
George Fitch on Doctors

"Doctors lead hard lives and only sleep now and then, owing to the great amount of sickness at night. They also have to trust in Providence for their pay. It is much easier to call a doctor thirteen miles into the country to subdue a mess of green corn that has insurged than it is to drive in a year later and pay him. Doctors do more free work than any other class, except amateur orators, and we should not begrudge them a liberal fee when they sink a shaft into our interiors and re-arrange our works."

TO THE READERS OF THE BULLETIN.

It is hoped this issue of the Bulletin, (Vol. III, No. 1.) will prove as interesting and welcome to the Profession as did that of December. Indeed, that issue nearly approached what the Executive had in mind, when they recommended its publication to the Medical Society.

By correspondence and otherwise I have been intimating to many of the Profession that I thought a "Souvenir" Bulletin would be very acceptable, and had planned to have one issued wholly devoted to this end. I find, however, that there are so many matters of current interest that it will be better to devote a portion only of each issue to this purpose, rather than neglect current matters for a period of three or four months. In this issue, therefore, will be found contributions which I have headed "Reminiscences" from veteran practitioners and Honorary Members of the Medical Society, viz. Dr. Geo. E. Buckley, Guysboro, Dr. W. S. Woodworth, Kentville, and Dr. Geo. E. DeWitt, Wolfville. Other Honorary Members have promised contributions to future issues. It is also hoped that other readers of the Bulletin, having knowledge of doctors and medical work of many years ago, will send in such information as will add to the interest and value of subsequent issues. The co-operation of Secretaries of Societies and individual members along this line will be greatly appreciated, and will illustrate some of the good that can be accomplished by organization.

While it is not possible at this date to give full particulars regarding the next Annual Meeting, the matter has been dealt with by the Special Committee and the work of preparing the Programme is well under way. The Special Committee had its first meeting, November 22nd, and arrangements are practically completed as to the nature of the programme. It is expected that Dr. Geo. D. Stewart, now Chief Surgeon, Bellevue Hospital, N. Y., will give the address in Surgery. Dr. H. M. Little, of the Montreal Maternity Hospital will open one session with an Address on "The Surgical Aspects of Obstetrics and Gynaecology." A Representative of the Ontario Medical Association, nominated by that Association, will give the Address in Medicine. This will be the first occasion of a Provincial Association being officially represented at another Provincial meeting. The fourth session is being arranged by Doctors Eagar and Johnstone, and will deal with X-Ray and allied surgical and therapeutic measures.

Just at this writing there is being considered the matter of postponement of the meeting for two weeks, in order to take advantage of the visit to Canada of a number of prominent overseas surgeons and physicians, who will be in attendance at the meeting of the Canadian Medical Association. This will add very greatly to the value of this Annual Meeting to the Profession in this Province. It is hoped that every Medical Society will consider its obligations in connection with this meeting, and name those members of their Society who desire to take part in the various discussions.

It is unnecessary to add that neither the Associate-Secretary, the Programme Committee, or even the Executive of the Medical Society of Nova Scotia can make this Annual Meeting successful, unless there is full co-operation by each individual member and Branch Society in the Province.

S. L. WALKER,

Associate-Secretary

THE CLINICAL VALUE OF D'ESPINE'S SIGN.

By T. M. Sieniewicz, M. D., Acting Director, Massachusetts-Halifax Health Commission. Lecturer in Clinical Medicine, Dalhousie University.

(Read before the Nova Scotia Medical Society at the Seventeenth Annual Meeting, Windsor, N. S., July 5th, 1923.)

I have chosen for my subject the clinical value of D'Espine's Sign.

Some years ago D'Espine called attention to the fact that a whispered sound following the spoken voice may be heard over the spinous processes of the upper thoracic vertebrae: and that such a sound was abnormal.* He considered this to be the earliest physical sign of enlargement of the tracheo-bronchial lymph nodes. We find in our literature, however, that different interpretations of this sign have been made by various authors. Dr. Morse of Boston, in a recent article, states that he had the interpretation of this sign confirmed by D'Espine in August, 1921.**

It may be well to state at the outset that opinions differ as to the value of this sign. The Committee on Medical Research of the National Tuberculosis Association has concluded, as result of a study of the X-Ray and Clinical findings in chests of normal children from six to ten years of age that D'Espine's Sign as indicative of enlarged tracheo-bronchial lymph nodes, is of little value.†

On the other hand, there are many who attach great importance to its presence.

In view of the fact that manifest adult tuberculosis is looked upon as secondary to tuberculosis of the bronchial glands—that is to say, an endogenous mode of infection taking place in adult life as a result of intercurrent disease, or unfavorable environment and lowered resistance—I determined to pay particular attention to the study of all children coming to the chest clinics at the health centres, whether they were well or sick. Autopsy records of tuberculous children show us that the bronchial glands are involved in from 80 to 100% of the cases, and in 60% of the tuberculous adults. We should, therefore, endeavour to demonstrate them clinically in all children suspected of the disease.

At our various clinics 395 complete physical examinations of the chest were made on children up to sixteen years of age. These were consecutive examinations carried out within a certain period of time. Of that number, 238 such examinations were made at one clinic and these will be offered for further analysis.

D'Espine's Sign is best elicited when the arms are folded well across the chest, the head sharply flexed, and the patient sitting erect. The examiner auscultates posteriorly over the course of the trachea, and the patient is asked to speak sharply, using the words

*D'Espine: Bulletin de l'Acad. de Med. Paris, 1907, vol. 57:167.

**Morse, J. L. Am. J. Dis. Child., Vol. 24, No. 5, p. 362.

† Transactions of National Tuberculosis Association, 1922, g. 529.

† Ibid.

“One” or “Nine.” In positive cases, the voice is found to be accompanied by an added whispering sound localized to one or two vertebrae, often extending to the 4th and 5th dorsal spines, and occasionally to the sixth.

It might be well, at this point, to bring out a factor which probably enters into the formation of D’Espine’s Sign—I refer to the level of the tracheal bifurcation. In the infant, it is at the level of the seventh cervical spine, and by the tenth year, it has reached the 3rd or 4th, while in the adult it is at the 5th or 6th. Consequently, in our study of this sign, we expect it to be heard below the tracheal bifurcation. In positive cases, the glandular mass acts like consolidated lung tissue, in that it becomes a good voice conductor.

D’Espine’s Sign was present in 45 cases examined. The diagnoses in these cases were: Whooping Cough in 3 cases; Chronic Bronchitis in 3 cases; Acute Bronchitis in 4 cases; Tuberculosis of the Bronchial Glands in 14 cases; Pulmonary Tuberculosis in 2 cases; and the remainder, 19, were suffering from undernourishment, diseased tonsils, adenoids, etc.

The diagnosis of the 14 cases of Tuberculosis of the Tracheo-bronchial glands was based chiefly on the clinical manifestations. The symptoms in these cases consisted of certain pressure symptoms, and the toxic symptoms so characteristic of a chronic tuberculous process. Lack of evident cause for change in the general condition of a child is, I think, characteristic of a tuberculous lesion in the bronchial glands. These cases then, were considered as being clinically active.

Another group of 43 children were suffering from some form of respiratory disease, but D’Espine’s Sign was not present. The diagnoses in these cases were: Whooping Cough in 5 cases; Bronchial Asthma in 2 cases; Asthmatic Bronchitis in 2 cases; Bronchiectasis in 3 cases; unresolved Pneumonia in 2 cases; Chronic Pharyngitis in 1 case; Chronic Bronchitis in 20 cases; Pulmonary Tuberculosis in 3 cases; Tuberculous Pleurisy in 2 cases; Tuberculosis of the Bronchial glands in 2 cases; and Pulmonary Abscess in 1 case. (Incidentally, I may mention a case of Hodgkin’s Disease which belongs to another clinic and in which this sign was absent.)

Still another group of children, in whom a definite cervical adenitis was diagnosed, had a D’Espine’s Sign present. In the event of no X-Ray examination, the question arises whether there was an associated Tracheo-bronchial adenopathy.

It was interesting to note that, in four cases diagnosed as having a Tuberculosis of the Bronchial glands, D’Espine’s Sign had almost disappeared after a prolonged period of observation. It is possible, of course, that we may have been dealing with a non-tuberculous process. We speak of the glandular enlargement following measles and whooping cough as being evanescent, that is to say, these glands may return to normal sooner or later after the acute infectious process has cleared up. This was noted in two children suffering from Whooping Cough.

In our study of D’Espine’s Sign, observations were also carried out in respect to Venous Arborisation, spinal and interscapular

dullness, and the bronchial sound of the spoken and whispered voice and of respiration. Eustace Smith's Sign was also checked up.

Occasionally, dilated capillaries were seen between the 7th cervical spine and the 3rd dorsal spine in respiratory cases with and without D'Espine's Sign, as well as in cases whose chests showed no evidence of pulmonary disease.

Bronchial breathing when listened to over the cervical spines is very distinct from the occiput to the 7th cervical spine; then it becomes quite distant until the level of the bifurcation of the trachea is reached, when it becomes vesicular in quality. As a rule it was noted that the bronchial breathing extended to almost the same level as D'Espine's Sign, and occasionally it was found to extend beyond it. It should be stated here that an exaggerated vesiculo-bronchial respiratory murmur, often heard posteriorly between the 2nd and 4th dorsal spines, and particularly to the right of the spine, is a normal finding in children. This is related to the right primary bronchus.

The bronchial whisper, obtained by auscultating over the cervical spines while the patient is whispering "one-two-three" or "three-thirty-three," is subject to the same variations or modifications as the bronchial breath sound just discussed. That is to say, the whispered sound would lose its distant bronchial character and become vesicular, or disappear altogether after the bifurcation of the trachea was passed. It certainly was noted that in most cases where a D'Espine's Sign was found, the bronchial whisper would extend to the same level.

The bronchial voice sound on the other hand, seemed to become vesicular in quality soon after the seventh cervical spine was passed in the majority of cases.

In adults, a dull note is normally present over the first four dorsal spines, and in children there is normally a dull note extending to the 2nd or 3rd dorsal spine. A dullness over the fourth, fifth or sixth would have to be considered as pathological.

In those cases with a definite D'Espine's Sign, I did not find the vertebral dullness extending below the 3rd dorsal spine in any case. There was only one case that demonstrated interscapular dullness, and that always signifies that there are considerable pathological changes present.

Eustace Smith's Sign, or, the venous hum heard over the upper sternum, bears no relation to D'Espine's Sign. It is heard as frequently in the apparently normal children, as it is in those with respiratory disease.

In the three groups, most of the children were tuberculin tested both with the human as well as the bovine types of tuberculin (Pirquet). Approximately 50% reacted to one or both types of tuberculin in each group.

X-Ray confirmation of bronchial gland tuberculosis has only been carried out in selected cases. I can only state the observations of the X-Ray groups of the Research Committee referred to earlier in the paper. It was the consensus of opinion that children are probably more apt to show definite X-Ray evidences (of simple as well as serious respiratory affections) in the hilum and trunk shadows than are adults. In their series, twenty-three children presented a

D'Espine's Sign without any corroborative evidence on X-Ray examination. In three others, there was X-Ray evidence of tracheo-bronchial adenopathy, but the sign could not be elicited.†

In the absence of postmortem work on this subject, we have not the opportunity of conclusively checking up the physical and X-Ray signs that we often may attribute to adenopathy

Summary.—There are signs to be studied over the vertebrae which may have to be considered normal or abnormal; and D'Espine's sign is the most important of these.

This sign has been found associated with Bronchial Glandular Tuberculosis, with non-tuberculous respiratory affections, and in apparently normal children. It has also been found absent in cases of bronchial glandular tuberculosis and the non-tuberculous respiratory affections. It was associated with 14 cases of Bronchial Glandular Tuberculosis and two cases of Pulmonary Tuberculosis. It was absent in 3 cases of Pulmonary Tuberculosis, 2 cases of Tuberculous Pleurisy and 2 cases of Bronchial Glandular Tuberculosis. The frequency of this sign then, can be noted in this group of cases.

In many cases, no satisfactory explanation could be made to account for its presence, nor can I explain why it should be absent in those cases where you would expect to find it.

When compared with the extension of the bronchial sound of the spoken and whispered voice, and of the respiration, as well as the spinal dullness, it was found to be the most constant of these physical signs.

Tuberculosis of the bronchial glands often exists as a distinct clinical entity, and should be capable of diagnosis, as the recognition of such a condition while limited to the bronchial glands is of the utmost importance.

Corroborative evidence by means of the X-Ray should be obtained whenever D'Espine's or the allied signs suggest a tracheo-bronchial adenopathy.

D'Espine's Sign then, should be of some clinical value in the diagnosis of disease of the bronchial glands, only when properly evaluated and correlated with clinical, laboratory and roentgenographic data.

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PROVINCIAL PATHOLOGICAL LABORATORY

The Chairman of the Massachusetts-Halifax Health Commission announces, under date of January 23rd, the appointment of Dr. Foster S. Murray, Dal. Univ. 1923, to the Staff of the Provincial Pathological Laboratory. This appointment has the hearty approval of Dr. Nicholls, Provincial Pathologist, and the physicians in Halifax and Dartmouth. The Chairman further announces:—

“Dr. Murray has just returned from a post graduate course at the John Hopkins School of Hygiene, Baltimore, and will be prepared to do Laboratory work of every description, including examination of sputum, urine, blood, tissues, exudates, etc. He will make autogenous vaccines, carry out the Schick test, examine smears for Diphtheria and test the virulence of the organism. Specimens of milk and water may also be sent him for analysis.”

