

Notes on Some Old Time Practitioners

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THAT portion of Nova Scotia contained within the limits of Guysborough County has much of historical interest. Canso, jutting far out into the Atlantic, was early a landmark to a number of the old explorers, a rendezvous or point of departure to many who visited or left behind them the shores of the new continent. The record of its first visitation by Europeans carries us back to some of the earliest chapters in the story of the new world.

From the time of the earliest settlements within the precincts of the County, there are references to medical practitioners or to medical practice which well repay collection. The glimpses we catch are at times fleeting and uncertain, especially those of the times of the pioneers of the earliest occupation, but the very vagueness has in it something of allure and of attraction.

The first settlement—if we exclude the claims of the Portuguese or Spaniard—appears to have been at Chedabuctou, at the head of the Bay of the same name. Here was the site of the little fort, built by Nicholas Denys and occupied by him for a number of years, a period of alternating successes and reverses, which at last ended with the larger entries on the wrong side of the ledger.

He was in many ways the most remarkable of the old French pioneers of the 17th century. He was the first great publicity agent of North America, a firm believer in and a staunch advocate of the procedure which he calls "sedentary fishing," as opposed to the method of catching and salting fish for early and speedy removal to the home fishing ports in France. He argued strongly in favor of the establishment of fishing stations at selected places on the mainland of the continent, around which would gradually grow up communities more or less fitted to become centres of colonization. With every detail related to that method of carrying on the fishing industry he was thoroughly conversant, writing quite voluminously and with a wealth of description which we now accept with interest and thanks. And nothing which he writes appeals to us quite so strongly as that portion of his book in which he tells of the medical arrangements which must be made for such an undertaking, and of the place which the doctor or surgeon had in a carefully planned out enterprise.

We have indeed come far since the time when Denys wrote, if we consider our present position in the social fabric in comparison with that of less than three hundred years ago. Sometimes we comment harshly against the present day tendency to specialize in the different branches of medicine; evidently the time had not arrived in those days when the whole realm of medicine was considered ample to

occupy the time of one individual. Under Denys' scheme, the doctor had many and most diversified duties to perform.

He was the cook's helper, ready with the hot evening meal when the boats returned at nightfall deep laden from the fishing grounds. He was the gardener, who must have in satisfactory state of productivity the garden plots, the produce of which served as a welcome addition to the otherwise monotonous diet. He was moreover the purveyor and provider of the flesh of fowl or game. He had in his charge the boys or apprentices of the ship, and was empowered if necessary to mete out to them such chastisement as their sometimes unruly conduct might have in justice earned. He was the splitter at one of the tables, where the catch of the day was nightly cleaned and prepared for the process of cure, nor could these splitters rest from their labours till their catch had been wholly disposed of. He must take his place with the other shore men at the barrow during the day, carrying fish from the shed on the stage to dry on the flakes or on the beaches. And withal he might earn something beyond his share of the proceeds of the voyage by trimming the hair or shaving the beards of the others of the workmen, being privileged to charge for this service at a set tariff. All these duties were supplementary to those of looking after the sick or ailing or injured under his care, and having performed all to the satisfaction of his employer, he was permitted at the end of the voyage to retain the medicine chest with its depleted supplies, the chest which he was supposed to have bought and stocked with the proceeds of an advance payment made him when first he signed the articles and undertook to perform his onerous duties.

It is regrettable that Denys, having so carefully enumerated and outlined the doctor's tasks, did not in any of his writing preserve for a wondering posterity the names of some of those of whose services he had profited himself. This he has not done, but certainly he writes as one having authority, and we are quite sure that, could we have looked in about the year 1650 on some of the fishing ventures with which Denys was connected, we would have found some now unknown medical hero, bravely undertaking the multifarious tasks so carefully set down.

Almost equally unsatisfactory in some details are the medical references of a time nearly one hundred years later than Denys' appearance on these shores. Now the English were in possession of Canso, but it was debatable ground, the very point of contact of the two contesting races. The medical man was now in all probability a member of Governor Phillip's ragged, ill-paid and not remarkably efficient regiment. From about 1720 until Du Vivier's descent in 1744 the English held doggedly their Canso possessions. The settlement at that time was almost wholly on George's Island or the other islands across the harbour from the site of the present town, and the homes and stages were clustered around the wholly insufficient fortifications which guarded the little community. Who of all there were

who were responsible for the health of the soldiers and the fishermen, we can not now tell, but history brings to us the name of one doctor who had some stake in the community, as evidenced by an old record of real estate transfers. This deed refers to a plot of ground occupied by some Dr. Elliott, the plot of ground being described as "being surrounded with pallisadoes," but whether these pallisadoes were intended to ward off the always dangerous Indian, or to act as a deterrent to the midnight pilferer, is now to be settled by our imaginations. At any rate, we know that some Dr. Elliott was in Canso about the year 1731, and that his grounds were on the north side of the Hill of Canso, his land stretching down to the shore of the now little frequented cove on Grassy Island, not far from the site of the old fort. And further deponent sayeth not.

Another blank of many years duration now intervenes, and the curtain next lifts at the time when the eastern portion of Nova Scotia was receiving its quota of those who had fought and lost in the Revolutionary War. Now commences the story of the present day occupation, almost the first comers of which were the members of the regiments, which, after a winter in Halifax, were set down in several of the harbours of the County in May and June of the year 1784.

By far the larger number of these settlers were given land near the site of the town now called Guysborough, from which the County takes its name. Here about 1100 persons were placed, men, women and children. Of the whole number about one quarter were negroes. Later arrivals from Connecticut and from Halifax swelled the numbers of the white settlers.

Among those given land, there were at least three who had some medical qualifications. Two at least were regimental surgeons, Dr. James Boggs and Dr. James (or John) McPherson.

It is said that Dr. Boggs was born in Philadelphia, to which place or to any portion of the revolted Colonies his pronounced Tory leanings made it impossible for him to return at the end of the war. He may have held a Royal Commission as a surgeon in a battalion or regiment, by the acceptance of which he had forfeited his opportunities of returning, except under heavy penalties. At least for the purpose of being given land, he was included among the members of the Civil Departments of the Army and Navy, which were disbanded in Guysborough County. He received altogether about 900 acres, 216 of which were in the Front Division of Back Lands, and 684 in the Rear Division. His town lot was Lot No. 5 in Block Letter O of the Southeast Division, which is now a portion of the Francheville property.

He did not long remain in Guysborough, but moved to Halifax, where for many years he was a Regimental Surgeon. It does not appear that he was married at the time of his presence in Guysborough, for nor reference is made to Mrs. Boggs, or any family in the departmental rolls which still exist. He sold his town plot to Thomas Cutler in 1801, but by that time had been in Halifax for several years.

In many of "Occasional's Letters" references are made to Dr. Boggs, and his activities in Halifax, where he occupied for many years a very prominent position and where some of his descendants still live.

It is not now possible to verify the statement, but it is believed to be the case, that the old church records of the town refer to the fact that some of the material used in the construction of the first church was obtained from Dr. Boggs, who, after purchasing it, sold it when his removal to Halifax was fully decided upon.

The second of these regimental surgeons was Dr. McPherson, who was the surgeon of the Duke of Cumberland's Regiment. In the Town Clerk's records his name is given as John, but on the rolls of the regiment he is called James. These rolls do not refer to his wife, but he was able to induce some one to share his lot very soon after his arrival in his new home, being in this particular more fortunate than many of his regiment, who in vain petitioned the English government to send wives out to them from England. Five children were born to him and his wife, Anna, between 1785 and 1791, after which date no other record has been found of the family. It has not been possible to connect this regimental surgeon with any of the McPherson families who now live in the County.

The land which he was given was a block of 600 acres of woodland, and Lot No. 1 in Block Letter K of the southeast division, a lot across the street from the land now owned by the estate of the late Lieut. Governor Fraser.

The third person referred to was not a regimental surgeon, and in fact appears on the rolls of his Regiment, the 60th Royal Americans, as a sergeant. He is said to have been of German descent, his name appearing first on the rolls as Ludovic Joppe, and being later anglicized to Lewis William Joppy. The name of his wife Jane is also on the roll, but no mention is made, nor has any been found, of any family. Dr. McPherson is credited with having two servants, one of whom was a negro, but Joppy was not so fortunate.

He drew lands on the south shore of the Bay, his town lot being one overlooking the waters of what is now called Back Cove. He is said to have lived during the most of his working life, however, among the settlers on the Hallowell Grant or the Duke of Cumberland's allotment, who were on the eastern side of the harbour. His was the task for many years of looking after the medical needs of the community, a task performed in such a way as to have earned for him the appreciation and gratefulness of all. A cove on the western side of the harbour still is known among the older persons by his name, though why this is, it is impossible to say. It may have been that at this point he made it his custom to cross the harbour, when called over to the western side on duty. His description is incomplete, unless reference is made to his mare "Lively" which for some reason has not achieved oblivion, and one pictures without

much effort the worthy little man, with his little pony and his well stuffed saddle bags, on his rounds among the sick and ailing.

