

A Contrast
-- THE --

MEDICAL SOCIETY

OF NOVA SCOTIA

Bulletin

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MEDICAL SOCIETY OF NOVA SCOTIA

Annual Meeting July 1925

BRIDGEWATER, N. S.

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A Contrast

In an English Church Yard

*Here lies a miser who lived for himself
And cared for nothing but gathering pelf;
Now, where he is or how he fares,
Nobody knows and nobody cares.*

IN ST. PAUL'S CHURCH HALIFAX

*Sacred to the memory of the
Honorable William Bruce Almon M. D.*

*A Member of the Legislative Council of Nova Scotia
and long an Eminent Physician in this town*

*Who departed this life from
Typhus fever contracted in Zealous Discharge
of Public Duty*

*On the 12th day of July A. D. 1840 in the 53, year
of his age.*

*In his dying hours he testified his trust in the Blood
of the Redeemer;*

*During life his Active Benevolence, his Amiable
Disposition, his Tender Attention to the Sick and Afflicted,
his Sympathies in their Sufferings, and his unwearied
Efforts to Relieve them, Endearred Him to all of this
Community.*

*His Numerous Friends have felt a Melancholy
Satisfaction in Uniting to rear this Stone in Perpetuation
of the Memory of One so warmly Beloved, and so deeply
lamented.*

REPORT OF ASSOCIATE SECRETARY TO THE EXECUTIVE OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

I beg to submit herewith a summary of the work carried on since the 1923 Annual meeting by your Associate-Secretary.

OFFICE ACTIVITIES

It is difficult to understand the amount of time that the business affairs of a provincial medical society require if the work that offers is attempted. This work has occupied at least one-third of all my working hours and half time of a capable stenographer. While of course organization opens up new lines of activity in many directions much work that was formerly done by voluntary workers is carried on by the Secretary. It might be mentioned that the obtaining by mail, or by wire, of opinions on emergency matters, formerly decided by an emergency meeting of the Executive, a quorum of which was resident in one place, entails a great amount of office work; but only in this way can a truly provincial expression of opinion be obtained unless at a great expense of time and money to members. In several instances during the year this means was adopted. An endeavor was made to have the several matters clearly presented so that intelligent opinions could be expressed. The various replies were almost unanimously in agreement, so that subsequent action met with general approval. Our affiliation with the Canadian Medical Association has also greatly increased the routine business of the Society, especially when it means circularizing all members of the profession. The collection of the fees means a lot of work, as compared with our former method of payment at time of registration at the annual meeting. The monthly issue of the Bulletin also demands increased time and effort. This is not complaint or excuse but a mere statement of facts in case some one may forget the Society requirements.

During the past year the Associate-Secretary has endeavored to assist doctors and institutions in obtaining Assistants or Internes, in some cases with success. Inquiries have been made regarding location or change of field and special information has been secured for some applicants. This is a kind of work that can be greatly extended if the doctors will only use the Secretary for the purpose. Yet he must know your needs before he can be of service, he must have informa-

tion, this you must give. Indeed neither this special work or our larger work as an Association can be successful without mutual co-operation, the Associate-Secretary cannot do it all.

MEMBERSHIP

At the last Annual Meeting the Associate-Secretary's report gave the paid up membership of the Medical Society of Nova Scotia and the Canadian Medical Association as 109, which with 92 doctors paying the Nova Scotia fee alone and 11 Honorary Members brought the total membership list for the Medical Society of Nova Scotia to 212. The present membership list June 30, 1924, is made up as follows:—

No. holding membership in both the Canadian and the Provincial Society—114.

Additional paid members in the Provincial Society alone—73.

The total of active members—187.

Deducting 2 Honorary members who have paid the C. M. A. fee, the membership is summarized as follows:—

Active members with fee paid for 1924	185
Honorary Members	15
Total Membership	200

As compared with 212 in 1923.

It is fair however to conclude that the present session will see the paid up membership equal to that of last year.

While the Mailing List of the Bulletin is from 450 to 460, as a matter of fact the doctors in active practice who take any interest in the work of the Profession and who might possibly become members of the Society, only number 388. Eight of these are wholly unlikely to become members and no membership draft is made on them whatever. We thus have about 380 doctors who could be regarded as possible members of a Provincial Society. Our membership of 200 is therefore more than 50 per cent of our possible membership. This compares very favorably with the other Associations of the Dominion, and the proportion of our members who have paid the Canadian fee is better than any list of the other Provinces. It would appear, however, that some steps should be taken to increase the percentage of the profession, making their membership in the Society effective. 300 paid up members should be the goal aimed at. It is felt that this could be reached very easily if the local Societies would furnish the opportunity to their membership to join the Provincial organization. Possibly the remittance of the local fee providing it does not exceed \$1.00 might be an added inducement. At least this would be a matter for consideration by the Society.

THE BULLETIN

The first issue of the Bulletin was a small four page circular issued January 3rd, 1922. Following the Annual Meeting in July 1922 Bulletin No. 4 was issued consisting of 48 pages. Since then the usual issue has been 36 pages of reading matter and 4 pages of Directory. In 1922 five numbers were printed and mailed to all physicians resident in the Province. During 1923 five numbers were printed at an average cost of \$125.00 plus postage \$9.00. In 1924 five numbers have already been issued, in accordance with a motion of the Executive the issue being made monthly. An offer having been received from a provincial publishing firm the April, May and June numbers were printed in Windsor, at a cost of \$115.00 plus postage. The July issue is being printed at a special rate which will bring the cost just under \$100.00 including postage.

While your Associate-Secretary was instructed that advertisements might be solicited, which would defray some of the expense of printing, it was wholly out of the question for him to devote time and energy to obtain these. An offer has been received from an Advertising Agency to furnish 500 copies without charge if the advertising is placed wholly in their hands, subject of course to approval of each advertisement.

No Organization can work effectively without some official medium of communication, in order that all members of the profession will know what is being done by the Society as a Society and by the individual doctors. The Bulletin has a distinct mission to perform in a consideration of all those matters of interest to the profession as a whole, and our relations to the public. But the social side must not be forgotten, and by personals and local items referring to doctors and their families our relations with each other must become more friendly. There is no dearth of material to keep up the Bulletin to its present standard and if any definite assistance was furnished by the Secretaries of local Societies more suitable material could be printed.

I do not see how our obligations to the profession can be discharged in this matter without the July and the August issue of the Bulletin. I think, however, some definite action should be taken to ensure the future of this publication, and I await instructions.

IRREGULARS

The Associate-Secretary has used the Bulletin during the past year to publish items relating to various forms of quackery in an effort to acquaint the doctors of Nova Scotia with some frauds so they can advise their patients. Irregulars and quacks will flourish as long

as there exists a gullible public no matter how much the law is invoked against them. A distribution of pamphlets, prepared by the American Medical Association exposing the Abrams fraud, was made to all Doctors on our mailing list, and has been of much value. It is the duty of every doctor to impress upon their clientele the futility of expecting health from such sources. An argument that is not used as much as it should be is the moving of these quacks from one place to another. If their *treatments* do any good and if their *cures* are real why not stay in one place for years in the interests of the people of that community.

Reference is made in the Report of the C. M. A. recent meeting to the success which attended the efforts of the Saskatchewan Association in preventing registration of quacks. We are probably in a position today to prevent any bad legislation in this direction but we must depend upon education of the laity to save them from these frauds.

Reading a notice in an Antigonish paper regarding a "Drugless Parlor" operated by a Doctor—inquiries were made and he was indentified as a more or less discredited lawyer who later removed to Parrsboro. An effort has been made to secure evidence that would convict him of illegal practice but this is not yet available.

HONORARY MEMBERSHIP

The following were elected to Honorary Membership in the Medical Society of Nova Scotia at the Annual Meeting in 1922:—

Dr. A. deW. Barss, Wolfville
Dr. J. B. Black, Windsor
Dr. Geo. E. Buckley, Guysboro
Dr. A. J. Cowie, Halifax
Dr. Jas. R. Collie, River John
Dr. Marcus Dodd, Bridgeport
Dr. Finlay McMillan, Sheet Harbor
Dr. C. H. Morris, Middle Musquodōboit
Dr. E. N. Payzant, Wolfville
Dr. Augustus Robinson, Annapolis Royal
Dr. John Stewart, Halifax

At the Annual Meeting in 1923 the following were also elected:

Dr. Geo. E. DeWitt, Wolfville
Dr. A. M. Perrin, Yarmouth
Dr. H. B. Webster, Kentville
Dr. W. S. Woodworth, Kentville
Dr. D. McIntosh, Pugwash

Since our 1923 annual session two of these members have laid down life's burdens and, honored by their professional brothers and the people with whom and for whom they labored so many years, they have gone to their reward. These are Dr. C. H. Morris of Middle Musquodoboit who died October 9th, 1923—and Dr. Marcus Dodd who died June 11th, 1924.

Honorary Membership in this Society does not belong to anyone on account of length of service, but the rather upon the honorable manner in which that service has been rendered. Among those who have upheld the high standing of the profession upon scientific grounds, who have creditably shared in the work of medical societies, who have been effective as medical teachers and have so been publicly recognized, and who at the same time have concerned themselves with matters of civic concern, the name of Murdock Chisholm, M. D., C. M., McGill University, 1879, Halifax, N. S., immediately stands out as that of one who has in a very striking manner fulfilled these requirements. In extending this honorable recognition to Dr. Murdock Chisholm the Medical Society of Nova Scotia would not only discharge an obligation but would also honor itself in so doing. The recommendation for this election is therefore respectfully submitted.