KIDNEY FUNCTION IN PREGNANCY.

M. R. Elliott, M. D., Wolfville, N. S.

(Read before the Valley Medical Society, October 18th, 1923)

In the past three years in Nova Scotia the number of deaths from Eclampsia per 10,000 live births has been at an average of 18. This compares very favorably with the rate for 1920 in the registration area of the United States which was 27.5 per 10,000 births. Statistics are not available as to the number of still births attributable to abnormal kidney function, or to the permanent damage suffered by many women who have maintained a greater or less degree of toxæmia during pregnancy. However, we know that if these figures were obtainable the amount of permanent loss and impairment would be found to be very great.

Upon a little consideration of the matter one will grant that the practice of Obstetrics has not advanced in recent years in equal strides with the practice of Surgery. We have to admit that adequate ante-natal care is too often inefficient or lacking; that a great deal of the surgery done at the present time is due to careless or poor obstetrical treatment at the delivery or subsequently; and further that the general attitude of the profession toward maternity work is not as exact in diagnosis or as consistent in treatment as in the field of surgery. We have the reflection of this condition in the requirements which we make of our obstetrical patients and in the fees which we are apparently willing to accept for this type of work. Most physicians I believe are quite ready to accede to the fact that we throw too few safeguards about our patients and thus indirectly lead them to undervalue the character of the work done.

Eclampsia is now considered a preventable condition. The responsibility of controlling the condition rests upon the individual physician in his every day relation to his patients. How many times we are called to attend a woman at her confinement when the first intimation that we have received of her condition was this summons? Are we justified on these occasions to do our work and go our way without pointing the moral? Should we not, in season and out of season, strive to show the danger of neglect at this critical time in a woman's life? In the past ten years I have seen eight cases of Eclampsia, six of these had had no medical attention at all and the other two not for several weeks before the first convulsion.

In the U. S. A. there has been an attempt made through the Towner Maternity Bill to give nation-wide provision for pre-natal and maternity work. However a minority of the States have voted against the proposed legislation and it will probably be years before they, or we, arrive at state aid for this important work. Taxes are taxes and, in the country especially, the physician must lead in the education of the public without the help of any organization. However, government aid should come at once to the hospitals and nursing homes, scattered through the towns and villages, so that at least the

end results may be safeguarded. Our Societies should go on record as favoring a special grant for the care of maternity patients in these places.

Every patient should be seen early in the pregnancy to form some estimate of her general condition. Ever mindful of the influence of foci of infection upon the onset of toxæmias, the teeth, tonsils, sinuses, appendix, gall-bladder, etc., should be investigated. Early in pregnancy the teeth may be normal. Should they become decayed they should be attended to, infected roots or apical abscesses should be removed in order that a resistance already taxed may not be overtaxed. The removal of tonsils can be accomplished as safely as the removal of teeth. With regard to the kidney the finding of an albuminuria at this time may cause one to establish the diagnosis of a pre-existing nephritis. In this event the condition requires close study in order that the predisposition may be combated from the outset.

Normally in pregnancy there is found to be an increased capacity for storing nitrogen when a woman is allowed an adequate diet. This begins in the third month and is greatly in excess of the needs of the growing ovum. In patients suffering from gastro-intestinal disturbances it is probable that storage does not begin until symptoms have subsided. The urea content is low relatively. There is slight rise in ammonia and in undetermined nitrogen. Normally the maternal organism preserves the strictest economy in its metabolic processes in the second half of pregnancy.

The causes of disturbance of this balance are cited in multiplicity, the eating of too large quantities of nitrogenous food, the growth of the uterus and ovum, both adding to the katabolic work of the liver and increasing the abdominal pressure upon that organ, constipation, lack of exercise, focal infection, etc. Some writers claim that there is a specific change in the kidney due to the toxæmias of pregnancy basing their conclusion on the fact that in a case showing changes in the urine, that, in a few days after pregnancy is discontinued, the urine returns to normal. A large number of clinical varieties of toxæmia have been described most of which have much in common. Thus Fitzgibbon of Dublin points out the similarity of pathological findings in toxæmia eclampsia, and toxæmia hemorrhage. The one condition which is common to all is a subacute nephritis and a variable degree of focal necrosis of other organs, markedly the liver. This is clearly, in his opinion, an indication of an irritant excreted by the kidneys injuring their function and then affecting other tissues of the body.

Many observers claim that Eclampsia is due to an incompatibility between the maternal and foetal bloods which produces an increased concentration of the blood, which in turn produces acidosis and its accompanying symptoms. Dr. Reuben Petersen of the Maternity Clinic of the University of Michigan Medical School has found that in every case of Eclampsia the mother's and baby's blood grouping is such as to produce agglutination of the baby's red cells by the mother's serum. On the contrary, not a single case of normal pregnancy showed a possible blood grouping which could result in agglutination of the foetal red cell elements by the mother's serum. Recent writers

emphasize the spasticity of the arteries and the increased concentration of the blood as constant factors in Eclampsia which lead to high blood pressure, stasis, oedema, acidosis and convulsions.

Thus in the discussion of causes and effects there is a great deal of confusion. Let us turn to some of the practical considerations. At the outset we must postulate that simply by watching the urine for traces of albumen will not constitute an adequate or safe check upon the condition of the patient. Albumen may occur which will have very little effect upon the patient's course, or again albumen may be absent repeatedly and yet the patient may be in a dangerous condition. Here the history, blood pressure readings, etc., are to be searched. In the routine examinations of the urine the following factors must be considered.

Albumen:—It is difficult to arrive at definite conclusions as to actual condition or prognosis from this test. It usually means that there is a leak of serum albumen through a damaged kidney or a destruction of renal parenchyma. The quantitative estimate gives information as to the progressive character of the trouble.

Specific Gravity:—Examinations to have conclusive value must be averages of a large number of observations.

Amount of Urine Passed:—Here the results must be determined by consideration of the fluid intake and should be obtained from a daily record of intake and output. A diminishing output, even without the presence of albumen, portends trouble.

Presence of Non-Protein Nitrogen, Urea, etc.:—Information from this source is chiefly of value in furnishing a guide in instituting dietary changes. Whereas they can only be carried out successfully in a laboratory and with a great deal of oversight as to the amount and character of the food taken, these tests have little practical value for the ordinary case.

The most reliable test of kidney function is the **phenol sulphothalein** test. It is valuable as a test for prognosis, as an indication for treatment, and to measure the degree of recovery.

It has already been stated that in the toxæmias we find a marked excess of nitrogen substances in the blood. Treatment has always assumed that a nitrogenous diet hastens the developing conditions, accordingly a strict diet is laid down. The older idea has been to institute a milk or Karrell diet. However, the following diet, for very acute stages is preferable in meeting the nitrogen retention, in as much as by its high carbo-hydrate content it necessitates less protein destruction:—cereals, cooked fruits, corn starch and tapioca puddings, cream, and such vegetables as carrots, lettuce, potato, etc. The desire to drink water is relieved by a low-protein, high carbohydrate diet. Furthermore the starchy food serves to ameliorate some of the symptoms of a developing acidosis. In later and more favorable stages of the toxæmia a combination of the high carbohydrate diet with the milk diet is probably wise.

The slightest signs of oedema should be a signal for the marked reduction or abolition of salt in the diet.

With regard to elimination every avenue for the removal of waste products should be facilitated. Skin, bowels and kidneys should be complementary in their work. Water is our best means of maintaining

the most efficient flow of urine. Even in the presence of oedema it should not be restricted too much. Here experience dictates, for unfortunately we do not know definitely as to whether it is injurious to a diseased kidney to attempt to put out water, or that it is increasingly difficult for the kidney to excrete substances in a concentrated form.

Too much emphasis cannot be placed on the value of rest in the prophylaxis and treatment of the nephritis of pregnancy. While enough exercise should be taken to assist the proper functioning of the various organs rest of a physical and mental nature should be carried on in a regular and systematic way. When in doubt as to the extent and seriousness of impending symptoms it is always wise to have the patients in bed.

Formerly the accepted treatment of an eclamptic patient was to proceed at once to delivery. Chipman expresses the present judgment when he says, "I believe it is wise in these cases to treat the eclamptic condition, leaving the labor to care for itself." Convulsions of themselves kill, and it is noted that manipulations in the induction of labor tend to induce the eclamptic state.

Morphia gr. 1-4 hypodermically and repeated if necessary should be given. Venesection should be done and sufficient blood removed to reduce the blood pressure to about 130 mm. Other routine treatment should include lavage of the stomach with a solution of bicarbonate of soda, leaving an ounce of Epsom salts in the stomach. Here should also be high colon lavage. Forced fluids should be administered by mouth and rectum. Sometimes it may be necessary to give glucose by intravenous method. If under these procedures the coma is not relieved, or convulsions continue, delay is dangerous and delivery should be proceeded with. Cases which have yielded to the expectant form of treatment should receive attention by the induction of labor as soon as indicated by blood-pressure, urine findings, eye-grounds and general condition.

Conclusions:—Although the toxæmia of pregnancy is a condition in which etiology and pathology have not been determined yet the great importance of proper kidney function is settled. Eclampsia is a preventable condition.

A relatively low protein and high carbo-hydrate diet should be maintained throughout pregnancy. Note the freedom from eclampsia in those countries during the World War where food was scarce and the protein element low. Undoubtedly too many of our pregnant women eat too much and take too little exercise of a proper character.

The public must be warned of, and instructed in, the necessity of co-operation with the medical profession in this work.

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A certain man suffered acutely from bow legs. He was advised by a friend to repeat the Coue formula every night thirty times: "Every day in every way my legs are getting straighter and straighter."

Unfortunately, he miscalculated the number and repeated the magic words sixty times every night. As a result, he is now knock-kneed.

THE CONSTITUTION—ARTICLE II.

(Contributed by Dr. W. H. Hattie, Halifax, N. S.)

The objects of the Medical Society of Nova Scotia, as set forth in the Constitution, are as follows:

- (a) The advancement of medical science in all its branches.
- (b) The prevention of disease with vigorous support to all health officers, health boards and others engaged in this work.
- (c) The maintenance of a high scientific and social status of its members.
- (d) The protection of the public against those unqualified to treat the sick or injured.
- (e) The close co-operation of its members in the protection of their rights
- (f) The regulation of a minimum scale of fees with such alteration of such scale from time to time as becomes necessary by reason of changes in the cost of living, education, etc.
- (g) The dealing with all matters for the good and welfare of the Society.

With the first three of these seven objects, not even the most unfriendly critic can reasonably find fault. They are worthy objects, intended primarily for the good of the public, and free from any tincture of selfishness.

The last three are perhaps suggestive of less generous motives, but cannot be regarded as representing more than a fair claim to an equitable consideration of the real needs of the physician, needs which must be met if he is to carry on his work and contribute his full share of the duty of citizenship. There are few who will deny that these objects are quite proper, or who will maintain that they detract from the dignity of our organization. And there is general recognition of the fact that these objects receive but little attention, either at our meetings or in actual practice, in comparison with the attention which is given to the first three objects outlined in the Constitution. Those medical men who fail to appreciate that success depends mainly upon assiduous endeavour to perfect themselves in their Art are few in number, and it is to the credit of the great bulk of the profession that insistence is placed by them upon the importance of rendering to their clientele the best service of which they are capable, rather than upon the "business" side of their work.

The clause of the Constitution which is most open to misinterpretation is that which comes midway in the list of objects: the protection of the public against those unqualified to treat the sick or injured. The clause is often misunderstood both by members of the profession and by the public. The man on the street considers that he has a perfect right to entrust his physical welfare to whom he will, and he is not always convinced that the possession of a medical degree and a license to practice are sufficient to guarantee more successful treatment of his particular case by a "regular" physician than by one who is admitted to be a quack. He is not impressed by the recitation of what the law requires of the "regular" physician;

he may have failed to receive benefit from one after another of a dozen or more legalized doctors, and considers it an unwarrantable interference with his personal liberty, if he is not to be permitted to try his luck with the latest claimant of mastery over disease. And while the man on the street is not to be thought of in the singular number—in reality he is legion—he must nevertheless be considered as an individual. He is not the public which we seek to protect. As long as the irregular practitioner deals only with conditions which are not a public concern, the public is quite indifferent to his activities, and is not disposed to quarrel with the profession for permitting the irregular to continue to prepare grist which must sooner or later find its way to the qualified practitioner's mill.

This, however, does not relieve the Society or any of its members from the moral obligation of exposing the worthlessness and the illegality of quackery. The Society has endeavoured to do this through articles contributed to the Press, and this endeavour will be continued. It is the duty of every physician, as opportunity offers, to educate individuals and groups relative to the dangers, actual and potential, of encouraging quackery in any shape or form. Such educational work should be done dispassionately, without prejudice, and with the single purpose of protecting other interests than those of the profession. The Society should probably go no farther than to use its influence in this educational way. It must be left to the conscience and judgment of the individual practitioner whether he shall, or shall not, render assistance to the authorities who have the power to prosecute for violation of the law.

