

“The Chief.”

Joseph Lister, F. R. S., O. M.,
(Lord Lister) 1827-1912.

*His brow spreads large and placid, and his eye
Is deep and bright, with steady looks that still.
Soft lines of tranquil thought his face fulfil—
His face at once benign and proud and shy.
If envy scout, if ignorance deny,
His faultless patience, his unyielding will,
Beautiful gentleness, and splendid skill,
Innumerable gratitudes reply.
His wise, rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure cannot quell.
We hold him for another Herakles,
Battling with custom, prejudice, disease,
As once the son of Zeus with Death and Hell.*

THE MEDICAL PIONEERS OF CAPE BRETON.

Cape Breton Island has been referred to as the "Old Curiosity Shop" of Nova Scotia, and in many respects the sobriquet is very applicable. Here, at isolated points, one will find antiquated ways and ancient customs that may excite laughter in some people; but let us remember that they are the survival of a time that was, in some ways, better than our own.

The scenery and the historical interest attaching to this part of our Province are unequalled. The material of which Cape Breton is made has, certainly, been heaved about in chaotic fashion. What convulsions of nature there must have been there in olden times! In the northern part of the Island one may find a long battalion of majestic green hills stretching away as far as one can see, and rising up almost precipitously out of the turbid blue waters at their base. Nothing can be grander than the sight, on a fine summer day, of this endless solid wall of living green. Or see these same hills on a day of mist, wind and rain! Vapor hangs in a heavy curtain halfway down the height as if their tops held secret and awful converse with Him who settled their deep foundations. To the south, on the other hand, stretch miles of fairly level ground, under which lie buried mines of the best bituminous coal in the world, in the working of which thousands of grimy men, stripped to the waist, are earning their bread by the sweat of their brow.

A COSMOPOLITAN POPULACE.

In no part of the Province, at the present time, do we encounter within such comparatively narrow limits, so many representatives of the nations of the earth. Up to about fifty years ago the inhabitants were distinguishable by their division into certain types. There was the Red Man with all the instincts of his thousand year old ancestors, merely veneered o'er with a gloss of civilization easily removed, if desirable, for psychological study; there was the typical Scot from the Highlands and Islands of the Old Country, with his Gaelic speech, his powerfully developed physical frame, his well-balanced mind sharpened by controversy with his neighbors about things worldly, and by communion with his God about things eternal; there was the typical Irishman, witty, generous, belligerent—a splendid fellow with his friends, but a terror to his enemies; there was the typical Englishman with his inherited contempt for his Scotch and Irish neighbors, who delighted to amuse himself and congenial spirits with a narration of the alleged barbarous customs and uncouth habits of his aforesaid acquaintances, and who never was able to regard his adopted land with that patriotic feeling that so characterized his affection for the motherland, and lastly, there was the typical Frenchman with his rapid articulation, his vivacious actions, and his dexterity in importing alcoholic liquors from St. Pierre in contravention of the laws of the country. These distinctive types of the human family were more numerous up to about twenty-five years ago, than perhaps are so at the present time. But, in addition

to them, there were found scattered over the country, in the early days, typical Dutchmen, Scandinavians, Germans and Danes whose ancestors had, in many cases, been driven on to the rocky shores during the progress of some mighty gale. Being thus seafaring men they remained to prosecute the fisheries and to rear a progeny of mariners, some of whom have brought renown to the sea girt isle. Little wonder that reared amid the lonely grandeur of the island shores, or on swelling uplands by the smiling waters of the beautiful Bras d'or—that "arm of gold," which winds its tortuous way from end to end of the romantic island—that from the green depths of the pine forest or from the blackened districts of the mining country there should come forth to-day to the building up of this our great Dominion, men of sterling worth, of bed-rock principle, leavening, with their solid good sense and their rugged honesty, the whole mass of society.

THE TREASURES OF THE PAST.

A few specimens of the original settlers may still be met with but they are rapidly disappearing and, sad to say, they are not leaving behind them any lasting footprints of their pilgrimage here below. I have often thought what interesting and instructive history these people could have unfolded in their narration of the trials perplexities that obstructed their path as they marched stoically and heroically down the avenues of life! But nobody with literary instincts has, heretofore, thought it worth while to gather up the experiences of the first generations of Cape Bretonians and weave the same into either a romance vibrant with notes of joy or sorrow of love or hate, of success or failure, or to present it in the form of a description of actual conditions obtaining in those days. I very much fear the latter procedure is beyond current opportunities; so it remains for a future romantic writer to dip his literary net into this bountiful sea and to withdraw therefrom priceless articles that will amply repay his meritorious efforts to vivify the almost forgotten past.

And while this regrettable circumstance is applicable to all classes and callings of the Island, it is especially so, in my judgment, to the medical profession. Many noble men who practiced the Esculapian Art in Cape Breton during the past one hundred years have gone the way of all men and without any recognition, tangible to the people of today, of their ever having existed or of their claim to remembrance as pioneers. It was a realization of this fact that prompted me, a short time ago, to make enquires among some of the older members of the profession in Cape Breton as to their knowledge, either personal or as communicated to them, of the names of the early practitioners, and of the methods these practitioners employed to relieve the sufferings of their patients. I present on this occasion, the result of my gleanings, fully aware of the many shortcomings of the essay, but hopeful that my imperfect study may stimulate somebody, more qualified for such work and better equipped in every way, to pursue the same, and thus to do honor, credit and justice to the memory of members of a profes-

sion that is, in many respects, the most noble and most self-sacrificing in the world.

A SKETCH OF THE HISTORY.

