

1872 Versus 1925

Course of Instruction in the Faculty of Medicine Dalhousie College and University, 1872-73.

I.—MEDICINE.

DIVIDED into Principles and Practice. This course will be illustrated by colored plates and morbid preparations,—special attention will be directed to diseases of the heart and lungs, and to their physical diagnosis, which will be illustrated by the numerous cases in the City Hospital, under the immediate instruction of the Professor, and to which cases every student may have direct access, thus enabling him to obtain a practical knowledge of this part of the profession.

Class Books—Tanner, Flint, Watson, Barlow, Reynolds, Niemeier.

II.—SURGERY.

Prof. Farrell, Surgeon to City Hospital.

Divided into Principles and Practice, including Surgical Anatomy and Operative Surgery, exhibited on the subject. The various surgical instruments and apparatus will be shown, and their uses and applications illustrated.

Class Books—Druitt, Erichsen, Gross, Holmes.

III.—OBSTETRICS.

Prof. Slayter, Surgeon to City Hospital.

Including Diseases of Women and Children, illustrated by plates, manikins, etc. Every facility will be given to senior students for attending midwifery cases at the Almshouse and Dispensary, under the direction of the medical officers.

The Emeritus Professor, Dr. Almon, will also give a number of practical lectures.

Class Books—Bedford, Tyler Smith, Cazeau, Scanzoni on Diseases of Women—West on Children.

IV.—CHEMISTRY.

Prof. Lawson.

This course will be illustrated by diagrams, tables, apparatus, preparations, and demonstrations on the black-board.—Experiments daily.
Class Book—Fownes' Manual.

PRACTICAL CHEMISTRY.

There will be a separate class for Practical Chemistry specially suited to the requirements of Medical Students.

Laboratory Books—Fresenius's Qualitative, Bowman's Med. Ch.

V.—INSTITUTES OF MEDICINE.

Prof. Sommers, Physician to City Dispensary.

This course will embrace the principles of Human Physiology, Histology, the use of the Microscope and General Pathology.

Class Books—Dalton, Carpenter, Todd & Bowman, Kirk & Paget and Williams' Principles of Medicine.

VI.—MATERIA MEDICA.

Prof. Woodill, Physician to City Dispensary.

This course will be illustrated by specimens of medicinal plants and samples of the various drugs, chemicals, etc.

Class Books—Pariera by Farre, Stille, Neligan, Dispensatories.

VII.—ANATOMY.

Prof. Gordon, Surgeon to City Dispensary.

This course will be illustrated by the fresh subject—dried preparations—including skeletons, etc., and life-size coloured plates. Every facility will be afforded to students to become practically acquainted with Anatomy under the Professor and Demonstrators.

PRACTICAL ANATOMY.

A. Lawson M. D., M. R. C. S. Eng.

G. L. Sinclair, M. D.

Room open from 4 to 6, and from 8 to 10 p. m.

Class Books—Gray, Wilson, Sharpey & Quain, Ellis's Dissector.

VIII.—MEDICAL JURISPRUDENCE.

Prof. DeWolf, Superintendent of the Hospital for Insane.

Prof. Blanchard, Q. C.

This course includes Toxicology, the mode of testing for poisons, Insanity and Public Hygiene.

Professor DeWolf will have ample opportunities for instructing his class in the important subject of Psychological Medicine.

Professor Blanchard will give a short course of lectures on the legal points connected with this branch of study.

Prof. Lawson will lecture on the subject of Chemical Toxicology.
Class Books—Taylor's Jurisprudence, Guy's Forensic Medicine.

IX.—CLINICAL MEDICINE. X.—CLINICAL SURGERY.

Taught by lectures and clinically at the bed-side by the Physicians and Surgeons at the Provincial and City Hospital, and City Dispensary, at which institutions ample material is afforded for both classes. The students being individually trained at the bed-side both in Diagnosis and Treatment.

XI.—BOTANY.—Prof. Lawson.

Students are required to attend one course of three months on this subject. The Natural Orders containing Medicinal and Poisonous plants will be illustrated as fully as possible.

Inter-Provincial Conference on Tuberculosis

THE Conference was called to order in the Recreation Building of the Nova Scotia Sanatorium, at Kentville, by the Chairman, Honourable Dr. W. N. Rehfuss, at 2.30 P. M. on Friday, August 21st. There were present the following:—

Honourable Dr. W. N. Rehfuss—Chairman.
Dr. G. Melvin—Chief Health Officer, New Brunswick.
Dr. H. A. Farris—St. John Co. Sanatorium, New Brunswick.
Dr. Collins—Riverglade Sanatorium, New Brunswick.
Dr. Wherret—Tuberculosis Examiner, N. B. Provincial Board.
Dr. R. E. Wodehouse—Sec'y. Can. Anti-tuberculosis Assoc'n.
Dr. Bayne—Nova Scotia Sanatorium.
Dr. A. G. Nicholls—Provincial Pathologist, Nova Scotia.
Drs. Jost and Chisholm, of the N. S. Provincial Health Dept.
Dr. Sieniewicz—Mass. Halifax Health Commission.
Miss Anderson, County Nurse of Yarmouth, N. S.

It was a matter of regret that no representatives from Prince Edward Island were present.

The Conference regretted the absence of Dr. Miller, Supt. of the Nova Scotia Sanatorium, on account of illness, and expressed the hope that an early and speedy recovery would follow his indisposition.

Drs. Farris, Wodehouse and Chisholm were named as a Resolution Committee, the resolutions being brought forward as a result of the deliberations to be considered at the evening session of the Conference.

The discussion of the items on the Agenda was proceeded with, commencing with,—

I. Institutional Treatment of Tuberculosis Indigents.

The Nova Scotia procedure was outlined by Dr. Chisholm, carried out as it is by,—

A. County nurses, who endeavour to assist the local practitioners by personal attempts to see that the advice given by the practitioner is carried out in the home, and who does follow-up work in connection with discharged Sanatorium cases, if so requested by the physician attending the case.

B. A Tuberculosis Examiner who at the County Clinics or elsewhere with the practicing physicians attempts to assist in the discovery of early cases of the disease.

C. The Nova Scotia Sanatorium. Here the Provincial Government pays approximately two-thirds the cost of all patients,

i.e. the difference between the full cost of maintenance and about \$10.00 or \$7.50 per week paid by the patient or Municipality. Not all Municipalities have yet accepted the liability of responsibility for all needy cases. A number of them have done so, however, most commendably.

D. The Provincial Government has recently arranged that local hospitals undertaking the care of advanced cases in special wards receive an additional payment of fifty cents per bed day beyond the ordinary allowance of twenty to thirty cents per day paid from the Provincial Treasury. Under recent legislation it will be possible for *local* Hospitals to recover from a Municipality the cost of the patient's stay in Hospital.

Dr. Collins, of the Riverglade Sanatorium, outlined the New Brunswick procedure, which in the main, much resembled that of Nova Scotia. In New Brunswick a law passed in 1923 makes the Municipality liable for the maintenance of all indigent tuberculosis patients sent to the Sanatorium. The procedure after that, is for the Government to assume the difference between the amount paid by Municipality and the full cost. There have not been attempts yet made to force the Municipalities to assume their full liability, their consent having first been asked in each case. The method is one rather of request than actual compulsion, though the law permits the latter. There have been very good results obtained, the number supported by the Municipalities or Counties having arisen from 6 to 26 in a short time. The cost of the Riverglade Sanatorium is about \$3.10 per day, the amount charged the Municipality or County being approximately that charged in Nova Scotia, namely, about \$1.50 per day. The East Saint John Sanatorium has a somewhat different rate and arrangement. New Brunswick is now treating, in the various institutions, one case of each two who die.

Dr. Collins referred to the two classes of indigents—one class wholly indigent, and requiring the full amount of maintenance—the other, who might for a time pay the amount, but who in doing so, seriously cripple themselves financially in the event of a long illness resulting badly. Under those circumstances the families left may be left wholly destitute. If for these latter, a system of partial support could be arranged, it would help greatly. The Counties attempt to do this, in this way—They pay the full cost of maintenance at the Sanatorium for the inmate, but may not charge back to the inmate this amount, accepting \$2.00 or \$5.00 or more, as the patient can afford, without unduly causing other members of the family to suffer.

Dr. Collins thought that the matter might be arranged for along one of the following lines,—

1. That the Government pay greater proportion of the cost.
2. That the deficit be divided up between the Municipalities.

3. That the Government agree, the Municipality having admitted one case, to pay the cost of the next and after that each alternate case admitted from a Municipality.

4. That present law be enforced.

In his opinion, the care of tuberculosis in general hospitals would have to be undertaken only after thorough training of nurses, since the conditions were such that the tuberculous might be in the hospitals as great disseminations of the disease as they were in their own homes.

In the discussion which followed, Dr. Wodehouse, Dr. Wherret and Dr. Collins referred to the procedure in Ontario and the Western Provinces. Ontario has no provincial Sanatorium, but pays seventy-five cents a day for all patients. In practice the Muskoka Sanatorium will admit any patient, procuring the amount of Government assistance, and collecting the balance from the Municipality. The Ontario law permits this, and many, if not all, the Ontario Municipalities fully accept the principle. So that in that Province, it is not necessary for any person to go untreated. Some of the Western Provinces have an arrangement entered into voluntarily by a Committee from their Union of Municipalities, under which the Municipalities which agree to do so, subscribe their proportion to a pool. This, then, permits them to send all their indigent patients to the Sanatorium, with no additional cost to themselves. The amount of the pool raised is that estimated by the Superintendent of the Sanatorium, and it is divided up to be raised by the accepting Municipalities in accordance with population or other considerations.