Under the provisions of the Medical Act, anyone who practices medicine within the meaning of that Act, and who is not a duly registered practitioner, may be prosecuted. The Provincial Medical Board has been constituted to administer the Act in respect of such matters as concern the registration of practitioners, but it is by no means clear that it should be held responsible for taking legal action against persons who violate a provincial statute. The ground has been taken that such action comes within the jurisdiction of the Attorney-General, and this is now the practice in Ontario. But wherever the responsibility lies, action cannot be taken until the proper authority is provided with the nature of the evidence available, so that an opinion may be formed as to the likelihood of a successful issue. If such evidence is furnished by medical men, there will be a disposition on the part of some to attribute unworthy motives to the doctors who supply it. The Provincial Medical Board has been criticized both by physicians and laymen, because it has failed to institute procedures on complaints of irregular practice, but investigation shows that in every such instance the Board has not been furnished with sufficient particulars to enable its Solicitor to advise action. It would be obviously unwise for the Board to attempt a prosecution which was unlikely to succeed. Failure to secure a verdict would only encourage irregular practice, and as any action would undoubtedly create a large amount of popular sympathy for the person against whom it was taken, it is most important in the interest of the profession as a whole, that the Board should be very circumspect in such a matter.

This is not written in defence of the Medical Board, but to make clear the difficulties of the situation in which the Board finds itself, and more particularly to point out that the Society could not, even if it wished to do so, undertake anything in the way of punishing offenders against the law. We feel, however, that we cannot too strongly state our conviction that the surest way of ridding our province of irregulars is for every qualified physician to devote himself to his professional work with such a degree of assiduity, and to prove himself in every particular so jealous of his own honour and that of the profession, as will demonstrate to every sane person that, in time of sickness, implicit faith may be placed in the doctors of the regular school.

No matter how small the justification, the failure of a legally qualified practitioner to measure up, professionally and morally, to the expectations of the public is commonly made the ground upon which ill-advised persons insist that the doors be opened wide to every medical cult. As long as there are irregularities in the methods and motives of legalized physicians, we may scarcely hope for general support of measures aimed at the suppression of unqualified practice.

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PREVENTIVE MEDICINE.

There is without doubt a tendency on the part of many members of the medical profession in Nova Scotia to give little support to various agencies working in the interests of public health. One might go farther and say as far as many doctors are concerned, these public efforts are "damned with faint praise."

Would it not be well to consider just where this attitude will land us. Unless the doctors will take upon themselves, as a body, the directing of public opinion, the day of State Medicine is not far distant. Whether the doctor believes this or not, whether he wants it or not, whether it is desirable or not, the people will demand it, unless a better way can be shown. All times are critical times, when we are considering matters of public welfare, but the attitude of the profession towards Public Health activities is especially important, if we are to remain leaders in this work. In any case the problem is developing very fast and possibly the doctors may be left behind, the band wagon may be filled without him. The following from a Western newspaper indicates the trend of public opinion.

"At least sixty per cent of all physical and mental misery is curable. Fully ninety per cent of it is preventable. The life of the average person would be prolonged fifteen years if we knew how to rule our health as we do our actions.

"The time must soon come when public opinion will demand of health practitioners, full and complete supervision of the living habits which determine whether we are to be sick or well, to live our full term of years or go down to an early grave. And the main function of the healing professions will be to apply the rules of health towards keeping well rather than to snatch us from death when we are sick."

FAITH CURES.

In December 1923, the Ministerial Association of Vancouver presented a report of the findings of an investigation into the "faith cures" of a certain Dr. C. S. Price, who conducted an Evangelistic campaign in that city in April, 1923. The investigating committee was composed of eleven clergymen, three university professors, eight medical doctors and one lawyer.

The committee selected 350 typical cases finding as follows:— Five amenable to mental treatment (suggestion?) were cured: thirty-nine have died; five have become insane, and four additional insanity cases developed in families of persons who were annointed. The Newspaper report of the committee's findings give still further interesting conclusions.

"After the most careful consideration and study," states the report, "we are forced to the conclusion that of the cases under survey which may fairly be classed as cures, all come very clearly within the group of what are commonly known as functional disorders. We have been unable to find that the usual course in any distinctly organic condition was in any way benefitted other than what might fairly be expected from a more hopeful or improved attitude of the patient. In many cases, however, the neglect of ordinary, well proved methods of treatment has led to most deplorable results."

Seventeen cases were classed as worse, since they were annointed, mainly because of neglect of scientific treatment. Two thousand were annointed here, it is estimated. The committee believes Dr. Price's method was partly ordinary, but mainly hypnotic suggestion, and admits the spiritual benefits of the ministrations. The report, however, states that the value of suggestion as a curative agency is strictly limited and that hypnotic suggestion can be used with safety only by skilled practitioners.

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DEATH BLOW TO CHARLATANISM.

A newspaper despatch from San Francisco dated January 19th notes the death of the originator of the latest invention for quacks, irregulars and faddhists. By the electrical vibration of a drop of blood through the intervention of a suitable medium, Dr. Abrams claimed he could tell the parentage of a child, the nature of any disease, and the color, religion and sex of every patient—all this from a drop of blood, without seeing the patient.

Oscilloclasty, is as near as a manufactured word can come to name this absurdity, for which, otherwise apparently intelligent people in Nova Scotia and elsewhere, have thrown away thousands of dollars. Possibly the best course for the Profession to pursue will be to advise those who have been so foolish with their money that they come prepared to make the same financial contributions to their family physician when they finally return to him. They invariably return, having experienced the error of their ways. It is said experience teaches fools; it is however the fools who do not profit by experience.

EL ZAIR—THE LATEST ELIZIR OF YOUTH.

Quackery and Charlatanism.

Voltaire said the Charlatan was born when the first Fool met the first Knave. Thus in fads, quackery and charlatanism we find two classes of people, Knaves and Fools. There is a marked difference in the mental attitude of each Class. The greatest majority of Knaves are wilfully defrauding or fooling the people, a few of them, and perhaps more of their agents, may be unconscious of wilful fraud. On the other hand those who invest their money are the Fools, and the tragedy of it is that most of them desire earnestly the results promised by the remedy—honest people, but unwittingly, fools.

The latest elixir of youth is sponsored by a concern termed "American Laboratories," not listed of course in any business directory. Its ingredients were procured from "certain lofty and almost inaccessible mountain ranges in Africa." But its cures! It has brought back to life a dying consumptive, it has grown hair on the bald head of a septuagenarian, has cured a tuberculous knee of an American millionaire, it enabled a noble lady who had long since given up all hope of presenting her lord with an heir to become a happy mother, and it has rejuvenated a member of a great ducal family. \$6.00 for six weeks treatment.

Analysis by the American Medical Association shows the Elixir to be composed of Epsom salt and vinegar.

What fools these mortals be.

* * * * *

PANACEAS.

Fraudulent advertisements are many. For instance:—

An individual advertised the sale for One Dollar (\$1.00) of a government approved engraving of the "Father of his Country," Those who bit got a two cent postage stamp.

Another device was advertised as a sure death for cockroaches. Buyers received two blocks of wood with instructions to squeeze the cockroach between them.

An ex-real Estate agent in Michigan now offers to sell for three dollars (\$3.00) the "Formula" of a wonderful remedy, which will cure the first stage of consumption and most people of their ailments. His literature stated that "Some doctors would probably pay me a large sum if it could be kept a secret." Forwarding the required amount a printed slip, 5 inches by 8 inches, was received, describing "Nature's Wonderful Remedy," which cured Nervousness, Heart Trouble, Rheumatism and Catarrh, viz "Coal Oil"—(Kerosene).

According to the Journal of the American Medical Association, certain "beauty claims," so much advertised for feminine complexions, are nothing more than ordinary clay, tintured with a little perfume and water. A comforting hint is furnished prospective users by the advice to purchase from a druggist about 20 cents worth of powdered clay. Mixed with the same weight of water the recipient has the same amount of beautifying clay and of purer quality than any of the products on the market that are sold from \$2 to \$10 a pound. But, then, there are always a number of simple folk whose opinion of the value of an article is only gauged by its expense.

SHOULD WOMEN PRACTICE MEDICINE.

Now that woman has fully justified her entrance into the Practice of Medicine it may be interesting to note some opinions expressed not so many years ago, as to the wisdom of this choice of profession by women. One can hardly conclude that the prediction of increased charlatanism has been verified, altho the prophet was no less than Dr. S. Wier Mitchell in "A Moral Antipathy," when the local doctor unburdens his mind on the subject.

"But oh, doctor, if you could only persuade Euthymia to become a physician! What a doctor she would make! So strong, so calm, so full of wisdom! I believe she could take the wheel of a steamboat in a storm, or the hose of a fire-engine in a conflagration, and handle it as well as the captain of the boat or of the fire-company."

"Have you ever talked with her about studying medicine?"

"Indeed I have. Oh, if she would only begin with me! What good times we would have studying together!"

"I don't doubt it. Medicine is a very pleasant study. But how do you think practice would be? How would you like being called up to ride ten miles in a midnight snow-storm, just when one of your raging headaches was racking you?"

"Oh, but we could go into partnership, and Euthymia isn't afraid of storms or anything else. If she would only study medicine with me!"

"Well, what does she say to it?"

"She doesn't like the thought of it. She doesn't believe in women doctors. She thinks that now and then a woman may be fitted for it by nature, but she doesn't think there are many who are. She gives a good many reasons against their practising medicine—you know what most of them are, doctor—and ends by saying that the same woman who would be a poor sort of doctor would make a first-rate nurse; and that, she thinks, is a woman's business, if her instinct carries her to the hospital or sick-chamber. I cannot argue her ideas out of her."

Neither can I argue you out of feeling about the matter; but I am disposed to agree with your friend, that you will often spoil a good nurse to make a poor doctor. Doctors and side-saddles don't seem to me to go together. Riding habits would be awkward things for practitioners. But come, we won't have a controversy just now. I am for giving women every chance for a good education, and if they think medicine is one of their proper callings let them try it. I think they will find they had better at least limit themselves to certain specialties, and always have an expert of the other sex to fall back upon. The trouble is that they are so impressible and imaginative that they are at the mercy of all sorts of fancy systems. You have only to see what kinds of instruction they very commonly flock to in order to guess whether they would be likely to prove sensible practitioners. Charlatanism always hobbles on two crutches, the tattle of women, and the certificates of clergymen, and I am afraid that half of the women doctors will be too much under both those influences."

WESTWOOD HOSPITAL.

Wolfville, N. S.

Westwood Hospital was established in December 1918 by Dr. C. E. A. deWitt, who purchased the property of the late W. F. Parker of Wolfville, N. S., which was especially suitable for the purpose.

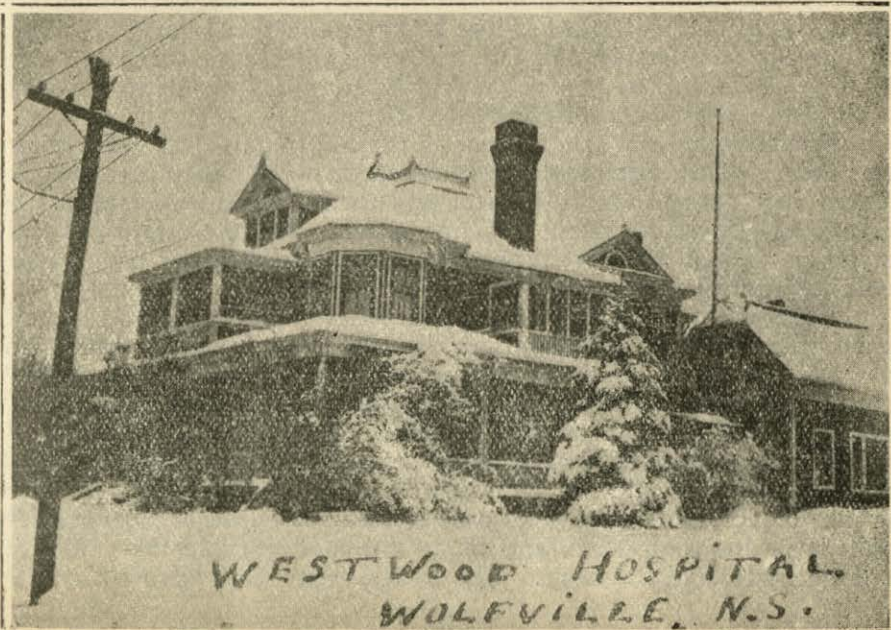
The situation for a Hospital could hardly be excelled at the top of Westwood Ave., near the centre of the town and yet in a quiet locality with a beautiful view of the surrounding country.

Hospital equipment was furnished throughout, including operating rooms, scrub up rooms, etc. In addition to a sun-porch in the South side, a second large room was built in the west side which added greatly to the welfare of convalescent patients.

At first the Hospital had accommodation for only seven patients but in the Autumn of 1922 a Nurses Home was added to the main building which made available rooms for twelve (12) beds, this proved to be a great success and gave splendid quarters and a nice home to the very efficient staff which the Hospital has maintained throughout.