Several names have been suggested of members we should thus recognize but the Associate-Secretary must not usurp the duties or privileges of the Executive.

Mention might be made in this connection to the recent action of the Canadian Medical Association in electing one of our Honorary Members to Senior (Life) Membership in the Federal Association,—Dr. John Stewart of Halifax.

ANNUAL MEETING OF THE C. M. A.

Having been appointed by the President as a Representative on the Council for Nova Scotia in place of Dr. A. S. Simpson who removed from the Province, and feeling that the business transacted at that meeting would be of interest and profit to the Profession in Nova Scotia I attended the recent meeting at Ottawa. The following report does not mention in any way the scientific side of the session and even the business considered can be only briefly presented.

THE CANADIAN MEDICAL ASSOCIATION

1923 - 1924

FIFTY-FIFTH ANNUAL MEETING OTTAWA—JUNE 16TH-20TH, 1924

The Fifty-Fifth Annual Meeting of the Canadian Medical Association convened in Ottawa, with an opening meeting of the Council of that body, in the Tudor Room of the Chateau Laurier at 2 P. M. Monday, June 16th. The Nova Scotia Medical Society was represented at that meeting by Dr. J. G. McDougall, Halifax, Dr. W. J. Egan, Sydney, and Dr. S. L. Walker of Halifax, appointed by the President, Dr. Keddy, to replace Dr. A. S. Simpson removed from Nova Scotia. At all subsequent meetings of the Council in addition to these Dr. K. A. McKenzie of Halifax was present.

The following Doctors from Nova Scotia were registered as present at this annual meeting, viz.,

Doctors A. Birt, A. R. Cunningham, A. C. Jost, J. G. McDougall, D. J. McKenzie, K. A. McKenzie, W. L. Muir, S. R. Johnson, John Stewart, S. L. Walker, Halifax, W. J. Egan, Sydney, C. E. A. deV and M. R. Elliott of Wolfville, J. Ross Millar, Amherst, F. R. Shankel, Hantsport, A. R. Reid, Brooklyn, and Dr. F. O'Neil, Sydney.

Any effort to convey to the Medical Profession of Nova Scotia a full report of this meeting will of course be futile and the Associate-Secretary will only attempt to give a general outline of the business considered and some impressions received after following fairly closely the programme for the five days of the session. As far as possible all matters that might be regarded as of interest to members of the Medical Society of Nova Scotia will be mentioned.

One of the first duties of the President, Dr. Kidd, and one that gave him a great deal of pleasure, was that of welcoming to all the meetings of the Association Doctor Alfred Cox, Secretary of the British Medical Association and Sir Jenner Verall an ex-President of the same Association. It is of course needless to say that these two especially appointed representatives of the British Medical Association received an enthusiastic and hearty welcome, and also that on every occasion on which they spoke (and they took an active part in

all Council meeting discussions) they were heard with pleasure and profit. What they said and suggested was of much value to the members of the Council in many matters of business that were considered, even apart from their own special mission regarding affiliation of the British Medical Association with the Canadian Association.

It may be well to insert here the proposed terms of this affiliation as presented by these speakers and adopted by the Council.

“BRITISH MEDICAL ASSOCIATION
QUESTION OF AFFILIATION BETWEEN THE B. M. A. AND
THE CANADIAN MEDICAL ASSOCIATION.

“The following are the suggestions to be made by the two Delegates as the basis on which they might open negotiations with the C. M. A., as to affiliation between the two bodies:—

(1) That the C. M. A. and the B. M. A. through their respective chief governing bodies, should formally declare their desire to come to some arrangement whereby the two bodies may be kept in close touch, so that they can whenever necessary, co-operate in the interests of the medical profession throughout the Empire.

(2) That there should be a statement on the official documents of the respective bodies something like the following:—

“British Medical Association, with which is affiliated the Canadian Medical Association”;

“The Canadian Medical Association, affiliated to the British Medical Association.”

The “official documents,” so far as the B. M. A. is concerned would, it is suggested, be the following:—

- (a) The ordinary note paper;
- (b) The Annual Handbook of the Association;
- (c) The Handbook for Newly Qualified Practitioners
- (d) The Handbook of Annual Meetings
- (e) The Annual List of Members.

(3) That there should be a regular interchange of official documents considered to be of general interest, such as, for example:—

(a) An official copy of the B. M. J. to be sent *gratis* to three or four of the chief officers and officials of the C. M. A. who would be nominated for the purpose by the C. M. A., and a similar number of copies of the Journal of the C. M. A. to be sent to certain officers and officials nominated by us;

(b) Official copies of the B. M. A. Handbook, the Handbook for recently Qualified Medical Practitioners, and any other documents of general interest issued by the Association, to be sent to the C. M. A., with a reciprocal compliment on the part of the C. M. A.

(4) That the C. M. A. should have the right to use our "Important Notices" on conditions to be settled in consultation, they promising on their part to allow us to use their Journal, for the purpose of notifying their members when we have objections in regard to appointments which may be offered to doctors from Canada.

(5) That any members of the C. M. A. who may be in this country at the time, should have a right to attend the Sections and functions of the Annual Meeting of the B. M. A., the C. M. A. nominating a limited number of persons who are to be regarded as the *official* delegates of the C. M. A., and who shall be presented to the President and afforded such other courtesies as the Council of the Association may be able to offer, the like courtesy being extended to the B. M. A. so far as Annual Meetings of the C. M. A. are concerned; members of the C. M. A. visiting the United Kingdom to have also the use of the B. M. A. House and Library, and the help of the central staff of the Association with reciprocal advantages to members of the B. M. A. visiting Canada.

(6) That there might be an occasional interchange of official visits, e. g. the B. M. A. might have an Annual Meeting in Canada at intervals, and the C. M. A. might come over here. This might not be so difficult in the future as it now is, if, as may reasonably be expected, means of communication grow quicker and cheaper. On great occasions, such as for example, the opening of our new home or the centenary of the Association, a special invitation would be issued to the C. M. A. to send delegates, just as we should issue such an invitation to our Oversea Branches.

(7) That there should be a regular interchange of information between the officials of the two bodies.

(8) That the members of the C. M. A. should be entitled to receive the B. M. J. at a price no greater than is at present charged to those members of the B. M. A. who reside in Canada (or any other part of the Empire overseas) (namely £1.11.6). Any idea of keeping alive B. M. A. Branches in Canada would of course have to be dropped."

Practically all the business of the Canadian Medical Association is carried on by the Council and its Executive. It would appear therefore that the report of the Executive Committee which was presented to the Council and which was considered by the Council section by section might afford the readers of the Bulletin a better idea of the

business considered than any other procedure. This report is divided into two parts and selected sections from both these parts are as follows:—

PART I

1—*Affiliation with British Medical Association.*

During the previous year, correspondence passed between the British Medical Association and our Association reference affiliation. Your Executive Committee was delighted to learn that we were to be favored with the presence of Sir Jenner Verall and Dr. Alfred Cox, representing the British Medical Association, at our annual meeting in 1924. No doubt the visit of these distinguished guests will afford an opportunity to discuss thoroughly the question of affiliation.

2—*Gratis Journals to Medical Missionaries.*

Acting upon instructions, your Committee are pleased to report that our Journal is now being sent, with the compliments of the Association, to sixty-two Canadian Medical Missionaries in foreign fields. A number of letters of acknowledgement indicate that our action in this regard is much appreciated.

3—*Lister Memorial Oration.*

It having been decided that the first Lister Memorial Oration should be given at the annual meeting in 1924, a most happy selection of orator was made, in the person of Dr. John Stewart, of Halifax. As a personal friend and student of Lord Lister, Dr. Stewart is eminently qualified to be the first Lister Memorial Orator to appear before our Association.

It having been decided that the oration shall be delivered triennially, a special Committee of which Dr. F. N. G. Starr of Toronto, is Chairman, has promulgated a plan to raise a Lister Memorial Fund of \$5,000, the interest of which is to be used in connection with the oration. The report of the Lister Memorial Committee will show with what success the appeal for funds has met.

4—*Income Tax.*

Replying to a questionnaire reference the matter of Income Tax, upwards of 1,500 physicians stated that the deductible sum per dependent child should be increased to \$500. The Secretary was instructed to make proper representation to the authorities at Ottawa. Without commenting upon our influence in the matter your Committee are pleased to note that the deductible sum per dependent child has been increased to \$500.

5—*Department of Soldiers' Civil Re-Establishment.*

During the latter part of January, your Executive Committee learned that certain administrative changes were contemplated in the Department of Soldiers' Civil Re-establishment, a specific instance being reported where the medical superintendent of St. Anne de Bellevue Hospital was being replaced by a lay superintendent. Steps were immediately taken to arrange a conference with the Honorable Prime Minister and the Honourable Dr. Beland, Minister of the Department. The conference was held in the Prime Minister's office on Tuesday, January 29th. Your Executive Committee strongly protested against this retrograde policy. Both the Prime Minister and the Honourable Dr. Beland gave your Committee little assurance that the decision reached would be altered. Acting upon instructions the Secretary immediately got into telegraphic communication with the nine Provincial Medical Associations, requesting that the medical profession throughout Canada protest to Ottawa against this unwarranted action. One week later, your Secretary was advised by the Honourable Prime Minister that the matter was receiving further careful consideration. We understand that the one change was made at St. Anne de Bellevue, but that no other medical superintendents of D. S. C. R. Hospitals were replaced by lay superintendents.

