Presidential Address*

L. M. Morton, M.D.

MY excuse for appearing before you this evening is that it is an established custom for the President to make a farewell address at this time. What I have to say will come under the heading of a "few remarks." I crave your indulgence, knowing that you are duty-bound to give me a respectful hearing, also knowing full well that some day my dilemma may be your own.

During the year, of all the problems affecting our Provincial and Canadian Medical Societies—the medical enemy number one has been, and will be for some time to come—National Health Insurance. The C.M.A. at Banff, placed on record again this year, its strong opposition to any form of State Medicine.

About two weeks ago, at Winnipeg, the Trades and Labor Congress, Canada's largest labor body, asked the Federal Government to set up legislation for a health scheme on a contributory basis. They declared that labor men are ready to assume their fair share of the cost. They also registered their opposition to having a National Health Service, wholly controlled by Government.

The report of the Medical Survey in Nova Scotia during the past two years states that the conclusion is that the requirements for group health services and facilities have not been nearly met in this Province and for that matter, in any Canadian Province. Both the Federal and Provincial Governments have a great deal to accomplish on the present Public Health Front. The deficiencies in medical personnel, nursing services, laboratory facilities, hospital beds, etc., make it impossible to support a province-wide and tax-supported plan. The high cost of sickness is getting higher and higher—although the voluntary insurance plans are taking a large share of the burden, the "common garden variety" of family is finding it impossible to pay for illness and buy groceries at the same time.

Our own Maritime Medical Care, although only a "babe-in-arms," is fast becoming "adolescent" and I may say showing signs of "maturity." The list of subscribers is increasing monthly and the Society has reason to be justly proud of its progress and we extend our grateful thanks to those who have and are contributing to its success.

During the past years much of the agenda at Provincial and C.M.A. meetings has been devoted to discussing the new trends for the care of the sick and especially endeavouring to evolve a plan comprehensive enough to take care of future requirements.

I think it can be conceded that eventually we are going to have a National Health Service in Canada, whether the Profession likes it or not. In order to negotiate details favorable to ourselves, our representatives must have the support of every Provincial Society from coast to coast. There are no doubt several ways in which this service can be set up. The problem is partly moral, partly social and partly economic. To satisfy the requirements of these three phases is a difficult matter. Doctors on the whole are an independent group and they dislike to be made salaried civil servants. It is unacceptable in these

*Delivered September 5, 1952 at the Annual Banquet of The Medical Society of Nova Scotia.

days that anyone should be deprived of medical attention merely because of not having the money to pay for it.

It is in our national interest to have a healthy population, and adequate medical attention for all, is the best way of securing this. Economically, no country can support a health service that is beyond its means. The easiest solution is to make everybody unconditionally eligible for benefit. Immediately this is done people begin to abuse their privileges, as has been proven in Great Britain, and the whole structure is endangered. How can we reconcile the moral and social requirements on the one hand and the harsh economic and psychological draw-backs on the other? The best talent we have in the Medical Profession across Canada in collaboration with members of Government have been trying to answer that question and no workable plan has been found.

There are cardinal rules to be followed: There must be no interference with medical freedom because such interference might destroy the whole noble practice of medicine—whatever scheme is adopted must not encourage people to make unnecessary calls on the doctors and use hospitals as if they were cheap and convenient hotels in which to escape housework. The solution is not simple but cannot be wholly insoluble.

There is another problem which I think should be mentioned at this time and I refer to that much neglected part of our medical program, Public Relations. We might as well face the facts. During recent years our Medical Organizations are being regarded by the general public as closed corporations devoted to the interests of management and industry and our own selfish interests. Our members are often too little aware of the vast amount of work done by our Association in education, public health, and in preventing fraud and charlatanism.

The laity in many cases believes that we endeavour to limit the number of doctors and that we are against socialized medicine for mercenary reasons.

There is only one way to combat this alarming situation and that is to increase our efforts to educate the public by telling them the truth. We have nothing to hide. Let us give them the facts and disabuse their minds of these impressions few of which are based on the true relation between patient and doctor. We have an active Public Relations Committee of this Society. In fact, every member should be a public relations ambassador to purvey the truth to the laity. We must admit that the ordinary citizen does not treat the Medical Profession with quite the same awe and respect as in the past. They diagnose their complaints and even come to the doctor and suggest the treatment required. We must accept the responsibility for this changing attitude, but there is no reason why we must take it as a matter of course.

During the last few months numerous articles have appeared discussing at length the high cost of hospitalization, drugs, doctors, etc. McLean's Magazine devoted half an issue to three long articles, and recently the Halifax Press has broken out in a series of articles on the high cost of fighting sickness. There is a very subtle insinuation behind this propaganda that the Profession is partly responsible for this state of affairs. I take very strenuous exception to any suggestion that the high cost of illness is due to excessive doctors' fees—certainly not in Western Nova Scotia.