II. Medical Education.

Dr. Wherret, of New Brunswick, referred to the procedure carried out in New Brunswick and the very great support which had been given the movement by the Profession of that Province. The local conditions were such that the arrangements adopted in some other Provinces were there difficult to carry out. It was found that a system of clinics in the larger centres, with personal calls on the medical men in the smaller communities, appeared to get the best results. No X-Ray apparatus was used. It was possible thus, however, to get into touch with the conditions actually met with by the medical men themselves, the examination being conducted by the specialist under precisely the conditions met with by the physician. No case was examined unless referred to him by the physician. The examiner and the physician were attempting to bring to the many patients who could not go to the Sanatorium, the advantages which presence at the Sanatorium would give, and which have, hitherto, been enjoyed by Sanatorium patients alone. The efforts to do so were apparently meeting with much success, and the movement was being heartily supported by the Profession of the Province, without which support little progress is possible.

Dr. Sieniewicz referred to the education of the laity in respect to the disease. The laity were receptive of and would respond to educative efforts where compulsion would be resented.

Among the matters which it was necessary or advisable to call attention were—the curability of the disease, the harm which might result from exaggerated ideas of danger from patients, the difference between various forms of tuberculosis, the uselessness of drugs and medicines, the exact way in which infection was conveyed and the true facts of present day knowledge of the disease.

The methods to be used were those of publicity through press, lectures, etc., the teaching of public health nurses and clinicians, encouragement of periodic examinations and every measure which could be taken to awaken interest in all matters pertaining to public health, community hygiene, water and milk supplies, housing, etc. School and service clubs were referred to as agencies through which much might be done. The point was stressed that every effort ought also be made to interest the mothers in any educational work being carried on.

III. National Research Council Programme.

Dr. Wodehouse informed the Conference of the events leading up to the action taken by the National Council in this respect. The presence of Dr. Nicholls at the Conference, he having been one of the members present at the special meeting of the Research Council,—at which meeting the programme of the Council was outlined—enabled the Conference to be placed in full possession of the details of the work which might be undertaken. Dr. Nicholls outlined several of the problems which might be taken up, such as “The Scientific Value of the Tuberculin Test,” “The Fate of the Tubercle Bacilli in the Body,” and the possibility of infection of other cattle in the herd or of human beings from using attenuated bacilli in various tests. Studies such as these might be undertaken here in conjunction with a demonstration in an area, the selection of which might be made later. The Farmingham demonstration and that being now carried on under the Milbank Fund were referred to. In the former of these at least, the extent of the demonstration did not include matters of biological research. This might, however, be undertaken here.

Several members spoke of the uncertainty of the information now available concerning Bovine Tuberculosis in the Maritimes. At this present time, work in this connection is being carried on in Prince Edward Island, where examiners are now making tests on all the cattle of the Province. That Island, will soon, it is said, be wholly covered by the examiners under the “Restricted Area” plan of the Federal Department of Agriculture. According to the Moncton experience between forty and fifty per cent. of all cattle examined, reacted. The opinion of Dr. Townsend, of the Health of Animals Branch, was that Nova Scotia cattle to the extent of between ten and

fifteen per cent. were tuberculous, though the opinion was admittedly based on very fragmentary evidence and was subject to revision. It seems that some effort ought to be undertaken to determine the frequency of the disease within more correct limits.

In connection with tuberculin testing of the herds, this is a procedure well-known and still being carried on. The passage of a pasteurization by-law in Montreal was commented upon, and comment was made on the decision which seems to have been there arrived at, to pasteurize milk even from cattle which have been tuberculin tested. New Brunswick and Nova Scotia provisions in the Health Act were practically identical, in that under each, any Local Board of Health was empowered to provide that only milk from cattle giving a negative tuberculin reaction would be consumed in the area served by the Board.

The evening Session was called to order at 7.30 P. M., where the following Resolutions were discussed and passed.

SECTION I.—Institutional Treatment Tuberculous Indigents.

1. Having carefully considered all the information submitted at this Maritime Conference of Tuberculosis Workers, at Kentville, August 21st, 1925, we resolve to record that it is absolutely essential that some definite provision regarding treatment of all indigent tuberculous persons be made. Financial considerations ought not be a factor in delaying treatment of these cases.

2. It is further recommended that the cost of such treatment be borne by the provincial and municipal authorities equitably.

3. In this connection, it is recommended that the pooling system, for financing the share of the cost due from the Municipalities, as instituted by the Union of Municipalities of the Province of Saskatchewan, be investigated for adoption in these Provinces.

4. We further recommend that all nurses training in general hospitals, should have a special course of three months in an affiliated tuberculosis institution, and when this has been established, that each general hospital should provide a limited number of beds for such tuberculosis cases as cannot be taken care of under present conditions at Sanatoria.

SECTION II.—Educational Programme.

1. We recommend a Maritime campaign for raising funds for purely educational work against tuberculosis.

2. We recommend an extension of the work of the travelling diagnosticians for tuberculosis, as well as of public health nursing, and record our deep appreciation of the co-operation these are now receiving from the medical profession.

SECTION III.—Research.

1. We wish to go on record as approving of the action of the representatives of the Canadian Tuberculosis Association, in attendance at the National Research Council Conference in Ottawa, in May, 1925, in placing among the research problems to be considered, that of an epidemiological study in a chosen area to establish an index of the incidence of tuberculosis of the human being, due to bovine or human infection, and the influence of either, or both, due to environment or industry; and furthermore, as being prepared to assist in prosecuting this study in the Maritime Provinces.

2. Furthermore, we endorse every possible effort to have all milch cattle tested for tuberculosis. We feel it is essential that all milk, intended for human consumption, be collected and prepared under sanitary conditions, and recommend the pasteurization of all public milk supplies of doubtful purity.

A. C. Jost, M. D.,

Secretary.

“Well, Mrs. Johnsing,” announced the colored physician, after taking her husband’s temperature.” “Ah has knocked de fever out of him. Dat’s one good thing.” “Sho ’nuff.” was the excited reply! “Does dat mean dat he’s gwine git well, den?” “No,” replied the doctor, “dey’s no hope fo’ him; but you has de satisfaction ob knowin’ that he was cured befo’e he died.”

“Doctor,” said he, “if there is anything the matter with me don’t frighten me half to death by giving it a scientific name. Just tell what it is in plain English. “Well,” said the doctor, “to be frank with you, you are merely lazy.” “Thank you, doctor,” said the patient. “Now g ve me a scientific name for it, so that I can go home and tell the wife.”

Executive Meeting

CANADIAN MEDICAL ASSOCIATION.

A MEETING of the Executive of The Canadian Medical Association was held in Montreal November 2nd, and 3rd, at the Mount Royal Hotel. Those present were,—Doctors, A. Primrose, A. T. Bazin, J. G. Fitzgerald, G. Stewart Cameron, J. S. McEachren, T. G. Hamilton, George S. Young, S. L. Walker, W. G. Reilly, Chas. F. Mattin, T. C. Routley, and, on Tuesday, F. N. G. Starr. This report will consist largely of extracts from the official minutes.

LISTER MEMORIAL FUND. In the absence of Dr. Starr, Dr. Bazin reported that the sum of \$4,341.00 had been contributed to the Lister Memorial Fund, two provinces as yet unheard from,—Nova Scotia and New Brunswick.

Dr. Walker reported that a contribution would be forthcoming from Nova Scotia at a later date, and suggested that a letter be sent by Dr. Starr to the Medical Association of Nova Scotia with reference to this fund. Dr. Bazin recommended that a letter should also be sent to the Secretary of the New Brunswick Medical Association on the matter.

In this connection it was noted that Dr. Primrose, the Chairman, had secured Sir Charles Sherrington to deliver the Oration in 1927.

INDIAN INDIGENTS. It was pointed out that this was not a proper term to apply to Indians requiring medical aid; they are wards of the Government, a very different matter, and hospitals, recognizing this, charge accordingly. However, as the special committee having this matter in hand has not been fully completed, this interim report, was referred back for further study, especially in regard to conditions in smaller scattered reservations. Dr. Jost represents Nova Scotia on this Committee.

MEDICAL CONFERENCE. At the Regina meeting in June 1925, it was decided not to call the second Conference of Medical Services in Canada this year. The Executive approved of adding the Provincial Hospitals' Association to the list of invited bodies. It was moved by Dr. Martin, seconded by Dr. Bazin,—That this Executive Committee go on record as of the unanimous opinion that the main object in holding this Conference is that it shall not be an Executive Body, but a clearing house for information; also that Doctors Bazin and Fitzgerald be empowered to proceed with the preparation of an agenda for the second Conference on the Medical Services in Canada, which shall not be held this year, but at some later date. Carried.

LIFE EXTENSION SERVICE. After considerable discussion the following Resolution which epitomizes the policy of the Association was carried,—That (a) The Executive Committee affirm its belief in the value and importance of periodic medical examinations from the standpoint of prevention of disease and prolongation of life. It is the opinion of the Committee that these examinations should be conducted by the family physician. (b) It is further recommended that a sub-committee of the Executive be authorized to prepare an article for publication in an early issue of the Journal, embodying a standard record form to be known as the Canadian Medical Association Record Form, supplies of which will be obtainable from the C. M. A. Office, 184 College St., Toronto; and that reprints of these articles be sent to the Provincial Associations.

FEDERAL INCOME TAX. The suggestions made in the following report by Dr. Bazin were approved and will be duly acted upon:—

In February 1924, this Association spent \$25.00 for expert report on Income Tax (Nelson, Close & Co.). This report is simply an interpretation of the law as it affects Physicians. (Not published).

It would appear that among our membership there is some dissatisfaction either with the law or with local interpretation of it. Upon study of the question I am of the opinion that it will be necessary to consult a number of experts in different parts of the country who deal with the preparation of Income Tax returns for Physicians in both urban and rural districts.