R—*Public Enlightenment.*

Representations having been made to your Executive Committee from various sources, that the public press should be utilized by the Association to enlighten the public on matters of health, we are now in a position to report that some thirty health talks have been prepared and submitted by members of the Association. These are now in the hands of the newspaper authorities with whom we are still negotiating. It appears advisable to have these articles appear in one daily newspaper in each city in Canada, at weekly intervals, the arrangement to be entered into for a period of one year. Your Committee would request that the approval of Council be given to this arrangement at this time.

T—*Broadcasting of Health Talks.*

The Secretary was instructed to secure from the profession a number of talks suitable to be utilized by the radio stations of Canada. We now report progress in connection with this department. Some few talks are in hand, and newspaper radio departments evince a keen desire to obtain such when we have a sufficient number to properly inaugurate the department.

10—*Group Insurance*

A great deal of work has been done during the year by the Committee in charge of the Federal Legislative Bureau, in connection with the matter of Group Insurance as affecting Life, Automobile, Sickness, Accident, and Mal-practice. Various propositions were presented by the Federal Legislative Committee to your Executive Committee, and these will be presented to Council at this time for further consideration.

11—*Electronic Theory of Abrams*

The American Medical Association, having made a fairly exhaustive study of the electronic theory of Abrams, published same in extenso. Your Executive Committee purchased 8,000 reprints of this literature to be distributed, through the Provincial Associations, to the profession throughout Canada.

13—*Federal Venereal Disease Grants*

It having been brought to the attention of your Executive Committee that the Federal Government proposed decreasing the annual grants being made to the provinces for combatting Venereal Diseases, your Secretary was instructed to request that this matter be reconsidered by the Government with a view to having grants continued as heretofore. This action was taken.

14—*Motor Markers*

Your Executive Committee has approved of the design submitted by the Committee in Charge of the Federal Legislative Bureau to be made up in the form of a Motor Marker. Copies of this design are being submitted to members of the Association with a view to ascertaining the number who desire to purchase markers to be used on their cards.

15—*Financial Page in Journal*

Your Executive Committee are pleased to report that arrangements have been completed with a reputable financial house to edit a financial page in each issue of the Journal for a period of six months. Copy has already appeared in two issues of the Journal. Your Committee hopes that this department will be of such value to the members, that it will be worth while to continue it indefinitely.

16—*Invitation to British Medical Association.*

Acting upon instructions given to your Executive Committee at the last annual meeting, an invitation was extended to the British Medical Association to meet in Winnipeg in the year 1927. No final answer from the British Medical Association has been received, but we understand that Sir Jenner Verrall and Dr. Alfred Cox, delegates to our annual meeting from the British Medical Association, will be prepared to discuss this matter with the Council.

Your Executive Committee is pleased to report that the Manitoba Medical Association has decided to be financially responsible for the attendance of at least one delegate to the annual meeting of the Council. Your Executive Committee wishes to congratulate the Manitoba Medical Association on this very definite evidence of cooperation, and further express the hope that the other Provincial Associations will follow the lead which Manitoba has started.

18—*Group Membership*

During the past year, representations have been received from four groups of practitioners stating that they did not require three or four Journals coming into their respective offices, and asking if one Journal could not be received with a correspondingly decreased membership fee. Your Executive Committee, in replying, pointed out to these groups that the annual and individual payment of \$10.00 is primarily a membership fee to the Association, the Journal being apperquisite of membership; furthermore, that we wish members to appreciate the fact that it would be unfair to accept less than \$10.00 from individual members who happen to be practising along with others; and, further that, should three of four Journals not be required in the one office your Executive Committee would be glad to receive instructions to send the surplus Journals, with the compliments of the members concerned, to medical missionaries or to hospitals. Your Executive Committee would respectfully request Council to endorse this action.

PART II.

In the report of the Committee on Intra-Canadian Relations submitted to the Association at the time of our last annual meeting, Particular stress was laid upon the importance of the Association not only acting as a clearing house for the various Provincial Associations, but the necessity of the parent Association getting into closer contact with the Provincial Associations with a view to rendering every possible assistance to them.

23—*Saskatchewan Legislation*

Early in the month of March, the General Secretary was invited to Regina by the Saskatchewan Medical Association. Five Bills of deep interest and concern to the medical profession were brought before the Provincial Legislature. Bill number one, being sponsored by the medical profession, contained several desirable amendments to the Medical Act of the Province; while the others might be tabulated as follows:—Number two, to establish a separate licensing Board for the osteopaths placing them on a par with regular practitioners of medicine; number three, to allow irregulars to sign birth and death certificates; number four, to open the public hospitals to irregular practitioners; and number five to make it compulsory for all physicians to write the diagnosis upon their prescriptions or upon the label of directions placed upon medicines dispensed by them. Your Secretary is pleased to report that the Bill sponsored by the medical profession received the assent of the House, while the other four Bills received the very definite and overwhelming defeat which they merited. No doubt the organized profession of Saskatchewan played a most important part in enlightening the Legislature of the Province upon these various Bills and bringing such other influence to bear as would assist the members of the Legislature to voice their protests against insidious measures as were advanced to the detriment of the public health of the province.

24—*Manitoba Organization*

During the month of April, the General Secretary was invited by the officers of the Manitoba Medical Association to make a tour of that province to assist in the organization of District Medical Societies. Unfortunately, inclement weather necessitated the cancellation of two of the meetings. However, enthusiastic and well attended meetings in the formation of two new integral parts of the Manitoba Medical Association. Furthermore, the Winnipeg Medical Society expressed its willingness to become the affiliated Society representing that District of the Province, and the Manitoba Medical Association is now well organized on a District basis.

During the coming summer, the General Secretary hopes to visit the Maritime Provinces, having expressed his willingness to assist in so far as he may, in the further development or organization of the Eastern Provincial Associations.

25—*The Association*

That the Canadian Medical Association is destined to become an important organization in the community life of Canada, is well estab-

lished. It is evident from the activities of the past year that the Association has many useful functions and services to perform. The field is broad, the horizon far-flung, the possibilities many and varied. But far too few have as yet caught the vision. Let us look at the situation frankly and not with any degree of false pride. We are sadly lacking in members as the following figures will show:—

26— <i>Present Membership</i>	C.M.A.	No. in Practice
Ontario -----	1,141	3400
Manitoba -----	216	500
Saskatchewan -----	116	750
Alberta -----	110	500
British Columbia -----	21	550
Quebec -----	306	2500
New Brunswick -----	61	273
Nova Scotia -----	140	400
Prince Edward Island -----	18	70
Newfoundland -----	11	
United States -----	85	
Miscellaneous -----	26	
	-----	-----
	2446	8943

27—*Our Obligations*

What is the solution? Is there such? Your Executive Committee would offer the following:—

First—After very careful deliberation, our functions should be defined and outlined, in contradistinction to the obligations resting upon the various provincial Associations.

Second—Having decided what our duties are, to throw our full weight and influence into our task.

Third—A never-ending appeal to be made to the Branch Associations and individual practitioners for members, and more members, until we enlist the moral and financial support of every eligible physician in Canada.

Your Executive Committee believes that the profession in increasing members will support our organization if we show real service. But the Association can give back to its members only what the members are prepared and willing to provide for themselves—and no more. It is earnestly desired that we do now take stock of our position, lay our foundations on solid ground and then continue the building of a superstructure of which one day we all may be justly proud.

This report would be incomplete if reference were omitted to the splendid cooperation which your Executive Committee has received from our various Committees and others who have taken a keen interest in the work of the Association during the past year.

All of which is respectfully submitted.

T. C. ROUTLEY, *General Secretary.*

A special Committee consisting of Doctors Primrose, Bazin and Walker drafted a Resolution which was adopted by the Council deprecating the failure of the D.S.C.R. to name a Medical Superintendent for St. Anne de Bellevue, a hospital for Mental, Tuberculosis and Surgical patients. This Resolution was ordered to be presented to the Premier. The action taken by every society in Nova Scotia was favorably noted as showing definite value of organization. Experience has shown that hospitals of 100 beds and upwards should be under direct medical supervision.

No definite action was taken regarding publicity but plans are being considered. In the meantime the Medical Society of Nova Scotia would be wise to continue its present publicity work until our press can be generally supplied by the Canadian Association. Three Health Talks were broad-casted by radio by members of the Council on Wednesday Evening.

The section referring to Saskatchewan points out plainly what can be accomplished by organization in the prevention of the registration of quacks, etc. Attention was directed to the vast amount of work that devolved upon several members of the Executive which was so well discharged, also the great value to the Association of the services of Dr. T. C. Routley, General Secretary. Organization has very greatly increased the work of the Secretary because it opened many lines of activity which formerly had to be neglected. The same principles of course applied to the affiliated Provincial Associations.

An illustration of the extension of work due to organization is found in the plan followed in Ontario for post graduate instruction to affiliated Societies. (The annual meeting of the Ontario Association was held in conjunction with the Canadian meeting, and members of the Council were invited to attend all meetings of the Ontario General Purposes Committee, which is its business body.) The Province of Ontario is divided into ten districts, and, besides their individual meetings, have at least one general District Meeting. Using a special grant of \$5000 from the Ontario Division of the Canadian Red Cross prominent Physicians and Surgeons of Canada (chiefly of course Ontario) and the United States attend these District Meetings

and give post graduate lectures and clinics. Each individual Society can also have one or more of these lecturers to attend its meetings. The honorarium is very small but railway and hotel expenses are paid. In 1923 a total of 241 speakers were sent to Society and District Meetings, and these meetings, were all well attended. The Ontario Association suggests this plan to the Canadian Medical Association for adoption in other Provincial Associations. (It is quite possible that a special grant might be secured to enable the Medical Society of Nova Scotia to make general its efforts during the past two years to secure an interchange of speakers at the meetings of our affiliated Branches.) While this work was financed from an outside quarter it could only be made effective through a first class organization.