There is no other Profession that has given so much gratuitous service to

the public over the years. Did I say—has given?—Yes, and we are giving and will continue to give our best to those unable to pay. The above fact is so well known that the laity takes our free services as a matter of course. There has been very little increase in our fees during the past twenty-five years—certainly not in comparison with the increased cost of living. We take care of the indigent sick in and out of the Hospital without remuneration of any kind. Yet, in all my years of practice, I have never received an expression of appreciation from any Municipal Official for services rendered. Their gripe is the Hospital accounts and free medical treatment is taken for granted.

However, we as a profession are animated to a greater or less degree by altruism, a very rare quality indeed, and an attribute of which we can be justly proud. Regardless of what the future holds for the practitioners of medicine, we shall continue to maintain the glorious traditions of the Profession.

I would like to take this opportunity to extend the thanks of the Society to all those who have contributed to our program, especially those who at much personal sacrifices have come to us from the West, Upper Canada, Boston and our own Province. Gentlemen, we sincerely thank you.

Next year in 1953, our Society will celebrate its one hundredth birthday. It has indeed been a century of progress for the Medical Profession and for this old Province by the sea. Nova Scotia, with its shores bathed by the waters of the Atlantic from Yarmouth, the Gateway of the Maritimes, to Cape North, the northern tip of Cape Breton. It would be fitting that special and appropriate recognition of our hundredth anniversary be made by the Society.

I thank you sincerely for the honour and privilege of having been your President. I offer congratulations, best wishes, and utmost co-operation to my successor.

In closing, I cannot do better than paraphrase Ezra: "The doctor can try to do justice, he must love mercy, and it is incumbent on him to walk humbly with his God."

"Good opening for Eye, Ear, Nose and Throat or Ear, Nose and Throat Specialist in association with an established group in Dartmouth, Nova Scotia. Population, including suburbs, 30,000. Modern, well equipped office. Apply The Dartmouth Medical Centre, 180 Portland Street, Dartmouth, Nova Scotia."

Diabetes Mellitus—A Public Health Problem*

D. J. Tonning, M.D.

Halifax, N. S.

DIABETES mellitus ranks high in the list of causes of death. The death rate is particularly high among uncontrolled diabetics in whom serious and fatal complications are of common occurrence. Careful control of a diabetic can prevent unnecessary suffering and enable him to share as completely as possible in the normal enjoyment of living. There are at least one million known diabetics in the United States of America, and for every four cases, three more may be found on investigation who are at present unrecognized.[1] These cases may not necessarily at the onset have the characteristic clinical findings, so that the recognition of them is possible only by urinalysis for glucose, a blood sugar estimation two hours after a well-balanced meal or by the glucose tolerance test.

From these remarks it becomes apparent that proper diabetic control and case finding are of the utmost importance, and that diabetes mellitus becomes, like so many chronic incurable diseases, a problem of public health as well as clinical medicine.

Many diseases and clinical syndromes, including diabetes mellitus, have been studied from various angles and by many students in different scientific fields. The following paragraphs from Carl A. Moyer's manual on Fluid Balance[2] are very interesting and instructive. They illustrate, as well, the place that diabetes mellitus occupied many years ago in some of the early studies of disturbed body mechanisms.

"The practising physician has played a very active part in the development of the physiology of body fluids. This is readily understood because this subject is intimately related to disease, in that abnormal physiological states of the body reveal themselves through consistent symptoms and signs.

"In 1831, W. B. O'Shaughnessy, M.D., analyzed the blood of patients with cholera and his observation of marked water and salt loss was reported in the first volume of The Lancet in 1831-32.[3]

"About the same time, Doctor Latta[4] of Leith, a physiologist and physician, reported in 'remarkable value by injection of water and salt into the veins of patients suffering from cholera.' Doctor Latta described his rationale of treatment and results by letter to the Secretary of the Central Board of Health, London, and documents communicated by the Central Board of Health relative to Doctor Latta's treatment appeared.

"Diabetes mellitus entered the picture in 1874, in that C. H. Fagge of Guy's Hospital[5] reported a 'case of diabetic coma treated with partial success by injection of a saline solution into the blood.' His principle of therapy was based upon earlier observations made on cholera."

Since these observations, many investigative procedures have been carried out which have resulted in a better understanding of disease, and have linked together clinicians, chemists, physiologists, epidemiologists, health workers and many others for the purpose of better medical care of the patient.

*Delivered at the Second Annual Meeting, Atlantic Branch Canadian Public Health Association, Yarmouth, N. S., September 3, 1952.

Although much progress and important achievements have been made in the study of diabetes mellitus, the fact still remains that the symptoms and signs of uncontrolled diabetes are the same as they were centuries ago. The art of observation and recognition of essential features in a patient, as practised by our forefathers, has unfortunately disappeared to a considerable degree with the advent of modern medicine. It should, therefore, be the duty of the present teachers of medicine to bring this art back to our undergraduate medical students.

On the other hand the natural history of diabetes has changed tremendously, because many complications with high mortality rate can now be prevented. This is no doubt due to a better understanding of a few basic principles, which in turn have led to simple practical therapeutic measures.

Diabetes mellitus is looked upon by the public, many physicians, medical students and nurses as a very difficult and an uninteresting problem. However, the present day knowledge of this disease, although incomplete, has made possible a very simple approach to good diabetic control; and many clinics and the American Diabetes Association have offered invaluable assistance to diabetics in this respect.