The Hospital has admitted to date about six hundred (600) patients, about four hundred and fifty (450) of these being surgical cases operated upon. The results of our cases have been exceptionally good especially when we consider the large proportion of major surgical cases.

This Institution which is the only General Hospital in the community has proved beyond a doubt that it has been of inestimable value to the community and the means of saving many lives. It has also brought out the urgent need for further expansion in order to provide accommodation for public and semi-private cases, who cannot afford private rooms. This we hope will be realized in the near future.



REMINISCENCES.

Dr. Geo. E. Buckley, Guysboro, N. S.

I have been asked to contribute a few reminiscences of the early days of my practice and will limit myself to the first ten years from 1867 to 1877 as nearly as my memory serves.

It would be hard for those who pass through here, in their autos, over our fine roads, to credit that in 1867 there were only bridle paths from Cook's Cove, three miles from here, to all the settlements on the Atlantic coast between Port Felix and Drum Head. There was an old gentleman here (Dr. Carritte) who was not able to go on horseback so that all the hard trips, except when there was sleighing in winter, fell to my lot. Trips of forty or fifty miles in the saddle were frequent, going and returning, and some places could only be reached by walking six or eight miles, or by going in a boat if weather permitted. Fortunately there were rough carriage roads in all the farming sections. One day I travelled one hundred miles on different calls.

There were no hospitals to which we could send difficult and urgent cases. Three times I was obliged to operate for strangulated hernia alone and watch the anaesthetic. One curious case I visited. A man aged sixty said he had a queer boil in his groin, and that when he squeezed it some of his food would come out. As there was some movement through the rectum and no vomiting, I knew not much of the bowel could be caught in the ring, so to give myself time to think, I stopped the squeezing process, placed him on his back, cleansed the wound, and placed over it a compress greased with mutton suet. The opening healed so rapidly that there was no need for further treatment. I saw him digging potatoes ten years later.

We naturally look agnost at many of the practices during 1867 and perhaps a little later. After amputations the flaps were left exposed for four or five hours until they became glazed over and all oozing of blood stopped before being stitched and dressed. When the stump was dressed again it was generally found to have healed by first intention, as it was called. Anyone having Gross's System of Surgery (1864) can verify this.

Vaccination from arm to arm, on the eighth day after vaccination, was the rule but scabs which had fallen off were sold in drug stores. These were rubbed up with water and used. I can understand conscientious objectors then, but not now under the improved safe methods. I had difficulty in preventing one family from giving away vaccine where I had treated the father for syphilis.

Venesection was the rule in all cases of pleurisy and pleuropneumonia—with a fly blister to the side and Dovers powders internally—and was wonderfully successful. The type of these diseases appeared to change after the great epidemic of influenza about 1874 or 5 and this treatment was wisely abandoned.

In the outside districts midwives, without training, but with strong will power, did all the obstetric work except when there were serious complications. In one case of foot presentation the midwife pulled the body of the infant off at the neck, leaving me to deliver a large hydrocephalic head. The bones, however, folded up readily

after the water was evacuated. I measured the infant's head—from ear to ear twenty inches, and around the forehead and occiput twenty-four inches. In two cases I felt sure that inversion of the uterus was caused by traction on the cord in an attempt to deliver the placenta while the uterus was flaccid.

That class of midwives has fortunately passed away and most of the obstetric work is in the hands of physicians.

We were also pestered with people who charmed for the Rose and for bleeding of any kind. After working faithfully over a case of Erysipelas it was disgusting to find that the charmer, who had been called in secretly, got all the credit. I do not hear of any charmers now and trust they are all dead.

Carbolic acid was just coming into use, but iodine and bichloride of mercury were in constant use. One eighth of a grain of bichloride to the ounce of water was a favorite prescription for purulent or gonorrhoeal ophthalmia.

Now, one can get a decent meal and bed anywhere, but in early days I found the saddle more comfortable than the beds, and a salt herring and potatoes, which I often asked for, less likely to contain hairs than other food. One day I was caught in the snowbanks and arrived at a log hut, eight miles from any other dwelling, and twelve hours without food. There was no bread cooked and no tea or other food available, so I asked for an egg. The old woman hunted around and found one in her bed, where I suppose it was placed on account of frost. Making sure that it was really a hen's egg, I had it boiled and ate it with a relish with a lump of coarse salt.

The D. U. S. Cable landed at Torbay about 1873. The staff were congenial and produced a wonderful change in the manner of living of the people for many miles around. The road was opened up and practice made more pleasant.

Other practitioners have come in at different times and, except during the war, there has been no need, for many years, to bear the burden alone.

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REMINISCENCES

Dr. W. S. Woodworth, Kentville, N. S.

In taking notice of the work accomplished by the Medical Societies aided by the Government during the past few years, I am reminded of the work by the pioneers in Preventive Medicine a few decades previous. The pioneer whose slogan was "Prevent Disease" was confronted by periodical outbreaks of puerperal fever, diphtheria, typhoid, dysentery, etc.

In each district was established one or more "Sairy Gamps" whose dictum in all cases of child bed diseases attributed the malady to a chill caused by fresh air. She said that there should be no change made in the clothing till the ninth day. And so she went her rounds from house to house spreading the disease. I wish some able pen could contrast this 'Sarah' and her methods, with the nurses of the present day, when there is practically a cessation of

puerperal disease. In my practice of fifty years I have had but two fatalities, one from uraemic convulsions and one of meningal disease.

But the dread of every family was the outbreak of diphtheria, which in the early sixties brought sixty deaths within a radius of eight miles. All efforts to cure in these cases seemed to fail. The pioneers of preventive medicine sought to discover the source of the infection and found that it was due to faulty sink drains. In one district there were eleven sources of infection. These remedied, the disease stopped.

As for typhoid fever, the practising physician was assured of a rich harvest of work during the months from July to December. The pioneer searched the premises where typhoid had existed in the past, and found the source of infection to be from bad hygienic surroundings, from uncleansed outbuildings, and diseases carried in the hot weather by the flies to the neighboring dwellings. The pioneer could not kill all the flies, but he could at least make a clean resting place for their feet and wings, and in all new cases the attendants were instructed, that all emanations from the body, were to be carried to the fields and buried in new earth.

The quaintness of the methods in surgery would be amusing or abhorrent nowadays. In the early years of practice I was called to an accident in a mill sixteen miles away. It proved to be a dislocated hip. The men imagined it necessary to have a block and tackle to put the bone in place, and had procured the equipment for me. My experience in the use of block and tackle was nil, but while driving the sixteen miles I had been thinking of the method of reducing the dislocation supposing it should prove to be one. My memory went back to the past years in my hospital experience, and there came to me from my subconsciousness a similar case at the Massachusetts General Hospital, at which Dr. H. I. Bigelow had us witness his method for reducing dislocation. I didn't know that I had taken any notes, but the whole picture stood vividly before me: "The methods," said the doctor, "is first flex the limb then abduct and evert." *Flex, abduct, evert. I had kept repeating it as I drove on.

After refusing the block and tackle I gave the anaesthetic and automatically I began, flexed, adducted and everted, till the limb was in place. At the present day Conan Doyle would say that Dr. Bigelow aided me in reducing that fracture. So let it be, I shan't deny it! Anyway, it was good-by to the block and tackle.

Some opinions with regard to preventive treatment of tuberculosis were to segregate all infectious cases and thus prevent the disease, instead of spending so much time and money in curing. With the cooperation of the members of the family at home, complete isolation of the patient would do more towards arresting the disease than the methods of cure after they have been infected.

*Erichsen's Surgery 1884 quotes Dr. Bigelow as saying:—"Lift up, bend out, roll out."

REMINISCENCES

Dr. Geo. E. DeWitt, Dayton, Florida

Down here where the sun shines twenty-seven days out of thirty—where the foliage is always green—where flowers continually bloom—where the song birds trill their melodies in bush and tree heralding the opening day—where the Palm tree, made symbolical of "The Righteous Man" by the Royal Psalmist, abounds—where billows come rolling on to the beach—the latter 30 miles in length—where the auto speeds and the airplane ascends—where bathers swim, romp and dive—where the orchards of grape fruit and oranges, nestling in their evergreen foliage, simulate drops of gold—where after a few hours ride in bus or car southwardly the cocoanuts cluster high upon the palm, and the pineapple and bananas abundantly appear—where the air is balm to the invalid and to those who have passed their four score:—while enjoying the luxury of climate and scenery, and the recreation of going forth with rod and line, I do not forget my promise to you to call up some of my reminiscences of the past fifty odd years in relation to some of the men I have known in the profession who have passed on; also a brief reference to the practice of medicine "then and now."

Dr. Forsyth of Bridgetown was in my youthful days our family physician. He was born in the County of Kings, and graduated in medicine at the University of Edinburgh. For a few years he practised in Cornwallis, and freely used the lancet in the performance of phlebotomy, so freely it is said, that a patient while undergoing the process suddenly collapsed and passed away. The Doctor on leaving the house walked unconsciously past his horse, where he had left the animal hitched to a post, and continued walking for half a mile, before he realized that his engrossing thoughts upon his ill luck with his patient, had put the thought of his horse out of his mind. Dr. Forsyth came to Bridgetown about 1856,—the veins in the arms of his patients were left undisturbed. At the age of forty three years my father was attacked with typhoid fever. The Doctor would race daily from his office to our house administering calomel one day and opium the next. The patient died on the fourteenth day from the day he took to his bed. There was an epidemic of typhoid at that time almost from one end of the Annapolis Valley to the other, and along the Bay of Fundy coast. How blind we were in those days. What groping in the dark for the principles of safety that science has since revealed. There were no sewers then, no water supply carried from the hills to the houses. The old well and the old oaken bucket were there, but the doctor did not observe whether the sink drain seeped into the well or whether the barn stable or pig sty were saturating the ground too near the well; whether the windows were screened, or the housefly had access to the open milk pans in the pantry. He was too busy giving his potions to his patients. He was there to cure the disease after it had come, "not to prevent."

A year or two later our household was afflicted with Scarlet Fever. I, at sixteen years of age was one the of patients. The

doctor forbade me drinking a drop of cold water—with mouth and tongue dry and parched, head hot and burning, the temperature mounting to I know not where, nor did the doctor, for the thermometer was not there in those days. In my distress one night at midnight I called the maid into my room and induced her to go into the cellar where there was stored a barrel of Cider and bring me a pitcherful. It was winter time, and the beverage was cool—I just sipped and sipped that cider. Oh, the relief! I slept! When I awoke in the morning I felt refreshed. The doctor on entering the room, and calling me by name, exclaimed “You are better?” “Yes,” I replied, “I feel better.” That pitcher with its contents often repeated was kept carefully hidden within reach of my hand until I was upon my feet again. Fifteen years later when frequently seeing the doctor in his last illness I related the incident to him. Oh, he said, there were several things we did not know or do then, that we might have done had we known better. Disobedience to set rules and conventions, the latter dogmatically influencing the profession of medicine, have in certain instances been the means of reform for the profession and the world’s benefit.

Dr. Louis DeBlois commenced practice in Bridgetown about 1865 and for upwards of fifty years practiced in the town and county. His manner was gentle and refined. Early in his practice he related an incident which by this time may have become a ‘chestnut.’ At the time of the Doctor’s first telling of the event, it had not become stale. The doctor was called to the South Mountain to see a patient suffering with a severe cold. After prescribing and giving the needful medicine at the bedside, he instructed the wife to give the patient a sponge bath morning and night, and wrap the patient in a blanket so that he might perspire freely. The doctor told the wife that he would call again in a few days. When the doctor returning, met the wife at the door, he inquired, “how is Mr. Ramey?” “Oh, Doctor, he is stark stiff and I cannot get the sponge off him.” “Why what happened?” The woman replied, “I did as you told me, I made a bread sponge and rubbed it all over him, wrapped him in a blanket. Now he is stark stiff and cannot get the blanket off, it hurts him so.” The patient lived nevertheless.

I wish to refer to one other of the practitioners of Annapolis County who passed away several years ago, Dr. Samuel Primrose of Lawrencetown. For the advantages he had in acquiring his medical education he was a unique and outstanding figure in the profession of his day. Bold, fearless, where others trembled, he dared. His figure was athletic and strong. His eyes possessed mesmeric power. Entering the sick room his mind and energy noticeably concentrated on the task before him. People used to say that when he entered the sickroom they could feel strength added to their bodies. Said a young doctor to a minister, when talking of Dr. Sam’s qualities, “he doesn’t know the rudiments of pathology.” “He knows death,” replied the minister as he continued on his way to the Post Office. From the time Dr. Sam entered the sickroom of a patient, who was seriously ill, he seldom left it until the patient was dead or had passed the crisis toward recovery. The confidence of the people with whom Dr. Sam came in contact

seemed to be one of the great means of his success. He would sometimes treat hysterical and nervous patients with bread pills, speaking of their potency and power to overcome the ailment. On one occasion while attending drill at Aldershot a man approached the doctor who described his symptoms as something crawling up and down in his stomach. The doctor taking two boys into his confidence got them to procure a small lizard from under the stones. He then gave the patient an emetic. When he had freely vomited Dr. Sam unobserved dropped the lizard into the contents, and pointing to it, said to the patient, "Is it any wonder you felt a crawling up and down in your stomach?" It is said that the man believed and became well. Dr. Sam was not an attendant of any medical Society until a few years before his death when I induced him to attend the Maritime Medical Association at St. John. He afterwards followed up other meetings and became much interested in the discussions.