The Report of the Treasurer and Managing Editor of the Canadian Medical Association was very satisfactory, noting that \$2000 in bonds had been redeemed and \$2000 more placed in sinking fund and \$3100 invested in Government bonds. It was especially emphasized that the Journal was a perquisite of membership in the Association and the annual fee of \$10.00 is in no sense to be regarded as a subscription; the general business in which the Council engaged for fully three days is of even more value to the medical profession in Canada than its official Journal. The discussion elicited the opinion that Provincial Editorial Boards could do more towards supplying papers and news notes of local interest than has hitherto been done.

The Report of the Committee in charge of the Federal Legislation Bureau made the following proposals:—

- 1—Further consideration of the proposal to have university representatives in Parliament.
- 2—The endorsement of the Federal Department of Health to control the drug evil.
- 3—The approval of the reduction from 60,000 to 6,000 patent medicines and the suggestion for further assistance in carrying on work in this connection.
- 4—Recommendation for the necessary action to increase the accommodations for those unfortunates who become drug addicts.
- 5—Recommendation that this Association take an active part in bringing about a national congress on medical education and legislation.

Further proposals were submitted regarding Provincial License Inspectors, Motor Markers which may now be ordered, Group Insurance, and further exemption in the Income Tax. All new matters were referred to the incoming Executive for action. The Report of the Committee on Education, together the Legislative Report and the references to the Federal Department of Health were referred to a

special Committee which is to arrange for a general Conference at Ottawa of all the Provinces to discuss all matters of Federal concern. It is expected this Conference will be held late in November of this year and a meeting of the C.M.A. Council or Executive will be held concurrently.

The Ontario General Purpose Committee considered very fully the Report of their Public Health Committee. This included the establishment of Health Centres and Clinics in rural districts, the bonusing of Doctors and Nurses for sparsely settled districts, full time Health officers doing general practice as well as what we regard as their usual official duties, and the hearty co-operation of the Provincial Health Department with the Provincial Association in all phases of its work, their officials being most active in all Committee work. (There would appear to be a suggestion here that might be of value to our Society.)

The Ontario Temperance Act came up for consideration, and the effect of the Excise duty of \$14.00 per gallon on alcohol in the quality and price of medicinal liquor brought forth a Special Committee to seek its removal. Only $\frac{3}{4}$ of 1% exceeded in the month of January their limit of 50 prescriptions. As however each prescription can be made for one quart, the ordinary practitioner can easily look after an average clientele. The month of December furnishes the greatest demand for scripts.

Recently the Ontario Association has been enabled to get better service from the Workmen's Compensation Board. It was pointed out that the complaints of the doctors very often contained misleading information and incomplete reports. Practically every case, in which investigation by the Committee of the Association confirmed the facts, was settled by the Board to the satisfaction of the Doctors. It was also remarked that poor reports are furnished by many doctors in making sickness returns especially as regards Industrial Diseases, with many errors in diagnosis. The list of these diseases should be gradually increased in order that the employee shall have full protection.

The discussion by the Council of the new Constitution and By-Laws brought out many difficulties in carrying on Society business. Among these was the arranging of programmes for Annual Meetings, and it was pointed out that no Committee could possibly realize the difficulties of the General Secretary in its preparation. The consensus of opinion was that the General Secretary with the President and the Local Committee were better able to arrange programmes than a special committee of the Association.

References were made to a proposal from the Life Officers' Association regarding their active cooperation with the various Prov-

incial Associations in some uniform health educational work. As the proposition was not definite it was referred to the new Executive. It was concluded that all Branch Societies and all District and Provincial Meetings should arrange at least one open public session to which officials of various Welfare Organizations and the Municipality or Government should be particularly invited. An opinion was expressed that members of the profession practising specialties should pass some further examinations to indicate their qualifications.

At another meeting of the Council Regina was selected as the next place of meeting and Dr. David Low as President-Elect. Under the Dr. Kidd of Ottawa retains the Presidency till then. The membership of the Association now consists of Ordinary members, and Senior, to Senior (Life) Membership. It was decided that the Association should pay the expenses of members attending Executive meetings other than those held with the annual meeting.

The Association considered affiliation with other Medical or Philanthropic organization and approved the same. It was agreed that the C.M.A. would not appoint any delegates to any with which it was not affiliated. The Committee on Intra-Provincial Relations made the following recommendations which were approved:—

1. That complete organization of the profession will be effective when co-ordinated each province with the other, and within itself from the unit society, through the District to the Provincial body.
2. A composite fee should be encouraged.
3. The General Secretary should each year visit each provincial body in the interests of organization.
4. That in each province there should be a committee of three or five to cooperate with the General or Field Secretary.
5. That the C.M.A. endorses the interchange of provincial speakers at annual or provincial bodies.

Dr. Bazin reported regarding the work of the Society of Friends of Medical Progress, being a lay body supporting present research methods (See the April Bulletin).

There were several notable addresses given either at the general sessions or the banquet, other than scientific. Especially did the manner, style, diction and thought of Sir Jennar Verral appeal to his audience, and his pervoration, in appreciation of the closer affinity between the Old Country and Canada as Emblematic of Empire solidarity, brought forth long continued applause. Dr. Cox spoke on the things the doctors in Britain and Canada have in common,—History, Tradition and Objects. The acoustic properties of the theatre auditorium were exceedingly poor, yet the Lister Oration by Doctor Stewart was indeed a treat. In every part of the address

Lord Lister was portrayed as a man and it was full of delightful personal reminiscences. No subsequent oration can have this same personal element, and its general distribution to the profession, will be a valuable addition to all medical libraries.

AFFILIATED BRANCHES

Nine Societies have maintained at least nominal affiliation with the Provincial Association, but it is extremely difficult for local Secretaries to devote much time to matters relating to the local and provincial bodies. As will be seen from the Bulletin all these Societies have been in session sometime during the year, although in some instances it is difficult to get good meetings. No progress has been made to give the doctors in Shelburne the advantages of a local society, largely owing to the poor functioning of the Yarmouth County Society. A special effort should be made to impress upon the profession the value of the small medical society holding frequent meetings. This could be done easily especially where hospitals are located. No hospital is properly run which does not have regular meetings of its medical and surgical staff. They could be fixed for definite times and at least once each month all doctors living within the area the hospital serves could be invited to attend these meetings—the advantages to both parties are obvious.

HALIFAX COUNTY Reports 90 members.

Members nominated to the Executive of the Medical Society of Nova Scotia are Doctors V. L. Miller, A. R. Cunningham, J. L. Churchill, P. Weatherbee and F. G. Mack.

No members were appointed to discuss papers at the Annual Meeting, but the Secretary writes that members will be prepared to discuss each paper.

CAPE BRETON SOCIETY

No returns made to membership or election of officers. To discuss the address on Obstetrics Dr. J. G. Lynch with Dr. John McDonald as alternate. In Surgery, Dr. J. J. Roy, and in Medicine Dr. D. W. Archibald.

EASTERN COUNTIES

19 members in good standing. Nominated to the Provincial Executive Dr. W. F. McKinnon, Antigonish. To discuss the address in Obstetrics Dr. J. A. Proudfoot of Inverness and Dr. M. E. McCarry of Margaree Forks.

PICTOU COUNTY

Hon. Pres. Dr. E. Kennedy; Pres. Dr. Clarence Miller; Vice-Pres., Dr. M. Young; Standing Committee on Tuberculosis, Doctors Kennedy, Benvie, McKenzie, Dunn, Stramberg, and Day. Nominated for Provincial Executive, Doctors H. H. McKay and G. A. Dunn. Sec-Treas., Dr. John Bell.

CUMBERLAND COUNTY

Full report forwarded by the Secretary under date of May 7th. Thirty members. Nominated to the Executive of the Medical Society of Nova Scotia. Dr. F. E. Boudreau and Dr. J. A. Munro of Amherst. The Secretary writes,—

“A Rescution was passed to the effect that Cumberland County favors the administrations of the various institutions and departments concerned with public health under one governmental Department.”

COLCHESTER-HANTS

Annual meeting held in Truro, May 27th, 1924. Members nominated to the Provincial Executive, Dr. R. O. Shatford, Londonderry and Dr. O. B. Keddy, Windsor. Nominated by the Society to discuss papers at the Provincial Society Annual Meeting Doctors J. W. T. Patton, S. A. Fulton, Truro and J. W. Reid and E. E. Bissett of Windsor.

VALLEY MEDICAL SOCIETY

The Valley Medical Society has furnished the Associate Secretary with the best information regarding their Society activities of any in the Province. I think this credit statement is due in view of the work of Dr. J. A. Sponagle the late Secretary and Dr. C. E. A. deWitt the present Secretary. Having nearly 60 members the Society is entitled to nominate three members to the Provincial Society, and these are as follows: Doctors McNally, Berwick; Armstrong, Middleton and Read, Digby. Doctors L. R. Morse and A. S. Bruns were appointed to discuss papers at the Annual Meeting at Amherst.

The following Resolution was passed by the Society:—

“That as provided by Article X of the Constitution, and for the purpose of facilitating the business of the Branch, the Members of the Valley Medical Society feel it would be to their interest that all who pay the annual fee to the Medical Society of Nova Scotia should have the sum of one dollar refunded to the Secretary-Treasurer of this Society which would cover their fee in the Valley Society.”

YARMOUTH COUNTY

No full return made, but Dr. S. N. Williamson was nominated to the Provincial Executive.