The establishment of a Diabetic Clinic in the Out-patient Department of the Victoria General Hospital under the Department of Medicine is a recent undertaking.

The importance of a Diabetic Service for this institution has been realized for some time. Better care and instruction will be available to the patient. Such a service will also provide excellent facilities to teach medical students, nurses and dietitians and for post-graduate training in medicine, surgery and preventive medicine. Most of our diabetics are now cared for through this Clinic at the Out-patient Department. Severe diabetics or those with complications are treated in the medical wards of the hospital, or in other special services as each case requires. A few who require detailed study for control are admitted to the metabolic ward. This scheme does not interfere with the physical set up of the hospital.

The principles upon which the Diabetic Clinic operates are based upon a few facts.

1. It is generally accepted, at least clinically, that the main features of diabetes mellitus are due to a "relative lack of insulin and a deficient metabolism of glucose."
2. This disease is usually of an idiopathic origin and permanent, although exceptions to this occur.
3. This disease shows strong hereditary tendencies, and is frequently associated with obesity at the onset.
4. Infections, trauma, surgery, thyrotoricosis and many other situations aggravate this condition.
5. The various degrees of uncontrolled diabetes can be recognized by clinical symptoms and signs, and, if necessary, by simple laboratory procedures.
6. Vascular degeneration is a persistent progressive process in these patients.
7. A diabetic can develop any known illness.[7]

8. Careful control will prevent impairment of health and disabling complications.
9. The majority of diabetics can keep well and lead healthful and useful lives.
10. Early diagnosis and careful attention to treatment can safeguard health and make the control simpler, more convenient and more effective.[8]

We prefer to classify our cases according to type as suggested by R. Colwell[9] because this grouping attempts to be useful from the standpoint of recognition and therapeutic application. This, of course, is practical rather than academic.

1. **The unproved type**: Requires only observation and guidance.

2. **The mild type**: This type is controlled by dietary measures, and weight reduction is often advisable. Early cases and many older patients belong to this type.

3. **The severe type**: (a) Moderate—the characteristic symptoms of diabetes are present. The patients require sufficient caloric intake to maintain ideal body weight, and protamine zinc insulin once daily is adequate.

(b) Severe—this type occurs mostly in young thin patients. The control of their diabetic state by protamine zinc insulin and diet is not satisfactory because they will show evidence of hyperglycaemia after meals and nocturnal hypoglycaemia (insulin reaction). Insulin mixture or separate injection is required in these cases.

(c) Labile (or Brittle)—this type is fortunately rare. It occurs mostly in children, but also in some adults. There is a history of diabetes of long duration. Patients have unpredictable waves of hyperglycaemia and insulin reactions. They require, in addition to a satisfactory food intake, multiple daily injections of insulin and twice daily insulin mixtures. Frequent hospitalization is common in this type.

4. **The type with complications**: The fourth type includes those cases who suffer from acute complications such as acidosis of any degree, acute infections, the surgical diabetic patient, those with cardiac decompensation and so on. Such patients require hospitalization in order to secure as good a control as possible during the day and night.

When the diabetic is referred to the Diabetic Clinic a careful history is taken and a complete physical examination done. Necessary laboratory work, if not already done, is completed. This gives the physician in charge enough data to classify the severity of the patient's diabetes.

At subsequent visits the first step is to record on a specially prepared diabetic chart the patient's weight, pulse, temperature, urinalysis and blood sugar (a.c. or p.c.). This chart contains a questionnaire which is set up in such a manner that symptoms and signs are grouped together to denote evidence of uncontrolled diabetes, be it hyperglycaemia, acidosis, hypoglycaemia (insulin reaction) or other complications.

There is sufficient space on this chart to record these essential features, including the diet and insulin, for twenty-five visits. The value of such a record is indeed great in that it will at a quick glance tell what type of diabetes one is dealing with. The repetition of symptoms and signs of uncontrolled diabetes is educational to the patient, nurses, medical students, dietitians, and

physician. Valuable information is obtained as to each patient's progress. It is an excellent method of teaching the natural history of this disease which will give young doctors a better understanding of the care of their future diabetic patients. Above all the physician in charge will be able to recognize evidence of complications at an early date and intelligently treat each individual case with a sufficiently balanced diet, and when necessary, insulin of the various types.

Briefly, the principles upon which the Diabetic Clinic is operated are based upon a general knowledge of this condition in order to prevent complications that are injurious to the patient's health. There are some complications that can be dealt with quite satisfactorily when they are fully established. However, there are others, particularly those involving the cardiovascular system, that are not very amenable to treatment and have a progressive prognosis.

The public health officers and nurses are, whether this has come to their immediate attention or not, absolutely necessary for good diabetic control. By having a general knowledge of this condition they can do a great deal towards case findings or can guide a diabetic in the control of his condition and thus reduce the number of complications which generally mean suffering and hospitalization. Infection often precipitates uncontrolled diabetes. Hence, recognition of infectious diseases, proper isolation, active and passive immunization, tuberculosis and venereal disease control, purification of water supply and protection of food, education in general hygiene and so on, have protected diabetics more than you may realize. There is perhaps, no other group of individuals who depend more upon your work in communicable disease control every day than the diabetic. Most diabetics, if given the opportunity and good training for control of their condition, can carry on a useful life and, perhaps, will for this reason live longer than most of us.