He is said to have been buried on the old Hadley place, near the harbour entrance, in a private burying ground belonging to that family. His estate was administered upon in July 1817, and it would appear that his wife predeceased him. The Church of England records make few or no references to him, and one surmises that among his predilections was a liking for Lutheran rather than Church of England beliefs.

It is worthy of note that in the year 1803 he was one of the Health Officers named by the Court of General Sessions of the County.

About the same time these settlers were being landed in Guysborough, a smaller group of about 300 were set down at Country Harbour, on the Atlantic coast, under the shadows of Cape Mocodome, or the Micmac "home of the black backed gull." This group was made up of the members of three regiments, the North Carolina Regiment, the King's Carolina Rangers and the Royal South Carolina Regiment. The first of these had on its roll the Captain McNeil, so frequently mentioned in the life of Dr. D. McNeil Parker, who was a descendant. On the roll of the Royal South Carolina Regiment was the name of Lieut. Daniel Cornwell or Cornwall, who for some years thereafter was the doctor of that community.

He was not married when lands were given him, but he had a menage of three negro slaves, whose names are duly set down, Joe, Bob and Binna. Not until 1787 was he able to induce any person to share his joys and sorrows, when he succeeded in obtaining the consent of Miss Sophia Honseal to leave her home in Halifax and bear with him the hardships of a pioneer. Miss Honseal was one of three daughters of the Rev. Bernard Honseal who married members of these Carolina Regiments and settled in Country Harbour. Seven children were born to the Doctor and his wife between 1789 and 1798, the names and dates of birth being given in the Town Clerk's book. There also is to be found the doctor's sheep mark, from which we infer that he did not rely wholly on his medical practice to feed his rapidly growing family.

He himself died intestate in 1808. One can not help wonder what became of Mrs. Cornwall and her brood, but if "sparrows do not fall to the ground" Mrs. Cornwall was duly looked after and protected.

About the same time Antigonish was being settled, and here Dr. Dennis Heffernan of the navy seems for a time to have provided for the settlers the service which the military practitioners were taking upon themselves in the other places named. About 1792 however, it would appear that he moved to Guysborough, for deeds of that date bear his name, and in one of the year 1795 his residence is said to be Manchester, which name was sometimes then applied to the town of Guysborough itself. Other records are the births of several

children, including that of the son, William Owen Heffernan, who in after years was one of the county representatives, and whose grave is to be seen just inside the entrance gates of Camp Hill Cemetery. The residence now occupied by the DesBarres family is the house in which in former times William O. Heffernan lived. Little has been discovered of the practice carried on by Dr. Heffernan, and even the date of his death is unknown.

If Joppy and Heffernan divided the meagre practice between themselves for a time in the early years of the nineteenth century, they were not long in undisputed possession of the field, the newcomer being John Frederick Augustus Stickles. Most of the references to him have been found in the Christ Church records, of which church he was for several years a vestryman. He was present in the town for at least the time between 1811 and 1816, after which he disappears and his place is taken by Dr. Henry Inch. No references have been observed of Dr. Stickles' family. He owned at different times a number of lots in the town, the first he bought being that lot on which later Mr. McColl lived. This was bought in May 1811 for twenty pounds.

One of the first references to Dr. Inch is the date of his marriage to Mary Patterson, a widow, whose name before marriage was Nixon. She was a daughter of William Nixon, who seems to have moved from Halifax to carry on some kind of a business not long after the arrival of the first settlers. There is no record of any family. On the morning of Jan. 28th, 1828, Dr. Inch's body was found under circumstances which pointed conclusively to foul play. He had been run through with a sword, and had perished from exposure during the night. The scene of his death was the vicinity of the old market square near the head of Miller's Cove. An effort was made to discover the identity of the persons responsible for the murder, and several members of a very prominent family were arrested. It was not possible to secure a conviction. The whole story of the events leading up to the doctor's death has never been made known.

Even before Dr. Inch's death another doctor had arrived. This was Dr. William Russel Cantrell, of Irish birth and parentage, who had already been in the Province several years before moving to Guysborough. A romantic, perhaps wholly incorrect, story explains his presence in Nova Scotia after a runaway match with the daughter of a neighbor in Ireland. In the *Acadian Recorder* of July 10, 1819 will be found one of the first references to his presence in Nova Scotia, this being an advertisement informing the public that "next Wednesday" there would be opened in the city of Halifax a Pharmaceutical and Chemical Laboratory under Dr. Cantrell of Dublin. Perhaps this venture did not meet with the success for which he hoped, and about the year 1821 he is to be found in Guysborough. In the interval or for a short time after his first practicing in Guysborough he is said to have been at Sydney.

His field of practice was a large one, extending over half the county, and including in his territory the settlements far away on the Atlantic shore. Roads such as we have, there were none, and many of the settlements were reached by following poorly marked trails through miles of wilderness and barrens. Such was the road which the doctor took one morning in August 1838, to attend to a call in New Harbour, over twenty miles from the shiretown. Near the place where this trail was crossed by a woodland brook his lifeless body was later found, and Cantrell's Lake and Brook and Pond are landmarks on the now existing road, built in after years along the line of the old trail. He was buried in Guysborough on Sept. 2, 1838.

There was a family of one or more daughters, and a number of Dr. Cantrell's descendants are now living in the Province. Among them are some of the Blanchards from Truro, and the family of which the much lamented Mrs. A. I. Mader was a member.

There have been few opportunities of judging of the professional attainments of some of these old practitioners. From the old church records, a number of which refer to the cause of death, we can obtain some idea of the prevalent diseases, and can not but help remark the frequent deaths from infections, especially scarlet fever and smallpox. One is saddened by the number of deaths in child birth, and the great frequency of entries indicating deaths from exposure tells a vivid story of the hardships inseparable from the task of home building in the wilderness. Around Joppy's name there still linger kindly memories, echoes of gratefulness for sympathetic work well done. These have been for him an enduring monument, his only one, since no stone marks his grave. When, however, we come to the period during which Dr. Cantrell labored, there are contemporaneous documents which permit us to judge of the quality of the professional work of which he was capable, and in the light of which he need not be ashamed.

In 1832 an outbreak of Asiatic Cholera threatened, the disease having appeared in Halifax and Quebec. The minutes of the County Board of Health are still in existence, are very complete and the description of the means taken to meet the emergency is very full. The first meeting of the Board was held on Aug. 9, 1832, following instructions from the Central Board in Halifax. His Excellency's Commission appointing five members was read. The County was thereupon divided into a convenient number of districts, in each of which an Inspector was appointed. Provision had been made for the appointment of Health Wardens in these districts by the Court of General Sessions, and an early special meeting of this Court was requested. The Board then proceeded to draw up regulations dealing with the destruction of offal on and near the fishing stages and beaches. Provision was made for obtaining supplies of blankets and medicines which might be necessary, and for securing such buildings as might be required for hospital purposes at various places in the County. The action taken was promptly reported to the Central Board, and

attention was called to what was supposed to be a source of great danger, namely, the great influx of fishermen which yearly took place to the noted fishing resorts of the County. Then, in anticipation of infection being introduced from coasting vessels, the Board set off in the various harbours quarantine areas, where all craft entering from infected ports must remain for the quarantine period.

That scare passed off, but in the summer of 1834 there was another alarm. The Schooner *Dolphin* of Arichat arrived in port from Quebec with the following story. She had cleared from Quebec in company with the Schooner *John Wallace* of Guysborough on the 17th of July. Cholera was then present in Quebec. On the following day three of the crew of the *John Wallace* sickened and died, and on the 19th the pilot also passed away. The vessels kept company till the 24th of the month, when they parted, somewhere about the northern end of Prince Edward Island, four men then remaining alive on the *John Wallace*. This vessel, greatly undermanned, was wrecked on the Island, the crew escaping to shore, and no more deaths taking place.

Dr. Cantrell was ordered by the Board to investigate and report, and on the strength of his report the *Dolphin* was released from quarantine, no cases having occurred on board that vessel, and there having been no direct communication with the unfortunate *John Wallace*.

During this year Halifax became severely infected, and it became necessary to adopt protective measures against that port, all of which are set down. Shortly after, the disease having disappeared, the record ends, the whole being by no means a discreditable record, and quite in accordance with the accepted practice of the time.

During the latter years of Dr. Cantrell's life his colleague in the field was Dr. Henry Elliott, who was present at least during the years 1835-36 and 37. This is of especial interest, since another physician of the same surname and family followed him between the years 1893 and 1900, and, at the present time, has been followed by still a third of this well-known medical family.

Dr. John Pyke (or Pike) followed Dr. Cantrell from 1839 to 1842, during which year he was succeeded by Dr. Edward Carritte, who, the Christ Church record somewhat unctuously remarks, took over not only the practice but the pew. Dr. Carritte died in Dartmouth in 1888, and his eulogy, said to have been from the pen of Dr. D. McN. Parker, gives us many details concerning his well filled life.

Digitalis Intolerance.