I believe that these opinions could be secured gratuitously if the following plan be adopted:

A copy of the Nelson, Close & Co. report to be sent to two members of the C. M. A. in each Province, one to a city member, one to a rural member, with covering letter asking him to refer the report to an accountant who handles the returns for a large number of Doctors in his district. A study of the report to be made by both the doctor and the accountant, and after conference between the two, a written report sent to the Association with statement of agreement to details of report, amendment and suggestions as to either a difference of interpretation or a need for alteration of the law to correct existing hardships or injustice.

With the massed information to hand, a Committee of this Executive should prepare a summary upon which organized action could be taken.

REVISION OF BRITISH PHARMACOPOEIA. The Department of Health, Ottawa, announced that a new revision of the Pharmacopoeia was to be made, and the C. M. A. was asked for suggestions. The Committee on Pharmacy reported:—(1) That an effort be made to

get opinions from the various provinces to formulate a unitary opinion. (2) If an Empire Pharmacopœia is intended, Canadian interests should have a direct voice in the final revision committee. From some sources it is intimated that Canada should have its own edition, as the 1914 revision is not as useful as the U. S. P. IX or Xth revision,— (3) If the new revision is to include many drugs, especially intended for use in India and Eastern tropical countries, the book will be too cumbersome, and in a sense dangerous, as giving a greater license to proprietary manufacturers. (4) As the revision will take two or three years, some change in the mechanism of preparation might be made whereby Canada and other dominions could be adequately represented.

THE FARRIS LIBEL SUIT. It will be remembered by the Nova Scotia profession that Dr. Farris, Superintendent of St. John County Tuberculosis Hospital, in 1924, was defendant in a libel suit by the proprietor of a so-called consumption cure. Dr. Farris won the suit and is, incidentally \$1,300.00 out on the trial. Yet the preparation was re-licensed by a federal department. Should not the Department of Health take some action. A special committee was appointed to obtain full information.

SENIOR LIFE MEMBERSHIP. Each Provincial Association is to suggest at least two months previous to the annual meeting their special recommendations for this honor.

Post-Graduate Education. This was the principal subject under discussion and was the chief reason for calling the meeting. It was announced at the Regina meeting that the Sun Life Assurance Company, had promised \$30,000.00 to carry on this work during one year, and the Executive proceeded to formulate the plan. The general scope of the plan approved is thus summarized:—

“The Executive Committee records, in its deliberations on this problem that the heart felt gratitude of our Provincial Associations has been expressed to us, and through us, to the Sun Life Assurance Company, for their kindly and generous support.

That we advise the delegates from the Sun Life Assurance Company, who join us tomorrow, that this Committee has spent the greater portion of to-day receiving and considering suggestions for this extra-mural post-graduate work to cover all sections of Canada. Having the various expressions of opinion before us, the Committee decided that it would attempt to put into operation a plan which may be outlined as follows:

1. The supplying of speakers, in teams, to the component district medical societies of Canada, 50 in 7 Provinces and 100 in Quebec and Ontario.

2. That all teaching bodies in medicine, and in addition the Provincial Medical Associations forming this Canadian Medical

Association, are to be requested to co-operate with us in supplying speakers.

3. We have decided to reimburse our speakers with travelling expenses and a modest honorarium,—\$10.00 per day plus expenses has been suggested.

4. We propose in the main to utilize Canadian talent.

5. We have the definite assurance of the Provincial Associations that they not only greatly desire this service, but that they are prepared to render us the heartiest co-operation in carrying it out.

6. We respectfully suggest that, as our proposed plans will cost the full amount of the generous sum granted by the Sun Life Assurance Company, the sum of money so voted us be placed at our disposal at the early pleasure of the Company.

In connection with the post-graduate work outlined above, the Secretary was authorized to circularize the profession of Canada, drawing attention to this national plan, and urging all participants to become members of the C. M. A."

It was decided that whenever speakers were sent out by the C. M. A. to address local societies, they should be available to speak at public meetings or clubs, where such gatherings would be useful. The General Secretary was also requested to address Canadian Clubs when invited.

It was pointed out that, among other things, the following matters would need to receive immediate attention from the Post Graduate Committee:—

1.—The establishment of a schedule.

2.—The arrangement of financial details with the Treasurer.

3.—The final arrangement of the distribution of speakers according to the plan adopted by the Executive Committee and approved by the representatives of the Sun Life Assurance Company.

It was resolved—that the Post-Graduate Committee shall be composed of the following,—with power to add corresponding members:—Doctors Young, Fitzgerald, Starr, Primrose and Routley; and that this Committee shall have power to act on behalf of the Executive Committee.

It was further resolved—that the General Secretary be instructed to keep the members of the Executive Committee informed from time to time as to the progress of the post-graduate work.

ROYAL COLLEGE OF SURGEONS. The Secretary presented a letter from the Royal College of Surgeons, London, England, stating

that very sympathetic consideration would be given the matter of facilitating means for Canadians to obtain the Fellowship of that College. It was considered advisable by the Executive that a Committee of the Association should be appointed to go into the matter and be prepared to make suggestions to the Committee appointed by the Royal College of Surgeons. This Committee, with power to add, was named,—Doctors Primrose, Bazin, McDougall, Prowse and St. Jacques.

C. M. A. ANNUAL MEETING. It was decided at Regina that the C. M. A. would manage and finance their own meeting, with the exception of such entertainment that local hosts might wish to provide. A central Programme Committee was appointed to co-operate with the General Secretary's office in carrying out the wishes of the Victoria Committee. It was decided that service luncheons would not be held, but the noon luncheon as usual. A time limit has been set for papers of 45 minutes, i.e., 25 minutes for presentation, 15 minutes for discussion, and a safety margin of 5 minutes. This is subject to the approval of the Victoria Committee. Special arrangements will be made for good railway itineraries which will be published early in the Journal.

A communication from Dr. Cox, Secretary of the B. M. A. stated their Association would be in a position to accept an invitation to meet in Canada in 1929, 1930, or 1931, suggested place being Winnipeg. The matter has been referred to the Manitoba Association.

It was decided that the General Secretary be instructed to send a letter to the British Medical Association asking them to secure for the C. M. A. annual meeting in Victoria, three speakers, having in mind the advisability of their representing different fields in medicine, and mentioning the fact that Sir John Bland Sutton, Dr. Dawson, Dr. Rigby, Dr. Fraser and Dr. Rawlinson had been mentioned in this connection.

Invitations were ordered to be sent to the B. M. A. and the A. M. A. to send a fraternal delegate to attend the Victoria meeting. The question arising as to the bearing of the C. M. A. meeting on contiguous Province meetings, the Secretary was instructed to obtain an expression of opinion from the Provincial bodies.

SUNDRY MATTERS. Inter-provincial relations of the Workmen's Compensation Board,—Disciplinary action of irregular practice in our own ranks,—Undesirable Immigrants,—Permanent Home for C. M. A.,—Financial Statement,—Fellowship of Medicine,—Co-operation with Canadian Tuberculosis Association,—Representation for women on the Council,—Affiliation with the Victorian Order of Nurses,—Metropolitan Life Health Campaign,—All of these and other subjects, together with a two hour Conference with Sun Life Officials made a busy two days for those present.

The Clinical Congress of the American College of Surgeons

Philadelphia, October 26th-29th-1925.

(By George H. Murphy, M. D).

IN many respects the Congress which closed on the 29th ult., with the big convocation in the beautiful ball-room of the Bellevue-Stratford, was an outstanding one. The bigness of this yearly Congress is at first a bit bewildering; but this soon wears off, for the control mechanism works without a hitch, and each doctor soon finds himself busy and absorbed, either in hospital clinics, papers and discussions, on all manner of surgical problems, round table discussions on the ways and means of getting better service from our hospitals, or wanderings amid the almost countless displays of surgical instruments and supplies.

The plan followed this year was the same as heretofore. A clinical programme was arranged with all Philadelphia hospitals participating. Admission by ticket, and you made your own selection. The forenoons were taken up with the work of hospital standardization, and the afternoons to the same, and the business part of the College. The evenings were given to the papers, addresses and discussions. At the evening meetings one has learned to look for the big things of the Convention. Here the distinguished guests make their bow to the three or four thousand surgeons in attendance at the Congress, and proceed with their bit of testimony on some surgical problem. The best papers, symposia and discussions come at the evenings meetings. One looks here for a focus of the year's progress in our Art; and not the progress of one Country; but the whole world. High intellectual spots are touched here, for the addresses are given by picked men; men for the most part of world wide reputation in our profession, speaking from the fullness of seasoned experience and observation, and as I have so often noted—from the fullness of their hearts, to broaden our knowledge and direct it along lines best for one and only one—the patient.

Apart from the scientific programme, the Fellowship address and the John B. Murphy Memorial Oration have become notable contributions. Many doctors in this province will recall Sir Berkeley Moynihan's Memorial Address at the Congress in Montreal a few years ago, afterwards published with others in book form. It is easily a classic and, like Dr. John Stewart's Lister Memorial Oration, ranks as a

delightful and lasting contribution to the highest type of medical literature. This year the memorial address was delivered by Sir Arbuthnot Lane, who crosses the ocean to assume the honor and duty of this function. He was a close friend of the eminent Chicago surgeon, and related many incidents of their intimacy and friendship. He was the first to use the Murphy button on the other side of the Atlantic, and his first meeting with the author of this mechanical device, which was destined to revolutionize intestinal surgery, was when Dr. Murphy called on him in London to congratulate him on his published successes with the button. "It was the beginning of an enduring friendship" he said, "of an interchange of visits to our respective clinics, of mutual co-operation and sympathy in the work we had set out to accomplish." While the button fulfilled its real function as a trail blazer in intestinal anastomosis, the speaker stated that he still used it in certain cases.