Diabetic control requires team work and your group is an integral part of this team.

REFERENCES

1.—Diabetes Guide Book, American Diabetes Association, page 9.

2.—Moyer, Carl A.; Fluid Balance, Year Book Publishers, Chicago, 1952, page 13.

3.—O'Shaughnessy, W. B.; Lancet, Vol. 1, 1831-32.

4.—Latta, Thomas; Lancet, Vol. II, 1831-32, pages 274-277.

5.—Fagge, C. H.; Guy's Hospital Rep. 19: 173. 1874.

6.—Holt, E., Courtney, A., and Fales, H. L.; Am. J. Dis. Child. 9:213, 1915.

7.—Joslin, E. P., The Treatment of Diabetes Mellitus, Lea & Febiger, 7th ed., 1940.

8.—Diabetes Guide Book, American Diabetes Association, page 9.

9.—Colwell, A. R., Diabetes, Mellitus in General Practice, Year Book Publishers, Chicago 1947.

PROGRAMME

Twenty-sixth Annual

Refresher Course

MONDAY, OCTOBER 20th, 1952

Morning—Victoria General Hospital Auditorium.

Chairman—Dr. H. B. Ross.

8.30- 9.00 Registration.

9.00- 9.50 Medical Clinic—"Surgical Relief of Mitral Stenosis."—Dr. L. C. Steeves.

To be announced—Dr. R. M. MacDonald.

9.50-10.40 Medical Clinic—"The Problems of the Management of Peptic Ulcer."—Dr. E. S. Mills.

INTERMISSION—10 minutes.

Chairman—Dr. I. A. Perlin.

10.50-11.50 "Pulmonary Manifestation of Systemic Disease."—Dr. E. H. Rubin.

11.50- 1.00 Round Table—"Medical Management of Diabetes."
Dr. M. M. Hoffman—Moderator.
Drs. D. J. Tonning, N. B. Coward, L. C. Steeves.

LUNCH

Afternoon—Ballroom—Lord Nelson Hotel.

Chairman—Dr. C. B. Stewart.

2.30- 3.15 "An Evaluation of the Present Methods of Treating Hypertension."—Dr. E. S. Mills.

3.15- 3.45 "Marie Strumpell Spondylitis."—Dr. J. F. L. Woodbury.

INTERMISSION—10 minutes.

3.55- 4.45 "Diagnosis and Treatment of Pulmonary Neoplasm"—Dr. E. H. Rubin.

4.45- 5.45 Round Table—"Common Skin Disorders."
Dr. D. R. S. Howell—Moderator.
Drs. T. M. Sieniewicz, H. I. Goldberg, H. C. Read.

Evening—Victoria General Hospital Auditorium.

Chairman—Dr. J. McD. Corston.

8.00-10.00 Medical Motion Pictures.

TUESDAY, OCTOBER 21st, 1952

Morning—Victoria General Hospital Auditorium.

Chairman—Dr. E. P. Nonamaker.

8.15- 9.00 Medical Motion Pictures.

9.00- 9.50 Medical Clinic—"Pyrexia of Undetermined Origin."—Dr. W. A. Murray.

Discussion opened by Dr. H. B. Atlee.

9.50-10.40 Medical Clinic—"Pleuritis."—Dr. E. H. Rubin.

INTERMISSION—10 minutes.

Chairman—Dr. C. J. W. Beckwith.

10.50-11.40 "Anaemias Refractory to Iron and Liver Therapy."—Dr. E. S. Mills.

11.40-12.30 "Management of Goitre with Particular Reference to Thyrotoxicosis."—Dr. M. M. Hoffman.

12.30- 1.30 Symposium—"Current Treatment of Tuberculosis including Isonyazides" (Rimifon and Marsalid)—
Dr. E. H. Rubin, Dr. C. J. W. Beckwith.

Luncheon—Victoria General Hospital Cafeteria.
Courtesy—Victoria General Hospital.

Afternoon—Ballroom—Lord Nelson Hotel.

Chairman—Dr. H. G. Grant.

2.45- 3.15 "Methyl Alcohol Poisoning."—Dr. D. J. Tonning, Dr. J. G. Aldous.

3.15- 3.35 "Psychological Problems and the Practitioner."—Dr. R. O. Jones.

3.35- 3.55 "Pulmonary Heart Disease."—Dr. R. L. Aikens.

INTERMISSION—10 minutes.

4.05- 4.30 "Lesions around the Anus."—Dr. N. H. Gosse.

4.30- 6.00 Panel on Therapeutics.
Dr. L. C. Steeves—Moderator.
Drs. E. S. Mills, H. B. Ross, F. G. Mack, J. G. Aldous.

Evening—Victoria General Hospital Auditorium.

8.00 p.m. Clinical Meeting of the Committee on Trauma, American College of Surgeons.