As is known, Cape Breton was discovered by John Cabot, a native of Bristol, England, in 1497 when he here found "inhabitants wearing beasts' skins and the intestines of animals for clothing. In war their weapons are bow and arrow, spears, darts, slings and wooden clubs. The country is sterile and uncultivated, producing no fruit; it is crowded with white bears and stags and waters yield plenty of fish." Shortly after this the French were attracted to the coast on account of the importance of the fisheries. They established strong posts at St. Anne's, at St. Peter's and at Louisburg, which latter place the English captured in 1758 and razed the fortifications to the ground as the British Government had commenced in 1749 to found Halifax, and it was decided that it alone should be the main stronghold of the Province. "The English Ministry," wrote Haliburton, "in the time of Mr. Pitt was said to have considered the island worse than useless, and would have rejoiced that Cape Breton had sunk to the depths of the ocean, being continually apprehensive that other Powers might obtain possession and thus establish a post of annoyance, which motive caused the destruction of the fortifications." For some years the hand of the British Government remained against the Island of Cape Breton as we find that after the establishment of peace between Great Britain and the United States in 1783, the Government of Nova Scotia was strictly forbidden, upon any pretense whatever, to make any grants in the Island of Cape Breton to refugees from American colonies. This policy was persevered in until 1784, when Cape Breton was given a Government of its own and the present city of Sydney was founded with a population of about eight hundred, including a military garrison of six companies. The strength of the garrison was gradually reduced until all the soldiers were finally removed during the Crimean War.

THE FIRST MEDICAL OFFICERS.

The first medical men mentioned by name as being permanently settled in Cape Breton were those connected with this garrison, who occasionally made professional calls beyond the military barracks. I would mention Dr. William Smith, Dr. White and Dr. Inglis. Dr. Smith was the principal surgeon and was also a member of the Executive Council. Dr. White, a graduate of Edinburgh University and a student there of John Hunter and Sir Charles Bell, was regarded as a surgeon of marked ability for the time. Dr. Inglis, brother of Sir John Inglis, "hero of Lucknow," performed the first operation for incarcerated hernia reported in Cape Breton. This was in the thirties of the last century. An eye witness of the operation has stated that the patient, a Mr. McVicar of Clarke's Road, was first drugged with laudanum and rum until he was almost insensible. He was then stretched on a barn door which had been perforated with auger holes and strapped down with ropes. The operation was successful.

Outside of the military surgeons the first name on our medical record is that of Dr Thomas Jeans, who came to Cape Breton as surgeon on an emigrant ship about the time the General Mining Association had commenced operations at Sydney Mines, and who was engaged by them as Collier doctor. His name does not appear on the Provincial Medical Registry, but I submit a copy of the License granted to him in 1829, which is the oldest recorded copy of the old Nova Scotia License which was given by virtue of the first Medical Act passed on May 29th, 1828, entitled "An Act to exclude ignorant and unskilful persons from the practice of Physic and Surgery." The provisions of this Act did not apply to physicians or surgeons appointed to serve in any garrison or military corps within the limits of the Province; and by an amendment passed in the following year those persons who for seven years previously had been regularly employed in practice were exempted from the operation of the law.

THE OLDEST RECORDED COPY OF THE OLD NOVA SCOTIA LICENSE.

By His Excellency, Lieutenant-General, Sir Peregrin Maitland, K. C. B., Lieutenant-Governor and Commander-in-Chief in and over His Majesty's Province of Nova Scotia, and its dependencies, etc., etc., etc.

(Sgd) P. MAITLAND
(L. S.)

To Thomas Edwin Jeans, of Sydney, Esquire:
Greetings.—

It having been certified to me by Jos. Skey, Esquire, M. D., Deputy Inspector of Hospitals, and David Pitcairn, Esquire, Hospital Assistant to the Forces, named and approved by me for that purpose, that upon a careful examination they find you qualified to practice Medicine, in the several branches of Medicine, Surgery, Midwifery and Pharmacy, I do therefore, by virtue of the power and authority in me vested by an Act passed in the ninth year of His present Majesty's Reign, entitled "An Act to exclude ignorant and unskilful persons from the practice of Physic and Surgery," authorize and license you the said Thomas Edwin Jeans to practice in the said several branches of Medicine, Surgery, Midwifery and Pharmacy within this Province accordingly.

Given under my Hand and Seal at Arms at Halifax this fifteenth day of July, 1829, in the tenth year of His Majesty's Reign.
By His Excellency's command.

(Sgd.) WILLIAM HILL."

A FIERY EDINBURGH DOCTOR.

For a number of years Dr. Jeans had been assisted in his practice by Dr. Duncan McLarty, a brilliant graduate of Edinburgh University in 1860, and a surgeon of more than local reputation. It was he who operated on the late Dr. MacKeen when the latter suffered amputation of the leg as the result of a gun shot in 1880. He was a man of very fiery temper, and was as ready to perform feats

with clenched hands as with open fingers. He was anxious to remain at Sydney Mines; but according to an agreement that had been made between the General Mining Association and Judge J. W. Johnstone of Halifax, the latter's son was to become the legitimate successor to Dr. Jeans. So after a few years of private practice at North Sydney Dr. McLarty returned in 1885 to London, England, where he died in 1894.

THE FIXOTTS OF ARICHAT.

In endeavoring to arrange my data in chronological order as much as possible I would ask you now to transport your thoughts from the eastern side of the Island to the south-western corner, where, in the small town of Arichat in the County of Richmond, lived and worked and died the Fixotts, two brothers and a son of one of them. Dr. Henry Cline Fixott was born in Jersey in 1807 and died in Arichat in 1887. His qualifications were M. D. (Glasgow) and M. R. C. S. (London) 1841. He was known as a surgeon all through the Island of Cape Breton, and as an accoucheur he is said to have done good work with his Smellie obstetrical forceps, the highly valued possession at the present time of Dr. LeBlanc, M. P.P. His brother, Dr. John Fixott, came to Arichat about 1870 and was as noted in the realm of general practice as his brother was in surgery. A son of the latter was Dr Henry James Fixott who was a graduate of Harvard University and who died at Sydney in 1917. In the same town lived for forty years Dr. Andrew Madden, a graduate of Dublin University. In 1817 Dr. Madden landed at the Strait of Canso from a passenger ship on which he had been a surgeon, and after practising for a time all over the country making the journey on foot, by boat and on horseback, he finally settled at Arichat where he died in 1858.

VICTORIA COUNTY PIONEERS.

Flitting from Richmond County to Victoria County we find in the town of Baddeck Dr. James Elmsley, who came there from Aberdeen, Scotland, in the early fifties and who afterwards went to Sydney where he entered into partnership with Dr. Forman who had arrived there from London. In 1859 Dr. Elmsley left Sydney for New Zealand where he died. Dr. Forman died at Sydney in 1871.