It is regretted that this Society is not active as there are a number of doctors in the County and in Barrington who would be glad to attend the meetings of this Society.

LUNENBURG-QUEENS

Unavoidable circumstances prevented a meeting of this Society June 10th and no annual report is available.

REMINISCENCES

RAMBLING REMARKS RE MEDICAL AND SURGICAL PRACTICE IN CUMBERLAND COUNTY FORTY- FIVE YEARS AGO.

(Gerald C. W. Bliss M. D. Amherst, N. S.)

The Physicians and Surgeons of today, have many and great advantages over those in practice in the year 1880, when the writer began his professional career in Amherst. The five years previous had been spent as a student with the late Dr. D. C. Allen, and later at Jefferson Medical College, Phil., then as now, in the front rank of Medical Schools on this continent, with unlimited opportunity for clinical experience.

The hypodermic syringe, had been in use only a few years, and the clinical thermometer, was just coming into general use, but was not yet self registering, and had to remain under the tongue five minutes and to be read before removing.

The principal drug store here, sold window glass, paint and putty etc., and very few medical prescriptions were dispensed, as practically all doctors kept their own drugs. No prepared dressings to be had, not even bandages, unbleached cotton was bought in six yard lengths, and torn up in strips of desired width, and firmly rolled ready for emergencies, though most practitioners kept none on hand, and depended upon tearing up shirts or sheets, the latter, often taken from a bed at the time, when called for surgical cases.

Very few pills other than Opii, Rhei and Cath. Co. were to be had. When others were required the ingredients were mixed up in a mortar, rolled on a pill slab, and divided as is now done, when made by hand. Practitioners frequently made their pills as required for each patient, many of them no doubt, like those described to me by an old man as made by a Dr. Wilson of Dorchester, N. B. 'As big as musket balls, faith I had to cut them in four to swallow them.'

Vaccine was distributed on Ivory points, packed five or ten in a wooden or metal box. Serums were unheard of. Even Diphtheria Antitoxin did not come until twenty years later. There were of course, no telephones in those days, and not even a daily mail in most sections of the country. Patients were frequently brought to the Doctor in oxcarts, such as were used by the original French Settlers of Acadia with two large heavy wheels and a box body. The roads were

at times almost impassible with any other vehicle, though two wheeled Shay was beginning to give place to a four wheeled wagon of various designs.

There were no Dentists in Amherst, though one of the Doctors afterwards took up this work. Dentists first visited the town at intervals and later eventually settled here. The writer has extracted many hundreds of teeth, and when asked by the anxious victim if he, (the doctor) could "take it out," usually replied, "if the tooth would hold on, he would," a remark which is still employed, when a patient occasionally comes for this purpose, at night, or on some holiday when dentists are not available.

We had the tallow candle instead of the electric bulb for light, though many oil lamps were in use, with a very evil smelling yellow oil, which soon smoked up the lamp chimney and requiring frequent cleaning.

I believe my Preceptor was the first surgeon to reduce dislocation of the hip joint, by Manipulation, without the use of block and tackle, with staples driven in the floor on which the patient was stretched and the joint pulled into place by main strength. Many years later he also successfully operated for Appendicitis. The first of such operations in this county and possibly in Nova Scotia was done in the summer of 1895. Chloroform was the anesthetic in general use, "Duncan and Flockhart's" not the German variety. Even then the doctors kept two or more horses, one usually a good saddle horse as frequently patients out of town could only be reached on horse back. As abdominal operations were practically unknown, most general practitioners had fair success in the Surgery of that day. Fees, as also cost of living, were less than half the present prices. Hay averaged \$7.00 per ton, Oats in fair sized lots, thirty cents per bushel, Straw about \$3.00 per load. Best Springhill coal \$3.60 per Chaldron (1½ tons). Cord wood lengths, hard wood, \$3.00 per cord, other commodities in proportion.

At the period under discussion the OLDER the Doctor was the more knowledge he was credited with, while at the present the reverse seems to be the case, probably the truth is some where between the two extremes. One of my Colleagues remarked to me a few days ago upon this very fact, saying we are getting it "coming and going, as when we began practice young Doctors were supposed to know very little in comparison with older members in the profession, while now the tendency seems to be the reverse." But why worry, one can always wait until all is over, and then wisely remark, "I told you so."

Professional men were often sportsmen, then as now, The (not very late Dr. Ben Purdy, and Rev. George Townsend, Anglican Clergymen here, frequently went on horse back to River Philip, (now called Oxford) and brought home large catches of Salmon and Trout. This same Dr. Purdy, also brought home from Edinborough, where he spent seven years at the Medical University, a fourteen bore, 30 inch double barrel gun (not a flint lock) which was then the best and most modern weapon in all the surrounding country, probably over seventy-five years ago. This gun, by the way, is still in use, and may be seen at the home of Charles N. Coates, West Amherst, I may say in passing that most of the guns in use, were converted flint locks, either old Military Muskets or Long Barreled Fowling Pieces, with an occasional Sealing Gun with a four foot Barrel.

It was customary at this period to render accounts once yearly, though I am under the impression that the legal profession did a little better.

Though, "there were giants in these days," both mental and physical, **THERE WERE NO TRAINED NURSES**, The oldest and most decrepit, and very often the dirtiest, female obtainable, was usually sought out as a nurse, and these ancient dames were usually anagonistic to the Doctor in every particular. The patient got no cold water to drink, nor fresh air to breathe, no bath of any kind, and not until after the sacred "ninth day" in Maternity cases, for fear they might 'ketch cold.'" The windows were kept tightly closed for the same reason, many panes of window glass were broken out accidentally (?) by these "Young Doctors," who had imbibed the then Modern Doctrine of hot water and soap, with fresh air and water Ad. Lib.

About this time, the diet of Typhoid Fever patients was changed from "Salts and Senna" with Camomile tea," (as a side dish) to animal broth during the day, with milk or buttermilk at night for convenience and variety. Such patients were given cold sponges when the temperature was above 103.

It may be unknown to some of you, that cold bathing, in Typhoid Fever particularly, was first practiced on this Continent during the so called "American Civil War." An enormous Hospital Tent near Washington, D. C., containing hundreds of Typhoid patients in all stages of the disease, was during a regular tornado, with a down-pour of rain for hours one night, blown away. At daylight the hospi-

tal staff visited the patients in their water soaked cots, expecting to find many dead. To their amazement, none were dead and all were better, with very few delirious. They were slow to take the hint and cold baths have been on the order board ever since. This fortunate circumstance furnishes the most outstanding and valuable example of a Nature Lesson that I have yet heard of.

It would take many pages and much time to give anything like complete details of my subject, but enough has been told, to justify a "Hymn of Thanksgiving" for present mercies we enjoy, looking hopefully for those yet to come.

(Delivered at meeting of the Amherst Medical Society, May, 1924, W. T. P.)

**Did any one leave a good straw hat at the
Parish Hall, Amherst. Apply to the
Associate Secretary.**

PUBLIC HEALTH NURSING

GENERALIZATION versus SPECIALIZATION

W. D. Forrest, M. D., C. M., B. Sc., Halifax, N. S.

(Dr. Forrest in forwarding this article to the Associate-Secretary, writes as follows:—"The enclosed is a further contribution in connection with Public Health matters. For some reason the other side of this question has been featured exclusively in Public Health Journals. I think the Profession are entitled to both sides, and have no doubt that you will agree with me that the 'Bulletin' is that proper medium for the dissemination of such knowledge.")

From the report of the Committee for the study of Nursing Education in the United States appointed by the Rockefeller Foundation, the following extracts are taken:—

"The relative merits of purely instructive nursing and bedside nursing combined with instruction as given under the generalized system, are hotly contested issues in public health nursing. Advocates of the entire separation of curative and preventive nursing assert with some justice that when they are combined, the bedside care of disease constantly interferes with the apparently less urgent claims of instruction; that nursing in sickness is 'of necessity emergency work,' and that emergencies tend to take precedence over the systematic routine of preventive nursing such as prenatal instruction infant welfare, tuberculosis, etc."

"Most advocates of instructive nursing go further and assert that nurses cannot successfully combine instruction in the various specialties; that to do good work they must be restricted to the single field which they elect."

"But even admittin gthat the curative work of the generalized agency may tend at times, unless carefully guarded against, to overbalance the instruction, nevertheless in our opinion the advantages of the system far outweigh its possible weaknesses."

"The bedside care it offers and its stress on a local unit of work for each nurse are, in our opinion, irreplaceable assets, opening doors to the nurse at which she knocks in vain with instruction only."

"It is often asserted by opponents of instructive nursing alone that its inferiority to the generalized system lies in the fact that it renders no actual service and offers only words of counsel for aid."

“In our opinion the inadequacy of instructive nursing alone arises from a far more fundamental, a far deeper cause, deep seated in our common human nature. Its failure is a failure in psychology.”

“To approach a well man or woman with excellently intended hygienic advice is a difficult proposition” says the Carnegie Foundation study of Public Health work among the foreign born.

“It is a sound principle, borne out again and again by this study of the foreign-born, that curative medicine provides an approach to preventive. Our goal is to teach people how not to get sick, ‘how to be healthy and well.’ But we generally find that the best way to get this instruction accepted and put into practice by the recipient is to give it when the recipient or some member of his family is sick or threatened with sickness.”

“Gratitude for relief in suffering, or for the relief of those who are dear to them, is a potent motive in opening the minds as well as the hearts of men.”