IN the Transactions of the College of Physicians of Philadelphia, 1925 some interesting papers appear. That of Harlow Brooks, the New York radiologist on *Digitalis Intolerance* is eminently practical and helpful. He speaks as a "mere practitioner". He says that every physician has encountered cases in which Digitalis seems to be indicated, but in which the drug could not be used sufficiently long or in large enough doses to produce the desired or expected result. In some of these instances, perhaps, the reason for this intolerance has been apparent; in others not. In some patients the drug in its therapeutic degree of action is, for some reason, inert; note its limited effect in hyperthyroidism and in the degenerated muscle of diphtheria. In others it is apparently therapeutically effective, but cannot be maintained long enough or in sufficient dosage to produce its desired result.

Digitalis is now used almost universally in the form of the tincture. There are good reasons for this, but the tendency can be carried too far. Occasionally other standard preparations may be better tolerated, the infusion, the powdered leaves, powdered leaves along with sodium bicarb. and quinine, or with some digestant etc. Briefly Brooks thinks there is a real need for all the standard preparations, and that we are not to assume a patient cannot tolerate digitalis after a trial of one preparation only.

In some individuals the psychical reaction to smell and taste of the drug taken over long periods may be overcome by a simple disguise in some menstruum, usually an inert substance. Examples given are elix. aromatic, port wine or other alcoholic. Digitalene, digitalin and other similar concentrated preparations are also taken satisfactorily when the more usual forms are not tolerated in effective dosage.

In a good many cases where the tincture is given by the mouth in satisfactory dosage, especially in gastro-intestinal and hepatic disease, it causes early nausea. This may often be corrected by associated symptomatic treatment of the digestive tract, by hydrochloric acid in small doses, by alkalis and so on.

Again some patients show better toleration if given one massive dose daily or on alternate days, while others show much better effects if smaller doses are given more frequently.

Nearly every clinician has found that better Digitalis effects are secured in cases demanding long-continued administration if the drug is given in broken periods, say three days out of each week, one week out of each month, and so on. Given in this way intolerance symptoms are much less likely. The "drug disgust" is also obviated.

Brooks remarks that most of us have attempted to calibrate our digitalis doses by the rules laid down by Eggleston and others

according to the body weight. In the main this is fairly satisfactory, especially where rapid digitalization is desirable. There is no way of determining the amount of drug which is absorbed however carefully we calibrate. The body weight then should only be used to determine dosage in a very rough and ready way. Cushny taught that digitalis should be given until digitalis effect was produced, and this rule still holds good in actual practice. What is wanted is a digitalis effect, and until this has been attained, no matter how much may have been given, enough perhaps has not been utilized by the body tissues. There is little danger of over dosage unless the drug is given in tremendous dosage, carelessly or ignorantly. The early signs of saturation are very manifest, and its early stages are not dangerous, but mildly disagreeable. Brooks has only seen one case definitely killed by digitalis.

As to the manner of administration, often of prime importance, the mouth is the method of choice, and most of the preparations designed for this channel are well standardized and effective.

If gastro-intestinal irritation, early nausea and vomiting occur, the first alternative is rectal administration. Though pharmacologists refer these symptoms to central influence, yet all who have had practical or personal experience, recognize that there is also an effect of the drug on the gastric mucosa, as Cushny admits to be possible. Rectal administration avoids this action and nausea is produced here only when saturation has taken place and through central effect. A catheter with glass syringe attached is introduced 8 to 10 inches and the injection then made, the digitalis dose diluted usually with oz. ii starch water. There are patients who cannot tolerate this method, apparently because of sensitiveness to digitalis, nausea appearing quite early. In some instances because of local disease this avenue is closed.

Intramuscular and subcutaneous administration has many disadvantages. It requires a nurse in attendance, and Brooks knows of no preparation designed for this method which compares in efficiency and accuracy of standardization with the tincture. Pardee believes that these preparations and this method are much less prompt in effect than dosage by the mouth.

Occasionally no device will secure effective tolerance to the extent of a digitalis effect. In some of these (for reasons not evident, since it is the more irritating drugs) Strophanthus acts far more satisfactorily. First try the tincture, if this fails, some preparation of Strophanthin. It is a stock statement that Strophanthin (especially intravenously) is dangerous in cases which have received digitalis in large doses, even without effect. Brooks was at first inclined to discount this, statement when he found that some instances which had failed to respond under digitalis did brilliantly under strophanthin. After three deaths apparently resulting from a single dose of strophanthin so given, he concluded that the caution is well based, and now only uses it when digitalis has been discontinued for over three days, and when all the toxic effects of digitalis have disappeared.

Occasionally Tincture of Convallaria, a weaker and more irritant drug, may prove successful, especially when the right heart seems mainly at fault.

As regards the earliest signs of intolerance, nausea and vomiting are the first. Seldom is heart-block the earliest. Brooks and Donaldson believe it is safe to persist in the use of digitalis at least to the point of nausea and vomiting.

The staff at the City Hospital have made a clinical study of combatting the nausea and vomiting in cases which developed this symptom before real digitalis therapeutic effect was produced, yet where a full effect was very desirable. Small doses of Morphine were satisfactory. Digitalis by the Sigmoid and gastric lavage once daily with a mild alkaline solution; Sodium bicarb, in full doses, milk of magnesia and other alkaline laxatives, the administration of bromides or of chloral by the rectum, all of these helped at times where digitalis alone could not be pushed to the desired point.

By far the best results, however, were reached by the combination of cocaine administered with digitalis. Very small doses of cocaine are used, 1/10 of a grain has usually sufficed. It acts most satisfactorily when the cocaine is given by mouth, well diluted, or by rectum about an hour before the *single sufficient daily dose* of digitalis was given. The cocaine and digitalis given *both per rectum an hour apart* acts well. A striking instance of the success of this method after failure of all other is quoted. Gr. 1/5 cocaine followed by do. 2, digitalis tincture daily until desired results appeared. The full digitalis dose is usually given once weekly in the less urgent or prolonged cases where such intolerance difficulties are present.

Brooks, in concluding, emphasizes, especially for the younger men, the value of experimental studies in materia medica, to show the need of different forms of the same drugs, and to encourage a poly pharmacy worked out at the bed side and not in the laboratories of the manufacturing proprietary pharmacists.

(Ed. note: The use of digitalis per rectum, first learned by the writer from the Janeways, father and son, many years ago, does not yet seem *fully* recognized by the profession in N. S. It was a distinct advance.)

A. B.

Twenty-six Years Ago.

After stating that a young English chemist discovered *mauve*, the first of the aniline drugs; that German chemists developed them; that one found it had an affinity to tubercle; and that Koch had genius to realize its significance and to cultivate the minute rods; Osler said,—“All this is a serial story well known, and the world looks forward with expectancy to the final chapter, the practical eradication of the White Plague, one of its greatest scourges.” We have no right to boast of the progress made to date.

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By Ways of Medicine

NOT long ago our attention was arrested by a striking statement of Dr. H. E. Fosdick of New York, who has long been in the forefront of the Modernist Movement in the Church. Dr. Fosdick said that he thought that the time had come for the restoration of the Confessional in the Protestant Churches, if only to save people from having their inmost thoughts and emotions laid bare in the offices of psycho-analysts.

Such a statement, coming from such a man, must have more than ordinary significance. We wonder whether this meant that some of our Profession in the United States had become commercial charlatans, or that some of them had wandered so far in the by-ways of medicine that they had lost the poise and balance of mind that is, we think, one of the special characteristics of the medical profession.

We all remember the enthusiasm for psycho-analysis that came upon us a decade or more ago, and the use made of it by many of us who happened to have been in the medical service of the Army. Like many other things, over enthusiasm led to over use, and brought down upon it the well merited criticism of Sir Clifford Albutt. It may be well for us to acknowledge that in a general way we may have some prejudices, and we cannot help wondering whether or not the modern psychology in its ultimate analysis has gone very much farther in the way of real knowledge than some of the Empiric philosophies that it professes to despise. It is our own feeling that there is more sound knowledge in Kant's "Kritik" than in all the literature of modern psychology. Still this does not mean that we see nothing of value in it and that it has nothing to teach us. We freely acknowledge that it may be of the highest value to us, though we cannot but agree with

Dr. Selbie when he says that in reading Freud one has to wade through much unimaginable filth, and that he is driven to think that Freud himself is the victim of a sex complex. It is altogether beyond the scope of a short article, and also beyond our power to enter into an elaborate discussion of the nature and claims of the new psychology.

We are told that it is a science, and takes its place alongside of chemistry and physics. This only introduces confusion and leads to popular error, as there is no word in the language about which there is so much loose thinking as the word "science". Even the real sciences, for example, as chemistry and physics, may present to the world a varying amount of alloy in the way of imperfect observation and unverified hypothesis, but accurate observation and other means can cure this. In psychology, however, as possibly in economics and sociology the subject matter is so indefinite and shifting that we are not able to correct the mistakes in the same way that we can in the case of the true sciences, and it is quite possible that false authority may be imparted to inexact studies and speculations by labelling them "scientific".

A survey of the space given to psychologic medicine in the British *Annals* shows a decreasing amount from the years 1922 to 1926.