Of the medical men of Kings County I have known, and who have passed on, were Dr. Henri Shaw, Sir Frederick Borden, Dr. T. H. Bowles and Dr. Henry Chipman of Grand Pre. Dr. Shaw of Kentville graduated at the College of Physicians and Surgeons, New York, about 1853 and died in 1883 aged fifty-one years. Dr. Shaw had a very extensive practice. He possessed unusual ability and a remarkable adaptation in the application of his professional knowledge. It was the custom in the days of Dr. Shaw, to take medical students who served a sort of apprenticeship. Dr. Shaw had a larger number of students than any practitioner I have known. Senator Daniel of St. John was Dr. Shaw's first student, and Dr. W. B. Moore, the all-round practitioner and citizen of Kentville, was his last. Dr. Shaw evinced an interest in the Nova Scotia Medical Society. He was its president about 45 years ago, and at that time read a very interesting and impressive address before the convention.

Dr. Miller of Canning, who passed away about twenty-five years ago, was for many years the leading physician in his locality. He conducted an arduous practice and was esteemed a man of merit.

Dr. E. N. Payzant of Wolfville has passed his 93rd birthday. He graduated at Jefferson Medical College in 1847 and practiced medicine for several years. He afterwards took up the practice of Dentistry. For the last fifteen years or more Dr. Payzant has manifested an interest in our local medical societies. He often relates incidents of interest in his early practice. His years say he is old, but we know his heart is young.

Sir Frederick Borden of Canning, a fine personality, generous hearted, in the earlier days of his profession did a large practice, but politics soon won him. He became the successful representative of his party in the Federal Parliament and successfully held the position for many years, also the office of Minister of Militia. During the Boer War his only son lost his life in Africa. A father knows the bitterness of the affliction of such a loss.

Dr. J. H. Bowles of Wolfville after about 45 years of a large practice passed away suddenly. Dr. Bowles was esteemed as a man and devoted to his practice. He kept aloof from Medical Societies. nor did he seek knowledge from abroad, but depended upon his experience and judgment

Dr. Henry Chipman of Grand Pre, another prominent physician in the County of Kings, passed away about three years ago, having had a large practice for about fifty years, and was much esteemed by the people. Dr. Chipman assisted in many ways the agriculturist and the many interests of the farmer. He held the office of Secretary of Agriculture for many years. Dr. Chipman's death was a wrench felt by many people whom he served.

Before leaving the personnel of the profession in Kings County, I will relate an incident in connection with Dr. Baxter of Canning who practised there many years ago. The incident was given to me by an elderly lady about 30 years ago. Dr. Baxter was represented as a man of energy, saying little and doing much. In the days of Dr. Baxter's practice, quilting parties, so called, were held in the houses of the farmers. Old and young would be gathered together, sewing the patchwork quilt. At one time as the evening wore on and the quilting party became somewhat gay, they sent for Dr. Baxter to come to the house in a hurry to repair a fractured leg. When the Doctor arrived in the room he asked to be shown the patient. The reply was, he is on the table. On the table was a box covered with a quilt. The Doctor on removing the quilt gazed upon a goose with a broken leg. He, without saying a word, proceeded to take from his grip material for splints and carefully set the fracture of the wounded bird. He then bade the party good night and on the following day forwarded to the responsible parties a bill for five pounds. The Doctor was not the goose.

If my references to the medical men who were active in their profession fifty or more years ago, all of whom have passed on, are more lengthy to some than others, it is not because of the demerit of any but of more vivid impressions as I knew them. The Medical men of Halifax fifty-two years ago, who are not there now, were the Hon. J. W. Almon, Dr. E. Jennings, Dr. Rufus Black, Dr. H. D. McNeil Parker, Dr. W. B. Slayter, Dr. A. P. Reid, Dr. Woodil, Dr. Cowie, Dr. Edward Farrell, Drs. Somers, Venables, Gordon and Trennaman

Eighteen Sixty-Nine were the early days of the Halifax Medical School. These were the days when the students were not allowed by the Statutes of the Province to have a subject for the practical demonstration of anatomy. We had them nevertheless, away up under the skylight in the old building on the Parade, with doors securely locked. Woe betide the top of a policeman's head when his curiosity led him to make an appearance. A year or two later the Legislature relented and gave to the profession the privilege of dissection. Among the students of 1869 was Dr. George Sinclair, who after the Civil War of the United States had made his home in Halifax. He was respected by all for his high intelligence and gentlemanly demeanor.

Dr. Frank Sheppard, the famous teacher, artist, anatomist and surgeon of Montreal, was also one of the class of 1869. Dr. Sheppard is one of the surviving ones of those days, but the majority numbering about 27 have passed away. Dr. E. Jennings was at that time the leading surgeon at the Hospital. Dr. Edward Farrell

who had recently been appointed on the Staff of the Hospital, ever alert, quick to see, and skilful in action was following sharply upon the older surgeon's heels

The men who conducted the Halifax Medical School in its early days were Dr. W. B. Slayter teaching Obstetrics and Gynaecology. Dr. Woodill, Therapeutics and Materia Medica, Dr. Edward Farrell Anatomy and Surgery; Dr. Lawson of Dalhousie, Chemistry, Drs. J. F. Black and T. Trenaman, demonstrators of Anatomy. With scant remuneration these men unstintedly gave of their time and manifested a personal interest in the students. I wish to relate an incident of the year 1869, of which I received an impression never forgotten.

A seaman who had received an injury at sea, and had recently died in the City Hospital of his injuries, and whose remains, taken to the Morgue, were in due course examined and demonstrated by Dr. A. P. Reid, who pointed out certain scars upon the lungs which he explained to us were the results of healed abscesses, caused by tuberculous. Dr. Reid explained fully at that time the man's mode of life upon the sea, fresh air and suitable food had built up a resistance enabling the seaman to overcome the disease. After a period of half a century or more the profession must acknowledge that the chief means of combating and overcoming tuberculosis, irrespective of many fads and fancies since then which have been of little or no value, the reliable treatment is "fresh air and diet."

It was my privilege to keep in constant touch with Dr. Reid during the years he held the office of P.H.O. He always readily responded to any call where his aid was required. In Dr. Reid's latter days, when he had mixed agriculture, horticulture and other cultures with his other attainments his dress may not have been as spick and span as in former days. There were those, however, who saw behind the outward appearance, Reminding one of the Poet Watts, who when assailed by an impertinent remark upon his personal appearance, replied: "Were I so tall as to reach the sky, or grasp the ocean in my span, I would be measured by my mind, Mind is the standard of the Man."

My references to the Hon. Dr. D. McNeil Parker are as near as my memory will permit, a few of the expressions from the facile, felicitous and filial pen of his son, the late W. F. Parker, who lived only a few years after his father's death. Dr. Parker was a gracious and kindly presence. His manners were winning. His benevolence flowed into many channels. He was a member of the Gynaecological Society of Boston and of many other Medical and Surgical Societies. He contributed much to the periodical literature of his profession. In 1867 just previous to the Confederation of the Provinces, he was appointed a member of the Legislative Council of Nova Scotia, and resigned his office in 1901 on account of impaired health, occupying the position thirty-four years. Dr. Parker was anxious on all occasions to do what was right in connection with all public measures. Universal regret was expressed by members of the house when he tendered his resignation. For many years up to 1885, Dr. Parker had been active on the staff of the City Hospital. Owing to a dispute between the Hospital Board and Commissioners of

Public Charities he resigned, as did the other eleven members of the Hospital Staff. The disagreement of the two boards arose from the incident of two candidates, who were examined for the position of House Surgeon. One of the candidates stood fourteen points higher than the other. Nevertheless, owing to political influences, the inferior candidate was arbitrarily appointed to the position, and in consequence eleven of the leading physicians of Halifax resigned from the Board. Others were appointed. Dr. Parker never again accepted a position on the Staff. In the year 1869, Dr. Parker was the leading physician in Halifax, Dr. E. Jennings, the leading surgeon. Dr. Farrell, whose medical and surgical career commenced a year or two before, afterwards became the leading surgeon of the City and Province.

During the last few years the profession in Halifax have lost two leading and able men, Dr. D. A. Campbell and Dr. N. E. McKay, Dr. Campbell was a man of unusual intelligence and an able diagnostician. He contributed much to the literature of Medical Societies at home and abroad. Dr. N. E. McKay ranked high as a Surgeon. His passing was a loss to the profession. He may have been thought of by some to quickly call his Scotch into play in resenting offence. Those, however, who knew him best, knew him to be a good sport, ready to forgive and forget.

Of my own practice, which commenced at Chester in April, 1872, owing to a certain peculiarity I possess, perhaps, I have little to say. These fourteen years were before the days of telephone or auto—before the trained nurse was abroad to assist the physician and cheer the patient, when hygiene and sanitation were sleeping—before the scientists Pasteur, Eberth, Graffky, Lister, Koch and others had given to the world the result of their investigations and discoveries, when we were groping in the dark—when doctors pooh poohed the idea that Diphtheria and Tuberculosis were infectious—when the doctor frequently in cases of emergency in some isolated cottage would have to operate and trust to some rough hand, man or woman, to assist with the anaesthetic, when hospitals were few and far between, when roads were blocked with snow trying to the fortitude of man and beast. As memory reverts to the strenuous times, when waiting and watching for the glimmering light which later gave to the medical and surgical practitioner a better knowledge of what to do and how to do it, resulting in the progress that has given so much to mankind, we rejoice in the experience.

In the year 1880 if my memory serves me correctly Dr. John Stewart issued a call to the profession in the province to give their experience as to the infection of tuberculosis at the meeting of the Nova Scotia Medical Society to be held in July of that year, Dr. Stewart had recently returned from abroad, where he had held the unique position of assistant to the Father of Antiseptic Surgery, Lord Lister. I do not remember how many of the members of the Society expressed their belief in the infectiousness of the disease, but there were several who responded in the affirmative. In a short paper of my own, I gave several instances which had occurred in my practice, where the people were badly housed, of the unmistakable spread of the disease. Koch's discovery of the tuberculosis

bacillus about that time, or a little later, gave palpable evidence of the infection of tuberculosis. In the year 1887, the writer commenced practice in Halifax. In 1890 Diphtheria and Scarlet Fever became prevalent in the City. The City Medical Officer required assistance. I was honored with the appointment. During that year the building at Rockhead, known as the smallpox hospital, was allotted by the City Council for the care and treatment of segregated cases of Diphtheria and Scarlet Fever. In the space of seven months seventy cases were treated there, with a mortality of five. Halifax at that time was slow to respond to the axiom of the Rev. John Wesley, "Cleanliness is nigh unto Godliness." With the assistance of two sanitary inspectors the writer visited the districts of uncleanness and made reports to the Board of Health. Owners and occupiers were notified to remove filth and make clean their premises. Those who did not respond were summoned before the Stipendiary Magistrate and fined. Robert Molton, the Stipendiary of that time, told the writer that the cases summoned were the first brought before the Court for disobeying the Sanitary Law. Plumbing of buildings was found defective, and a very scanty inspection made of the inauguration of new plumbing. The Assistant City Medical Officer at that time received knocks right and left, because he dared to expose and bring to book the authorities who controlled them.

The Morning Chronicle of January 28th, 1891, gives a report of a meeting of the Board of Health held in the City Hall of the evening before. The Board consisting of Mayor McPherson, Ald. Lyons, Sweet and Mosher, H. P. Burton, Drs. Parker, Farrell, Campbell and Lindsay, and City Medical Officers Trenaman and DeWitt. Rules for the adoption of quarantine regulations, the transportation of corpses, and the materials to be used for disinfecting purposes were discussed and carried at this, and previous, and subsequent meetings. On the evening of the New Year of 1924, as my pen refers to the men who comprised the Board of Health in the City of Halifax, at the date mentioned, numbering eleven, ten have been gathered by the "Sickle of the Reaper" and one only, left a little longer. Some time previous to the Health Board meeting, the residence of a prominent physician in the City was quarantined and placarded for a case of Membranous Croup. The practitioner removed the placard declaring that Membranous Croup was not Diphtheria, the fallacy of which has long ago exploded. The practitioner happened to be high up in the estimate of his political party, consequently the quarantine card was not replaced. Politics, with the exercise of perverse polity, have too often retarded the progress of preventive medicine.

Although much has been done in the past thirty years to make effective the promotion of public health, there are yet crooked places to make straight. Ever since the consolidation of the Public Health Act it has been the custom to appoint Medical Health Officers from among the medical men of the Municipalities and Towns, busy men, who have a large clientele to serve. The M. H. O. is supposed to follow up every case of health violation reported to him, but, does he? He is supposed to treat all who are disobedient in the same way. The M.H.O. received from the Municipality the munificent

sum of \$100 per annum. Some of the distances from the M.H.O. office may be 30 or 40 miles away. How often can he traverse those distances and know the condition of things? Not often. Instead the M. H. O. writes a note to the party complained of hoping matters may be adjusted properly. How often does the M. H. O. bring to book the violators of the Law? Seldom, if ever. Why? Because such a procedure would be injurious to his practice. What is the remedy? Appoint men to the office of M.H.O. who have been especially trained for the work. Keep the honor away from the busy practitioner, lest the latter offend his friends, and pay the expert, who may have charge of one or two Counties, in the exercise of his duties, a sufficient salary for duties performed. Then, and not until then, will the chasm be bridged for a straight and more perfect highway for the greatest of all medical practice—Preventive Medicine. For twenty years the writer has acted in the capacity of M.H.O., including his present home town and in the City of Halifax, and therefore he dares to speak with some authority.

