half months. The party will board the Lamport and Holt liner Vandyck for a two months cruise to South America. Some 200 Fellows of the College will embark. Dr. MacDougall is the second vice-president of the college. He was elected to office at the meeting of the College held in Boston last October. Dr. Lovatt, of Yarmouth, is the other Nova Scotia representative.

The main objects of the cruise, which entails a journey of 14,000 miles, and takes in the principal South American cities are:

(a) To hold in the principal South American capitals a series of scientific meetings that will seal more strongly than ever the mutual friendship of the surgical professions of North and South America.

(b) To observe and study at first hand the scientifically equipped medical schools, hospitals and institutions of tropical medicine, and profit by the teachings of our southern confreres as they reveal to us their peculiar problems.

There will be shore visits at Cuba, Panama, Colombia and Venezuela; visits to the tropical cities of Bahia and Pernambuco in Brazil, Uruguay and Argentina; an objective in Panama, where, as guests of the Panama Republic, the Congress will be present at the laying of the corner-stone of the Institute of Tropical Medicine. They will also have the opportunity of participating in the International Centennial Exposition at Rio de Janeiro, and there will be a scientific session of the Clinical Congress and a convocation of the American College of Surgeons at Buenos Aires.

MEDICAL SOCIETY OF NOVA SCOTIA

Officers—1922-1923

Place of Meeting, Windsor, N. S.

PresidentDr. Ross Millar, Amherst
1st Vice-President.....Dr. O. B. Keddy, Windsor
2nd Vice-PresidentDr. J. J. Cameron, Antigonish
Secretary-TreasurerDr. J. G. D. Campbell, Halifax
Associate-SecretaryDr. S. L. Walker, Halifax

Executive

- | | |
|--------------------------------------|----------------------------------|
| (a) Cape Breton Medical Society | (b) Halifax Medical Society |
| 1. Dr. J. G. B. Lynch, Sydney | 1. Dr. M. G. Burris |
| 2. Dr. L. W. Johnston, Sydney Mines | 2. Dr. J. R. Corston |
| 3. Dr. J. J. Roy, Sydney | 3. Dr. C. S. Morton |
| | 4. Dr. K. A. MacKenzie |
| | 5. Dr. G. H. Murphy |
| (c) Pictou Medical Society | (d) Valley Medical Society |
| 1. Dr. John Bell, New Glasgow | 1. Dr. L. R. Morse, Lawrencetown |
| 2. | 2. Dr. E. O. Hallett, Weymouth |
| | 3. Dr. J. G. McNally, Berwick |
| (e) Lunenburg-Queens Medical Society | (f) Yarmouth Medical Society |
| 1. Dr. G. Maclellan, Lunenburg | 1. Dr. A. J. Fuller, Yarmouth |
| 2. Dr. N. W. Reh fuss, Bridgewater | |
| (g) Colchester-Hants Medical Society | (h) Cumberland Medical Society |
| 1. Dr. E. E. Bissett, Windsor | 1. Dr. J. A. Munroe, Amherst |
| 2. Dr. F. F. Eaton, Truro | 2. Dr. D. McIntosh, Pugwash |

Committee on the Cogswell Library

1. Dr. D. Fraser Harris, Halifax, N. S., (Chairman)
2. Dr. J. R. Corston, Halifax, N. S.
3. Dr. John Stewart, Halifax, N. S.
4. Dr. P. Weatherbee, Halifax, N. S.
5. Dr. J. G. MacDougall, Halifax, N. S.

Committee of Arrangement

The Medical men of the Cochester-Hants Medical Society.

Committee on Public Health

1. Dr. M. E. Armstrong, Bridgetown, N. S., (Chairman)
2. Dr. F. V. Woodbury, Halifax, N. S.
3. Dr. A. S. Kendall, Sydney, N. S.
4. Dr. H. H. McKay, New Glasgow, N. S.
5. Dr. L. P. Churchill, Shelburne, N. S.

Executive C. M. A.

1. Dr. H. K. McDonald, Halifax, N. S.
2. Dr. John Bell, New Glasgow, N. S.

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3. Dr. J. J. Roy
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