Chairman—Dr. A. B. Campbell.

"75 MINUTES OF FRACTURES."

1. Fracture of the Shaft of the Tibia—Dr. E. F. Ross.
2. Fracture of the Fingers and Toes—Dr. J. V. Graham.
3. Case Report —Dr. W. A. Curry
4. Fracture of the 5th Metacarpal. —Dr. B. K. Coady.
5. Fracture of the Tibial Plateau. —Dr. A. L. Murphy.

WEDNESDAY, OCTOBER 22nd, 1952

Morning—Victoria General Hospital Auditorium.

Chairman—Dr. W. E. Pollett.

8.15- 9.00 Medical Motion Pictures.

9.00-10.00 Round Table—"Problems of the First Day of Life."—
Dr. G. B. Wiswell—Moderator.
Drs. H. B. Atlee, H. B. Ross, R. M. Ritchie.

10.10-11.00 Surgical Clinic—To be announced—Dr. J. W. Merritt.
"Diverticulitis."—Dr. G. W. Bethune.

INTERMISSION—10 minutes.

Chairman—Dr. W. K. House.

11.10-11.40 "Intra-abdominal Tuberculosis."—Dr. G. M. Brownrigg.

11.40- 1.00 Round Table—"Intestinal Obstruction."

	Dr. A. L. Murphy—Moderator.
	Drs. W. Wayne Babcock, W. A. Curry, G. M. Brownrigg, M. M. Hoffman.
1.30	**Luncheon—Camp Hill Hospital.**
	Courtesy—Department of Veterans Affairs.

Afternoon—Camp Hill Hospital.

2.30- 2.45	"Chronic Osteomyelitis"—Dr. J. A. Noble.
2.45- 3.05	"Minor Surgery of the Foot."—Dr. B. F. Miller.
3.05- 3.20	"Varicose Veins."—Dr. J. H. Charman.
3.20- 3.30	"Newer Developments in Urological Diagnosis"—Dr. C. L. Gosse, Dr. F. G. Mack.
	INTERMISSION—10 minutes.
3.40- 3.50	"Allergy."—Dr. T. M. Sieniewicz.
3.50- 4.00	"Experiences with Isonicotinic Acid in Pulmonary Tuberculosis."—Dr. A. D. Lapp, Dr. G. A. Black.
4.00- 4.10	The "Myelosclerosis" syndrome.—Dr. H. C. Read.
4.10- 4.20	Dermatological problems.—Dr. D. R. S. Howell.
4.20- 4.45	Demonstrations in Physiotherapy and Occupational Therapy.

Evening:

6.30	**Buffet Supper—Lord Nelson Hotel—Georgian Lounge.**
8.00	John Stewart Memorial Lecture*
	"THE CHANGING SURGICAL PATTERN"
	W. Wayne Babcock, M.D., A.M., L.L.D., D.Sc., L.H.D., F.A.C.S., F.I.C.S., Professor Emeritus of Surgery, Temple University, Philadelphia, U. S. A.
	Chairman—Dr. A. E. Kerr, President, Dalhousie University.

*Originated and sponsored by—
The Provincial Medical Board of Nova Scotia.

THURSDAY, OCTOBER 23rd, 1952

Morning—Victoria General Hospital Auditorium.

	Chairman—Dr. C. M. Harlow.
8.15- 9.00	Medical Motion Pictures.
9.00-10.00	Surgical Clinic—Dr. V. O. Mader. Dr. E. F. Ross.
10.00-10.30	"Tuberculosis of the Knee Joint."—Dr. J. C. Acker.
10.30-11.00	"Measures for Reducing the Morbidity and Mortality in Abdominal Surgery."—Dr. W. Wayne Babcock.
	INTERMISSION—15 minutes.
	Chairman—Dr. J. A. Noble.
11.15-12.15	Surgical Clinic—Dr. N. H. Gosse, Dr. E. P. Nonamaker.
12.15- 1.30	Round Table—"Burns."
	Dr. J. Merritt—Moderator.
	Drs. J. H. Charman, W. E. Pollett, M. M. Hoffman.

1.30 **Luncheon—Victoria General Hospital Cafeteria.**
Courtesy—Victoria General Hospital.

Afternoon—Ballroom—Lord Nelson Hotel.
Chairman—Dr. J. S. Robertson.

2.45- 3.05 "The Problem of Accidents in Childhood."—Dr. G. B. Wiswell.

3.05- 4.05 "Newer Concepts in the Management of the Patient with Chronic Diseases."—Dr. Morton Marks.

INTERMISSION—10 minutes.

4.15- 4.50 "Some Aspects of Gall Bladder Disease."—Dr. G. F. Skinner.

4.50- 6.00 Round Table—"Common Diseases of the Eye, Ear, Nose and Throat."
Dr. A. Ernest Doull—Moderator.
Drs. D. M. MacRae, L. G. Holland, J. Hammerling.

Evening—Open.

FRIDAY, OCTOBER 24th, 1952

Morning—Victoria General Hospital Auditorium.
Chairman—Dr. B. K. Coady.

8.15- 9.00 Medical Motion Pictures.