I must, however, bring my reminiscences to a close. Some of them relating to the men who have passed on are not definitely stated owing to my absence from my office as I write, not having data to make them more definite. Those of us who have been privileged to look back half a century or more in the practice of medicine, contrasting then with now, are reminded that the field of medicine and surgery is not standing still, is not a pent-up pool, that we can encircle, measure and define, but that far nobler thing, a river, ever flowing and becoming broader and deeper. Those of us who have within the period, followed some of the great rivers from their source, have watched their progress as they have been augmented by other streams, tumbling over rocks into cascades and cataracts, growing broader until they have emerged into the broad flowing streams bearing craft freighted with the modern blessings for humanity's needs, thus as we look back upon the narrow pent up stream of the practice of medicine and surgery of fifty or more years ago, and contrast its wideness, depth and revelations 'now with then' we are led to exclaim:—

“We are living in a day,
Compared to those of old
As the morning light is to the dawn,
In the story that is told.”

* * * * *

The Point of View.

“European Young Lady: “I cannot understand why our European noblemen like to marry American girls. You American girls are not healthy looking. You have such white faces.”

American Young Lady: “The European noblemen do not marry American girls for their white faces but for their green backs.”

PUBLIC HEALTH NOTES

(Issued by the Department of the Public Health,
Nova Scotia, January 14, 1924)

1. Tuberculosis Clinics.

Tuberculosis Clinics having been held in a number of places in the County of Cape Breton during the month of December, the work will be resumed in January after the meetings of the Municipal Councils. The first clinic will be held in Antigonish on January 14th, Pictou and Stellarton will be visited later, followed by the other Counties in order.

2. Simple Goitre.

(Excerpts from publication by Department of Health, Ottawa.)

A.—*Nature*.—It is a deficiency disease of the thyroid gland, due in largest measure to a lack of normal iodine supply to the gland. It occurs when the iodine content falls below 0.1 per cent. The deficiency effects manifest themselves in the main at three periods of life (1) the foetal period; (2) near puberty; (3) during pregnancy. They may then give rise to thyroid enlargement which later may be productive of adenomatous changes, passing over into malignancy. Cretinism and Myxoedema are due to the same fundamental cause—lack of available iodine for the glands' physiological requirements. Other theories in respect of the cause of endemic or simple goitre, such as calcareous waters, sewage contaminated water, or specifically *B. Coli*, are no longer held to be adequate.

The freedom of maritime communities from Goitre is due in great measure, to the consumption of sea food, (animal and vegetable), which in itself draws its iodine content from the seawater. Salt derived from sea water, and not purified, contains sufficient iodine to satisfy the needs of thyroid metabolism. Plants growing on soils whose geologic constitution is such that it contains available iodine, derive their supply from this source and pass it on to the animal consumer.

B.—*Biologic Distribution*.—In addition to man other animals such as horses, cattle, mules, sheep, dogs, cats and rabbits are affected. Loss of hair in certain animals shortly after birth is due to this disturbance.

C.—*Geologic Distribution*.—It is of world wide distribution confined mostly, however, to inland communities. Localities near the sea may be relatively free from it.

D.—*Age and Sex*.—Females are more subject than males in the ratio of 10 to 4. Except in congenital instances and pregnancy, most cases occur between 11 and 17 years.

E.—*Prevention and Treatment*.—Marine & Lenhart (1909) were the first to show that if $\frac{5}{6}$ of a dog's thyroid were removed, there

was no compensating hypertrophy. Based on this discovery iodine was given successfully for the treatment of simple goitre of pregnancy at the Lakeside Hospital, Cleveland, and has been used as routine treatment ever since. In 1917 Manne and Kimball instituted routine iodine treatment among school children at Akron, Ohio, both as a preventive and curative measure, with great success and the treatment has been followed in other cities and towns since that date. In Switzerland, Klinger has had astonishing results among the same class of patients. His treatments consist of giving an organic preparation containing 10 milligrams (about one sixth of a grain) of iodine combined with sweetened chocolate. This is given a tablet a week throughout the year. An alternative treatment is to give during each year, 2 grams of sod. iodide—this amount being given distributed over two weeks. In the goitre of pregnancy it is advised that a minute dose be given daily throughout the first six months of pregnancy to keep the thyroid gland well saturated. Any form of iodine will do.

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CORRESPONDENCE.

To The Secretaries of Medical Societies in Nova Scotia.

At a recent meeting of the Provincial Medical Board, I was instructed to endeavour to complete, as far as practicable, the work commenced by the late Dr. D. A. Campbell of preparing a Medical History of Nova Scotia. In undertaking so large and difficult a task, I realize that its successful accomplishment depends very largely upon the assistance and co-operation which the physicians of the province will give to me. I therefore write to ask you to be good enough to bring the matter to the attention of the members of your branch, and to request them, each and all, to furnish me with all such data, photographs, etc., relative to the early days of our history, as they may have at hand or can gather. I am exceedingly anxious to do this work in a manner worthy of the splendid men who constituted our profession in the past, but can succeed only if the doctors of to-day do individually their full part.

While writing, may I remind you that the Provincial Society has entrusted me with the chairmanship of the Committee appointed to forward matter for the Canadian Medical Association Journal from Nova Scotia. The Committee will welcome your co-operation, and will be grateful for reports of your meetings and any items which will be of general interest to the profession of the Dominion.

Yours very sincerely,

W H. HATTIE,

Secretary, Provincial Medical Board.

* * * * *

First Tramp: "Would a pint of wood alcohol kill a guy, Bill?"
Second Tramp: "Would it! Why, that's the concentrated essence of fifty wood-piles."

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION. NOVA SCOTIA.

List of Members, June, 1923.

Dr. D. W. Archibald, Sydney Mines.	Dr. H. V. Kent, Truro.
Dr. C. W. Bliss, Amherst.	Dr. A. Love, New Glasgow.
Dr. James Bruce, Sydney.	Dr. R. C. McCullough, Guysboro.
Dr. A. E. Doull, Halifax.	Dr. E. O. McDonald, Glace Bay.
Dr. J. V. Graham, Halifax.	Dr. C. A. McQueen, Amherst.
Dr. Ed. Jeffers, Parrsboro.	Dr. H. K. McDonald, Halifax.
Dr. W. F. Kenney, Springfield.	Dr. G. A. McIntosh, Halifax.
Dr. R. D. Lindsay, New Germany.	Dr. S. G. McKenzie, Westville.
Dr. J. G. B. Lynch, Sydney.	Dr. D. R. MacRae, Sydney Mines.
Dr. J. G. McDougall, Halifax.	Dr. Ross Millar, Amherst.
Dr. J. K. McLeod, Sydney.	Dr. L. R. Morse, Lawrencetown.
Dr. M. A. Macaulay, Halifax.	Dr. C. S. Morton, Halifax.
Dr. John McDonald, Sydney.	Dr. Freeman O'Neil, Sydney.
Dr. K. A. McKenzie, Halifax.	Dr. W. F. Reade, Digby.
Dr. S. J. McLennan, Halifax.	Dr. H. W. Schwartz, Halifax.
Dr. R. E. Mathers, Halifax.	Dr. John Stewart, Halifax.
Dr. J. C. Morrison, New Asterford.	Dr. M. G. Tompkins, Dominion.
Dr. M. E. Armstrong, Bridgetown.	Dr. G. H. Murphy, Halifax.
Dr. J. S. Breau, Mulgrave.	Dr. J. W. T. Patton, Truro.
Dr. J. G. Campbell, Halifax.	Dr. J. J. Roy, Sydney.
Dr. G. W. T. Farish, Yarmouth.	Dr. J. A. Spnoagle, Middleton.
Dr. W. H. Hattie, Halifax.	Dr. M. T. Sullivan, New Aberdeen.
Dr. L. W. Johnstone, Sydney Mines.	

How about having the Fee for this Membership paid out of the Annual Fee to the Canadian Medical Association! Will not some of the above prepare some Resolution and present it to the Executive of the Provincial Society, to see if this cannot be accomplished? The Protective Association has already made a tentative proposition to this effect. Write to the Associate-Secretary on the matter.

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CAPE BRETON MEDICAL SOCIETY

Dr. J. G. Lynch, the Secretary, in a letter to the Associate-Secretary, writes as follows regarding activities of this Society:

"We had a dinner at the Lingan Country Club for the Cape Breton Branch during the month of October and it was a great success. Thirty-five covers were laid and each place was taken in spite of very bad weather conditions and all parts of the country had their representatives present.

The toast list was a small one and the speeches were short. The toasts were: The King, the Medical Profession, the Nursing Profession and the Press.

After the dinner we adjourned to the living room when medical discussion was brightened by music, songs, monologues and dancing and the evening ended with singing 'God Save the King' at 1.15 a.m.

At our last meeting held in November at St. Joseph's Hospital, Glace Bay, after the regular routine of business a purse of Gold was presented by the Society to Dr. Marcus Dodd. Dr. Dodd is our oldest practitioner in this end of the Province and he is really

a pioneer in medicine in Eastern Nova Scotia and his stories of his work as a young medical practitioner in the early days of coal mining were eye openers to the present day medical men who could hardly conceive how a man could cover the ground and do the work he had to do without any scientific help as to Hospitals, nurses, etc., and last of all without a motor car.

Dr. Dodd's career has been just what one would expect it to be coming as he did from one of the oldest and ablest families of this part of the country, and his work was for the benefit of humanity and not for himself as here he is, in late life still in the saddle working for a living where as he might have been resting in ease and luxury.

Our Society does not understand why the Nova Scotia Medical Society, with the fees they are now collecting from the profession, cannot supply the Branch Societies with constitutions free?"

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Conan Doyle.

In "Round the Red Lamp" a famed Physiologist, hearing the maids in the house making some noise talking, is made to say:—

"The first great advance of the human race was when by development of their left frontal convolutions they attained the power of speech. Their second advance was when they learned to control that power. Woman has not yet attained the second stage."

* * * * *

A poorly nourished dietitian was telling a mother that she must have her children eat porridge, milk, fruit and vegetables. In response to the objection that the children disliked these foods the visitor said he had been raised on them.

"Well," said the mother, "You ain't no ad for them eats."

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The Retort Courteous.

Mr. Chamberlain once said that the most courteous election retort he ever heard of dated from the time when elections were far more rough-and-tumble than they are now.

Thackeray was one of the candidates, and a few days before the polling began he met his opponent in the street and stopped in talk. After a few minute's conversation the opponent prepared to depart, saying as he moved off:

"Well, may the best man win!"

"Oh!, I hope not!" replied Thackeray, courteously.

—From *Pearson's Weekly*.

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"We are going to give up having Johnny get an education."

"For what reason?"

"Well, we can't get him sterilized every morning in time to go to school."—*Southern Woman's Magazine*.

PERSONALS

Dr. J. S. Chisholm of Mahone, accompanied by Mrs. Chisholm, is doing post graduate work this winter in the United States. Dr. Karl Blackadar recently at Meteghan is for the present taking Dr. Chisholm's place at Mahone.

Dr. and Mrs. E. O. Hallett of Weymouth, accompanied by their daughter, spent several weeks of this winter in Boston. While the Doctor took full advantage of the post graduate facilities available there, they also visited their daughter whose marriage was noted in the last Bulletin.

De. G. E. DeWitt writes from 39 1-2 N. Palmetto Ave., Dayton, Florida, sending New Year greetings. He is enjoying good health and has prepared a most interesting paper on early practitioners of medicine in Kings County which is published in this issue of the Bulletin.

Dr. T. A. Lebbetter of Yarmouth spent a few days at Christmas with his mother at Sydney, where he formerly was in practice.

The many friends of Dr. MacIntosh of Amherst will regret to learn of the indisposition of his wife and will hope she makes an early and full recovery.

Dr. L. M. Morton, who practised in Pubnico and Tusket, after a three months post graduate work in New York has removed to Yarmouth, and has joined the staff of the Yarmouth Clinic.

Dr. E. P. Atkinson, of Oxford, was quite ill in December, but has now fully recovered.

Dr. C. S. Hennigar, of Liverpool, whose marriage was noted in the December Bulletin, has been seriously ill and was for some weeks in the Victoria General Hospital. Later he went to Rochester where he was operated upon. He is now convalescent.

Dr. J. G. D. Campbell is able to resume practice to a limited extent following his lengthy and serious illness.

Dr. Findlay MacMillan, of Sheet Harbour, Honorary member of the Medical Society of Nova Scotia, received a further compliment at the hands of the ladies in the community of Sheet Harbour, when there was organized in that place a Women's Institute, which took for its name "Findlay MacMillan Institute."