Sir Arbuthnot also spoke at the opening meeting of the Hospital Standardization Department. One looks with eagerness to the views of men who can watch the activities of Hospital Standardization from neutral ground. No doubt there have been many times when some of us wondered if it were all worth while. The principle of Standardization from the start has been that the hospital is basic and fundamental in any move which makes for greater efficiency in surgery and medicine. The logic for improvement and standardization of all hospital agencies is therefore inevitable. The plan adopted by the American College of Surgeons was highly commended by the distinguished English surgeon. Himself a representative of the conservative and staid profession of the Old Country, yet he believed fully in going to the public with an educational programme, in order that wide spread intelligence on health matters would form a staunch buttress for the support of better hospitals, better health legislation and better doctors. The same note was struck by others of the European guests. There need be no doubt that hospital Standardization has come to stay, and not only to stay, but to evolve, according as our profession climbs to clearer atmospheres and brighter skies.

One of the matters coming before the Board of Regents was a request from the Government of Australia, for the loan of Dr. M. T. McEachern for three months in order to set on foot a programme of hospital standardization in that country. The request was granted, and our Antipodean cousins will soon have the benefit of a really great specialist in this line of work.

Professor Vittorio Putti, of Bologna, Italy, gave a very fine paper on Congenital Dislocations of the hip. It was one of the fine things of the Congress. He is at the head of the largest clinic of this kind in the world. The range of his paper covered an experience of fifteen years. Manipulatory and operative treatment was followed. Comparatively few cases had to be subjected to open operation, most important to recognize the condition early when the anatomical relations of the head and acetabulum may be restored with little trouble. While diagnosis

can always be made clinically, the X-ray is an almost indispensable agent, particularly in the follow-up observation and treatment of the case. An excellent movie film showed Professor Putti's technique for dealing with the different types. X-ray plates showed the condition before treatment, immediately after, one year after, five years after, and ten years after. Tall and erect, with a handsome face and graceful carriage, he was the most striking personality at the Congress.

At two o'clock on Wednesday, Dr. DaCosta gave a surgical clinic at the Jefferson Hospital. Long before the time, the large amphitheatre was packed with the attending doctors. There was expectancy and interest on the faces of all for DaCosta had a big place in American surgery. He is one of the fortunate exponents of the healing art who combines a great intellect and masterly knowledge of surgery with a magnetic personality; and a simplicity which makes all men love him. He is now in the evening of his days, and the hand of disease is bearing him down. There was therefore a touch of pathos in the whole setting that afternoon. He was rolled into the theatre on a wheel chair amid rounds of applause which must have masked effectively those little grippings at the throats of many of his old friends and former students, who could in their mind's eye gaze upon "this picture and upon that." But if he suffered pain he gave no sign, and proceeded with his clinical lecture on Paget's Disease of Bone. One of the interesting features was the large number of cases he had to show. Some very early in the disease and others ranging to the most advanced. Pathology and Clinical history differ little from that described by Sir James Paget in 1877. He gave little personal touches of his solitary roamings about Philadelphia, looking for all manner of bone cases, a habit he formed very early in his professional life. To be able to make a diagnosis from observing and studying the varieties of "limps" in the all too numerous cripple population of the city had always a peculiar fascination for him; and, no doubt, is one of the reasons why he became one of the world's greatest clinical teachers.

Pulmonary Suppuration due to foreign bodies was the subject of Dr. Chevalier Jackson's remarkable paper. With chalk and lantern slides he gave the big evening audience a glimpse of his methods and technique in dealing with what one might broadly call surgical conditions of the lung. Many chronic lung conditions are due to the presence (often all unknown to the patient) of a foreign body. He exhibited a small corner of his museum of extracted bodies. There were teeth, closed and open safety-pins, nails, bits of tooth forceps, buttons, pencils, etc., etc., The presence of these bodies was in many cases disclosed by the X-ray, the patients being quite unaware of their existence. Such accidents may occur during an operation on the throat or mouth while the patient is under an anaesthetic. He related cases where the trouble set up by the foreign body had not been diagnosed as a tubercular lesion, until the X-ray revealed the real cause. Sometimes abscess formation took place. The positions reached by these bodies varied

from a high large bronchus to the lowest point of the lung. Some were discovered eighteen years after their entrance into the lung. His treatment may be summed up,—(1) Extraction of the foreign body and (2) draining and washing out the abscess cavity, and this work he does with the bronchoscope and bronchial forceps and a variety of instruments of his own design. To fish an open safety-pin lying down near the diaphragm after it has been embedded there for eighteen years, would strike most of us as edging on the impossible, but yet such work seems to be routine with him. He seems to have an almost uncanny sense of picking his way through the bronchi to spots we used to think were only visited by what Oliver Wendell Holmes called "The smooth soft air in pulse like waves." His health is not the best at the present time. He is teaching and training assistants; but whether any of them shall ever attain the wizzard-like skill of their master, remains to be seen.

As a regular attendant at the yearly clinical Congress, one missed on this occasion the familiar figure of Dr. Ochsner. He died suddenly at his home in Chicago a few months ago. He was one of the founders of the American College of Surgeons, and was its treasurer up to the time of his death. As a surgeon, a teacher, and an author, he was easily in the front rank. Many tributes for his skill and work, and of affection for his kindly and lovable character, were spoken at the Congress. The College is considering the establishment of a permanent Memorial,

Between four and five hundred Fellowships were conferred at the Convocation. While the greatest number were from the States, other countries furnished a substantial quota. Canada, South America, Mexico, Great Britain, and the West Indies were among the Countries represented.

A word now on what one might call the Keynote of the Congress. One could put much of the general trend of the papers, addresses and discussions under two heads: (1) Greater skill and care in diagnosis, and (2) Thorough post-graduate training for the man who assumes the work and responsibility of major surgery. There was more plain talking on these subjects than I have ever heard before. Dr. Rudolph Matas, the President of the College, in his Presidential address at the Convocation on Friday night, tore into the iniquities of fee-splitting, the commercialization of patients, untrained surgery, and unnecessary operations, with a vehemence almost startling and that too, with the boxes and balcony seats filled with the prominent laity of Philadelphia. "Human sacrifices on the altars of Mammon; Leading innocent lambs to the slaughter" were some of the phrases, which made one feel that somewhere or other, all is not well with the state of surgery.

A prominent doctor from the Middle West, showed with lantern slides, an array of statistics, from which he drew the conclusion that in the United States the mortality rate from Appendicitis and Gall Bladder disease was higher than in the days when very few operations for these conditions were performed. This statement was so discon-

certing that one sought consolation in the long standing indictment against all statistics.

A well reasoned plea for the highest efficiency in Diagnosis was made by Lord Danson in his Fellowship Address. The matter, scope and general excellence of this address can be little more than touched here. It showed a depth and breadth of learning in the Philosophy of Medicine; and the literary form and delivery was a delight. He is one of the most eminent physicians in Great Britain. He is not a surgeon, and his presence and address at a great surgical Convention, struck me as a sign of the times; and that is, the closest possible union between medicine and surgery. He struck the note of conservativeness in surgery. Make a correct diagnosis and you will materially lessen the number of operations. The operation is but a part, and the least important part of surgical requirements of a given case; the more important being sound judgment and correct diagnosis. He who knew when not to operate was probably a better surgeon than the man who could enthuse the galleries with dexterity and operative technique.

Spare the pelvic organs was the watchword of Dr. Blair Bell, the distinguished Gynaecologist of England. Not all damaged tubes need to be removed. Save some part of the Ovary if you can, if you can't, do an ovarian graft for internal secretions. In general he said, "Let all your operative procedures in the pelvis be well tempered with physiological mercy."

Once upon a time a criminal lawyer was supposed to know the law; now he has only to think up some new disease to fit the crime.

Nasal Sinusitis is being recognized as a cause of disease in other parts of the body. Clansen reports eleven cases of Parenchymatous Nephritis with Nasal Sinusitis present in all. The sinus infection is regarded as an important factor in the causation of this disease.

Perhaps the latest discovery from a study of morbidity statistics is a positive frequency relation between Hyperthyroidism and Cancer of the stomach. Statistics, however, do not show the nature of this relationship.

The farce of Chiropractic has found a dramatist. "Easy Terms" is a three act comedy now running in Chicago, and about to be presented in New York. The villain of the play is one of these smooth talking artists, and the scene where a Chiropractic treatment is given, is one of the funniest in any Chicago Comedy. The A. M. A. Journal comments,—“So the farce that forms the most of Chiropractic has found its interpreter? Now who will show the tragedy of its ignorant incompetence?”

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Abdominal Surgery in Diabetics.

DR. D. F. Jones of Boston, presented a paper with the above title, at the Medical Society meeting in Yarmouth last May, which he later read before the American Medical Association at Atlantic City. It now appears in the Journal of the A. M. A. He states that diabetics are bad surgical risks for the following reasons,—

1. The majority are old, and already damaged.
2. Their resistance to infections is low.
3. Tissues do not heal well in the presence of faulty carbohydrate metabolism indicated by a high blood sugar.
4. Serious diabetic conditions frequently develop following operation.

While serious diabetic complications may follow operation, there are means of prevention,—(1) Comprehensive co-operation between the surgeon and the internist; (2) careful preoperative study and preparation; (3) judicious selection of the anesthetic and the operation; (4) vigilant postoperative care by the internist as well as by the surgeon, and (5) insulin.

If a general anaesthetic is used, nitrous oxid or ethylene and oxygen is the anaesthetic of choice. However, preference should always be given to spinal, local, paravertebral, sacral and parasceral anaesthesia.