This is possibly significant and might indicate that the British profession is paying less and less attention to psycho-analysis.

This is our own view. However, a chance conversation with a "Houseman" has led us to believe that the sinister spirit of Freud is still hovering over our land. Let us look for a moment at some of the psychological theories that are offered by different people as an explanation of various nervous phenomena that might be classified under the term of "anxiety neurosis" in the broadest sense.

Freud's explanation of anxiety neurosis is that it is an incomplete sexual manifestation appearing in individuals who have habitually indulged in frustration of the normal sexual act. Janet dissents from this, and regards anxiety neurosis as a discharge from a visceral source but with more extensive etiology.

There is still another psycho-analytic theory, that of Kempf. He frankly maintains that our consciousness and thoughts are largely determined by the tone and tension produced by the autonomic apparatus in the muscles that move our bodies and limbs. "We think with our muscles," he says. Most of the nervous tensions originating in the autonomic apparatus have as their biological aim the acquisition of appropriate pleasant stimulation and the avoidance of destructive ones.

The conception of "Conflict" which, according to the Freudians is that between the repressed sexual wish and the inhibitions of convention, Kempf interprets as the struggle between the physiological cravings of various sections of the autonomic nervous system. Neurosis, he claims, is due to the fact that one segment of the autonomic system makes the whole organism subservient to it.

In most of these psychological theories no attention is given to the Endocrine glands. In truth, our knowledge of the action of the endocrines on our emotional life is meagre, but there is some definite knowledge in regard to the Thyroid and the Adrenals. Fear is known to stimulate adrenal activity, and this stimulates the sympathetic upsetting the vagus equilibrium and stimulating the thyroid to increased secretion. A general survey of the endocrine system shows an antagonism between the glands of childhood and those of maturity. This conflict may have far reaching emotional implications. When and how the thymus and pineal glands yield to the gonads are questions upon which may turn not only our physical condition but also our mental, and possibly in some measure our moral nature.

Analytical psychology is largely taken up with the persistence of peurile characteristics, and many neurotics are psychologically and physically immature. Might it not be that their treatment should be regarded as a problem of organotherapy.

A. F. Riggs of Stockbridge, a most capable man, disagrees with Freud in his emphasis on the sex instinct, and even discounts the influence of endocrine disturbances in the production of neuroses. He advocates the intellectual re-education of nervous patients.

All these various opinions and theories have been quoted merely for the purpose of showing the amount of confusion that exists with regard to psychological conceptions in medicine. When a young medical student believes that the nervous depression of a maiden lady of doubtful years is due to the repression of a sexual instinct (even broadly interpreted) and that the cure lies in the path of psycho-analysis, where an experienced physician might feel that a dose of castor oil should at least first be tried, we must confess to a feeling of amazement.

We must acknowledge that many medical subjects to-day are well taught by men who are either not medical men or who are so in name only. Yet we feel convinced that such a subject as psychological medicine should be taught by experienced clinicians and not by laymen. If that be impossible, then surely it ought to be clearly stated that many, if not all of these ideas are merely theories, and lack the certainty of well-established scientific generalization.

In conclusion we should like to quote from an article by MacNair Wilson in the "Practitioner", which has been kindly brought to our notice by Dr. MacKenzie, to whom also we are indebted for some sound advice,—Concluding his article Wilson says "That this treatment (psycho-analysis) should be rigidly confined to the Profession is self evident. The dangers are so great that only a qualified medical man is competent to avoid or cope with them. At present unqualified practitioners abound both in this Country and in America. They may be well intentioned, but this is no reason why their energies should not be restricted within safe and narrow channels".

S. J. M.

CORRESPONDENCE

To the Editor:—

I am principally interested in T. B. not because of the few I have saved but because of the numbers I have lost. This is a fishing and farming community of about 1200.

In the last year there have been:—3 deaths from haemorrhage; 2 deaths acute pneumonic phthisis; 1 T. B. peritonitis (living); 1 T. B. spine; 3 T. B. hips with sinus (1 dead); 1 T. B. kidney; 2 known advanced cases have been confined; 6 arrested cases no change. A total of 18 cases now alive and under occasional observation.

Now, what I do not know is, how to take care of people who come in with the disease well established, who have little or no money, sometimes at long distances and who, are not Sanitarium cases?

The Warden of this County (Lunenburg) does what he can but my poor commissioners are difficult. They refuse to assist anyone except after having acquired title to their property.

The things I think would help are:—

1. Examination of all contacts.
2. An attempt to treat cases in small cabins or tents, after sanitarium or when hopeless, a kind of quarantine.
3. Post graduate school for practitioners at Kentville.
4. An attempt to get earlier diagnosis by remembering the possibility of T. B. and using the Government examiner to look at cases you suspect but are not called in to treat.
5. A pamphlet giving the approved treatment for the accidents and emergencies of T. B. written by Dr. Miller would be much appreciated.
6. A chance to give our patients in the moderately early cases a chance to go to the sanitarium without sending the rest of the family to the poor house.
7. And the late cases some free treatment at home paid by the government, not the practitioner.

I trust this short letter telling of the troubles in an average country practice will get at least your best wishes and help, whether you believe that those in charge are doing exactly what you approve or not, in the obtaining of help for the T. B. patient.

Sincerely Yours,

Country Practitioner, (C. R. C.)

Vancouver, B. C., March 7, 1927.

Editor

NOVA SCOTIA MEDICAL BULLETIN

Halifax, N. S.

Dear Sir:—

I note in the February number of THE BULLETIN a paragraph headed, "THE BULLETIN Widely Read."

Perhaps it would interest you to know that THE BULLETIN is also read on the shores of the Pacific. My father who has practiced for many years in Digby forwards it to me regularly and I derive real enjoyment and profit from perusal of its pages.

I have been especially interested in the series of "Reminiscences." They certainly emphasize most vividly how conditions have changed in the practice of medicine during the last fifty years.

I would like to congratulate you on the excellence of your journal. Every number always contains most interesting and informative articles.

The question arose some months ago as to the advisability of continuing its publication. I hope that the matter has been definitely decided and in favor of its continuance.

Yours truly,

E. O. DUVERNET.

DR. S. L. WALKER,

187 Hollis Street,

Secretary, Nova Scotia Provincial Association.

Halifax, Nova Scotia.

Dear Doctor:—

I have been instructed to inform you regarding the legislative Committee of the Canadian Medical Association.

Our object in writing is two-fold; first, so that you may be aware of the existence and purpose of the Committee, and, second, that as an officer of your provincial College or association you may co-operate with the Committee men for your province.

For some time prior to the formation of the Committee it was realized that there should be some means of centralizing the consideration of the various legal or quasi-legal problems which had arisen in the past or might arise in the future.

Accordingly there was formed in 1925 a Committee consisting of two members from each province presided over by one of the Manitoba members—Dr. Fahrni. This committee encountered many difficulties. Its very scope was hard to define; the subjects for attack, were numerous; the place where each could best be assailed, obscure; the methods to be employed, hard to devise. In addition, it was difficult (in some cases even for the members for the same province) to meet in discussion; and for discussion correspondence

was an unsatisfactory substitute. It is therefore not to be wondered at that the original committee made but little headway against such obstacles.

Before the annual meeting in Victoria, Dr. Fahrni arranged for a Round Table Conference to be held in June. At that meeting it was decided to enlarge the Committee by the addition of a "Nucleus" of six members. These members would be residents of the chairman's city and would form, as it were, his cabinet. This was done and there was constituted a new committee consisting of the Winnipeg nucleus and the Provincial members as before—two from each Province—one being a councillor of the College of Physicians and Surgeons and the other an office holder in the local Association.

The purpose of the nucleus is to discuss the various matters pertaining to the work of the Committee and to formulate modes of action. Their suggestions will be laid before the provincial members who will express their opinions as to the desirability and feasibility of such suggestions particularly as applying to their own provinces. The criticisms and recommendations of the provincial members will in like manner be discussed by the nucleus and so the views of each member and the needs of each province will receive due consideration.

At a recent meeting of the nucleus it was emphasized that we should have the recognition and support of the official organization, i.e., the College of Physicians and Surgeons, and the Medical Association of each Province. We need their recognition, so that our recommendations may be regarded as authoritative, and we require their support, so that suggested changes may be acted upon and made effective. It was in order that we might obtain some degree of official recognition that the membership was named to include an officer of each of these bodies; but it is self-evident that if we are to accomplish anything it can only be by the closest co-operation between ourselves and the official organizations.

That being so, we would ask you to regard the local members as the Legislative Committee for their province. We ask them to consult with you on matters pertaining to the work of this Committee. We want their recommendations to be the official expression of the wishes of the provincial bodies regarding the matter under discussion.

Several subjects have been proposed for our consideration. We have been asked to attempt the unification of the Medical Acts. The ideal solution is a code applicable to the whole Dominion with such individual modifications as may be necessary in each province. Whether or not it is possible to have in Canada a system similar to that obtaining in Great Britain, the fact remains that unification is desirable and is to some extent possible. Possible, that is, if the Colleges and Associations will co-operate with us.