The next doctor in Victoria County was S. G. A. MacKeen, a graduate of Harvard University in 1849, who practised long and faithfully on less than \$2000 a year. In my boyhood days Dr. MacKeen was regarded by the country people as a sort of demigod, to be avoided if possible, but a Rock of Salvation in time of storm and distress. He was a tall, gruff man with a keen sense of human nature, good diagnostic powers and skilful unknowingly, in the practice of psychotherapy. He held undisputed sway over his medical constituency, comprising the County of Victoria and part of the County of Inverness, until 1875, when Dr. John L. Bethune opened an office in the shire town of the County and shared with Dr. MacKeen the task of ministering to the physical and mental ailments of the suffering public in the county. The latter, however, soon

became interested in politics and, consequently, did not give that undivided attention to professional matters that always characterized his confrere. Dr. MacKeen died in 1900 and Dr. Bethune in 1913. Dr. George MacKeen writes me as follows about his father:—

“It is a pity my father did not have time to write a book on his experience during pioneer days in Victoria County; but he was in harness the very day he died, and he never took a holiday in his life. I often heard him relate an account of a fierce trip in mid-winter he made from Baddeck to Bay St. Lawrence shortly after the transatlantic cable had been laid and landed there. One of the two operators in charge fell ill with diphtheria, and there was no one within many, many miles to nurse him or relieve his partner. My father travelled on snow shoes, by dog-sled, and over ice floes, and reaching the sick man remained with him until he made a complete recovery.”

Arriving again in Cape Breton County we find Dr. Lewis Johnstone in Sydney about 1855. When the Blockhouse Colliery at Cow Bay was opened by Mr. Belloni, of New York in 1862 Dr. Johnstone was engaged as Collier physician and remained there until the retirement in 1870 of Dr. Jeans whom he succeeded at Sydney Mines. The Gowrie Colliery of the same place, operated by the Messrs. Archibald, was attended by Dr. Henry Kirkwood who removed to Pictou in 1872 and afterwards sailed for Australia where he died. Dr. Johnstone, who was an Edinburgh graduate of 1850, had a large practice and was very successful. He died in 1887. Two of his sons are to-day in active practice in the County of Cape Breton—Dr. E. J. Johnstone in Sydney and Dr. Lewis W. Johnstone at Sydney Mines.

MEDICAL PIONEERS OF INVERNESS.

I will next proceed to deal with the medical pioneers of the County of Inverness. Of them a correspondent writes:

“They were all strong characters who loved their work and their people. Money reward was not an inducement with them nor was it specifically looked for. They were cultured gentlemen and well informed outside of their professional work.”

Dr. Noble, a graduate of Edinburgh University, was the first regular practitioner to settle in Inverness County, where he flourished about four score years ago. He made professional visits to the scattered settlements when his services were required, always travelling on foot or in the saddle.

Dr. John Cameron, L. R. C. S. Edinburgh, 1855, settled in Port Hood in 1883. Having received his professional training prior to the introduction of antiseptic principles he never accepted the latter, and was neither terrified nor daunted at any time by the appearance of pus in his wounds. Being of a mechanical turn of mind he devised some very ingenious orthopedic appliances, and acquired country-wide reputation in the treatment of fractures. His comical anecdotes are narrated to this day in every hamlet of the country.

Dr. Hugh Cameron graduated from the University of Pennsylvania in 1861 and died in 1918. He was considered a good surgeon in those days when the surgical field was limited to fractures, dislocations, accidental wounds, and the removal of superficial tumors. One of his peculiarities was an abhorrence of anaesthetics, which he never employed. His daughter, Miss Janet Cameron, was the first matron of St. Joseph's Hospital, the first general hospital established in Cape Breton.

Dr. Angus MacLennan obtained his diploma in medicine from the University of Pennsylvania in 1873 and at once settled at Margaree, where he died in 1908. His preliminary education was above the average for the time; later in life, he developed into a fluent platform speaker and a trenchant writer. As a politician he gave no quarter and it is recorded that, on one occasion he caused the retreat, in a most unceremonious manner, of the redoubtable Sir Charles Tupper. Sir Charles had been subjected to much heckling at a joint political meeting and in, desperation, he called on the doctor to "call off his war dogs." At once the pugnacious doctor arose to the occasion and shouted, "Men of Inverness, he calls you 'dogs'; put him out." And out he went.

Professionally, Dr. MacLennan was held in high esteem and was affectionately referred to as having "the heart of a lion and the hand of a lamb." He was always willing to attempt, single-handed, anything that would relieve pain and suffering.

MABOU DOCTOR'S DISTINCTION.

In 1872 there arrived at Mabou Dr. Robert Smith, a graduate of Harvard. I desire to make special mention of Dr. Smith in connection with the use, at this early period in modern surgical history, of normal salt solution in the irrigation and treatment of wounds, including those of the knee joint,—thus forestalling Sir Victor Horsley, who is generally credited with the introduction of this tissue-saving agent.

I have been unable to obtain detailed information of the following medical men who practised their profession in Inverness County beyond the name of their Alma Mater, the date of graduation, and the date of death. Let us believe, however that like most medical men they spent many laborious days and many anxious nights in the faithful performance of their respective duties, and that the Recording Angel will not fail to do for them what should have been done by others. I refer to:

Henry E. Bissett, Port Hawkesbury; Harvard University 1860. Died 1887.

John MacIntosh, Whycomagh; Jefferson Medical College, 1866. Died in 1892.

Duncan Campbell, Port Hood; Harvard University, 1869. Died in 1883.