“This is, then, the fundamental lesson which, starting with no preconceptions and no brief for any system of nursing, our Field Study has brought home to us. This is in our opinion the strength of the generalized system, combining bedside care and instruction as against instruction alone, that it offers a natural, and unforced approach to the individual and the family, because it is itself sought. It works with, instead of against, deep ingrained instincts of normal adult life.”

“This, again, in our opinion, is the great asset for preventive health work for the nurse, that she stands in the minds of the ignorant as well as the better informed, for a person who has at her command a training in the treatment of disease which in any emergency is indispensable; a person who through her clinical experience can give bedside care at need and is thereby entitled to a hearing from those to whom she has ministered in sickness or to whose family or friends she has ministered.”

“The instructive work of the generalized nurse starts from this vantage ground. Her concern for the health of the entire family further reinforces this initial advantage. Each member of the family whom she can aid by nursing care and advice adds to the sum of her influence.”

“With the instructive nurse, on the contrary, each member of the family whom she must refer to another nurse for nursing care or for instruction in a different specialty, detracts from her influence.”

On this point, from her experience in the field, the Director of the Bureau of Public Health Nursing of the American Red Cross, Miss Elizabeth Fox, R. N., says:--

“But when the nurse who comes into the home and nurses them when they are sick, and does something for them when there is suffering tell them what they ought to do, they are going to take her advice, because it is counsel from a person who has helped them out in time of need.”

“We have all gone into homes and tried to tell mothers about the care of the family, and when we have gone back we have found that we had not made much impression. They had said politely, ‘yes,’ but they did not do what we told them to do. It is the person who has been there repeatedly, who has done something for them, and who has dropped these little kernels of advice as she went along in casual remarks, who really gets the thing over to the family. This may not seem to be preventive medicine, but in this way the nurse may work a revolution in the home which she could not possibly bring about in any other way.”

The Committee's Report says further:—

“In the course of our investigation, the advantages for preventive work of generalized nursing as opposed to specialized were repeatedly and unmistakably demonstrated.”

“It is also abundantly evident that all possible reinforcements which generalized nursing may offer are urgently needed by the nurse.”

“One organization, which was engaged in changing its nurses from the specialized to the generalized system, offered an unusual opportunity for comparing the effectiveness of the two types of work, some districts being still specialized while others had been changed.”

“It is of some interest to note that the investigator reporting was in this instance another public health nurse, herself trained and experienced in specialized nursing, who had in the course of our investigation been converted to generalized work by the greater excellence of the results observed.”

“The instructions of the generalized nurse, even in tuberculosis and child welfare cases, seemed to be better rounded and more practical, for with her knowledge of the family needs and neighborhood resources she knew how best to make them fit in.”

“One of the salient features in the change from specialized to generalized nursing in the Association mentioned above has been precisely the saving of time emphasized by our investigation.”

“In the generalized district one-sixth of the total number of nurses are doing one-fifth of the work, and the bitterest opponents of the change, including the specialist supervisors, have become satisfied by the operation of the new system.”

Again:—

“It is being increasingly recognized that the inadequacy of much prevention work, such as that done for instance, in the schools, is due to the fact that it has been too long postponed. Too late, is Nature’s answer to remedies attempted in adult life for defects or weaknesses which should have been corrected in childhood or youth.”

“Too late, even in school life, are remedies which should have been undertaken between the ages of two and five years.”

“Too late, even in those yearly years, are remedies for defects which should have been corrected in infancy, or which prenatal care should have wholly prevented.”

DALHOUSIE POST GRADUATE COURSE.

The success of the short refresher course given of late years by the Dalhousie Faculty of Medicine has encouraged the Committee to undertake a longer course this year, and to make a beginning at what is hoped will become a representative Canadian Summer School for graduates in medicine. The 1924 course will begin on September 1st, and will extend over two weeks. In addition to members of the Dalhousie Faculty, several teachers from other colleges have very kindly consented to take a part in the courses. These include Sir Henry Gray and Dr. W. W. Chipman and L. J. Rhea, of Montreal, Dr. R. D. Rudolph, of Toronto, Drs. Ross Faulkner and Luther Mackenzie, of New York, and Dr. A. F. Miller of Kentville. An exceedingly interesting programme has been arranged, which includes a short course on the use of insulin in diabetes, and it has been so planned as to have the late afternoon and evening hours open for recreation. Those who attend will be assured a profitable and enjoyable experience, and we feel that every physician who can possibly do so should be present throughout the whole period. Any medical graduate, in good standing, will be welcomed, irrespective of his school or residence. No fee is charged. Dr. H. K. MacDonald is Chairman and Dr. Alan Curry, Secretary, of the Committee of Arrangement.

Membership List, Medical Society of Nova Scotia, 1924

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|---|--|
| <p>Dr. Acker, T. B.
 " Armstrong, F. W.
 " Archibald, D. W.
 " Atkinson, E. P.
 " Armstrong, M. E.
 " Alexander, F. H.</p> <p>Dr. Birt, A
 " Burris, M. G.
 " Burns, A. S.
 " Buckley, G. W. (Hon)
 " Bayne, C. M.
 " Bell John
 " Brean, J. S.
 " Bissett, E. E.
 " Byers, D. W.
 " Blackett, A. E.
 " Ballem, J. C.
 " Balcom, P. N. (deceased)
 " Barss, G. A.
 " Bliss, G. W. C.
 " Boudreau, F. E.</p> <p>Dr. Calder, A. (Glace Bay).
 " Campbell, P. S.
 " Chisholm, M.
 " Curry, W. A.
 " Churchill, B. P.
 " Campbell, J. G. D.
 " Campbell, A. B.
 " Campbell, A. R.
 " Cunningham, A. R.
 (Paid for 1925)
 " Corston, J. R.
 " Cole, W. H.
 " Churchill, J. L.
 " Campbell, D. A.
 " Cochran, W. M.
 " Cunningham, A. R.
 " Chisholm, A. N.
 " Cox, R.
 " Chisholm, H. A.
 " Cameron, J. J.</p> <p>Dr. Doull, A. E.
 " Dunlop, E. W.
 " Davis, T. R.
 " Densmore, F. T.
 " Donkin, C. A.
 " Dunbar, W. R.
 " Daley, W. E.</p> | <p>" Deveau, G. R.
 " Dechman, A. A.
 " Dickie, W. R.
 " Drury, D.</p> <p>Dr. Eaton, F. F.
 " Elliott, M. R.
 " Egan, W. J.
 " Elliott, C. S.
 " Eagar, W. H.</p> <p>Dr. Forrest, W. D.
 " Forbes, A. E.
 " Farish, G. W. T.
 " Fulton, S. A.
 " Fuller, C. K.
 " Finn, W. D.
 " Fillmore, M. J.</p> <p>Dr. Green, F. W.
 " Gosse, N. H.
 " Grant, G. W.
 " Graham, J. V.
 " Grant, H. A.
 " Granville, T. E.
 " Grant, William
 " Goodwin, B. E.
 " Gilroy, J. L.</p> <p>Dr. Hines, A.
 " Hattie, W. H.
 " Hartigan, D.
 " Harvey, H. B.
 " Hogan, E. V.
 " Hemmeon, J. A. M.
 " Hamilton, C. A.
 " Harrison, L. L.
 " Hayes, Joseph</p> <p>Dr. Jost, A. C.
 " Johnson, L. W.
 " Johnson, S. R.</p> <p>Dr. Kennedy, W. J.
 " Kent, H. V.
 " Keddy, O. B.
 " Kirkpatrick, H. W.
 " Kenney, W. F.
 " Kendall, A. S.
 " Kennedy Evan</p> <p>Dr. Lessel, J. F.
 " Lockwood, T. C.
 " LeBlanc, B. A.
 " Lebbetter, T. A.</p> |
|---|--|

- Dr. McAskill, F. G.
 " McLeod, D. A.
 " MacKenzie, K. A.
 " McLellan, R. G.
 " McKinnon, D. L.
 " McKinnon, Hugh
 " McLeod, J. Knox
 " McDonald, E. O.
 " McGrath, J. P.
 " McRae, W. M.
 " McLecd, M. G.
 " McLean, E. D.
 " McDonald, H. K.
 " McGarry, P. A.
 " McDonald, T. H.
 " McDonald, John
 " McDougall, J. G.
 " McCurdy, D. S.
 " McDonald, J. J.
 " McNally, G. J.
 " McDonald, R. G.
 " McDonald, J. F.
 " McKenzie, M. D.
 " McLeod, F. T.
 " McIsaac, J. L.
 " McKiggan, J. M.
 " McKay, W. A.
 " McLeod, H. G.
 " McKinnon, W. F.
 " McGarry, M. E.
 " McAulay, D. A.
 " McQueen, C. A. S.
 " McKeough, W. T.
 " McDonald Dan.
 Dr. Mack, F. G.
 " Mathers, R. E.
 " Muir, W. L.
 " Morton, C. S.
 " Murray, J. S.
 " Millar, J. Ross
 " Millar, Clarence
 " Munro, J. S.
 " Malcolm, F. P.
 " Marshall, F. S.
 " Morrison, J. C.
 " Murray, Dan
 " Murphy, G. H.
 " Miller, A. F.
 " Mader, A. I.
 " Miller, V. L.
 " Melanson, A. R.
 " Munro, J. A.
 " Mackintosh, A. C.
 " Miller, A. W.
 " Morrison, M. D.
 " Messenger, F. S.
 " Morse, L. R.
 " Moore, W. B.
 " Murdoch, J. A. McI.
 " Nicholls, A. G.
 Dr. O'Neil, Freeman
 Dr. Putnam, W. G.—(deceased)
 " Phinney, W. S.
 " Patton, J. W. T.
 " Phillips, S. T.
 " Pratt, N
 " Proudfoot, J. A.
 " Purdy W. T.
 Dr. Rockwell, Wm.
 " Rice, G. E. B.
 " Reid, A. R.
 " Roy, J. J.
 " Reid, J. B.
 " Robbins, W. H.
 " Reh fuss, W. N.
 " Rowlings, E. M.
 " Read, W. F.
 Dr. Skinner, B. W.
 " Sutherland, R. H.
 " Saunders, R. McK.
 " Sponagle, J. A.
 " Sieniewicz, T. M.
 " Stewart, John, (Hon.)
 " Shankel, F. R.
 " Sullivan, M. T.
 " Silver, L. M.
 " Schwartz, H. W.
 Dr. Thomas, L.
 " Thompkins, M. G.
 " Trites, C. B.
 " Turel S. J.
 Dr. Webster, C. A.
 " Walker, S. L.
 " Woodbury, F. V.
 " Williamson, S. W.
 " Walsh, F. E.
 " Wardrope, M. J.
 " Withrow, R. R.
 " deWitt, C. E. A.
 " Weatherbee, Phillip A.
 " Wilson, H. D.
 Dr. Zwicker, D. W.