We have also been asked to consider the adoption of a uniform matriculation standard. Surely here at least one would expect to find uniformity. Yet not only in their matriculation requirements

do the various universities differ but they differ also in the qualifications awarded at the end of practically identical courses. Thus McGill confers the M.D. and C.M. degrees. Toronto the M.B. and Manitoba the M.D. on the completion of the minimum course. The M.D. (Tor.) and C.M. (Man.) are both higher qualifications requiring additional work. A Canadian degree from whatever university it may be obtained, should mean the same.

The "Problem of the Irregular" and "Conditions of, and Qualifications for, Licensure," the "Workmen's Compensation Board Acts" the "Narcotic" and other federal acts all of them have interprovincial aspects from which we shall study them.

To remove the anachronisms and contradictions from existing acts is not likely to prove simple, but contemplated legislation may be easier to handle. Therefore we should like to know of proposed changes whether of medical or anti-medical origin, so that we may act as a Dominion committee with the province affected.

Having thus set before you the reasons for this Committee's existence, its objects, the progress made so far and its plans for the future, we invite you to work with us for the benefit of the whole profession. If you have any criticisms or suggestions we shall be glad to have them either directly or through the local members who, for your province are,

Dr. W. H. Hattie, Dalhousie University, Halifax, N. S.

Dr. G. H. Murphy, 28 Carleton St., Halifax, N. S.

Yours truly,

J. C. HOSSACK,

Secretary.

The N. S. T. A. Action of the Nova Scotia Medical Society is to a very great extent corroborated in an address given in Ottawa not long ago by the Hon. Dr. J. L. Chabot of that City. He was, of course, speaking regarding the election campaign in the Province of Ontario. The *Press* credits him with this statement which so very strictly conforms to much that was said in the discussion of the question at the last meeting of this Provincial Medical Association:—

"Speaking for the majority of medical men of the Province we feel that being called upon to enforce the Ontario Temperance Act has lowered the dignity of the Medical Profession. We feel that the Government has endeavoured to make us the bartenders for the province. In fact the only thing they have not supplied us with is a white apron."

The Medical Society of Nova Scotia

Synopsis of steps leading to its organization.

Oct. 16, 1844—Medical practitioners of Halifax met at Acadian Schools 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.

Oct. 22, 1844—Medical practitioners met to receive report of committee, which was to effect that the Mayor's offer would apply to a 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.)

Oct. 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 the 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. Johnson 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.

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

Hon. W. Grigor, President	Dr. Jennings
Dr. W. B. Webster, of Kentville	Dr. Allen
Dr. C. A. Bent, of Truro	Dr. Creamer
Dr. Black	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 Street. 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. Almon, First Vice-President; Dr. MacDonald of Antigonish, Second Vice-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).

Here is a story that made "Gloomy" Dean Inge of St. Paul laugh out loud, and it was told by his wife:—

A doctor who left his patient on his deathbed at night, ordered the man's wife to take his temperature every hour—In the morning the physician arrived to find the bed empty.

"Yes," said the wife. "We didn't have no thermometer. So I gave him the barometer. That pointed to "very dry"—so I gave him two pints of ale, and now he's gone to work."

Finances can never be considered a matter beyond consideration. The *Maritime Medical News* of April 1895 is responsible for the following actual office conversation said to have occurred at that time:—

"Dinah—Doctor, I've come to see if you cannot do something for this swelling.

Doctor—Does it give you any pain? Does it hurt you any?

Dinah—Oh! No sir; it don't hurt at all. I'm just getting all swelled up here (putting her hands on the lower part of her abdomen); an' I think I can feel something movin' round in dar.

Doctor—Well, er, what is the state of your finances?

Dinah—Oh! Dey's done all stopped; habent seen nuffin' of 'em for five or six months."

Halifax Branch Medical Society

THE fifth regular meeting for the year 1926-1927 was held December 8th., in the Medical Sciences Building, the Vice-President, Dr. A. E. Doull in the chair. Twenty six members and two guests were present.

Dr. F. E. Lawlor, Superintendent of the Nova Scotia Hospital presented the paper of the evening describing the present needs of the Hospital under his direction. This hospital was established some 68 years ago, and its present equipment for 500 beds is not all that could be desired. After considerable discussion the subject matter of the paper was on motion referred to the Executive for consideration.

Dr. Lewis Thomas made some remarks on the malarial treatment of General Paresis.

Dr. K. A. McKenzie, Chairman of the Committee on Medical Education, presented the following report:—

“Your Committee appointed to bring before this Society resolutions on subjects concerning medical education in Canada has met and having given due consideration to certain questions brought up by the President in his presidential address, and also to the report of the Committee on Medical Education of the Canadian Medical Association beg to submit the following resolutions as a basis for discussion:—

It is the opinion of the Society that—

1st. An attempt should be made to place undergraduate instruction in Canada under central control of some body such as the Dominion Medical Council which will have jurisdiction over the medical curricula and examinations of all Canadian Medical Schools. This would establish a single Dominion wide licensure and remedy undesirable features of the present system, namely conflicting provincial legislation and unnecessary repetition of examinations for license.

2nd. The requirement by law of discriminatory examinations for the practice of the specialities is not feasible and not in the best interests of the public or the profession.

3rd. As an alternative it is desirable to establish a Canadian College of Physicians and Surgeons on similar lines to British institutions. Such a body could grant advanced degrees and thus meet in part at least the requirements of those who favor discriminatory legislation for specialists.

4th. The granting of British degrees to Canadians by examinations in Canada is not desirable.”

Discussion of these resolutions was very general and interesting, the speakers being Doctors McKenzie, McDougall, Hattie, Burris, Murphy, Gibbs and others. It was brought out that the right to

license was given to the Provinces by the British North America Act and would not readily be given up; that the Canadian Medical Act was a compromise; education should not be handicapped by national boundary lines; standardized College requirements should be accepted; any college graduate could begin practice in any specialty he chose; primary examinations for British degrees might be given in Canada.

It was on motion resolved that this report be received and that the local committee be made a part of the Committee on Medical Education of the Canadian Medical Association.

The sixth regular meeting of the society was held at the Victoria General Hospital January 5th, 1927. Twenty-seven members and ten students were present. The President announced that future meetings would be held in the Dalhousie Public Health Clinic and that a reading room in connection with the Dalhousie Medical Library was now available. Dr. L. M. Silver presented a case of specific disease of the heart and arteries noting how little is being done to prevent heart disease as compared with other diseases. He began the treatment of such cases with Iodides and Mercury and reserved Salvarsan for late judgment.

Dr. K. A. McKenzie reported two cases of Diabetic Coma. The first was a boy with only three weeks history, the coma supervening on holiday festivities; the second of a young man who had been on Insulin for some time, the coma coming after the onset of a superadded infection. Dr. Graham noted the interesting fact that in a case under his observation on regular doses of Insulin required much larger doses during the course of a Quinsy to maintain the blood sugar at the same level.

Dr. McKenzie next reported a case of a woman aged 31 who had a breast removed in 1925 for scirrhus carcinoma. Metastasis in the bones was shown by X-Ray plates. He also showed a case of pernicious anaemia and the hilus tuberculosis in a young boy. The treatment of pernicious anaemia, including liver diet, bone marrow and Hydrochloric Acid were discussed.

Dr. Johnson showed a number of interesting cases of Colonic Stasis due to the redundant colon. Dr. Mack discussed the use of Dick's serum.

(To be continued).

Medical Services of Canada

You are cordially invited to attend the Second Conference on the Medical Services in Canada, arranged by the Canadian Medical Association and being held under the patronage of The Honourable James H. King, M.D., M.P., Minister of Health for Canada in the House of Commons, Ottawa, on March 28, 29, 30, 1927.

ALEXANDER PRIMROSE, C.B., M.B., C.M., F.R.C.S., LL. D.,
Chairman.

T. C. ROUTLEY, M.B., Secretary.

MONDAY, MARCH 28TH.

PROGRAMME

10.00 a. m.—Registration.

10.30 a. m.—The Opening Addresses of the Conference will be delivered by The Honourable James H. King, M.D., M.P., Minister of Health for Canada. and F.N.G. Starr, C.B.E., M.B., Toronto. President-Elect, Canadian Medical Association.

11.00 a. m.—Address of Chairman. Alexander Primrose, C.B., M.B., C.M., F.R.C.S., LL.D., Toronto.

11.45 a. m.—Address. John A. Amyot, C.M.G., M.B., Deputy Minister of Health for Canada.

2.00 p. m.—MEDICAL LICENSURE.

The subject will be introduced by H. H. Murphy, M.D., C.M., Kamloops, B. C. The discussion will be opened by A. MacG. Young, B.A., M.D., C.M., Saskatoon and J. M. MacCallum, B.A., M.D., C.M., Toronto.

TUESDAY, MARCH 29TH.