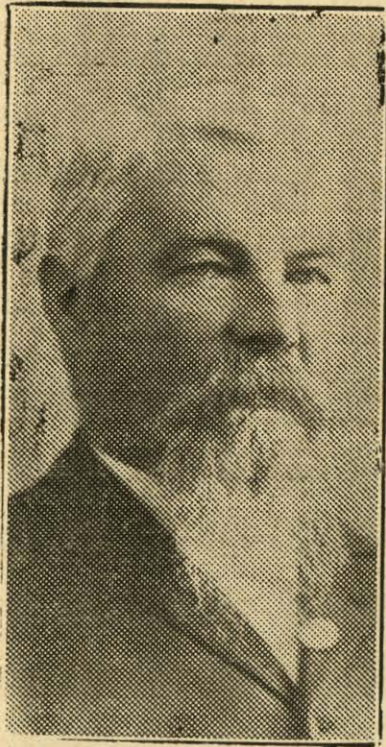
Patrick Alexander Macdonald, Port Hawkesbury; Harvard University, 1871. Died in 1910.

Allan Kenneth Maclean, West Bay, Bellevue Hospital Medical College, 1872. Died in 1896.

Robert Gunn, Strathlorne, Bellevue Hospital Medical College, 1874. Died in 1921.

PRACTITIONERS IN THE SYDNEYS.

A prominent surgeon of Sydney in the early Listerian era was Dr. Alexander Macgillivray, a native of Pictou County, who began to practise in 1863. I have a distinct recollection of Dr. Macgillivray, as he was in the enjoyment of an enviable reputation in



THE LATE A. F. MACGILLIVRAY, M. D.

1888, when I attended Sydney Academy. He was a gentleman of very dignified mien, well read, a good speaker, of generous disposition and great public spirit. He died at Sydney in 1907. In 1870 Dr. Macgillivray's colleague in Sydney was Dr. Milledge Oakes, who also gave colliery attendance at Reserve Mines until 1874 when Dr. Wm. MacKay became resident physician at that place. Dr. Oakes moved to Newfoundland where he died some years later.

Two well known Sydney practitioners who passed away a few years ago were, Dr. Michael A. McDonald and Dr. D.K. McIntyre. While carrying on their regular professional work in a quiet, unostentatious manner they acquired considerable prominence in other

spheres—the former in a real estate transactions and the latter in connection with fraternal organizations.

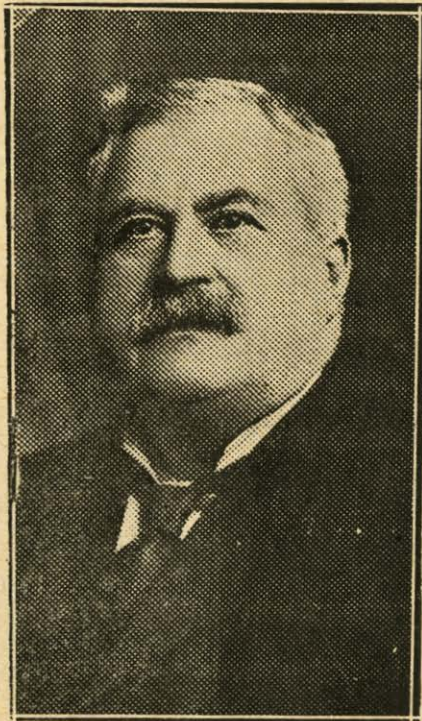
At North Sydney, about thirty years ago, Dr. Hugh Boyd MacPherson worked up a considerable local reputation as a surgeon, and considering the facilities at his disposal he had remarkable success. He graduated from the University of Pennsylvania in 1869 and died about 1896 or 1897.

Dr. Marcus Dodd, son of Judge Edmund Dodd, of Sydney graduated in 1866. He early began to practise at Bridgeport as doctor for the International Colliery and is still at the old stand, though the Colliery has been dismantled for a number of years. Dr. Dodd is a medical gentleman of the old school, who is extraordinarily active for a man of his age. When in a reminiscent mood he is extremely interesting as he draws vivid pictures of the days, and especially of the nights, that he has spent on the medical rack.

Dr. Daniel G. MacKay commenced to practice in Glace Bay about 1868 and remained there for five or six years, during which time he acquired considerable reputation as a conscientious and skilful practitioner. He removed to Summerside, Prince Edward Island, where he died in 1893.

DR. WILLIAM MACKAY'S CAREER.

His brother, Dr. William MacKay, became Colliery physician at Reserve Mines as already stated, in 1873 and continued, unin-



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terruptedly, to discharge his duties in that capacity until his death in 1915. As I had the privilege of serving as assistant to Dr. MacKay for two years, immediately after my graduation, I had a good opportunity of observing and of appreciating his many sterling qualities as a man, and his practical knowledge and resourcefulness as a practitioner. His special line was obstetrical work, and with a short pair of Simpson forceps he could perform wonders.

Equally ingenious and successful was his method of dealing with introspective neurasthenics of the male sex with flamboyant psychoneurotics of the other sex who consulted him numerously at all times of the year, and who came from all parts of the Island for the purpose. What a new world he was able to open to their erstwhile distorted vision, and what hope he was able to set up in their hitherto leaden hearts! How frequently the remark was heard that Dr. MacKay's smile was better than all the medicine that other doctors could provide.

Apropos of this observation permit me to insert a quotation from an address recently delivered by the Nestor of the Medical profession in Great Britain, Sir Clifford Allbutt:—

“A successful physician once told me that he never left a house without giving a favorable prognosis. I have told a story elsewhere of one who asked his doctor what boon he supposed to be most desired of him by his patients? Was it diagnosis, or medicine, or skill, or kindly counsel? No; None of these was the most precious: what the patient yearned for, the remedy to put the most heart into him was Hope VIVERE SPE VIDI QUI MORITURUS ERAT.”

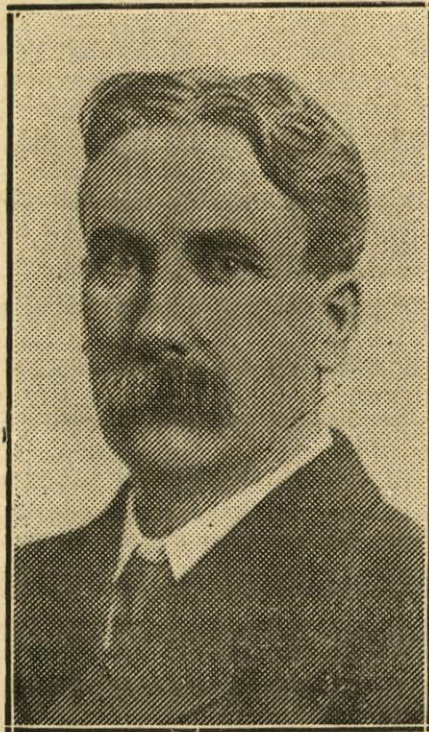
A GENIAL COMPANION.