DALHOUSIE UNIVERSITY

Faculty of Medicine

SYLLABUS OF POST GRADUATE INSTRUCTION

September 1st, to 13th, 1924, inclusive.

In addition to the following programme a short course of instruction in the administration of insulin for the treatment of Diabetes will be given by Drs. K. A. MacKenzie, A. G. Nicholls, and D. J. MacKenzie.

Sir Henry Gray and Dr. W. W. Chipman will demonstrate certain operations.

If you intend to be present, please notify,

The Hon. Sec. Postgraduate Medical Course,
18 Summer Street, Halifax, N. S.

PROGRAMME FOR FIRST WEEK

Monday, September 1st.

- 9-11.30 a.m.—Dr. E. V. Hogan, Surgical Clinic and Operations.
11.00-1 p.m.—Dr. L. M. Silver, Medical Clinic
3.00 p.m.—Sir Henry Gray, (R. V. Hospital), Clinical Lecture on
“Stagnation of the contents of the Colon, its effects,
causation and treatment.”

Tuesday, September 2nd.

- 9-10 a.m.—Dr. H. K. MacDonald, Surgical Clinic and Operations
10-11 a.m.—Dr. Ross Faulkner, (N.Y.), Middle Ear Complications.
11-12 a.m.—Dr. F. Mack, Urological Clinic
12-1 p.m.—Dr. Carney, Medical Clinic.
3.00 p.m.—Sir. Henry Gray, (R.V. Hospital), Clinical Lecture on
“Intestinal Obstruction”.

Wednesday, September 3rd.

- 9-11.30 a.m.—Dr. J. G. MacDougall, Surgical Clinic and Operations.
11.30-1 p.m.—Dr. K. A. MacKenzie, Medical Clinic.
3.00 p.m.—Sir Henry Gray, (R.V. Hospital), Clinical Lecture on
“The Treatment of Fractures”

Thursday, September 4th

- 9-11.30 a.m.—Dr. G. H. Murphy, Surgical Clinic and Operations.
11.30-1 p.m.—Drs. Eagar and Johnson, X-Ray Clinic.
3.00 p.m.—Dr. L. J. Rhea (Mont. Gen. Hosp.), Pathological Demonstration.

Friday, September 5th

- 9-10 a.m.—Dr. W. Alan Curry, Surgical Clinic.
10-11.30 a.m.—Professor Cameron, Surgical Anatomy.
11.30-1 p.m.—Drs. Lessel and Muir, Anaesthetics.
3.00 p.m.—Dr. L. J. Rhea, (Mont. Gen. Hosp.) ,Pathological Demonstration.

Saturday, September 6th

- 9-11.30 a.m.—Drs. P. Weatherbee and P. A. MacDonald, Surgical Clinic and Operation at Children's Hospital.
11.30-1 p.m.—Dr. Sieniewicz, Dr. H. G. Grant, Clinic at T. B. Hospital.
3.00 p.m.—Dr. L. J. Rhea, (Mont. Gen. Hosp.), Pathological Demonstration.

PROGRAMME FOR SECOND WEEK

Monday, September 8th

- 9-11.30 a.m.—Dr. E. V. Hogan, Surgical Clinic and Operations.
11.30-1 p.m.—Drs. Nicholls and D. J. MacKenzie, Pathological Demonstration.
3.00 p.m.—Dr. R. D. Rudolph, (Tor.), Clinical Lecture on "The Treatment of Circulatory Failure"

Tuesday, September 9th

- 9-11.30 a.m.—Dr. H. K. MacDonald, Surgical Clinic and Operations.
11.30-1 p.m.—Dr. A. F. Miller, T. B. Clinical Lecture on The "Diagnosis and Treatment of Pulmonary Tuberculosis."
3.00 p.m.—Dr. R. D. Rudolph, (Tor.), Clinical Lecture on "The Treatment of Pneumonia and some other Respiratory Affections."
9-11.30 a.m.—Dr. J. G. MacDougall, Surgical Clinic and Operations.
11.30-1 p.m.—Dr. L. MacKenzie, (N.Y.) Medical Clinic.
3.00 p.m.—Dr. R. D. Rudolph, (Tor.), Clinical Lecture on "The Classification and Treatment of Diarrhoeas."

Thursday, September 11th.

- 9-11.30 a.m.—Dr. G. H. Murphy, Surgical Clinic and Operations
11.30-1 p.m.—Drs. Mathers, Doull and Cunningham, Eye, Ear, Nose and Throat.
3.00 p.m.—Dr. W.W. Chipman, (R.V. Hosp.) Gynaecological Clinic Subject, "Abortion".

Friday, September 12th

- 9-11.30 a.m.—Dr. Atlee, Gynaecological Clinic and Operation.
11.30 -1 p.m.—Dr. E. G. Young, Lecture on "The Relationship of Biochemistry to Nephritis."
3.00 p.m.—Dr. W.W. Chipman, (R.V. Hospital), Gynaecological Clinic. Subject, "Acute Pelvic Infection".

Saturday, September 13th.

- 9-11.30 a.m.—Drs. P. A. MacDonald, E. K. Maclellan, and H. B. Atlee, Obstetrical Clinic, Grace Hospital.
11.30-1 p.m.—Dr. M. J. Carney, Medical Clinic, Children's Hospital
3.00 p.m.—Dr. W.W. Chipman, (R.V. Hosp.), Obstetrical Clinic Subject, "The Use and Abuse of Forceps."

PERSONALS

The administrators of the estate of Dr. E. P. Bowles presented the town of Wolfville with a handsome black walnut desk and a fine portrait of the late Dr. Bowles, which will be placed in the Council Chamber. Doctor Bowles was the first Mayor of this University Town.

Dr. F. R. Davis of Bridgewater spent some weeks in May and June visiting Hospitals in Boston and other New England cities.

Dr. F. R. Shankel spent most of the month of June in Montreal and also attended the C. M. A. Meeting in Ottawa.

Dr. M. J. Wardrope, Springhill, has gone to England to do post graduate work. While he is absent Dr. H. L. Simpson, a 1924 graduate of McGill will carry on his practice.

Dr. H. W. Schwartz of Halifax has removed from 41 Windsor Street to 183 South Park St., Office and residence combined.

Dr. Charles MacIntosh of New Glasgow a Dalhousie graduate of 1924 will begin his practice in St. Pierre.

For a part of two weeks in June, Doctors Weatherbee, Morton Hattie and Nicholls were in Montreal acting as members of the Dominion Examining Board. The large number to be examined made it impossible for them to attend the meeting of the C. M. A. in Ottawa as they had planned.

Dr. J. G. MacDougall of Halifax with Mrs. MacDougall and party motored from Halifax to Ottawa and were in attendance at the C. M. A. meeting.

Dr. W. J. Egan of Sydney and Mrs. Egan also made this trip by motor. They both report a very pleasant trip with good roads and beautiful scenery. Those who travelled by train on one or two hot days would envy these motor parties.

Dr. H. C. S. Elliot, Dalhousie 1921 has taken over the practice formerly held by Dr. C. A. Donkin in Upper Musquodoboit. Dr. Elliot is a son of Dr. C. S. Elliot of Halifax. Dr. Donkin is now located in Bridgewater.

Dr. H. E. Killam, Lakeville, Kings County, has been appointed County Health Officer to succeed the late Dr. P. N. Balcom who held the position for so many years.

Local news notes from such places as Greenfield, Caledonia, Musquodoboit, etc., speak of the splendid success attending the disciples of Isaac Walton, among whom are many familiar names of doctors from Boston and other United States cities.

The veteran Doctor Augustus Robinson of Annapolis Royal recently entertained a party of twenty gentlemen at a dinner at the

Queen Hotel in that town. The dinner was followed by cards and a most enjoyable evening was spent.

Dr. Walter McLean, Dalhousie 1924 has located in Scotsburn, Pictou Co.

Dr. J. Howard Barss, Wolfville, was at Ann Arbor, Michigan, in June attending the Closing Exercises of the Medical Department of the University, his son Ernest being one of the graduates.

A number of the recent graduates from Dalhousie have already gone to England for special post graduate work. Among these are Doctors Zinck, Penny and Creighton.

Dr. Geo. H. Cox of New Glasgow after spending the winter at St. Petersburg, Florida returned to his home early in June.