9.30 a. m.—County Health Service in the Province of Quebec, Alphonse Lessard, M.D., Quebec. The Nursing Problem: G. Stewart Cameron, M.D., C.M., Peterborough. Periodic Physical Examinations of Those Who Are Apparently Well: Geo. A. Ramsay, M.D., London. Popular Health Education of the General Public by the Medical Profession: Grant Fleming, M.B., Montreal.

2.00 p. m.—UNDER-GRADUATE MEDICAL EDUCATION.

The Product of the Medical School: J. C. Meakins, M.D., F.R.C.P., Montreal. Curriculum of Study: James Miller, M.B., Ch.B., Kingston. The Organization of a New Medical School: H. M. Tory, M.A., D.Sc., LL.D., F.R.S.C., Edmonton. Co-relation of Laboratory and Clinical Instruction in a Medical Curriculum: S. W. Prowse, B.A., M.D., F.R.C.S., Winnipeg. Discussion to be opened by—W. H. Hattie, M.D., C.M., Halifax.

7.30 p. m.—Dinner—Chateau Laurier Hotel.

WEDNESDAY, MARCH 30TH.

9.30 a. m.—MEDICAL LEGISLATION.

The subject will be introduced by Robert T. Noble, M.B., Toronto. A Report of Extra-Mural Post Graduate Medical Education Conducted by the Canadian Medical Association: George S. Young, B.A., M.B., Toronto. Occupational Therapy: Goldwin Howland, B.A., M.B., Toronto.

2.00 p. m.—A Report of the Maternal Mortality Survey of Canada: Helen MacMurchy, M.B., Ottawa. Some Medical Aspects of Immigration: H. W. Wadge, B.A., M.D., M.C., Winnipeg. The Provision of Hospital Facilities in Rural Districts: M. M. Seymour, M.D., C.M., Regina. What We Should Spend on Public Health in Canada: J. W. S. McCullough, M.D., C.M., D.P.H., Toronto.

EARLY ACADIAN HOSPITALS.

Some time ago, the *Glace Bay Gazette* published a description of what was claimed to be the first hospital in Nova Scotia, the King's Hospital at Louisburg, the plans of which, made in 1724, are preserved in the National Library at Paris. The building was quite a pretentious structure of masonry, two storeys in height and 265 feet in length, the central portion being surmounted by an artistic spire which reached a height of forty feet. There were four main wards, with accommodation for one hundred beds, besides several private wards. The hospital was administered by the Brothers of Charity. Ample provision was made for the observance of religious rites, as the hospital chapel served garrison and town.

A photographic copy of the drawings which lies before the writer, indicates that each long ward was lighted by only six small windows; and there is nothing to show that the wards were heated. Fireplaces are shown in adjoining rooms, and chimneys are shown in the roof over the wards, but nothing suggestive of a fireplace appears in the floor plan of the wards.

At the rear the ground was terraced to form two courts, of which the lower was used as a garden and recreation grounds.

This hospital was evidently a part of a general scheme, prepared after the treaty of 1713, for the establishment of Louisburg as a great French fortress. Only meagre records are available, but it would seem that rather complete plans were made for the lay-out of the town and for the principal buildings as well as for the fortifications. Old maps of Louisburg show that the hospital was centrally located and that it was one of the largest buildings in the town.

It is not likely that work on the construction of the hospital was commenced before 1726, and it is quite possible that the present year marks the bicentenary of its foundation. On this point, however, I have been unable to secure definite data.

Although of such ample proportions and of such substantial construction, this hospital had but a brief history, as it was destroyed in the general demolition which followed the final capture of Louisburg by the forces of Britain.

There is little pleasure in disturbing the convictions of others, but in the interest of accuracy it is necessary to dispute the claim made that the King's Hospital at Louisburg was the first hospital in Nova Scotia. This distinction undoubtedly belongs to Port Royal, (now Annapolis Royal).

In the section on early Canadian hospitals in Dock's History of Nursing there is the following:

"The early French hospitals of which we find authentic record are, in chronological order, as follows:

St. Jean de Dieu, founded in 1629, or shortly after, at Port Royal in Acadia (now Annapolis); no longer in existence...."

If this were an "authentic record", it would give this hospital priority among the hospitals of America save for one in Mexico. It is, however, extremely unlikely that it existed at so early a date as 1629 or even "shortly after." The number of French people residing in Port Royal and its *banlieue* at that time must have been very small. Many of those who had settled there moved away when Sir William Alexander's colony was established near by, 1621. Some of these returned after de Razilli's colony was moved from La Have to Port Royal, by D'Aulnay, about 1634, and were joined by a few settlers from France, but the population grew slowly for some time. As late as 1671, Grandfontaine's census of Port Royal accounted only 361 souls. Fifteen years later, however, the number had increased to 622.

In his history of the County of Annapolis, Calnek states that "in 1702 the earthworks of the fort were completed, and a house for a hospital constructed, which was under the management of the two surgeons of the garrison." This is doubtless the hospital concerning which Rameau quotes (in "Une Colonie Feodale") from the Archives de la Marine:

"L'hospital qui est otabli a Port Royal a vingt-cinq pieds de long sur dix-huit de large,—huit lits tres-mauvais, car il n'a rien ete envoye pour cet hospital depuis cinq ans."

This small hospital, with its eight very poor beds, and which had had no support for five years, must have been in existence for about a quarter of a century before the King's hospital was founded at Louisburg.

Students of Acadian history will remember the enmity that existed between Charles Amador de la Tour and D'Aulnay, the melancholy death of the first Madame la Tour, the tragic drowning of D'Aulnay, and the satisfactory ending of a feud in la Tour's marriage to D'Aulnay's widow. Among the descendants of this union were Charles de la Tour, who, in 1705, petitioned for the rentals of certain lands which had been granted him, and his niece Marie Mius de Poubomcoup, against the wish of Bonaventure,* the acting-commandant, Marie married an officer of the garrison, Captain Francois du Pont du Vivier. Because Charles de la Tour had been a witness to the marriage, Bonaventure denied him the rentals asked for and ordered that they be paid to the King's Receiver, "declaring that the money ought to be given to the hospital."

There is an old plan of *Fort Royal a Lacadie*, dated 1703, which intrigues one into a fresh bit of conjecture. In this case one has only the key to the plan to assist him. An item in this key—*Logement de Gouverneur commencee*—suggests that this is perhaps the only building shown in the plan which was actually under construction, as it is reasonable to infer that the gouverneur would be the first official to be provided for. There are indicated a *Place pour de Lieutenant de Roy*, a *Place pour le logement du Major*, and "places" for various

officials. It is of especial interest that the *Place pour le Chirurgien Major* is indicated as covering much more ground than is assigned to any other official. As even the chirurgien major of those days scarcely ranked as the most important of officials, it is unlikely that the building (? to be erected) was intended for his sole occupancy. May it not be that it was really for hospital purposes, and designed to replace the little hospital which at that time was suffering sadly by reason of withheld support?

W. H. HATTIE.

*Bonaventure had been left in command by Brouillan when the latter left for a visit to France. Brouillan was perhaps the most unpopular of Acadia's governors. Among the many sins laid to his charge was that of "disturbing the wedding festivities of Pontif, the surgeon."

"THE DOCTOR."

Where gems of art are displayed before a jostling crowd in some great pillared gallery, this painting might seem out of place. The throng, but for a few who stopped to ask why it was there, would pass it by. No rank would it receive if placed beside the work of Millais, or Rembrandt, yet with a skilful brush and an understanding mind the artist has created a picture familiar to every true disciple of Hippocrates.

On the canvas is expressed the spirit of humanity. It is perhaps the sorrow of the parents or the prostrate child in the homely atmosphere of the humble cottage; but even more human than the sorrow and sickness, is the anxiety and sympathy on the old doctor's face. His medicine has been given—man can do no more:—the sparing of the Golden Thread rests with the Great Physician.

It is a picture of the past and the old order changeth. Were the artist to paint it to-day I feel sure the setting would be vastly different. The dimly-lighted room with its casement window would be changed, the child would not be lying on a couch of chairs; but the sorrow of the parents, and anxiety and sympathy of the doctor—the human part of the picture would remain the same.

Down through the storied past medicine has been an honored and a noble profession, sometimes curing, often relieving and always consoling; dealing not with the supplementary things of life, but with life itself. The doctor of yesterday was a cherished friend and a respected adviser. Under his able care was placed the Alpha and Omega of earthly sojourn. With his old grey mare hitched to a non-too-respectable surrey, he raced the stork or the Grim Reaper through many a blinding storm. His eyes, ears and his fingers were his only instruments of diagnosis, and he used them well.

"His mind a maxim plain, yet keenly shrewd;
His heart with large benevolence endued."

His pay was often not in money but in earnest thanks and potatoes—he worked, not to live, but lived to work.

Again the old order changeth—medicine has advanced more in the last fifty years than any other profession. The tree of medical knowledge, nourished by the rain of research, has profusely increased its foliage, extended its inquiring roots and lengthened its fruitful branches. No longer does the doctor entirely rely on ears, eyes and hands to make a diagnosis. To-day laboratories verify his beliefs, X-rays show him the very vitals of the human machine and even his patient's heart now writes its ills in black and white. No longer does Old Dobbin "carry on;" now through the city streets or over the very roads that Dobbin trod so long ago the doctor drives his super-six or faithful-four. His pay is often that of the past century without the potatoes, but his duty, his interest and his sympathy—the very human part of the picture remain unchanged.