In preparing diabetics for operation, it is not necessary to have the urine sugar free, but acidosis should be controlled. A special diet is, of course, necessary before and after operation, and Insulin used subcutaneously. The fluid intake is to be particularly large, especially as soon as possible after the operation, also a full maintenance diet.

While considering the diabetic a safe surgical risk, Dr. James qualifies that by quoting Joslin who says,—“In diabetic patients my

advice is to have gallstones removed when the conditions of the time, place, surgeon and physician are propitious."

He thus summarizes his teaching on the subject:—

We believe that the only additional consideration in deliberate operations on diabetic patients other than would be considered in normal persons is the ability to control the diabetes before operation.

In infections, acute and chronic, we believe that it is much more important to operate early than in the case of normal persons, and in acute cases the operation is more of an emergency than in the normal. They must be treated as emergency cases because of the difficulty of determining the seriousness of the lesion, and because acute infections quickly lead to serious diabetic conditions. The rule should be to operate first, and at once, in acute infection and treat the diabetes after the operation.

The future is brighter for the diabetic patient than ever before. Everything possible should be done to relieve him of extra burdens, for regeneration of the pancreas has been clearly demonstrated and all his resources are needed in this regeneration.

The last epidemic of Small Pox in Milwaukee lasted four months in this year, there being 376 cases with 86 deaths, being a mortality of 22.8 per cent. Of the 376 cases, 318 had never been vaccinated, and only seven had been vaccinated within seven years. Of the 86 deaths, four only had been vaccinated and that from 20 to 50 years ago.

A doctor who was superintendent of the Sunday School in a small village asked one of the boys this question: "Willie will you tell me what we must do in order to get to heaven?" Said Willie "We must die." "Very true, true," replied the doctor, "but tell me what we must do before we die." "We must get sick," said Willie, "and send for you."

Dalhousie Post-Graduate Course.

THIS year's refresher course, which began on the first of September and continued until the eleventh, proved even more successful than those which preceded it. It was arranged that the meeting of the Maritime Section of the American College of Surgeons should be held on the first two days of September, and on those days the registrants for the course were privileged to attend the sessions of the College. This proved to be a very happy arrangement, and the addresses and demonstrations of the eminent representatives of the American College who had come to Halifax for the meeting were greatly enjoyed. Throughout the course the plan of devoting the mornings to clinical work at the hospitals, and the afternoons to more didactic instruction, was followed as in previous years. There was a large registration, nearly seventy physicians from points outside Halifax and its neighborhood being in attendance. Of these, there were several from Newfoundland, New Brunswick and Prince Edward Island, and a few from more distant parts. The greater part of the teaching was by members of the Dalhousie Faculty, but a large share of the success of the course is due to the assistance of several distinguished colleagues from other institutions. Professor J. Meakins, of McGill, gave three lectures, while Drs. James T. Case of Battle Creek, Ross Faulkner and Luther MacKenzie of New York, H. A. Farris of St. John and C. M. Bayne of Kentville each contributed one lecture. All of the teaching was of a most practical nature, and those who attended, expressed delight at the opportunity of brushing up under such advantageous circumstances. As the course is given without charge, and is open to all qualified practitioners irrespective of residence, the profession is really under no small debt of gratitude to the Dalhousie Faculty for providing this splendid opportunity year after year. That the course is appreciated is shown by the increasing attendance and by the regularity with which many of the participants return to it. The fact that the visiting instructors came at their own expense should not be overlooked, and the profession will feel that they are under special obligation to these gentlemen.

(Omitted from October issue).

Synopsis of Steps Leading to Organization of the Medical Society of Nova Scotia.

OCTOBER 16, 1844—Medical practitioners of Halifax met at Acadian School for "purpose of devising a plan of raising funds towards the establishment of a General Hospital in furtherance of the same object as was proposed in 1841." Dr. Hume in chair; Dr. Cogswell, secretary. (This meeting was instigated by offer of the Mayor Honorable Hugh Bell, to contribute his year's salary, £300, towards

erection of a lunatic asylum or other public charity. A committee was appointed to consult with the Mayor in this matter).

OCTOBER 22, 1844—Medical practitioners met to receive report of committee, which was to effect that the Mayor's offer would apply to General Hospital if an additional £2,000 were raised and provision made in the hospital for lunatics. Resolved to requisition sheriff to call public meeting relative to this matter. (No further reference is made in minutes to this public meeting).

OCTOBER 26, 1844—Medical practitioners met to consider letter from Mayor requesting advice relative to proposal to exhume bodies then interred in St. Paul's Cemetery. Before considering letter, the physicians present formed themselves into the "Medical Society of Halifax." Dr. Hume was elected president and Dr. Cogswell secretary. (The Society advised against the proposed exhumation—Dr. W. J. Almon dissenting. Dr. Almon asked that his name be withdrawn from the list of members, but there is no minute stating that this was done).

Irregular meetings thereafter, with no record of scientific papers or any result from resolution, until—

MARCH 15, 1854—As only hope of securing justice from legislature lay in "an union of the profession throughout the province" it was resolved to proceed with formation of a provincial association. Dr. D. McN. Parker moved the resolution, which was seconded by Dr. Stevenman of Lunenburg, who with Dr. Johnston of Pictou, happened to be present.

MARCH 17, 1854—Draft of rules and by-laws for proposed provincial association was considered.

MARCH 22, 1854—"At the Chess Rooms in Prince Street" rules and by-laws further considered.

APRIL 3, 1854—Circular letter addressed to all practitioners in province.

(No mention is made of arrangement for organization, but seemingly a notice was sent out for an "annual meeting" to be held Oct. 5, 1854. There are minutes of several meetings of "the Medical Society" at one of which (July 7, 1854) a tariff of fees for the Halifax Branch of the Society" was adopted).

OCTOBER 5, 1854—The annual meeting of the Medical Society being announced for this day the following members assembled at the Revenue Office in the Province Building at ten o'clock A. M. namely:—

HON. W. GRIGOR, President.
DR. W. B. WEBSTER, Kentville.
DR. C. A. BENT, of Truro.
DR. BLACK.

DR. CREAMER.
DR. JENNINGS.
DR. ALLEN.
DR. DEWOLF.

(The industrial Exhibition of 1854 was being opened in the Province Building at this time, and several physicians were unable to gain entrance to the Revenue Office. So the meeting was adjourned at 3 P. M. at the office of Dr. Allen, Hollis St.). At this session twelve physicians were in attendance, all except Dr. William Dennison of Newport and Dr. Bent of Truro being Halifax men. Ten others were represented by proxy. Hon. W. Grigor was re-elected President; Dr. DeWolf, Secretary and Dr. Parker, Treasurer, with the following as members of council; Drs. Morris, Hume, Harding (of Windsor), Gilpin, Bent (of Truro), Jennings, Black, Jacobs, (of Lunenburg), W. R. Webster (of Kentville).

W. H. HATTIE, M. D.

Traumatic Hernia.

Editor Bulletin:—

Sir,—

In common with many others of the Profession, I enjoyed some of the papers at the American Congress of Surgeons meeting at Halifax, and also the work and papers of the Post Graduate Course, and beg to congratulate those responsible for the meetings, upon their marked success. With reference to one paper however, I especially regretted the lack of time for discussion; but those present have this advantage, that as far as my views are concerned, their verbal expression would have been an unavoidable infliction upon them, while the reading of this written expression is optional.

Dr. Campbell, in his address on Hernia, claimed that it was a disease and not an accident or injury, and therefore the worker suffering from it was not entitled to compensation in the vast majority of cases. It seems to me that the general acceptance of this view would result in very grave injustice to many workers. Admitting the view that Inguinal Hernia generally results from a congenital unobliterated Processus Vaginalis, and not from rupture of muscular fibres; it seems to me that such an admission does not nullify the fact that an Acute Hernia, occurring in an individual undergoing some severe strain, who has never had any sign of such a so-called disease, it is both accidental and traumatic.

Permit me to illustrate this by a recent case, similar to many. A strong middle-aged man was leading a cow along the road, suddenly she became frightened and jumped a ditch, twisting the man's body and dragging him over the ditch. He made a supreme effort to control her, felt something give in the inguinal region, had severe pain and some shock and sense of weakness, but held to the cow and led her home. On examination, he was found to be suffering from an Inguinal Hernia. To me this injury seemed both accidental and traumatic.

When his body was suddenly twisted, there was established an accidental relationship of the bowels to their enclosure by which a knuckle of gut was located at the spot of least resistance, just when the effort to hold the cow led to powerful action of the abdominal muscles and diaphragm, with forcible compression of abdominal contents from above downwards, and a true 'Vis a tergo' driving the knuckle of gut through the Inguinal Canal to bulge the intestines externally. Now it is true that such an injury was intrinsic and not due to external violence, but that does not effect its traumatic character nor the fact that it was due to both accident and violence. I am further inclined to the view that in such a case, while no external ecchymosis might exist, yet, if minute observation of the forcibly dilated sac opening could be made, lacerated tissues and at least capillary haemorrhages could be demonstrated.

Had there been time for questions, I should have been interested in Dr. Campbell's views with regard to compensation in the case of a Ventral Hernia, occurring in a workman under similar conditions resulting from a weak abdominal cicatrix, perhaps from an old appendix operation for abscess, and long drainage. The amalogy seeming very close; a weak spot, accident, and traumatism from within.

As an ordinary general practitioner, I must recognize Dr. Campbell's superior surgical standing, experience and authority. But I cannot accept his dictum in such cases, but must continue to classify them as accidental and traumatic, and therefore, proper cases for compensation, and as far as my humble opinion is concerned, I shall do so conscientiously and scientifically.

(Signed) W. B. MOORE.