Dr. G. A. L. Irvin before leaving Westville was tendered a banquet by his friends in that town. He was presented with a handsome club bag by his many friends. He is now taking post graduate work in England.

On January 1st, Dr. Clement McLeod, of Halifax, son of the late Dr. R. C. McLeod of North Sydney, left for Curling, Nfld., where he has taken over the practice of Dr. Fisher, who has gone to New York for post graduate study.

Dr. P. S. Cochran, of Halifax, has been for some time in Dominion assisting Dr. M. G. Tompkins of that place. Dr. Tompkins wired for an assistant who was available within 24 hours through the Associate Secretary's office.

Doctors Hogan, H. K. McDonald and W. Alan Curry, of Halifax; Dr. Burris, Dartmouth; Dr. Keddy, Windsor, and Dr. Reh-fuss, Bridgewater, left by the Ocean Limited, January 17th, to attend Clinics at Toronto and Rochester. We hope to receive a report of this visit.

* * * * *

The Windsor and Halifax newspapers give an account of a presentation to Dr. and Mrs. J. W. Reid, Windsor, whose marriage was noted in the last Bulletin. In spite of an exceedingly stormy night, the ardent Liberal supporters of Dr. Reid gathered at his home on December 14th and presented him and his wife with a large and magnificently carved silver tray. The engraving on the tray was as follows

"Presented by the Liberals of Hants County to Dr. J. W. Reid, M.P.P., and Mrs. Reid, (Lizzie A. Smith) on the occasion of their marriage, 1923."

Mrs. Reid was further presented with a beautiful silver vase and a bouquet of Red and White Carnations (Liberal colors) from the Liberal women of Hants County.

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Dr. R. D. Lindsay, formerly of New Germany, in forwarding his new address, 97 James St, St. Catherines, Ont., writes the Associate-Secretary under date of January 14th as follows:—

"Dear Dr. Walker:—

Medical Bulletin (December), which I am always glad to receive, came to-day.

I expect you and other friends in Halifax will be surprised to hear that I have 'folded my tent' and moved to Ontario. Came here the latter part of October. I am practising at the above address.

St. Catherine's is a progressive little city of about 23,000 population, situated between Toronto and Buffalo, N. Y., about thirty-five miles from each place. Like it very well here and am getting on fairly well.

May say that we have a thriving Medical Society and quite often have Toronto men with good papers.

I have met quite a number of Maritime people here but not of the medical profession. Hope to get in touch with some of the medicals from the Maritimes, on my visits to Toronto, and if the C.M.A. Journal does not give you all the news from Ontario, I shall hope to give you some from time to time.

Will you please give Dr. Hattie my new address for the Medical Register.

With best wishes to you for success in your splendid work, and asking to be remembered to my friends of the medical profession, I am,

Yours sincerely,"

Dr. H. E. Kendall, of Windsor, after a short stay in Montreal where he had an operation on his hand has returned to his home in Windsor very much improved.

Dr. B. Franklyn Royer, formerly Director of the Massachusetts-Halifax Health Commission, and for 19 years engaged wholly in administrative health work, has been appointed Research Associate of the American Child Health Association. Beginning January 1, he will direct a survey of 84 cities between 40,000 and 70,000 population, to determine the exact status of child health in the country. Hardly any medical man is better qualified to direct work of this nature than Dr. Royer.

Dr. W. M. Macdonald, who has been practising in Pictou has recently moved to Westville.

Dr. D. J. Collins, formerly Assistant Superintendent of the Nova Scotia Sanatorium, is now Superintendent of the Jordan Memorial Sanatorium, River Glade, N. B.

Dr. T. R. Johnson, Great Village, has been on the sick list this winter, but is now reported as at work again.

Dr. W. S. Phinney, formerly of Lawrencetown, is removing to Yarmouth to take over the practice of the late Dr. W. G. Putnam.

Dr. A. W. Chisholm of Margaree Forks, M. P. for Inverness County is using his best efforts to have the Inverness Railway taken over by the Canadian National. A good Doctor makes a good Politician. So we find in the Legislative Assembly, Doctors J. W. Reid, John McDonald, Melanson, J. W. Smith, with Doctors Love and Rehfuß in the running. Dr. L. J. Lovitt and Dr. Chisholm are Federal Members.

Dr. G. K. Smith of Avonport has been ill for several weeks. He is now convalescent.

* * * * *

Dr. A. M. Perrin of Yarmouth some time ago wrote the Associate-Secretary a letter, expressive of his appreciation of his election as an Honorary Member of the Medical Society of Nova Scotia, as follows:—

“Please convey to the Medical Society of Nova Scotia my appreciation of the honor so graciously conferred upon me through my election to an honorary membership in that body; also my apology for the delay in acknowledging the same. I must plead ill health as the cause. Weary after fifty years in active practice I have practically retired.

In response to your request, I will endeavour to gather together some data of those eventful years, from which you can probably sort out experiences which might be of interest to the Society, and for presentation in the Bulletin.”

All Dr. Perrin's friends will wish him good health and will gladly read his notes of other days, we trust, in our next Bulletin.

Dr. John S. Murray of River John, who has been doing hospital work in Montreal for the past year, has returned to his home and will practice in River John and vicinity.

* * * * *

Dr. A. Robinson, Annapolis Royal, is quite evidently 88 years young. A social news item in the papers under date of January 17th, reads thus:—

“Miss Mary Elizabeth Owen entertained at a delightful party on Jan. 11th, in honor of her fourth birthday. The guest of honor was Doctor A. Robinson, whose eighty-eighth birthday was also celebrated with great glee by his little friends.”

Congratulations to both.

* * * * *

His Honest Heart.

Mr. Ben Tillett, the British labor leader, recalled in a recent address a story of one of his election canvassers, who met with rather an antagonistic reception.

“I ain’t going to vote for Tillett,” declared an elector. “Look at ’is trousers!”

“Why, what’s the matter with them?” cried the well-meaning speaker. “They cover a heart as honest as yours.”

Then he wondered why the crowd laughed!

* * * * *

What’s in a name—Many of the world’s great have pondered over this question. Farmer Hooptoad considered it on his part and finally declared: “Very little.”

He was asked to explain and did so in this wise: “Now we named our eldest daughter Isabel.”

“Well?”

“But she isn’t.”

* * * * *

MARRIAGES.

MACDONALD - SMITH

A Montreal despatch under date of January 9th, announces the marriage in the Church of St. Augustine of Miss Elizabeth Marie Smith, only daughter of Mr. and Mrs. Charles N. Smith of Sault Ste. Marie, Ontario, to Colonel Ronald St. J. MacDonald, M. D. of McGill University and Moydart House, Bailey’s Brook. N. S.

The ceremony was performed by the Rev. P. J. Hefferman. Miss Mary McFadden, of Renfrew, Ont., was maid of honor, and Major D.D. MacDonald, of New Glasgow, N. S., brother of the groom, was best man. Colonel and Mrs. MacDonald left for New York and Boston, and on their return will reside in Montreal until the early summer, when they will go to Nova Scotia.

Dr. MacDonald, it will be remembered, was the officer commanding the St. Francis Xavier Hospital Unit while it operated as a General Hospital in France. He was a very popular commanding officer and every member of the Unit will extend him congratulations.

OBITUARY

WILLIAM GRAHAM PUTNAM, M. B., C. M.,
Univ. of Edin, 1892, Yarmouth.

The death occurred on February 14th of Dr. W. G. Putnam of Yarmouth, following an illness which first became evident two years ago. A Halifax Daily makes the following references to his life and work:—

The passing of Dr. Putnam is a severe blow to the community life of Yarmouth, for he was universally known for his integrity, geniality and brotherliness. He was born on December 28, 1866, at Maitland, Hants county, the eldest son of the late Alfred Putnam, for many years a member of the House of Commons for Hants county. He studied at Pictou Academy in 1882-1883, winning the gold medal; in due course he matriculated into Dalhousie College from which institution he graduated Bachelor of Arts in 1887. Then proceeding to Edinburgh University, he studied medicine and took the M. B. C. M. degree in 1892.

Coming to Yarmouth in that same year he began to practice in Milton as a general practitioner and so continued for six years. In September, 1898, he engaged in special work at the New York Medical School and returned to Yarmouth as an eye, ear, nose and throat specialist. He was held in the highest esteem by the members of his profession.

While busy with his profession, the late Dr. Putnam found time for other interests. He served as a member of the town council from 1900-1902; he was also prominent in Free Masonry, and was Worshipful Master of Scotia Lodge in 1900, District Deputy Grand Master from 1905-1907, High Priest of the Chapter from 1906-1907 and later head of the preceptory. He was also a member of the Rotary Club.

He had learned the "roarin' game," while a student in Edinburgh and was a member of the rink of Canadian students who played against the students of Dumfries and Galloway. On his return he became deeply interested in the Yarmouth Curling Club, was elected president of the club in 1907-1908 and later was director of the rink company. He played in all the important matches, both home and foreign.

Dr. Putnam's death will be a severe blow to St. John's Presbyterian Church, of which he was an elder and also chairman of the board of trustees.

He was a Conservative in his political adherence and did valiant service for the party during his life time.

He is survived by his wife (formerly Miss Fletcher, of Masstown, Colchester county) and one daughter, Miss Helen, of New York who was with her father at the time of his death. He is also survived by three brothers, James, of Calgary, and Fred, of Shawingan, P.Q.; Clarence, of Maitland; also four sisters, Mrs. D. A. Frame, of Westville; Mrs. H. H. MacDougal, of Vancouver; Mrs. A. S. Barnstead, of Halifax, and Mrs. Alfred Bowser, of Montreal.

A Provincial Daily contained the following Editorial note regarding the death last December, of Sir Frederick Treves:—

Sir Frederick Treves, who has just died at Lausanne at the age of 70, though world renowned as a surgeon, nevertheless wielded a most accomplished pen. He wrote a number of books on topography, notably on Dorset and the Corniche Road of the Riviera and the Lake of Geneva. In his last work "The Elephant Man and Other Reminiscences" Sir Frederick painted an unforgettable picture of the conditions that prevailed at the London Hospital before the advent of anaesthetics. The country may well be proud of a man like Sir Frederick Treves, for he was a great Englishman; a man of learning, of action, and of letters, who blended these qualities in that character of plain integrity and benignity. His most spectacular performance was his operation on King Edward that postponed the Coronation. The responsibility was very great, for the King insisted upon fulfilling his engagement, till at the end of a somewhat stormy interview, Treves exclaimed, "If you will go, Sir, you will go as a corpse." "

* * * * *

The death was recorded January 3rd, 1924, at North Sydney, of Augustine Gannon, after but a few days illness. The late Mr. Gannon was a brother of Dr. A. H. Gannon of New Waterford, N. S.

The death occurred in December last, at the Victoria General Hospital, of Miss Annie M. Johnson, whose home was in Yarmouth County. Miss Johnson was known to some members of the medical profession and to all patients of the Nova Scotia Sanatorium, as the very efficient Secretary of Dr. A. F. Miller, the Medical Superintendent. She was a valued member of the Staff of the Institution.

The funeral took place at Upper Stewiacke, December 28th, 1923, of Mrs. Harriet T. Dickie, who was the mother of Mrs. Kent, wife of Dr. H. V. Kent, Truro, N. S.

At the great age of 93 years on December 30th, 1923, the death occurred at her home residence, Truro, of Elizabeth Bent, widow of the late Dr. Charles Bent, who practised his profession in Truro, for over sixty years.

The mother of Dr. A. W. Chisholm, M. P., Inverness County, died at her home in Margaree Forks, the latter part of December 1923, aged 90 years

The death occurred the latter part of January at the great age of ninety-five years of Mrs. Ann L. Pickels of Mahone. She was the relict of the late Dr. G. A. Pickels who was a prominent physician of Lunenburg County.

The death occurred quite unexpectedly late in December, in New York, of Mrs. Geo. W. Forrest of Phillipsburg, Pa., Mrs. Forrest was a sister-in-law of Dr. W. D. Forrest of Halifax and had many friends in Nova Scotia.

Dr. J. W. Stirling, Montreal—Dr. J. W. Stirling, prominent Eye and Ear Surgeon, died in Montreal, December 11th, in the Royal Victoria Hospital, aged 65 years. He is survived by a wife, step-daughter and two grandchildren. A newspaper notice of his death gives further information as follows:—

Of Scottish descent, Dr. Stirling was born at Halifax, on July 2, 1859, the son of the late W. S. Stirling, who was for many years cashier of the Union Bank of Halifax. He received his preliminary education in the schools of Halifax and at the Collegiate Institute of Galt, Ont. He pursued his medical studies at the University of Edinburgh. For a time he was house surgeon of the Royal Infirmary in Edinburgh. He also studied at Vienna, Berlin and London, paying special attention to the eye and the ear.

He returned to Canada in 1887, and settled in Montreal.

After serving as professor of ophthalmology in Bishop's College, he succeeded the late Dr. Frank Buller in the chair of ophthalmology at McGill University; as ophthalmologist to the Royal Victoria Hospital in 1906. In June, 1921, he was appointed head of the chemical department of ophthalmology in McGill University.

Dr. Stirling represented the Scottish geographical society at the Cabot celebration at Halifax in 1897.

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J. S. CARRUTHERS, M. D., C. M.