And in those early days what a genial companion Dr. MacKay was! What anecdotes he could relate about his college life, and about human beings as he found them and as he interpreted their respective *modus operandi*! Sometimes of a summer midnight, we would drive out together—a silent and happy time for a man of thought and feeling. The sounds of country night mingle in drowsy harmony; in the distance a dog barks; the moonlight sifts flickering through the leaves and the dusty road lies dimly undefined. The breezy doctor enjoys it all and spins his yarns, totally undisturbed by the clatter of the horse's big hoofs and the rattle of the wagon tires which are invariably held in place by a judicious application of hay wire, of which a copious supply lies in the bottom of the buggy to provide against emergencies. Dr. MacKay was, undoubtedly, a man of brilliant parts; and had he denied himself the allurements of the political life no doubt his fame in medicine would have been more than Province wide. But he gave a lot of time, attention, and money to the so called science of government, and was finally rewarded for the same by being created a Senator of the Canadian Parliament. His son, Daniel Sayre MacKay, is today a prominent surgeon in Winnipeg.

ANOTHER DISTINGUISHED DOCTOR.

Another Cape Breton medical man who won distinction for himself, and who raised the practice of surgery to a lofty pinnacle

in the colliery districts, was Dr. Robert Arthur Haliburton Mackeen, brother of the late David Mackeen, ex-Governor of Nova Scotia. Dr. Mackeen was born in Mabou, Inverness County, and died at Glace Bay in 1912 in the fifty-ninth year of his age. Shortly after obtaining his degree he had the misfortune to lose his leg midway between the knee and ankle joints; and the lack of physical exercise that this accident entailed no doubt contributed to the corpulency he developed in later years. He was a man of commanding appearance; the massive head with the high forehead, the keen grey eyes, the well-set powerful jaw, all indicated personality and force of character not easily daunted. On the formation of the Dominion Coal Company in Cape Breton in 1893 it occurred to Dr. Mackeen and Dr. MacKay and a few other kindred spirits, but especially to Dr. Mackeen, that the time was opportune for taking a forward step in the surgical treatment of cases occurring about the colliery. The introduction of new machinery, and consequently of



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new methods in mining, suggested the probability of an increase in the number of accidents and in the gravity of the injuries sustained thereby. It was thoroughly realized that nothing could be accomplished in making proper provision for such contingencies without a hospital, and accordingly the slogan was sounded. After some delay all obstacles in this line were overcome and St. Joseph's Hos-

pital was established in Glace Bay. In this institution the Colliery doctors studied their cases and attended their patients in a fashion that would do credit to the best hospitals in Canada.

HIS PASSION FOR SURGERY.

Let me explain. It was arranged that each colliery doctor would be professionally responsible for all the patients that he could have admitted into the Institution; but, at the same time, there was nothing to prevent each of the patients being, in a sense, under the close scrutiny of the other doctors, so that all might profit by the material thus available for study and observation. The result was that each vied with the other to obtain the best results possible, and to avoid all unnecessary criticism. Consequently, an amount of study and thought was bestowed on each case that was surprising, and that redounded to the scientific development of the surgeon as much as to the personal welfare of the patient. Head and foremost of this enthusiastic band of workers was Dr. MacKeen. By severe post-graduate work at Boston, New York, London and Edinburgh he had prepared himself to inaugurate surgical work on an extensive scale in Cape Breton. It is true that previous to this period isolated cases of operative surgery are recorded; but it was only at the opening of St. Joseph's Hospital in 1902 that, besides amputation and other major operations necessitated by colliery accidents, invasions of all parts of the abdomen was undertaken and diseased portions removed or otherwise treated. I must confess that in the early history of our surgical experience we sometimes erred in our unscrupulous attacks on the appendix vermiformis, and that, in this respect the subject of our notice was as guilty as any of us at this dawn of our surgical possibilities. Gradually, however, conservatism took possession of him which increased with his experience. But to the end of his days he had an intense passion for surgery, and he would go anywhere at any hour of the day or night, if called upon, to perform a surgical operation, whether paid a fee or not. In medical societies he was very popular, as he was capable of expressing his ideas in clear and forcible language, never undertaking to discuss any subject until he had a good mastery of it. He had also a great fund of humor, and a happy gift of preserving an imperturbable gravity while moving his hearers to merriment.

Also intimately associated with the medical and surgical work of Cape Breton County from 1880 onwards have been a number of practitioners who fortunately are still with us, and whose names are household words in the mouths of two or three successive generations. I shall merely give their names, their college, and the date of graduation, knowing that an extended notice of their scientific attainments, of their professional achievements, and of their well-earned popularity would be rather distasteful to them. These men arranged in order of seniority are:

William McK. Macleod, Sydney, Bellevue Hospital Medical College, 1875.

Edmund James Johnston, Sydney, Bellevue Hospital Medical College, 1882.

Arthur S. Kendall, Sydney, Bellevue Hospital Medical College, 1882.

John Wm. Maclean, North Sydney, McGill, 1883.

John Knox Macleod, Bellevue Hospital Medical College, 1883.

Lewis W Johnstone, Sydney Mines, Bellevue Hospital Medical College, 1886.

Henry Ernest Kendall, Bellevue Hospital Medical College, 1888.

FELL IN THE GREAT WAR.

Although it is my intention to supplement, in the not distant future, this historical sketch of the early medical practitioners of Cape Breton by another contribution dealing with the younger members of the profession who have been "holding the fort" since the commencement of the present century, yet I do not consider it amiss to refer briefly, on this occasion, to the three brilliant men of the latter division who made the supreme sacrifice for king and country during the course of the Great War. These doctors were Lieut.-Col. R. C. Macleod, of North Sydney; Major Walter Maclean and Captain K. A. McCuish, of Glace Bay.