9.00-11.00 "Demonstration Detailing the Management of the Patient with a Cerebrovascular Accident."—Dr. Morton Marks.

INTERMISSION—10 minutes.

Chairman—Dr. M. R. MacDonald.

11.10-11.45 "Newer Concepts of the Function of the Brain."—Dr. C. S. Marshall.

11.45- 1.00 Round Table—"Upper Abdominal Pain."
Dr. C. E. Kinley—Moderator.
Drs. G. F. Skinner, R. M. MacDonald, V. O. Mader, W. K. House.

1.00 LUNCH

Afternoon—Victoria General Hospital Auditorium.
Chairman—Dr. C. M. Bethune.

2.30 Demonstration of Local Anaesthetic Used in Obstetrics.—Dr. H. B. Atlee.

3.00 Presentation of Gynaecological Cases—Dr. W. G. Colwell.

3.30 Manikin Demonstrations—Dr. K. M. Grant, Dr. J. McD. Corston.

4.00- 5.00 Round Table—"Vaginal Bleeding."
Dr. H. B. Atlee—Moderator.
Drs. W. G. Colwell, K. M. Grant, W. R. C. Tupper, J. McD. Corston, I. A. Perlin.

Public Health Clinic—University Avenue.

5.00 Demonstrations of Prenatal Care, including Natural Childbirth—Dr. I. A. Perlin, Dr. W. R. C. Tupper.

The following Doctors are participating in the 26th Annual Dalhousie Refresher Course:

Dr. J. C. Acker	Assistant Professor of Surgery (Orthopaedics)
Dr. R. L. Aikens	Assistant Professor in Medicine.
Dr. J. G. Aldous	Professor of Pharmacology.
Dr. H. B. Atlee	Professor of Obstetrics and Gynaecology.
Dr. C. J. W. Beckwith	Associate Professor of Medicine.
Dr. C. M. Bethune	Professor of Hospital Administration and Superintendent of V. G. Hospital.
Dr. G. W. Bethune	Lecturer in Surgery.
Dr. C. A. Black	Clinical Instructor in Medicine.
Dr. A. B. Campbell	Lecturer in Medicine.
Dr. J. H. Charman	Lecturer in Surgery.
Dr. B. K. Coady	Lecturer in Surgery.
Dr. W. G. Colwell	Associate Professor of Obstetrics and Gynaecology.
Dr. J. McD. Corston	Demonstrator in Obstetrics and Gynaecology.
Dr. N. B. Coward	Associate Professor of Paediatrics.
Dr. W. A. Curry	Professor of Surgery and Clinical Surgery.
Dr. A. Ernest Doull	Assistant Professor in Diseases of the Eye, Ear, Nose and Throat.
Dr. H. I. Goldberg	Demonstrator in Medicine (Dermatology)
Dr. C. L. Gosse	Professor of Urology.
Dr. N. H. Gosse	Associate Professor of Surgery.
Dr. J. V. Graham	Associate Professor of Surgery.
Dr. H. G. Grant	Dean, Faculty of Medicine, Professor of Preventive Medicine.
Dr. K. M. Grant	Associate Professor of Obstetrics and Gynaecology.
Dr. C. M. Harlow	Assistant Professor of Pathology.
Dr. J. Hammerling	Assistant Otolaryngologist and Ophthalmologist.
Dr. M. M. Hoffman	Research Professor of Medicine.
Dr. L. G. Holland	Demonstrator in Diseases, of the Eye, Ear, Nose and Throat.
Dr. W. K. House	Assistant Professor of Surgery.
Dr. D. R. S. Howell	Assistant Professor of Medicine (Dermatology)
Dr. R. O. Jones	Professor of Psychiatry.
Dr. C. E. Kinley	Associate Professor of Surgery.
Dr. A. D. Lapp	Head of Internal Medicine (Tuberculosis Division) Camp Hill Hospital.
Dr. R. M. MacDonald	Associate Professor of Medicine.
Dr. M. R. MacDonald	Assistant Superintendent, Victoria General Hospital.
Dr. D. M. MacRae	Assistant Professor in Diseases of the Eye, Ear, Nose and Throat.
Dr. F. G. Mack	Assistant Professor Urology.
Dr. V. O. Mader	Associate Professor of Surgery
Dr. C. S. Marshall	Associate Professor Medicine (Neurology)
Dr. J. W. Merritt	Assistant Professor of Surgery.
Dr. B. F. Miller	Assistant Professor of Surgery (Orthopaedics)
Dr. A. L. Murphy	Assistant Professor of Surgery.