(*The Gazette*).

Apropos of a paragraph in Mrs. Perrin's article in the December issue of the BULLETIN:—

The Doctors.

Stoddard King in Salt Lake Tribune.

Nowadays there's little meaning
For a person to be gleaning
When a man attaches "doctor" to his name—
He may be a chiropractor
Or a painless tooth extractor—
He's entitled to the title just the same.

Or perhaps he is a preacher
Or a lecturer or teacher,
Or an expert who cures chickens of the pip;
He may keep a home for rummies,
Or massage fat people's tummies,
Or specialize in ailments of the hip.

Everybody is a "doctor",
From the backwoods herb concocter
To the man who takes the bunions from your toes,
From the frowning dietitian
To the snappy electrician
Who shocks you loose from all the body's woes.

So there's very little meaning
For a sufferer to be gleaning
When a man attaches "doctor" to his name.
He may pound you, he may starve you,
He may cut your hair or carve you,
You have got to call him Doctor all the same.

OBITUARY

JOSEPH SMITH LOCKHART, M.D., University of New York, 1886, Cambridge, Mass.

The death took place on March 1st at his home in Cambridge, Mass. of Dr. J. S. Lockhart who was well-known to the older people especially of Kings County. Born at Horton, N. S., the son of a sea captain, he was himself a captain at the age of twenty-one. He graduated from Acadia in 1881 and later studied medicine in New York. He was early recognized as a physician and surgeon of very considerable worth first in Boston and then in Cambridge where he practised for thirty-seven years. He was always prominent in matters relating to Canada and especially Nova Scotia. He was always a member of the medical societies, Canadian Club, Circle Francaise, a Mason and a Shriner, and was known for his proficiency in the French and Italian languages. He is survived by his widow, two sons and two daughters.

On February 10th, 1927 there passed away Mrs. Mary E. Wheelock aged 76 years. She was a woman of beautiful character, unselfish and beloved by all who knew her. One son, Professor Wheelock of Acadia University, and one daughter, with whom she has resided in recent years, Mrs. Morse, wife of Dr. L. R. Morse of Lawrencetown, survive the deceased.

On February 9th, 1927 the death occurred in Amherst of Mrs. J. C. Purdy aged 62 years after an illness of only ten days. She was a woman who took a very prominent part in the public activities not only of Amherst but of the province. She was active in church work, in the I. O. D. E., was President of the Hospital Aid, also of the local Red Cross. She was at one time President of the Amherst Women's Liberal Club and was a fine platform speaker. The medical profession will extend to Dr. W. T. Purdy of Amherst, a son, and Dr. Lorenzo Chapman of Grand Falls, N. B., a brother, sincere sympathy on the decease of this estimable lady.

On February 24th there died at Pugwash, N. S. a man who was a very prominent railway contractor for many years, Mr. James L. McDonald. He was a son of the late Dr. Dan. McDonald of Tatamagouche, and Dr. J. A. Munro of Amherst is a nephew of the deceased.

A highly respected citizen of the Stewiacke Valley passed away January 19th, 1927 at the home of his daughter in Springfield, Mass. in the person of Samuel Cox aged 81 years. Besides his widow, four sons and a daughter he is survived by one brother, Dr. Robinson Cox, the veteran practitioner of Upper Stewiacke.

On January 27th, 1927, Mrs. Julia A. Haley died in Wolfville aged 65 years. For the past four years she has resided with her daughter, Mrs. Elliott, wife of Dr. M. R. Elliott. For the greater part of these four years she has been an invalid.

Mr. D. M. Burchell of Glace Bay died Feb. 6th, 1927 after only a few days illness. He was for years Superintendent of the Dominion Coal Companies Stores and the first Mayor of Glace Bay. Two daughters are wives of local physicians,—Dr. A. Calder and Dr. F. G. McAskill.

In the February BULLETIN the marriage was recorded of Dr. Hubert Lyons of New York to Miss Marjorie Egan of Halifax. Their many friends regretted to learn of the Bride's death in New York February 17th, following an attack of Pneumonia from which it was thought she was recovering. The body was brought to the home of her parents, Mr. and Mrs. T. J. Egan of Halifax, and the funeral took place the following day from St. Agnes Church, Dr. Lyons spent a few days with his parents, Mr. and Mrs. J. R. Lyons of Kentville before returning to New York.

Terminal Disinfection is the title of an article in the January issue of the *C. M. A. Journal* by Dr. R. St. J. Macdonald of McGill. He says:—"From our present knowledge of bacteriology and the way in which infection is spread, it would seem that in the control of communicable diseases, greater dividends can be obtained by investing the money now spent on terminal disinfection in: 1. Popular Education in personal hygiene by public health nurses, etc. 2. Immunization. 3. Concurrent disinfection. 4. Controlling carriers; missed or atypical carriers."

Should not the attention of the profession in this province be directed towards this changing attitude of leading Sanitarians. One of the most absurd procedures to adopt, in an epidemic of measles or scarlet fever, is to close the schools. The school should be the safest place for the child to be with health nurses seeing all the children every day under the direction of the health officer. In some places we still resort to the quarantine, either in or out.

PERSONALS

DR. H. H. McKay of New Glasgow, spent several days in February in Halifax.

A "Musical Roll Call" was one of the features of Ladies' Night at the Kentville Rotary Club early in February. Dr. A. S. Burns was the Author, and the local press states that his fame as a song writer is firmly established, at least in local circles.

Dr. H. R. Ross of Sydney was in Halifax a few days looking over anaesthetizing outfits which they wish to instal in the City Hospital, Sydney.

Two members of the Medical Profession are Mayors of their respective towns for 1927, Dr. W. R. Dunbar in Truro and Dr. O. B. Keddy in Windsor.

Dr. M. E. Armstrong of Bridgetown after serving 21 years as a member of the Board of School Commissioners, 11 years being Chairman, has recently retired from the Board. This is a fine record of service to the Community for a general practitioner of Medicine in a small town and rural district.

Dr. J. E. LeBlanc of Pubnico started 1927 in a fine new house and office combined. It is commodious and beautifully located.

Dr. L. B. Braine of Annapolis Royal is having his first holiday in eight years. He is visiting hospitals in a number of American cities.

Dr. A. C. Jost gave an interesting address to the Trinity Men's Club, Halifax, on January 25th on the "Advances of Medical Science."

The Dalhousie Medical Society (students) held a regular meeting on the evening of January 25th.

On the last Friday in January the Kentville Doctors, McGrath, Forbes, and Gerald Burns, assisted by Turner D. D. S., with Dr. Bishop in goal, again tied in a local hockey game. It is stated that they played "hockey with variations."

Dr. J. A. M. Hemmeon of Wolfville, and Miss Ethel, had their home recently entered in the night by a supposed burglar, he was heard but not seen.

Dr. J. C. Morrison of New Waterford was recently a visitor in Halifax called there by the serious illness of his sister, Mrs. Simpson.

Dr. W. H. Hattie of Halifax writes on the "Influences of Insulin on Mortality from Diabetes," and a "Dissertation on Discontent" in the January issue of the *C. M. A. Journal*. Dr. Victor Mader reports the November meeting of the Halifax Branch of the Medical Society of Nova Scotia, and Dr. G. A. Nicholls writes on "A Chapter in the History of Pathology," a book first published in 1507.

The Lister Memorial Committee of the C. M. A., of which Dr. John Stewart of Halifax is Chairman and Dr. F. N. G. Starr of Toronto is Secretary, plans on arranging that in every medical school, hospital or society, the Fifth of April be "Lister Day." How about doing something along this line in Nova Scotia?

Dr. Mabel Hanington of Saint John recently addressed the Nova Scotia Society for Mental Hygiene on, the "Practical Side of the Question of Feeble-Mindedness." The doctor is Medical Inspector of Schools for Saint John City and County.

Dr. H. K. McDonald of Halifax has been re-elected President of the Liberal-Conservative Association of Nova Scotia.

Dr. J. R. Robertson of Elmsdale was instructed by the Department of Health to investigate a case of Smallpox in a lumber camp which did not even develop into a scare.

Dr. M. R. Elliott of Wolfville has been elected Chairman of the School Board of that town. The local press state that under his guidance the schools will continue to make satisfactory progress.

Dr. A. G. Nicholls of Dalhousie recently addressed the Y's men Luncheon Club at Sydney, on the subject "Then and Now," dealing in an interesting manner with former and modern medical practice.

Early in February Dr. J. P. McGrath and Dr. G. R. Forbes motored to Halifax and returned. While it showed their interest in Hockey, for they attended the Kentville-Crescent game, it also pointed out what a fine winter we have been having.

Dr. M. A. Curry, formerly so well-known in Halifax and the Province, spent some days in February in the City. He was cordially welcomed by his many old friends.