Col. Macleod, who was in command of a military hospital near Aldershot, England, became incapacitated towards the close of the year 1916 by what had been regarded, at first, as an attack of influenza. During the morning of January 3, 1917, he seemed worse, but remained on duty until the afternoon. A condition of drowsiness suddenly deepened into coma, accompanied by convulsions, and the patient died early in the morning of January 4. From the post mortem and laboratory examinations it would seem to be beyond dispute that death was due to an acute attack of anthrax and streptococcal infection. The source of this infection was traced to a new shaving brush which the deceased had purchased about three weeks before his illness.

Dr. McCuish and Dr. Maclean were intimate friends of the present writer who before they went overseas, was in almost daily touch with them in surgical work at St. Joseph's Hospital, and at the General Hospital, Glace Bay. Hard and loyal workers and excellent surgeons they rapidly made reputations for themselves in the medical service of the army, and were frequently mentioned in this connection by their superiors. Dr. McCuish was killed in a front trench during the progress of a severe engagement; Dr. Maclean was the victim of an airplane bomb while working in the operating room of a casualty clearing station.

(To be continued.)

REMINISCENCES

(FINLAY MACMILLAN, M. D., C. M., DAL. UNIV. 1872
SHEET HARBOR, N. S.)

I

A BEAVER HARBOR LIGHTHOUSE INCIDENT.

I settled in Sheet Harbor, January 6th, 1873. My sphere was from Tangier to Ecum Secum. On visiting up and down the coast I met, and became intimately acquainted with, the keeper of Beaver Light, six miles off Port Dufferin, a Mr. McKenzie. He was a specimen of the genial friendly old Scotch gentleman well up in years. He gave me a special standing invitation to visit him at his lonely but hospitable home whenever I had a day or two off.

In July, 1875, a sailor son, after a prolonged absence, came home on a visit. Previous to coming home he had contracted fever ague. The old gentlemen sent a request to me to visit the son professionally. He met me at Port Dufferin where I embarked with him for the Light. On arrival I was ushered into a small bedroom off the living room, and found the son with a high fever. I then went back to the sitting room and put up some quinine powders. I then went back to the bedroom and gave him one in some syrup. I returned to the sitting room, and was conversing with the old gentleman when suddenly I heard a thud, as a dead heavy weight falling on the floor where the sailor man lay in bed. What did I see? Something to stagger me,—the man, age 29, under the bed writhing in a fit, and one eye stolidly staring at me. Now I should be classed a charlatan and prosecuted should the man die suddenly in that state. Well I am happy to state things ended all right. In the first place the man was subject to epileptic fits and secondly he was the proprietor of a glass eye. So I had the satisfaction of retaining the good will of the family.

Next morning at breakfast on looking out on the ocean I saw an odd looking boat-making for the Light. It was manned by four sturdy fishermen from Mushaboom, who requested me to visit a woman there very sick in a critical condition. The boat was a large flat bottomed one usually used for carrying wood off the shore islands. There was a heavy sea on but we started for the destined place. The men carried on with one mast and an exceedingly immense sail. One man on his knees on the seat was kept busy bailing out the water with a common house bucket. Being a land lubber I felt rather nervous, but observing the indifference of my companions I soon settled to my fate.

Afterwards I had lots of such experiences.

II

Pictou Island is situated east of Pictou town about twelve miles—midway between Pictou town and Prince Edward Island,

Northumberland Straits. The ice on the Straits breaks up about the first of March. About that time household supplies becoming scant, it is necessary for some parties to go to Pictou town to replenish them. The island is 3 miles long and one mile wide.

At this time 1880, it had twenty-two families, farmer fishermen. After the ice had broken up two young men belonging to the Island, volunteered to visit Pictou town for small necessaries and also pleasure. They brought a small row boat with them to meet contingencies, as when meeting large floats—they could haul it across them, and coming to clear water launch again. The route was to make Merigomish, thence follow the shore to their objective, Pictou town.

After reaching the town they had a couple of holidays there before returning home. They started for home early Wednesday morning. At 4.00 p. m. they were observed opposite Merigomish. As night approached becoming weary they abandoned their boat. At 2.00 a. m. Thursday the islanders were aroused by cries for help—a relief of neighbors went out to meet them—and brought hem to the island. One belonged to the east end of the island. He was exhausted. The men secured an ox team and sled to get him to his home. He had both feet frozen and gangrene set in. Thursday p.m. a large fisherman's boat with a crew of seven arrived at Pictou town for a surgeon. The older doctors were too foxy to volunteer, I was young and ignorant of what was before me, so agreed to go. I drove my sleigh to the Eastern shore of Caribou, where the boat intended for the island trip was awaiting the Doctor. We launched the boat—eight men all told, seven islanders and myself—four men on each side of the boat, ran her about one hundred feet before reaching water, then our course was tortuous, as a return tide of six miles an hour had set in. We were now in the drift return ice—and had to reconnoitre to find an open passage. Night set in dark, no moon or stars visible. In places the ice piled up cake upon cake, to probably six feet high. Every short distance all hands had to get down on the ice and haul the boat over large pans of ice. After two hours, we were only half way across the route, and ice jamming more closely. Then the crew held a consultation away from the boat. I remaining beside the boat, could hear snatches of conversation, and finally I heard the boat's Captain say "We might possibly reach the island by day-break, but it is risky—and we have no right to endanger the doctor's life—so our best course is to retrace to Cariboo shore." We had the same obstacles to meet as on our outward journey. We were just four hours in the creaking, crashing ice off the Northumberland Straits. We had to have a firm hold of the boat's gunwales—as at any time we were liable to fall through. One man did lose his hold and his comrade caught him by the head and saved him.

However we got to Cariboo shore. We agreed to meet at the boat at daybreak next morning, and then scattered to farm houses for shelter till then. Friday morning we met as per agreement, had clear water to within one hundred yards of the shore—return tide carried the ice out to sea. Before I reached the patient tetanus

had set in—the toes were black, and mortification had done its work. This was before tetanus serum was discovered.