Dr. W. A. Murray	Demonstrator in Medicine.
Dr. J. A. Noble	Assistant Professor of Surgery.
Dr. E. P. Nonamaker	Lecturer in Surgery.
Dr. I. A. Perlin	Demonstrator in Obstetrics and Gynaecology.
Dr. W. E. Pollett	Lecturer in Surgery.
Dr. H. C. Read	Lecturer in Medicine.
Dr. R. M. Ritchie	Lecturer in Paediatrics.
Dr. J. S. Robertson	Deputy Minister of Health for Nova Scotia.
Dr. E. F. Ross	Assistant Professor of Surgery.
Dr. H. B. Ross	Assistant Professor of Paediatrics.
Dr. G. F. Skinner	Associate Professor of Surgery.
Dr. T. M. Sieniewicz	Associate Professor of Medicine.
Dr. L. C. Steeves	Associate Professor of Medicine.
Dr. C. B. Stewart	Professor of Epidemiology.
Dr. D. J. Tonning	Associate Professor of Medicine.
Dr. W. R. C. Tupper	Demonstrator in Obstetrics and Gynaecology.
Dr. G. B. Wiswell	Professor of Paediatrics.
Dr. J. F. L. Woodbury	Lecturer in Medicine.

COMMITTEE

Chairman—C. L. Gosse, M.D.
Ex-officio Members—H. G. Grant, M.D., Dean.
C. M. Bethune, M.D.
T. E. Kirk, M.D.
Members—C. J. W. Beckwith, M.D.
J. H. Charman, M.D.
J. McD. Corston, M.D.
A. Ernest Doull, M.D.
C. M. Kincaide, M.D.
V. O. Mader, M.D.
B. F. Miller, M.D.
R. M. MacDonald, M.D.
E. F. Ross, M.D.
H. B. Ross, M.D.

Registration

99th Annual Meeting The Medical Society of Nova Scotia, September 3, 4, 5, 6, 1952
Yarmouth, N. S.

Dr. D. F. Macdonald, Yarmouth
Dr. C. K. Fuller, Yarmouth
Dr. J. W. Reid, Halifax
Dr. R. O. Jones, Halifax
Dr. L. C. Steeves, Halifax
Dr. A. E. Murray, Halifax
Dr. H. J. Devereux, Sydney
Dr. F. E. Rice, Sandy Cove
Dr. J. J. Carroll, Antigonish
Dr. A. L. Sutherland, Sydney
Dr. A. G. MacLeod, Dartmouth
Dr. H. F. McKay, New Glasgow
Dr. B. J. D'Eon, Yarmouth
Dr. Samuel Marcus, Bridgewater
Dr. H. F. Sutherland, Sydney
Dr. G. C. Macdonald, Sydney
Dr. C. B. Smith, Pictou
Dr. W. A. Hewat, Lunenburg
Dr. G. R. Forbes, Kentville
Dr. R. S. Grant, Halifax
Dr. H. R. Corbett, Sydney
Dr. G. K. Smith, Hantsport
Dr. C. E. Stuart, New Glasgow
Dr. H. E. Kelley, Middleton
Dr. L. M. Morton, Yarmouth
Dr. J. R. Macneil, Glace Bay
Dr. M. G. Tompkins, Dominion
Dr. Margaret E. B. Gosse, Halifax
Dr. C. G. Harries, New Glasgow
Dr. A. R. Morton, Halifax
Dr. I. R. Sutherland, Annapolis Royal
Dr. A. C. Gouthro, Little Bras d'Or Bridge
Dr. P. E. Belliveau, Meteghan
Dr. Norman H. Gosse, Halifax
Dr. H. G. Grant, Halifax
Dr. C. H. Reason, London, Ontario
Dr. C. B. Stewart, Halifax
Dr. W. R. C. Tupper, Halifax
Dr. W. H. Eagar, Wolfville
Dr. A. W. Titus, Halifax
Dr. Hugh MacKinnon, Bridgewater
Dr. C. S. Morton, Halifax
Dr. E. I. Glenister, Halifax
Dr. J. C. Wickwire, Liverpool
Dr. H. J. Martin, Sydney Mines
Dr. W. L. Muir, Halifax
Dr. V. D. Schaffner, Kentville
Dr. W. M. Roy, Halifax
Dr. D. R. MacInnis, Kennetcook
Dr. D. F. MacInnis, Shubenacadie
Dr. A. M. Siddall, Pubnico
Dr. G. R. Deveau, Arichat
Dr. C. L. Gosse, Halifax
Dr. S. W. Williamson, Yarmouth
Dr. R. M. Caldwell, Yarmouth
Dr. B. C. Archibald, Sydney
Dr. D. M. Young, Tor. Univ., Tor., Ont.
Dr. R. B. Miller, Pugwash
Dr. G. W. Sodero, Sydney
Dr. H. C. Reardon, Halifax
Dr. A. L. Murphy, Halifax
Dr. E. T. Granville, Halifax
Dr. A. Gaum, Sydney
Dr. W. C. O'Brien, Yarmouth
Dr. G. B. Wiswell, Halifax
Dr. D. R. S. Howell, Halifax
Dr. H. B. Ross, Halifax
Dr. H. C. Read, Halifax
Dr. H. C. Still, Halifax
Dr. R. A. Young, Wolfville
Dr. R. E. Price, Amherst
Dr. D. E. Lewis, Digby
Dr. D. S. Brennan, Bear River
Dr. T. A. Lebbetter, Winnipeg, Manitoba
Dr. E. F. J. Dunlop, Bridgewater
Dr. J. P. McGrath, Kentville
Dr. E. M. Curtis, Truro
Dr. J. E. LeBlanc, West Pubnico
Dr. P. E. LeBlanc, West Pubnico
Dr. J. A. Webster, Yarmouth
Dr. A. F. Weir, Hebron
Dr. P. H. LeBlanc, Little Brook
Dr. G. V., Burton, Jr., Yarmouth
Dr. H. J. Pothier, Weymouth
Dr. W. I. Bent, Bridgewater
Dr. W. R. Barton, Glace Bay
Dr. J. A. Noble, Halifax
Dr. C. H. Young, Dartmouth
Dr. J. A. MacCormick, Antigonish
Dr. S. G. MacKenzie, Jr., Truro
Dr. F. J. Barton, Dartmouth
Dr. R. A. MacLellan, Rawdon Gold Mines
Dr. D. M. MacRae, Halifax
Dr. B. F. Miller, Halifax
Dr. C. F. Keays, Halifax
Dr. G. V. Burton, Sr., Yarmouth
Dr. T. B. Acker, Halifax
Dr. R. H. Sutherland, Pictou
Dr. J. D. Densmore, Port Clyde
Dr. L. F. Doiron, Digby