The New Glasgow *Evening News* comments recently upon the activity of Dr. Evan Kennedy who met with such a serious accident

about a year ago. He is attending a general practice as busy as ever. Nor is he as young as he used to be, in practice since 1876.

And now it is Princess Mary who has been made a Fellow of the Royal College of Surgeons. The Prince of Wales is Patron of the Canadian Medical Association.

The Board of Health of Sydney have requested the City Council to pass a regulation requiring all bread wholesalers to wrap each loaf before leaving the bakery.

Dr. F. W. Green of Glace Bay fell on the icy street Saturday, February 19th and a lance carried loose in a coat pocket entered his thigh and broke off. The offending bit of steel was removed the following Monday.

On February 15th the Students Medical Society of Dalhousie held their annual dinner. It was a very successful function and the principal speaker was Dr. M. T. Sullivan of Glace Bay.

At Malagash February 10th, Mrs. M. J. McNab, better known locally as "Aunt Jane", celebrated her 85th birthday. Dr. George D. Stewart of New York is a son by her first marriage and Dr. Stewart McNab of Calgary a son by her second.

February 14th Dr. W. H. Hattie gave one of the University Extension Course Lectures at Windsor, his subject being "The Romance of Medicine."

Dr. D. A. McLeod of Sydney spent several days recently in Kentville visiting his sister, Dr. Christine McLeod, who, all will regret to know, is a patient in the Sanatorium.

The Wingate Chemical Company are circularizing the profession on their Milk of Magnesia preparation. Note their advertisement on the back cover. They have used a half page of the BULLETIN for over a year.

Dr. John Stewart of Halifax returned February 16th from a very pleasant trip to the West Indies of just a month's duration. To all appearances, the trip thoroughly agreed with him and his health appears much improved.

Dr. John Cameron of the Dalhousie Medical Staff delivered an illustrated address before members of the Anglican Students' Club of Dalhousie and King's Universities the middle of February. His subject was,—*"The Splendors of the Tomb of Tutankhamen."*

The wedding took place at St. Patrick's Glebe, New York City February 17th, 1927 of Miss Annie C. Glassey, daughter of Mr. and Mrs. William Glassey, Gottingen St., Halifax, to Dr. Don St.C. Campbell, son of Mr. and Mrs. D. R. Campbell also of Halifax. The bride was accompanied to New York by her mother, and Dr. Campbell came north from Richmond, Virginia where he is engaged in health work. Dr. Campbell was a Dalhousie graduate of 1916 and had a splendid overseas service. The newlyweds will not return to Nova Scotia for some months.

The Address on Empyema delivered by Dr. J. G. MacDougall of Halifax at the meeting of the Canadian Medical Association, Victoria, in June 1926, appears as the opening number in the February issue of the *Journal*. We venture to think his presentation of this subject last December at the post-graduate meetings was of more value to the general practitioner. Dr. W. H. Hattie writes on "Through the Maze of Medicine" being an address by Dr. Andrew Balfour, Director of the London School of Hygiene and Tropical Medicine." Dr. Victor Mader reported the November 24th and December 8th meetings of the Halifax Branch. The historical article from the pen of Dr. W. J. Egan of Sydney also appears, see our own February BULLETIN.

R. T. McIlreith K. C., Halifax, has been unanimously re-elected Commodore of the Royal Nova Scotia Yacht Squadron and Dr. V. O. Mader is the new Rear Commodore.

Dr. R. St. J. MacDonald, associate professor of preventive medicine at McGill University, has been created a Fellow of the Royal Sanitary Institute of England. This was in recognition of his work at McGill and his sanitary work in France. The last year he was over-seas, he was Officer Commanding of No. 9 Canadian General Hospital, with Dr. S. L. Walker Second-in-command. Colonel MacDonald spends his summers near the old homstead at Bailey's Brook, Pictou County, N. S.

Dr. L. L. Crowe of Bridgetown and Dr. G. K. Smith of Hantsport are Councillors in their respective towns.

It is old but;—When Shakespeare wrote about "patience on a monument" did he mean doctors' patients? No, you find them under not on monuments.

The case was over, the lights low, the nurse at the foot of the bed, the husband, permitted to enter for a moment, gently kisses his wife on the forehead. The patient without opening her eyes says, "Oh, Thank you Doctor you is so kind."

"The doctor says I must cut out late hours, drinking and cigars."
"That means a decided change in your mode of living, doesn't it?"
"Nothing of the kind, it means I change doctors."

Dr. D. F. McLellan, McGill 1922, of New Glasgow, who has been recently doing post-graduate work at Rochester, Minn., has returned home and opened an office in the Maritime Building, New Glasgow.

Dr. I. R. Sutherland of Annapolis Royal spent the last week in February in Pictou called there on account of the serious illness of his mother. He was accompanied by Mrs. Sutherland.

Kentville has had a great hockey season with Dr. J. P. McGrath apparently the star comedian of the game. We understand he chaperoned the Wildcats on their recent trips to Boston.

Dr. L. B. Braine and Mrs. Braine of Annapolis Royal recently returned from a pleasant trip to Detroit, Chicago and other United States cities.

Doctor and Mrs. J. F. McAulay of Sydney left February 27th for Boston where Mrs. McAulay will enter the New England Baptist Hospital to supplement her recent hospitalization in the Sydney hospital.

Mrs. Hartigan, mother of Dr. D. J. Hartigan of New Waterford, has recently been ill at her home in Sydney Mines.

Another Tribute to the Profession.

The annual dinner of the Royal Society of Medicine took place at the Hotel Victoria, November 18th, 1926. The *C. M. A. Journal* quotes from the *B. M. Journal* a report of the speech delivered on that occasion by the Prime Minister. Mr. Baldwin very ingeniously and with a marked line of humor brought out points of similarity between doctors and politicians, even saying that "both the medical man and the politician were physicians," "to try to attain perfect health. . . . a harmonious co-operation of all the organs, whether of the State or of the body."

In proposing the toast to the Society, Mr. Baldwin mentioned the "profound respect he had for the medical profession—a profession in which more was freely given to the people of this country out of the largeness of its heart and out of its wisdom and experience than from any other profession in the world, and those who rose up and called "it blessed were beyond all enumeration."

MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING, JULY 1927, AT SYDNEY

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1st Vice-President.....	Dr. L. R. Morse, Lawrencetown.
2nd Vice-President.....	Dr. H. K. MacDonald, Halifax.
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Assistant-Secretary.....	Dr. S. L. Walker, Halifax.

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Halifax Branch.
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 Dr. W. L. Muir, 240 Jubilee Rd.
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 Dr. S. R. Johnson.

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 Dr. S. G. McKenzie, Westville.
 Dr. G. A. Dunn, Pictou.

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Colchester-Hants Branch.
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 Dr. F. R. Shankel, Windsor.

Western Counties Branch.
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 Dr. C. A. Webster, Yarmouth.

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 Dr. C. W. Bliss.

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 Dr. G. H. Murphy.
 Dr. J. G. MacDougall.

Dr. K. A. MacKenzie.
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 Dr. J. G. D. Campbell } (Ex-Officio).
 Dr. S. L. Walker. }
 Dr. W. J. Egan. }

Dr. L. R. Morse.
 Dr. E. D. MacLean.
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 Dr. Ross Millar.

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 Dr. V. N. MacKay, Halifax.

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Dr. C. S. Morton, Halifax, N. S.

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Dr. G. H. Murphy.
 Dr. J. G. MacDougall.
 Dr. G. W. T. Farrish.

Dr. John MacDonald.
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MEDICAL SOCIETY OF NOVA SCOTIA

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Vice-President.....	Dr. M. G. Tompkins, Dominion.
	Dr. J. C. Morrison, New Waterford.
Secretary-Treasurer.....	Dr. Ray Ross, Sydney.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. D. McNeil, Glace Bay; Dr. Dan McDonald, North Sydney; Dr. E. J. Johnston, Sydney.

Annual Meeting 2nd Thursday in May.

COLCHESTER-HANTS

Officers 1926-27

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Vice-President.....	Dr. Gordon Kent Smith, Hantsport.
Secretary-Treasurer.....	Dr. H. V. Kent, Truro.

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	Dr. F. L. Moore, Economy.

Members of The N. S. Executive.

Dr. F. D. Charman, Truro.	Dr. F. R. Shankell, Windsor.
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Officers 1926-27

President.....	Dr. Ross Millar, Amherst.
Vice-President.....	Dr. M. J. Wardrope, Springfield.
Secretary-Treasurer.....	Dr. W. T. Purdy, Amherst.

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

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

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1st Vice-President.....	Dr. R. F. McDonald, Antigonish.
2nd Vice-President.....	Dr. M. E. McGarry, Margaree.
Secretary-Treasurer.....	Dr. P. S. Campbell, Port Hood.

Executive Committee.

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Dr. W. F. McKinnon.	Dr. J. A. McDonald.
Dr. D. M. Chisholm.	Dr. J. S. Brean.

Representative to Provincial Executive

Dr. J. L. McIsaac.