I had to remain on the island till Sunday, as on Friday afternoon change of tide and wind blocked my exit from the island. Saturday I watched the S.S. Stanley striving hard to force her way through to Georgetown, for hours she made little or no advance. Sunday morning the coast was again clear and the islanders brought me back to Pictou without a hitch of delay.

An incident related to me by an old settler of the island—a Mr. McKenzie, was as follows:—

“I was born and brought up in Merigomish till I became a young man. The island then was covered by a thick forest. An old ship builder of Pictou, a Mr. Henderson, built a brig there before its settlement. The young men of Merigomish went across towards the island goose-shooting early in April. On one occasion several were out on a wild goose shooting excursion. They observed a tiny smoke arising from the island which aroused their curiosity as the island never had an inhabitant. They reached the island, then followed on guided by the smoke till they came upon a wigwam inhabited by a lone squaw dressed in rabbit skins. Her wigwam was warm and cozy. On interrogation she related the following story. She and her Indian husband left Prince Edward Island for Merigomish via Pictou Island late in the previous Fall. They went on shore to rest. The Indian informed his squaw that there was a leak in the canoe. He gave her their tomahawk and requested her to go into the forest and procure some birch bark to repair the damaged part. On her return, her husband and canoe were gone. It was a disagreeable situation for a poor lonely woman. She began wandering along the shore in a half dazed condition, when accidentally she came across a spar from some derelict. It was well supplied with twine which she secured. She then constructed her wigwam a short distance from the shore. The forest was well inhabited by rabbits—with the aid of her hatchet and twine she set rabbit snares. She clothed herself with garments made of the skins and lined her cabin with the same material. The flesh her winter supply of food. The Indian kept on his course to Merigomish and there related that his wife died in the Fall in Prince Edward Island and there he buried her.”

The said Mr. McKenzie stated to me that some years before my Pictou Island visit, a violent storm struck the island, some large heavy cakes of ice ploughed through the shore sands turning out a large part of the femur bone of a mastodon—now in the Museum at Halifax.

Medical Society of Nova Scotia.

Annual Meeting July 16th and 17th, 1924

AMHERST, N. S.

Meeting of the Executive 7.30 p. m. July 15th.

SANATORIUM TREATMENT FOR POOR PATIENTS.

(DR. S. L. WALKER, RED CROSS COMMISSIONER.)

In the report of the last meeting of the Colchester-Hants Medical Society a resolution was adopted suggesting to the Executive Council of Nova Scotia, "that the admission of poor patients to the Sanatorium be made contingent upon the recommendation of the M. H. O. of the town or county in which such poor patient resides, and that such recommendation be endorsed by the Provincial M. H. O."

Too often resolutions of similar importance to this are presented to Societies by interested parties on the supposition, that the objects being so unquestionably desirable, they will be unanimously adopted without discussion. Nor is this one an exception as the Sanatorium should be available to the poor as well as the rich, the same as the Victoria General Hospital and most of our local hospitals. But some one has to pay the cost of maintenance, presumably the Municipality in case the patient cannot raise the money.

It is very easy to make plans and even get legislation provided some other party pays the shot. How often has provincial legislation been enacted for the general good and the Municipality called upon to pay the bills. This procedure, as anyone can see, is responsible for many of the differences of opinion between Provincial and Municipal authorities. One illustration, that will appeal to the medical profession, can be given that should give rise to very careful thought when we consider a proposal such as is contained in this resolution.

In 1919 many persons inspired by the lessons gained in the War, doctors, nurses and laymen and women, undertook to inaugurate a health campaign in this Province along up-to-date lines. It was contended that if a full demonstration could be made to the people of Nova Scotia, of the good to be accomplished by rural as well as urban health work, the towns and municipalities would undoubtedly at once make provision to have the work completed. It was a reasonable conclusion, and a large sum of money was spent in spectacular clinic work with all kinds of press publicity. This was followed by more substantial work in town and rural schools in nearly every county in the Province for a period of 12 to 18 months. All of this without asking one dollar from the towns or municipalities. When the effort was made to continue the work we find this year barely five counties with a very precarious hold upon this phase of public health work. Thus a most beneficent public enterprise appears doomed to failure, and health work in this province threatened with progress backwards. Apart from the little things, that little minds can heap up collectively, the real cause of failure is a failure on the part of those responsible for the effort to appreciate the psychology of the municipality. This is responsible for many of the differences between government departments and municipal councils. If they are paying the bills the work

should be their work, they will never accept the dictum of 'pay and look pleasant'.

Our medical societies should not continue along such a course, hence, this resolution should be given much careful consideration. It is desirable, then to consider how such a proposition can be made effective. As citizens if we advise certain courses of action calling for money we should consider where it is to come from, how collected, and pledge our support to that; and while we request the municipalities to take the necessary action, it is up to us to convince these bodies that they should act, and how.

We cannot accomplish reforms by Resolutions. There must be both a popular demand for, and popular support of, the plan suggested in the resolution. This means that the doctors who pass the resolution should fully instruct Municipal Councils and the people generally who have to pay the bills, just what the proposition means for the welfare of the community. If every member of the Profession in Colchester County should be present as a delegation, and take an active part in presenting the resolution to the Municipal Council, every member of that Council would know that the consensus of medical opinion was in favor of the proposed plan. Right then and there the financial obligations that would be incurred should be stated plainly. It should be a comparatively easy matter to estimate what would be the municipal expenditure required, and to what extent it would increase the local taxation. After all is said and done, it is this work of ascertaining facts and presenting them to responsible parties that the medical profession has neglected. It has not shown communities either individually or collectively that these measures are regarded by the doctors as necessary.

There is no difficulty in obtaining legislation; that is the easiest thing in the world to get, provided those requiring it are willing to pay the bills.

In conclusion, when resolutions of this kind are presented to a Medical Society, they should be given careful and full consideration, and then should be supported by united effort to create a favorable popular opinion. This cannot be done without work; it means some time and some energy, a little of both from every member of the Profession.

CANADIAN MEDICAL ASSOCIATION

ANNUAL MEETING OTTAWA

JUNE 17th, 18th, 19th and 20th, 1924.

One fare and one-half for return ticket.

Fare from Sydney \$29.55. Fare from Halifax \$25.50.