Dr. J. F. Nicholson, Halifax
Dr. W. A. Curry, Halifax
Dr. G. J. LeBrun, Bedford
Dr. J. H. Charman, Halifax
Dr. R. E. Brannen, Barrington Passage
Dr. E. F. Ross, Halifax
Dr. E. D. Dickie, Liverpool
Dr. R. W. Reed, Halifax
Col. E. E. Tieman, Halifax
Col. J. N. B. Crawford, Halifax
Dr. D. R. Sutherland, Yarmouth
Dr. D. G. Black, Digby
Dr. T. C. Routley, Toronto
Dr. O. R. Mahaney, Bridgetown
Dr. Harold Orr, Edmonton, Alberta
Dr. D. R. Wilson, Edmonton, Alberta
Dr. W. C. MacKenzie, Edmonton, Alberta
Dr. T. E. Kirk, Halifax
Dr. S. B. Bird, Liverpool

GOLF WINNERS AT YARMOUTH

Low Gross—Dr. C. L. Gosse.
Runner-up Low Gross—Dr. W. A. Hewat.
Low net—Dr. A. W. Titus.
Runner-up Net—Dr. G. B. Wiswell.
Low score par 3's—Dr. J. H. Charman.
Highest gross—Dr. W. R. C. Tupper.
Low gross, 9 holers—Dr. C. B. Smith.
Runner-up—9 holers—Dr. J. J. Carroll.
Best Golfer in Cape Breton—Dr. G. W. Sodero.
Golfer with the best style—Dr. W. L. Muir.
Best Golfer on par 5 holes—Dr. J. C. Wickwire.

Golfer who would have won prize if he had not been so enthusiastic over his duties as President—Dr. L. M. Morton.

Society Meetings

The Annual Meeting of the Valley Branch of the Nova Scotia Division of the Canadian Medical Association was held at the Paramount Inn, Wolfville, on June 17, 1952.

The special speakers were Doctor W. A. Curry, Professor of Surgery, Dalhousie, and Doctor J. A. Myrden, Department of Metabolism, Victoria General Hospital, Halifax, N. S. Their subject was Thyrotoxicosis. Doctor Myrden spoke on the medical aspects and Doctor Curry on the surgical aspects of this condition.

A motion was passed against the appointment of a full-time secretary for The Medical Society of Nova Scotia.

The following is the list of officers for the coming year:

President—Dr. R. A. Young, Wolfville.
Vice-Presidents—Hants, Dr. G. K. Smith, Hantsport
Kings, Dr. D. McD. Archibald, Kingston
Annapolis, Dr. J. R. Kerr, Annapolis Royal
Digby, Dr. D. E. Lewis, Digby
Secretary-Treasurer—Dr. R. A. Moreash, Berwick.
Representative to Cancer Committee—Dr. V. D. Schaffner, Kentville.
Representative to Executive of The Medical Society of Nova Scotia—Dr. H. E. Kelley, Middleton.

R. A. MOREASH, Secretary
Valley Medical Society.

The annual meeting of the Nova Scotia Society of Ophthalmology and Otolaryngology was held at Lakeside Inn on Wednesday, September 4th, 1952. Dr. C. K. Fuller, the President, was in the chair.

New officers elected were as follows:

President—Dr. H. W. Kirkpatrick, Halifax, N. S.
Vice-President—Dr. E. F. J. Dunlop, Bridgewater, N. S.
Secretary-Treasurer—Dr. E. I. Glenister, Halifax, N. S.
Executive—Dr. D. M. MacRae, Halifax, N. S.
Dr. J. G. Cormier, Sydney, N. S.
Dr. C. K. Fuller, Yarmouth, N. S.
Dr. J. P. McGrath, Kentville, N. S.

Dr. J. P. MacGrath and Dr. E. I. Glenister presented papers and Dr. H. F. Sutherland presented an interesting case history.

A joint meeting of the Nova Scotia and New Brunswick Specialists Societies is being arranged for Wednesday, November 19th at Halifax, N. S. Details and programme to be announced around November 1st.