Attention has been directed in the Bulletin, to undesirability of having our patients get their health reading from such publications as Macfadden's Physical Culture. Apart from the advertisements, which are mostly absurd in their claims, the continued opposition to vaccination is probably the reason why the United States had the highest morbidity rate for Smallpox. The number of cases in 1924 totalled 55,538 as compared with British India 46,374 and 24,067 for European Russia, the second and third highest. We already have too many conscientious objectors in Nova Scotia for safety.

"The American Association for Medico-Physical Research" held its 14th Annual Convention in Chicago, Sept. 21st to 26th, 1925. Largely sponsoring the Abrams Fakery when this body was started, the Journal of the American Medical Association, in its issue of Sept. 19th, 1925, gives full particulars of the fakirs at the head of the organization.

Eastern Counties Medical Society

Minutes of fourth meeting held in Antigonish,
October 6th & 7th, 1925.

The first session was held in the X-Ray Department of St. Martha's Hospital, on the afternoon of October 6th.

The President, Dr. W. F. McKinnon, called the meeting to order at 2.30, the following medical men were present:—

DR. S. R. JOHNSTON, Halifax.	DR. O. R. STONE, Sherbrooke.
DR. G. H. MURPHY, Halifax.	DR. A. N. CHISHOLM, Hawkesbury.
DR. W. F. MCKINNON, Antigonish.	DR. J. S. BREAN, Mulgrave.
DR. D. J. MCMASTER, Antigonish.	DR. J. J. MCRITCHIE, Goldboro.
DR. ALEX. KENNEDY, Antigonish.	DR. C. AIKENS, Guysboro.
DR. R. F. McDONALD, Antigonish.	DR. D. J. MCGILLIVARY, New Briton, Conn.
DR. J. J. CAMERON, Antigonish.	
DR. J. L. MCISAAC, Antigonish.	DR. P. S. CAMPBELL, Port Hood.

Minutes of last meeting were read and adopted.

A letter from the Colchester-Hants Medical Society was read, relative to adjusting claims under the Workmen's Compensation Board; also a letter from the Associate-Secretary of the Nova Scotia Medical Society, Dr. S. L. Walker, referring to the "Lister Memorial Fund." It was moved by Dr. Cameron, seconded by Dr. McRitchie, that the consideration of these letters be deferred until the evening session. Motion carried.

The report of the Secretary-Treasurer showing a deficit of \$6.94 was read and adopted.

The chairman named Doctors J. J. Cmeron, A. N. Chisholm, and D. J. McMaster the nominating committee, to report at the evening session.

Dr. Murphy was then called upon to present his paper "The Abdominal Problem." This difficult and important problem was dealt with in a masterly manner. The importance of a good history was fully stressed, helping materially when physical signs are puzzling. The significance of high leucocyte count, muscle hardness, acute abdominal symptoms, simulated by conditions lying outside the abdomen were referred to; finally the importance of routine rectal examination. From both a literary and a scientific standpoint, Dr. Murphy's paper was comfortably above the average.

Next followed an X-Ray talk and demonstration by Dr. S. R. Johnston of Halifax, who said to remember always that an X-Ray film is not a photograph. He demonstrated very acceptably, plates of fractures of long bones, the feet, base and vault of the skull; congenital dislocations of the hip, acquired dislocations of the hip, dislocations of the knees, elbow and shoulder.

Joint diseases—Gouty Arthritis, Infective Arthritis, Ossification of lateral ligaments of Spine. (this of importance under the Workmens' Compensation Board).

Bony outgrowths in joints, Tuberculosis joints, Legg's disease, Syphilitic joints, Bony infections occurring through the Periosteum, the Nutrient Canal, the joint, the Medulla, and through fractures; Softening of bones with spontaneous fracture; Bony tumors, malignant and otherwise; Tuberculous Kidney, Hydronephrosis; Injection of Ureters and Kidney Pelvis with Sod. Iodid; Stone in Kidney, Gastro-Intestinal films with particular reference to Stasis of the Colon.

Many practical points were discussed by Dr. Johnston, such as the importance of two views in X-Ray work; the difference between Tuberculous and other infections of joints, the former being always destructive as to bone, while the latter are destructive and constructive as to bone; the differential diagnosis of Legg's Disease; the inadvisability of purgatives in cases of Colonic Stasis, etc., etc.

Dr. Johnston's contribution to the meeting was just what the various members of the Society had been looking for, and all were particularly well pleased with it. The practitioners present kept Dr. Johnston working well past the time at which he himself wanted to stop.

Dr. R. F. MacDonald of Antigonish, who has recently taken a post-graduate course in Ophthalmology, in European Clinics, was next heard from. He gave a very practical illustrated lecture on a practical subject,—Viz. Glaucoma. He emphasized the importance of a knowledge of this disease to the general practitioner. The diagnosis, prognosis and treatment were thoroughly gone into and the whole given in a concise and simple manner.

Dr. J. J. Cameron gave a complete case report with X-Ray films of a case recently treated by him at St. Martha's Hospital. The patient was a young man admitted with an Appendicular abscess, sub-diaphragmatic abscess followed by purulent Pleurisy. Drainage was instituted with persistent and consistent treatment, stormy convalescence and finally recovery.

On motion the meeting was adjourned until eight P. M.

Evening session at the home of Dr. W. F. McKinnon. The meeting assembled at 8.30, the President presiding. All members of the afternoon session present with the exception of Drs. A. N. Chisholm, J. S. Brean and O. R. Stone, who were called away on professional business. Dr. J. J. Cameron submitted the report of the nominating committee as follows:

Hon. President	DR. G. E. BUCKLEY, Guysboro.
President	DR. J. L. MCISAAC, Antigonish.
1st Vice-President	DR. J. J. MCRITCHIE, Goldboro.
2nd Vice-President	DR. R. F. MACDONALD, Antigonish.
Secretary-Treasurer	DR. P. S. CAMPBELL, Port Hood.
Executive Committee	DR. D. J. MCMASTER, Antigonish.
	DR. M. E. MCGARRY, Margaree.
	DR. A. N. CHISHOLM, Port Hawkesbury.
	DR. C. AIKENS, Guysboro.
	DR. W. G. PORIER, Inverness.
	DR. J. A. MACDONALD, St. Peters.

Executive representative on Nova Scotia Medical Society, Dr. W. F. McKinnon—Antigonish. Report adopted.

Letters were read from the Hon. President, Dr. G. E. Buckley, Guysboro, Dr. A. J. MacNeil, Mabou, Dr. E. F. Moore, Canso, expressing their regrets at inability to be present, and wishing the Society a successful meeting; also a telegram from the Associate-Secretary of the Nova Scotia Medical Society, Dr. S. L. Wqlker, asking the meeting to express itself on the question of Vaccination of children and to appoint a correspondent for the Bulletin.

Under unfinished business, the adjusting of claims by the Workmen's Compensation Board came up for discussion.

Dr. Murphy lead off by relating the difficulties experienced by the Medical Practitioners almost since the inception of the Act. As matters now stand, these might be grouped under two or three headings. First—the medical officer has no vote on the Board, and as a consequence, ordinary medical evidence is sometimes not accepted by the Chairman, who not being a medical man, usually requires court proof. Second—Fees are not always satisfactory, particularly in serious cases, when the element of responsibility is not appreciated, fees being seemingly measured by such incidents as number of dressings. Third—Compensation for medical services is allowed only for thirty days following injury; this in many cases is a hardship on the profession, as many cases require treatment far beyond that time.

Dr. J. J. Cameron, expressed his dissatisfaction with the Board in no uncertain terms, citing cases to illustrate the cumbersome routine in executing the provisions of the Act, which makes it altogether unsatisfactory to medical practitioners.

Dr. W. F. McKinnon spoke briefly to the question, stating he had no particular grievances relative to the Workmen's Compensation Board. Dr. J. J. McRitchie and Dr. Aikens also spoke briefly to the question.

The following Resolution was then moved by Dr. McRitchie, seconded by Dr. Aikens and passed,—

Whereas the present method of adjusting claims of physicians for services rendered injured workmen by the Workmen's Compensation Board is unsatisfactory to the profession; and *Whereas* reasonable medical evidence does not always appear to be accepted by the Board; And *Whereas* the question of physicians' responsibility does not appear to be appreciated in fixing fees allowed in serious cases; And *Whereas* the Board is provided with a competent medical officer; And *Whereas* the medical officer is the proper official to adjust claims of physicians for services rendered; And *Whereas* the time limit of thirty days, for paid medical attendance is not sufficient in all cases; Be it therefore Resolved that the Eastern Counties Medical Society at regular meeting assembled, does hereby request the Local Government to so amend the Workmen's Compensation Act, during the next Session of the Legislature, so to provide that:

First—Reasonable medical evidence be given more consideration by the Board.

Second—That the question of physicians' responsibility in serious cases, be taken into consideration in fixing fees.

Third—That the medical officer be made a member of the Board with power to adjust claims of physicians for services rendered injured workmen.

Fourth—That the time limit of thirty days be so extended to provide for the payment of medical attendance beyond thirty days when necessary.

Further Resolved that a copy of this Resolution be forwarded to Hon. E. N. Rhodes, Premier of Nova Scotia, a copy to each of the Branch Medical Societies, and a copy to Dr. G. H. Murphy, Chairman of the Workmen's Compensation Board Committee of the Nova Scotia Medical Society.

It was moved by Dr. Cameron, seconded by Dr. McDonald, and carried unanimously that in the opinion of this Society, Nova Scotia's quota for the "Lister Memorial" be paid out of the funds of the Nova Scotia Medical Society. The following Resolution was moved by Dr. McRitchie, seconded by Dr. McDonald and passed—Resolved that this Society place itself on record as being in favor of continuing the Bulletin, and that steps be taken to further organize the Nova Scotia Society with a view to increasing its funds; Further Resolved that the Secretary of this Society furnish the Bulletin with news notes from time to time.