Dr. M. E. Armstrong of Bridgetown who has been Acting Postmaster in that town since last Autumn has now resumed his medical practice a permanent appointment having been made.

The press in June contains the advertisement of the Secretary of the Aberdeen Hospital, New Glasgow, for a graduate houseman for that Hospital—72 beds, salary \$200.00 with room and board.

Recent additions to the 1924 membership list of the C. M. A. are Doctors W. E. Daley, Halifax—Dr. M. T. Sullivan, New Aberdeen; Dr. Freeman O'Neil, Sydney and Dr. J. V. Graham, Halifax.

To the membership list of the Medical Society of Nova Scotia is added the name of M. J. Fillmore, Advocate Harbor.

Dr. John Stewart of Halifax was honored by the C. M. A. in being invited to deliver the first Lister Oration which he did at the recent meeting. The Association further has done him the honor of electing him as one of their Senior members, a recognition made possible by the New Constitution and By-Laws adopted at this year's meeting. The profession in Nova Scotia will be unanimous in congratulating Dr. Stewart upon this latest honor.

We regret to learn that Jordan Smith, son of Dr. J. W. Smith, M.P.P. Liverpool, has been admitted as a patient to the Nova Scotia Sanatorium. It is hoped and expected that he will make an early recovery.

Dr. G. W. and Mrs. McKeen after a two years stay in Newfoundland have returned to their former home in Baddeck.

Dr. Edward R. Davies, Dalhousie 1924, has been appointed Interne to Aberdeen Hospital, New Glasgow.

It is reported that Dr. H. W. Kirkpatrick of Middleton is about to remove to Moncton, N. B. Both Doctor and Mrs. Kirkpatrick will be greatly missed in all communities between Kentville and Annapolis. We hope the report will not be confirmed.

X Dr. Henry DeWolfe, Dalhousie, 1924 has been appointed house Physician to the Victoria General Hospital.

Dr. F. E. Rice, Sandy Cove, Digby Co., is an enthusiastic booster for his community as a tourist resort.

Doctor Evan Kennedy and Doctor Andrew Love gave addresses on the occasion of the graduation of five pupil nurses of the Aberdeen Hospital, New Glasgow early in June. Dr. S. L. Walker of Halifax addressed the graduating class of Highland View Hospital at their recent graduation.

Dr. S. H. Peppard of Pugwash, who was located at Chester for a time, is now Medical Officer on the Canadian Government Steamer Arras which will act as a hospital ship for the Grand Banks fishing fleet. This should be of much benefit to the many vessels engaged in this industry.

Doctors in Nova Scotia do not shirk civic or political obligations. A recent Convention named Dr. O. B. Keddy of Windsor as President of its Association, and Dr. A. Hines, Cheverie, as one of his Lieutenants. Dr. L. O. Fuller of Yarmouth has been nominated to contest Shelburne County for a seat in the Provincial Assembly.

Dr. A. A. Macdonald, McGill 1924, is spending a short vacation at his home in Antigonish. He expects to practise in Cape Breton.

A press dispatch gives the following Nova Scotians as having passed the June examinations of the Medical Council of Canada:— J. Boyd, River Bourgeois; A. Geddes, Truro; L. McLaughlin, Truro; A. McLellan, Tatamagouche; R. Smallman, Wolfville; G. White, Maysville; R. Zinck Chester; Lillian Chase, Greenwich; H. Simpson, Springhill.

786 Dr. Dugald Stewart Ex-M.P. for Lunenburg County has removed from Halifax with his family and will reside in and practise in his former home in Bridgewater.

Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium addressed the Rotary Club of Halifax, July 8th on Tuberculosis. He emphasized particularly the high death-rate of Nova Scotia from this disease, the highest of all the provinces of the Dominion. The death rate in Ontario is barely half of Nova Scotia, but Ontario is spending much more proportionally on Public Health than we are doing.

Dr. Andrew Love of New Glasgow is very much interested in Boys Work and recently conducted Examinations of Boy Scouts for First Aid Badges. The Doctor has devoted much time to the development of the Boy Scout work in Pictou County.

Dr. L. R. Morse of Lawrencetown upon his return from England in June was accompanied by his brother, Dr. Reginald Morse, who has been a medical missionary in China for the past seven years. He will furlough for some time in Nova Scotia.

Dr. A. Cox, Secretary of the British Medical Association when responding to his introduction to an audience at the recent meeting of the Canadian Medical Association in Ottawa, said he was reminded of an incident that occurred when he stopped the active practice of his profession to assume his present official duties. The Chairman of a meeting, called to do him honor, in introducing him described him as one,—“who probably saved more people from dying of old age in this part of the country than any other person.”

The latest additions to our C.M.A. list of members are—Dr. Allister Calder, Dr. F. E. Lawlor and M. E. McCarry.

The next issue of the Bulletin will give a full report of the meeting in Charlottetown of the Maritime Section of the American College of Surgeons. The 1925 Session will be held in Halifax, and Dr. G. H. Murphy has been elected President with Dr. Philip Weatherbee as Secretary.

Dr. H. D. Reid, Dalhousie 1924 has located for practice in Pubnico, Yarmouth Co., N. S.

Recent appointments and re-appointment recommendations approved by the Board of Governors of Dalhousie University include the following:—

Mr. R. J. Bean, Associate Professor of Histology and Embryology Medical side, allied with the Biological Department.

Mr. James Wilson Gowantoch, Associate Professor of Biology.

Dr. C. S. Gibbs, M.B., Ch.B., of Edinburgh University, Professor of Pharmacology.

Resignations as follows are reported—

Mrs. McLean, Librarian of Medicine.

Dr. Margaret Chase, Assistant in Pathology.

Dr. G. A. McIntosh, Lecturer on Medicine and Demonstrator of Practical Obstetrics.

Did any one leave a good straw hat at the Parish Hall, Amherst. Apply to the Associate Secretary.

OBITUARY

Marcus Dodd, M. D., College of Physicians and Surgeons
New York, 1866

Honorary Member, Medical Society of Nova Scotia.

The death occurred in St. Joseph's Hospital, Glace Bay, June 11th of Dr. Marcus Dodd of Bridgeport after a continuous practice of his profession in Bridgeport, Lingan, Glace Bay and surrounding districts for 58 years.

Doctor Dodd was the third son of the late Hon. E. W. Dodd, Judge of the Supreme Court. The late Judge Murray Dodd was a brother, and Mrs. Johnstone, wife of the late Dr. Lewis Johnstone and mother of Dr. E. J. Johnstone of Sydney and Dr. L.W. Johnstone of Sydney Mines, was a sister. He was married to Miss Rigby, a sister of the late Charles Rigby, manager of the Glace Bay Mining Association, who, with two daughters, survives him. A son, Harry died some years ago in New York.

Both because of his long practice and his sterling personal character, Dr. Dodd remained until his death one of the best known and popular figures in Cape Breton. As a general practitioner he was skilful in every branch of the Profession and kept himself fully abreast of current developments. As a man he was in his early days prominent in the ranks of Cape Breton sportsmen, a good cricketer, a fine shot and an ardent angler. Old cricket players have bright recollections of the days when Doctor Dodd captained the Sydney team, and subsequently organized a team at Bridgeport. All through his life his fine personality and his rich personal character cemented a host of friendships which he made in the course of his routine professional work.

Under date of June 13th the Cape Breton Medical Society forwarded the following letter to Mrs. Dodd which Dr. J. Knox McLeod of Sydney has passed to the Associate-Secretary:—

"My Dear Mrs. Dodd:—

At a largely attended meeting of the Cape Breton Medical Society of which your late husband, Dr. Dodd was a very valued and respected member, I was requested to convey to you on their behalf, their sincere and deep sympathy in the great bereavement which has befallen you and your family.

We always looked forward with delight to the Doctor's presence at our Society meetings when he was able to be present, and listened to his valuable advice born of a long and useful life among his patients. His fine personal life and genial manner endeared him to all with whom he came in contact and his skill in his professional work made him a favorite with all his patients.

We, therefore, ask you to accept our sincere and deep sympathy in the great loss you and your family have sustained.

With kind regards,
Yours sincerely,"

The following telegram was sent by the Associate-Secretary to Mrs. Dodd which was thankfully acknowledged:

"The Medical Society of Nova Scotia extends sincere sympathy to yourself and daughters in the passing away of one who for many years has been an honor to the medical profession and a faithful servant to the community."

On June 8th at the age of 82 years the death occurred at Stewiacke of Mrs. Ellen Ervin, the mother of Mrs. Murray, wife of Dr. Duncan Murray of Pictou.

The June Bulletin noted the death in New York of Dr. J. H. Sterling formerly of Newport, Hants Co. His brother, Herbert Sterling, died in Boston, June 17th aged 85 years.

An Aunt of Dr. A. Love, New Glasgow, Mrs. Frank Love died recently at her home in Telford, Pictou Co., aged 75 years.

**Did any one leave a good straw hat at the
Parish Hall, Amherst. Apply to the
Associate Secretary.**

THE CANADIAN MEDICAL ASSOCIATION

President—J. F. Kidd, Ottawa.

President-Elect—David Low, Regina. Annual Meeting 1925, Regina

Vice-Presidents *ex-officio*—Presidents of affiliated Provincial Associations.

Chairman of Council—A. Primrose, Toronto.

Honorary Treasurer—A. T. Bazin, Montreal

Director General—T. C. Routley, 184 College St., Toronto.

THE COUNCIL

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

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David Low, Regina, *ex-officio*

A. Primrose, Toronto, *ex-officio*

A. T. Bazin, Montreal, *ex-officio*

T. C. Routley, Toronto, *ex-officio*

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