Queens Univ. 1904, Vancouver, B. C.

The death from pneumonia occurred at the Bella Cola Hospital, January 2nd, of Lieutenant Colonel J. Stewart Carruthers, aged 43 years. A Halifax Daily paper published the following:—

Lieut. Col. J. S. Carruthers was a former resident of this city having practiced medicine here for nine years prior to his entering the Canadian Expeditionary Force. He was born in Pictou, N. S., and received his earlier education in New Glasgow. His father, Rev. Dr. James Carruthers, is a Presbyterian minister who held charges in Charlottetown, Pictou and New Glasgow, and who was for twenty-five years a lecturer in elocution at Pine Hill Presbyterian College, here.

Col. Carruthers received his arts degree from Dalhousie University, Halifax, and graduated in medicine from Queen's University, Kingston, Ontario. Thereafter he was resident physician at the Protestant Orphanage in Kingston for two years when he took up private practice in Sydney Mines, N. S. He came to Halifax in 1906.

In 1915 Col. Carruthers enlisted in the 64th Battalion, at Halifax and was appointed Medical Officer. In 1916, when the S. F. X. University Hospital Unit was formed, he transferred to that unit with the rank of Major and sailed for overseas in June 1916. Soon after arriving in England he was attached to the A. D. M. S. staff at Bramshott and thereafter, until the end of the war, served in various staff capacities in England and France. During the last year of the war he was attached as Medical Officer to a hospital ship

plying between England and Canada. On the conclusion of his service, he went to Vancouver, to which place his father had removed and took charge of a hospital there.

Col. Carruthers was a widower, his wife, a daughter of the late Senator A. B. Crosby, of Halifax, having died in Halifax five years ago. There are two children, Stewart and Isobel. Deceased was an outstanding figure in sporting circles during his college days, and while practicing in Halifax.

* * * * *

The death at Halifax, December 14th of Mrs. Sexton, wife of Professor F. H. Sexton, Principal of the Nova Scotia Technical College, was learned with great regret by representative professional business men and women of the Province. Especially did the Medical profession have the opportunity of knowing her intense desire to accomplish as much as possible towards relieving suffering and distress. It was felt that scarcely were it possible for one to contribute more of human effort than did Mrs. Sexton, especially during the War. In particular her heart was set upon the success of the efforts being made by the Red Cross Society towards the improvement of health, the prevention of disease and the mitigation of suffering throughout the country. For many years her life will be a source of inspiration to those especially engaged in work of this character.

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The many friends of Dr. C. W. Bliss of Amherst read with regret the following obituary note in the Chronicle of January 21st.:

Amherst, Jan. 20—After a prolonged illness, Fanny, wife of C. W. Bliss, M. D., passed away at an early hour this morning at their home, Church St. The late Mrs. Bliss, who was only 52 years of age, was the daughter of Mr. and Mrs. William Crane, of Bay de Verte, one of the oldest and most highly respected families in that section.

Her husband and the following children survive: Madeline, wife of Major M. A. Scovil, of Meadowlands, Gagetown, N. B.; Gwendolyn, at home; Donald McQ., a student at the Collegiate School, Rothesay, N. B.; also three stepsons, Dr. Gerald, of Altoona, Penn.; Botsford, at home; and Dennison, in Maine.

Mrs. Bliss was a prominent member of Christ's Church, and a generous worker for its support. She took an active part in the work of the Daughters of the Empire, being one of the first Regents. She was a woman greatly beloved by all, cultured, kind and with more than ordinary literary talent.

* * * * *

The death is recorded at Lexington, Kentucky, of Dr. Percy Kendall Holmes, son of the late Robert Holmes, formerly of Yarmouth, N. S. He had been a resident of the United States for over 20 years.

The death occurred at Stellarton, December 12th, of Mr. James Culton, father of Dr. Albert Culton of Wallace, N. S.

The death occurred at Digby on Jan. 16th, of Mrs. Bernard Havey, aged 74 years. Mrs. Havey was the mother of Dr. H. B. Havey of Stewiacke.

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 19231-924

PLACE OF MEETING, AMHERST, N. S.

President	Dr. O. B. Keddy, Windsor, N. S. →
1st Vice-President	Dr. W. N. Rehffuss, Bridgewater →
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Associate-Secretary	Dr. S. L. Walker, Halifax, N. S.

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Dr. D. W. Archibald, Sydney Mines →
Dr. John MacDonald, Sydney →

Pictou County Branch:

Dr. John Bell., New Glasgow →
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Dr. R. G. MacLellan, Lunenburg →
Dr. A. S. Simpson Bridgewater →

Yarmouth Medical Society

Dr. A. J. Fuller, Yarmouth →

Colchester-Hants Medical Society:

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Eastern Counties Branch:

Dr. W. F. MacKinnon, Antigonish →

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Dr. K. A. McKenzie
Dr. G. H. Murphy
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Dr. J. R. Corston

Valley Branch:

Dr. G. J. McNally, Berwick →
Dr. L. R. Morse, Lawrencetown →
Dr. W. F. Read, Digby →

Cumberland Medical Society:

Dr. J. A. Munro, Amherst →
Dr. D. Mackintosh, Pugwash →

Committee on the Cogswell Library

Dr. A. G. Nicholls, Halifax, (Chairman)
Dr. J. R. Corston, Halifax, N. S.
Dr. John Stewart, Halifax, N. S.
Dr. P. Weatherbee, Halifax, N. S.
Dr. C. S. Morton, Halifax, N. S.

Committee of Arrangement

The Medical men of the Cumberland County Branch of the Medical Society of Nova Scotia.

Committee on Public Health

Dr. M. E. Armstrong, Bridgetown, N. S., (Chairman)
Dr. Edgar Douglas, Halifax, N. S.
Dr. J. K. McLeod, Sydney, N. S.
Dr. Clarence Miller, New Glasgow, N. S.
Dr. L. P. Churchill, Shelburne, N. S.

Executive C. M. A.

Dr. H. K. MacDonald, Halifax, N. S.
Dr. John Bell, New Glasgow, N. S.

Council, C. M. A.

The President, Ex Officio.
Dr. G. H. Murphy, Halifax, N. S.
Dr. W. J. Egan, Sydney, N. S.
Dr. A. S. Simpson, Bridgewater, N. S.

Elections to Provincial Medical Board

Dr. J. G. McDougall, Halifax, N. S.
Dr. W. B. Moore, Kentville, N. S.
Dr. C. S. Marshall, Bridgewater, N. S.
Dr. G. W. T. Farrish, Yarmouth, N. S.
Dr. J. J. Roy, Sydney, N. S.
Dr. John Bell, New Glasgow, N. S.

Elections to Editorial Board, C. M. A. Journal

Dr. W. H. Hattie
Dr. G. H. Murphy
Dr. J. G. McDougall
Dr. Kenneth MacKenzie
Dr. A. G. Nicholls
Dr. E. V. Hogan

Committee on Uniform Schedule of Fees

Dr. W. N. Rehffuss
Dr. Ross Millar
Dr. M. G. Burris
Dr. O. B. Keddy
Dr. S. L. Walker

The President named the following Committees:—

Programme Committee:

Dr. O. B. Keddy
Dr. S. L. Walker
Dr. W. F. MacKinnon
Dr. J. G. B. Lynch
Dr. L. W. Johnstone

Committee on X-Ray Resolution:

Dr. W. H. Eagar
Dr. S. R. Johnston
Dr. A. E. Blackett

Committee on Obituaries:

The Associate-Secretary and the Secretaries of affiliated Branches.

AFFILIATED SOCIETIES

CAPE BRETON MEDICAL SOCIETY

President Dr. W. T. McKeough, Florence
1st. Vice-President Dr. Allister Calder, Glace Bay
2nd Vice-President Dr. D. A. McLeod, Sydney
Secretary-Treasurer . . . Dr. J. G. Lynch, Sydney, N. S.

Executive

The above Officers with Drs. L. W. Johnstone, P. McF. Carter, E. C. McDonald

Nominated to Provincial Executive

Dr. John McDonald, Sydney
Dr. D. W. Archibald, Sydney Mines
Dr. M. T. Tompkins, Dominion

YARMOUTH COUNTY MEDICAL SOCIETY

President G. W. Farish, M. D.
Vice President Z. Hawkins, M. D.
Secretary-Treasurer . . . F. E. Gullison, M. D.

Executive

Town:—W. C. Harris, M. D.
County:—Dr. Morton

Member of Executive of the Provincial Society:—Dr. A. J. Fuller

VALLEY MEDICAL SOCIETY

President Dr. A. S. Burns, Kentville
Vice-President Dr. L. W. Braine, Annapolis
Vice-President Dr. W. R. Dickie, Barton
Vice-President Dr. W. R. Elliott Wolfville
Secretary-Treasurer . . . Dr. C. E. A. DeWitt, Wolfville

Representatives of Executive Provincial Society

Dr. G. J. McNally, Berwick Dr. L. R. Morse, Lawrencetown
Dr. W. F. Read, Digby

COLCHESTER-HANTS MEDICAL SOCIETY

Officers 1922-1923

President Dr. F. R. Shankel, Hantsport
Vice-President Dr. Dexter McCurdy, Truro
Secretary-Treasurer . . . Dr. H. V. Kent, Truro

Executive

Dr. R. O. Shatford, Londonderry Dr. F. F. Eaton, Truro
Dr. C. H. Morris, Windsor

LUNENBURG-QUEENS MEDICAL SOCIETY

Officers for 1922-1923

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

Executive

The above Officers with:

Dr. A. E. G. Forbes, Lunenburg Dr. F. A. Davis, Bridgewater

Annual Meeting is held on the second Tuesday in June, of each year, and other Meetings on the second Tuesday of August and January, the time and place of the two latter Meetings, to be decided by the Executive.

EASTERN COUNTIES MEDICAL SOCIETY

Officers

Hon. President Dr. Geo. E. Buckley, Guysboro
President Dr. J. J. Cameron, Antigonish
Vice-President Dr. J. S. Brean, Mulgrave
Secretary-Treasurer Dr. P. S. Campbell, Port Hood

Executive Committee

The Officers and—

Dr. J. A. Proudfoot, Inverness	Dr. M. E. McGarry, Margaree Forks
Dr. J. A. McDonald, St. Peter's	Dr. B. A. LeBlanc, Arichat
Dr. J. J. McRitchie, Goldboro	E. F. Moore, Hazel Hill
Dr. J. F. McIsaac, Antigonish	Dr. R. F. McDonald, Antigonish

Nominated to Executive of the Provincial Society: Dr. W. F. McKinnon, Antigonish.

CUMBERLAND COUNTY MEDICAL SOCIETY

Officers

President Dr. D. Mackintosh, Pugwash, N. S.
1st Vice-President Dr. Wm. Rockwell, River Hebert, N. S.
2nd Vice-President Dr. M. J. Wardrope, Springhill, N. S.
3rd Vice-President Dr. M. D. MacKenzie, Parrsboro, N. S.
Secretary-Treasurer Dr. W. T. Purdy, Amherst, N. S.

Members of Executive, Medical Society of Nova Scotia:

Dr. D. Mackintosh, Pugwash, N. S.
Dr. J. A. Munro, Amherst, N. S.

PICTOU COUNTY MEDICAL SOCIETY

Officers

President Dr. Evan Kennedy
Secretary-Treasurer Dr. John Bell

Member on Executive of N. S. Medical Society, Dr. John Bell

Meetings:—First Tuesday in January, April, July, and October. Annual Meeting in July.

HALIFAX MEDICAL SOCIETY

OFFICERS:

President:
DR. M. G. BURRIS
Vice-President
DR. E. V. HOGAN
Sec.-Treasurer:
DR. S. J. TUREL

Executive:
DR. K. A. MacKENZIE
DR. A. McD. MLRTON
DR. H. G. GRANT
DR. F. R. LITTLE
DR. J. R. CORSTON

1923 - PROGRAMME - 1924

1923.

Oct. 10—Halifax Hotel, Presidential Address.

Oct. 24—Dalhousie College, Paper by Dr. H. B. Atlee, "Treatment of Gonorrhoea in Women."

Nov. 7—V. G. Hospital, Surgical Clinic.

Nov. 21—Clinic, N. S. Hospital.

Dec. 14—Medical Science Bldg., Dalhousie, "A Visit to South America with the American College of Surgeons," illustrated by Motion Pictures, by Dr. J. G. MacDougall.

1924

Jan. 9—Dalhousie College, "Symposium on Functional Neuroses. Prof. Norman T. Symons, Dr. A. Birt, Dr. K. A. MacKenzie, Dr. F. E. Lawlor, and Dr. H. G. Grant.

Jan. 23—Clinic, T. B. Hospital.

Feb. 6—Medical Clinic, V. G. Hospital.

Feb. 20—Dalhousie College, Paper by Dr. W. N. Rehfuss, Bridgewater, "The Acute Abdomen."

Mar. 3—Paper by Prof. E. Gordon Young, "The Relation of Bio-Chemistry to Modern Medicine."

Mar. 16—The operation of the N. S. Temperance Act in relation to the Medical Profession. Open Discussion.

Mar. 31—Paper by Dr. W. H. Hattie, "History of Medicine."

Apr. 14—Annual Meeting.