Dr. McDonald moved the following Resolution which was seconded by Dr. McMaster and carried unanimously,—

Whereas we have learned with regret, of the death of Dr. John McDonald, Sr., St. Peters, a prominent member of this Organization, and an outstanding medical practitioner; one who at all times took a keen interest in matters pertaining to the good of the profession and to the public generally.

Therefore Resolved that at regular meeting assembled, we do hereby extend our sincerest sympathy to Mrs McDonald on her bereavement—Further resolved that a copy of this Resolution be forwarded to Mrs McDonald, and a copy inscribed in the minutes of this meeting.

Votes of thanks were extended to Doctors G. H. Murphy, S. R. Johnston and R. F. McDonald, for their splendid papers. A special vote of thanks was given to Dr. and Mrs. McKinnon for the very successful social evening; the members of the Society feeling they had been entertained royally.

At the suggestion of some of the members, a note is here made in recognition of the kindness of the Sisters of St. Martha, who placed the hospital X-Ray Department at the disposal of the meeting, and who

contributed in other ways to make the meeting a success. It was regularly moved and passed that the Secretary request Dr. Walker to have Dr. Murphy's paper published in the Bulletin.

At the request of the Chair, Dr. D. J. McGillivray, formerly of Antigonish, but now located in New Briton, Conn., U. S. A.; briefly addressed the meeting. In his territory, he said, medical men had many problems similar to ours. He considered the practitioners of Nova Scotia stood shoulder to shoulder with the best in any land.

It was moved by Dr. Aikens, seconded by Dr. McRitchie, that the next meeting of the Eastern Counties Medical Society, be held in Antigonish during the last week in May 1926, the Secretary and local medical men to arrange programme. Passed.

There being no further business, the meeting adjourned until 9 A. M. tomorrow.

MORNING SESSION OCTOBER 7th, 1925.

This was a purely clinical meeting—Dr. McKinnon presiding.

The first case shown was one for differential diagnosis, presented by Dr. W. F. McKinnon. A young boy of 12 years showing some symptoms referable to one of the blood dyscrasias. A complete case report was read and the result of laboratory analysis shown. After all the men present had been given an opportunity to examine the patient, a tentative diagnosis of lymphatic leukaemia was made.

Then followed an operative clinic by Dr. W. F. McKinnon, with Dr. McGillivray as assistant surgeon.

Dr. McKinnon very capably presented the case and then proceeded to do a laparotomy. At operation the clinical diagnosis was confirmed. An appendectomy and resection of ovaries was carried out, each step of the operation being cleverly demonstrated by the operating surgeon.

A unique feature of this operation was the Anesthesia employed Viz. Ethylene gas (C₂H₄) St. Martha's being the only clinic in Nova Scotia where this gas is in use.

The administration was cleverly carried out by Sister Dalorosa, anesthetist to St. Marthas' Hospital, the patient went under its influence smoothly and quickly, color remaining good during operation, and came back to consciousness quickly with no nausea or other apparent bad effects. Ethylene Gas, as an anesthetic, was first employed in 1922, and it is to-day used largely in the United States and France.

Analgesia is said to be greater and to last longer than with Nitrous Oxide. It is claimed to be the purest Anesthetic known in as much as it has fewer bad effects on the body functions and tissues than any other. Noon having arrived the meeting was adjourned until next May.

(Signed) P. S. CAMPBELL, Secretary.

OBITUARY

R. H. BURRILL, M. D., C. M., McGill 1897, Elrose, Sask.

The death took place on October 4th, 1925, in a hotel in Saskatoon, of Dr. R. H. Burrill, formerly of Nova Scotia. He was born at Yarmouth in 1874, received his B. A. from Mt. Allison in 1893, and graduated from McGill in 1897. He practised for some years in Lunenburg and for a short time in Amherst, going West in 1913. He became a pioneer of the town of Elrose, Sask., and, as was his custom, became fully identified with all civic activities. He was especially active in the formation of a local consolidated school district, being trustee and Secretary for a number of years. He was a town Councillor, Coronor, Justice of the Peace, and Secretary of the Liberal Association.

While resident in Lunenburg, he was actively interested in the music of the Methodist Church, the I. O. O. F. and a supporter of our early Anti-tuberculosis efforts.

His wife and one daughter survive him.

Under the heading "This date 20 years ago," a Halifax Daily refers to the death Oct. 12th, 1905, of Dr. John A. MacKenzie, Assistant Superintendent of the Nova Scotia Hospital. He was a native of Cape Breton, and a graduate of the College of Physicians and Surgeons, Boston.

PERSONALS

DR. A. J. Fuller of Yarmouth, visited for two weeks in October with his relatives in Avonport. Were it not he is almost blind, he would still be actively engaged in his profession.

Dr. H. R. Ross has taken over the practice of Dr. George Nathanson, Sydney.

BORN: To Dr. and Mrs. M. G. Tompkins, Dominion, October 12th, 1925, a daughter.

Dr. and Mrs. J. Ellery Pollard of Hantsport, spent several weeks recently in New York.

Dr. H. B. Havey of Stewiacke, made a short visit to Boston in the early part of October.

Dr. Paul Tingley of Wolfville is home after five years of medical study at the University of Edinboro.

Mrs. Deveau, wife of Dr. G. R. Deveau, was recently called to Quebec on account of the illness of her father.

Dr. W. C. Archibald of Lawrencetown, whose marriage was recently noted, has removed to Lexington, Mass.

Dr. J. G. McDougall spent a few days early in October in the woods in the vicinity of his former home in Blue Mountain.

Mrs. Gosse, wife of Dr. N. H. Gosse of Canning, was again a patient at the Victoria General Hospital for a short time in October.

Dr. Alan R. Morton has returned to Wolfville, after a period of post-graduate work at the Sloan Maternity Hospital, New York.

Dr. and Mrs. George Nathanson of Sydney, left October 18th, by motor for New York, where they will make their home in the future.

Dr. G. K. Smith, who has been practising at Grand Pre, has removed to Hantsport, following the removal of Dr. Shankel to Windsor.

Dr. C. K. Fuller of Yarmouth, was the representative of the Kiwanis Club of Yarmouth at a recent Ottawa Convention of that Club, and on his return gave an interesting address to the local members.

Dr. Charles A. Herbin, Dalhousie 1925, practised in Arichat during the summer, and has recently been assisting Dr. John McDonald, Arichat.

Dr. G. H. Murphy of Halifax, accompanied by Mrs. Murphy, attended the October congress of the American College of Surgeons in Chicago.

A New Glasgow paper states that Dr. E. Farrell of Halifax, has opened an office in New Glasgow in the Roseland Building for one month from October 13th, 1925.

Dr. Jack Acker of Montreal, recently spent some weeks visiting his parents Mr. and Mrs. W. C. Acker, of Halifax. He is a brother of Dr. T. B. Acker of Halifax.

Dr. J. W. Reid of Windsor, accompanied by Mrs. Reid, spent the month of October in Montreal. His son, Dr. A. R. Reid of Brooklyn, attended to his practice during his absence.

Donald M. Murray, the fifteen year old son of Dr. Dan Murray of Tatamagouche, entered the Arts Course at Dalhousie this Fall, winning the Bruce Scholarship after examinations.

Dr. Charles Spiro of New Glasgow, who supplied last spring and summer for Dr. J. S. Brean, of Mulgrave, during his severe illness, is now doing post-graduate work at the Manhattan Special Hospital, New York.

Dr. and Mrs. W. R. Morse are now on their way back to China, while enroute they will visit Dr. Garnet Morse, a brother of Dr. W. R. Morse at Port Haney, B. C. Dr. Garnet Morse was also a recent visitor at his former home in Lawrencetown.

Robert A. G. Pollard, son of Dr. and Mrs. J. Ellery Pollard of Hantsport, was married October 23rd, at the Cathedral, Halifax, by the Rev. Dean Llwyd, to Nora, daughter of the late W. Woollcombe, Esq., Birmingham, England.

Dr. Charles A. Morton and Mrs. Morton are spending the month of November in a steamer trip from New York to San Francisco and return. The trip, with its numerous ports of call, will be a very pleasant one, and will greatly aid the Doctor in his convalescence from his recent severe illness.

THE CANADIAN MEDICAL ASSOCIATION

President—J. F. Kidd, Ottawa.

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

Vice-Presidents ex-officio—Presidents of Affiliated Associations.

Honorary Treasurer—A. T. Bazin, 836 University Street, Montreal.

General Secretary—T. C. Routley, 184 College Street, Toronto.

THE COUNCIL

A. Primrose, Toronto, <i>Chairman</i> .	A. F. Menzies, Morden.
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T. C. Routley, Toronto.	D. P. Miller, Prince Albert.
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J. F. Argue, Ottawa.	L. R. Morse, Lawrencetown, N. S.
L. J. Austin, Kingston.	T. A. Morrison, Regina.
J. Bell, New Glasgow, N. S.	S. E. Moore, Regina.
R. J. Blanchard, Winnipeg.	G. H. Murphy, Halifax.
G. S. Cameron, Peterborough.	T. A. Patrick, Yorkton, Sask.
A. M. Campbell, Winnipeg.	J. I. Pratt, Port Arthur.
J. G. D. Campbell, Halifax.	W. D. Rankin, Woodstock, N. B.
G. F. Dewar, Charlottetown.	W. N. Reh fuss, Bridgewater, N. S.
W. J. Egan, Sydney.	W. G. Reilly, Montreal.
W. J. Elliott, Brandon.	W. H. Secord, Winnipeg.
F. J. Farley, Trenton.	H. B. Small, Ottawa.
W. A. Gardner, Winnipeg.	F. N. G. Starr, Toronto.
W. Hackney, Calgary.	D. A. Stewart, Ninette, Man.
T. G. Hamilton, Winnipeg.	W. Turnbull, Winnipeg.
V. E. Henderson, Toronto.	J. M. Ulrich, Regina.
A. W. Knox, Weyburn, Sask.	C. H. Vrooman, Vancouver.
T. M. Leask, Moose Jaw.	S. L. Walker, Halifax.
J. H. MacDermot, Vancouver.	T. W. Walker, Saskatoon.
N. J. MacLean, Winnipeg.	N. W. Warner, Winnipeg.
A. A. Macdonald, Souris, P. E. I.	A. MacG. Young, Saskatoon.
M. MacLaren, St. John, N. B.	Geo. S. Young, Toronto.

EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, <i>Chairman</i> .	T. G. Hamilton, Winnipeg.
J. F. Kidd, Ottawa.	C. F. Martin, Montreal.
David Low, Regina.	S. E. Moore, Regina.
A. Primrose, Toronto.	J. S. McEachern, Calgary.
A. T. Bazin, Montreal.	M. MacLaren, St. John, N. B.
T. C. Routley, Toronto.	F. N. G. Starr, Toronto.
G. S. Cameron, Peterborough.	S. L. Walker, Halifax.

SPECIAL COMMITTEES

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

MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING, JULY, 1926, AT HALIFAX

OFFICERS FOR 1925-1926.

President.....	Dr. E. V. Hogan, Halifax.
1st Vice-President.....	Dr. J. J. Roy, Sydney.
2nd Vice-President.....	Dr. L. R. Morse, Lawrencetown.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax.
Associate-Secretary.....	Dr. S. L. Walker, Halifax.

EXECUTIVE

Cape Breton.

Dr. E. M. McDonald, Sydney.
 Dr. D. R. McRae, Sydney Mines.
 Dr. Dan. McNeil, Glace Bay.

Eastern Counties.

Dr. J. J. Cameron, Antigonish.

Colchester-Hants.

Dr. C. H. Morris, Windsor.
 Dr. E. D. McLean, Truro.

Cumberland County.

Dr. J. A. Munro, Amherst.
 Dr. W. T. Purdy, Amherst.

Lunenburg-Queens.

Dr. R. G. McLellan, Lunenburg.

Valley Medical.

Dr. M. R. Elliott, Wolfville.
 Dr. W. F. Read, Digby.
 Dr. F. S. Messenger, Middleton.

Halifax Branch.

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

Pictou County.

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

COMMITTEES

Cogswell Library.

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

Public Health.

Dr. A. C. Jost, Halifax.
 Dr. E. Kennedy, New Glasgow.
 Dr. M. E. Armstrong, Bridgetown.
 Dr. J. K. McLeod, Sydney.
 Dr. W. N. Rehfuess, Bridgewater.

Arrangements.

Halifax Medical Society.

Editorial Board—C. M. A. Journal.

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

Workmen's Compensation Board.

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

Members of C. M. A. Council.

Dr. E. V. Hogan (Ex-Officio)	Halifax.
Dr. J. G. D. Campbell (Ex-Officio)	Halifax.
Dr. S. L. Walker (Ex-Officio)	Halifax.
Dr. W. J. Egan,	Sydney.
Dr. L. R. Morse,	Lawrencetown.
Dr. H. K. McDonald,	Halifax.
Dr. G. H. Murphy,	Halifax.
Dr. Ross Millar,	Amherst.

Nominated to Education Committee C. M. A.

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

Nominated to Legislative Committee C. M. A.

Dr. J. G. McDougall, Halifax.

Dr. W. H. Hattie, Halifax.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....Dr. Allister Calder, Glace Bay.
 1st Vice-President.....Dr. D. A. McLeod, Sydney.
 2nd Vice-President.....Dr. D. W. Archibald, Sydney Mines.
 Secretary-Treasurer.....Dr. J. G. B. Lynch, Sydney.

EXECUTIVE

The Officers with Doctors McDonald, Patton and Curry. Nominated to Provincial Executive:—Dr. E. M. McDonald, Sydney, Dr. D. R. McRae, Sydney Mines, Dr. Dan. McNeil, Glace Bay.

COLCHESTER-HANTS

Officers 1924-25

President.....Dr. R. O. Shatford, Londonderry.
 Vice-President.....Dr. E. E. Bissett, Windsor.
 Secretary-Treasurer.....Dr. H. V. Kent, Truro.

Executive Committee

Dr. J. B. Reid, Truro. Dr. F. R. Shankel, Windsor.

Nominated to Provincial Executive

Dr. C. H. Morris, Windsor, and Dr. E. D. McLean, Truro.

CUMBERLAND COUNTY

Officers

President.....Dr. Wm. Rockwell, River Hebert.
 1st Vice-President.....Dr. J. R. Gilroy, Oxford.
 2nd Vice-President.....Dr. M. McKenzie, Parrsboro.
 3rd Vice-President.....Dr. W. V. Goodwin, Pugwash.
 Secretary-Treasurer.....Dr. W. T. Purdy, Amherst, N. S.
 Members of Executive Medical Society of Nova Scotia:
 Dr. W. T. Purdy, Amherst.
 Dr. J. A. Munro, Amherst, N. S.

EASTERN COUNTIES

Hon. President.....Dr. Geo. E. Buckley, Guysboro.
 President.....Dr. W. F. McKinnon, Antigonish.
 Vice-Presidents.....Dr. J. J. MacRitchie, Goldboro.
 Dr. John McDonald Sr., St. Peters.
 Dr. M. E. McGarry, Margaree.
 Dr. M. T. McLeod, Orangedale.
 Secretary-Treasurer.....Dr. P. S. Campbell, Port Hood.

Executive Committee

Dr. J. S. Brean, Dr. J. A. Proudfoot, Dr. A. J. McNeil, Dr. Alex. Kennedy,
 Dr. Owen Cameron, Dr. R. C. McCullough, Dr. B. A. LeBlanc, Dr. P. A. McGarry,
 Nominated to Provincial Executive:—Dr. J. J. Cameron, Antigonish.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

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

Executive

The above Officers with:

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

PICTOU COUNTY

Officers for 1924-25

President.....Dr. Clarence Miller, New Glasgow
 Vice-President.....Dr. M. R. Young, Pictou.
 Secretary-Treasurer.....Dr. John Bell, New Glasgow.
 Members of Executive and nominated to the Provincial Executive:—
 Dr. H. H. McKay, New Glasgow and Dr. G. A. Dunn, Pictou.
 Benvie, S. C. McKenzie, G. A. Dunn, C. W. Stramburg, F. B. Day.
 Meetings:—First Tuesday in January April, July and October. Annual Meeting in July.

VALLEY MEDICAL SOCIETY

President.....Dr. E. DuVernet, Digby.
 Vice-Presidents.....Dr. G. K. Smith, Grand Pre.
 “ “.....Dr. H. L. Roberts, Digby.
 “ “.....Dr. W. C. Archibald, Annapolis.
 Secretary-Treasurer.....Dr. C. E. A. DeWitt, Wolfville.

Representatives on Executive of Medical Society of Nova Scotia:—

Dr. M. R. Elliott, Wolfville. Dr. W. F. Read, Digby.
 Dr. F. S. Messenger, Middleton.

WESTERN NOVA SCOTIA MEDICAL SOCIETY

President.....Dr. C. A. Webster.
 Vice-Presidents.....Dr. H. J. Pothier, for Digby.
 “ “.....Dr. C. J. Fox, for Yarmouth.
 “ “.....Dr. L. P. Churchill, for Shelburne.
 Secretary-Treasurer.....Dr. T. A. Lebbetter, for Yarmouth.

Nominated to the Executive of the Medical Society of Nova Scotia.

Dr. A. R. Campbell, of Yarmouth.

HALIFAX MEDICAL SOCIETY

1925 Officers 1926

President.....	DR. F. R. LITTLE
1st Vice-President.....	DR. P. WEATHERBE
2ND Vice-President.....	DR. S. R. JOHNSTON
3RD Vice-President.....	DR. V. L. MILLER
Secretary-Treasurer.....	DR. W.L. MUIR

Executive

The above Officers with
 DR. H. W. SCHWARTZ
 DR. G. W. GRANT

PROGRAMME FOR 1925-1926

- NOV. 4th. Opening Meeting - - - - - Carleton Hotel
 PRESIDENT'S ADDRESS
- NOV. 18th. Nova Scotia Hospital.
 CLINICAL EVENING
- DEC. 2nd. Victoria General Hospital.
 CLINICAL SURGICAL
- DEC. 16th. "Paralytic Deformities, especially in Childhood."
 DR. J. APPLETON NUTTER
 Orthopaedic Surgeon to the Montreal General Hospital.
- JAN. 13th. "Purulent Disease of the Accessory Nasal Sinuses."
 DR. H. W. SCHWARTZ
- JAN. 27th. Victoria General Hospital.
 CLINICAL MEDICAL
- FEB. 10th. Dental Symposium—"Focal Infection, Deformities, etc., etc."
 DR. W. W. WOODBURY AND J. S. BAGNALL
- FEB. 24th. "X-Ray Diagnosis of Bone Conditions."
 DR. S. R. JOHNSTON
- MAR. 10th. Subjects to be Announced.
 DR. JOHN STEWART
 DR. MURDOCH CHISHOLM
- MAR. 24th. "The Surgery of Putmonary Tuberculosis."
 DR. J. H. ALLINGHAM
 Saint John, N. B.
- APR. 14th. "Recent Advances in the Physiology of Gastric Secretion."
 DR. BORIS BABKIN
 Professor of Physiology, Dalhousie University.
- APR. 28th. Annual Meeting.
 ELECTION OF OFFICERS, ETC., ETC.

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