Pullman Halifax to Montreal. Lower berth \$6.55.

THE SHEPHERD-TOWNER MATERNITY ACT.

(DR. M. R. ELLIOTT, WOLFVILLE.)

Estimates made by the Metropolitan Life Insurance Co., based on figures from various sources, show that where five women die in every thousand confinements in a city as a whole, only two out of every thousand will die of a group that has had proper prenatal and maternity care.

The Shepherd-Towner Act in the United States has been framed to undertake to lessen maternal and infant mortality. Some distinguished obstetricians claim that nothing can do this but improved obstetrical teaching, and that no legislation can bring this about. On the other hand others feel that a great extension of prenatal nursing in rural districts and towns will greatly increase the demand for skilled care, and will give to both men and women new and higher standards of what proper maternity care should be.

The Act provides for an annual appropriation of from \$1,240,000 to \$1,480,000 to be paid to the several States for the purpose of co-operating with them in promoting the care of maternity and infancy. Each State is to be paid \$10,000 the first year and \$5,000 each succeeding year for five years, and the remaining \$1,000,000 is to be apportioned among the States in the proportion which their population bears to the total population of the United States, provided that no State shall receive its share of the additional appropriation until its legislation shall have appropriated an equal sum for the maintenance of the services and facilities provided for in the Act.

The Children's Bureau at Washington has the responsibility of carrying out the provisions of the Act, and its duty is designated to make such studies, investigations and reports as will promote the efficient administration of the Act. In the State the Act is to be applied through the Child Welfare Division of the Department of Health. These authorities are to appoint State and local advisory committees, at least half of whose members shall be women. Provision is made for instruction in the hygiene of maternity and infancy through public health nurses, consultation centres, etc. Sums not exceeding 25 per cent of a State's share may be spent by it to provide instruction in the hygiene of infancy and maternity through extension courses by qualified lecturers.

In forwarding the above summary of this legislation Dr. Elliott writes in part as follows:—

"I am enclosing an abstract of the Shepherd-Towner Act. It is rather difficult to make an application directly to our own conditions. The recent attempt by our own Department of Health to carry out a public health programme has not proved as successful as it might have been, if perhaps it had had a broader basis for its work. One can readily see wherein some such work might have been attempted as it is outlined in the Act. These nurses, too, might have helped us in our tuberculosis problems.

"Unfortunately our public nurses undertook to confine them-

selves too much to the diagnosis of such matters as the difference between an enlarged and a diseased tonsil, etc.

“If they had made it known that they were abroad to fight tuberculosis in all its forms, to make conditions better for infants and mothers, the reaction by the public to their efforts would have been happier.”

Parenteral Infections—Their Influence On Nutrition In Infancy.

GORDON WISWELL, M. D., CLINICAL LECTURER, DISEASES OF CHILDREN, DALHOUSIE UNIVERSITY, ATTENDING PHYSICIAN HALIFAX INFANTS' HOME, MEDICAL ADVISER CHILD WELFARE CLINIC MASSACHUSETTS HALIFAX HEALTH COMMISSION, HALIFAX, N. S.

PART I.

Speaking generally of systemic infections, you are well aware that in infancy and childhood the milder ones are most commonly represented by Otitis Media, Naso Pharyngitis, Pyelitis, Furunculosis, etc., while the more severe are grouped with Bronchitis, Pneumonia, infectious diseases, Meningitis, etc. It is with the milder group that we more especially wish to deal today. To my mind their influence is far more insidious and far more likely to be overlooked as an important factor in the progress of the baby. More often the gastrointestinal symptoms dominate the picture, and although they form an important part of this picture, frequently the nutritional disturbance becomes secondary and the diarrhoea or the vomiting may only be a symptom of systemic infection. Nutritional disturbances therefore fall into two distinct classes---those due to food and its incorrect administration, and those due to infections outside the alimentary tract.

In contrast to the etiologic factors of disturbances of nutrition of purely alimentary origin, we have this other type which must be considered as secondary to other forms of injury to the general infantile organism, and as I have said, affecting the gastro-intestinal function, especially, in that the digestion, is so definitely injured that food which was well tolerated can no longer be borne. This form is similar to the condition produced by excess feeding and the most characteristic member of the group is the disturbance resulting from acute or chronic infection. The bacterial poisons injure the entire cell structure of the body, and, of course, this affects the organs of digestion. As a result, their functional capacity is reduced, and unless the food is promptly changed to suit, a complicating alimentary disturbance is added to the infectious process. The complication may become grave enough to obscure the primary condition of infection. Recovery from the alimentary disturbance

may take place before the infectious process disappears, or the digestive trouble may become chronic as an independent disease.

We must consider then:—

1. The part played by infection on the nutritional progress.
2. The part played by nutrition on the course of the infection.
3. And the resistance to infection as influenced by diet and previous nutrition.

FIRST: The part played by infection on the nutritional progress—given a nutritional disturbance, we have found that infection is more important as the cause than dietetic errors, and in such cases, the infection has been found to originate anything from the mildest disturbance to the most severe types of Marasmus and intoxications.

We have seen remarkably few cases of so-called summer diarrhoea due to a primary intestinal infection in this out-patient clinic. These cases have been more frequently caused by infection outside the alimentary tract. The differences in the behavior of the two types of cases is marked well enough if certain points are kept in mind. In the primary alimentary disturbances there is usually a history of dietetic error while in the secondary there is no flaw in the feeding. Symptoms of intoxication appear in the primary type on diets rich in sugar and whey, while they appear in the secondary condition on diets low in sugar and fat as well as on diets high in sugar. Improvement occurs almost immediately in the first instance when sugar is reduced or omitted and food entirely withdrawn, while the symptoms continue in the second instance or even become worse when food is cut off. Food tolerance decreases in those cases of alimentary origin while after the infection clears up the tolerance automatically increases. Again, infections, as colds, otitis, pyelitis, not only result in lower food tolerance, but this nutritional condition is far more likely to run a more severe course and be very troublesome to clear up.

An acute primary alimentary disturbance is usually recognized by the toxic appearance, nervous phenomena, rapid pauseless breathing, and rapid loss of weight, and high temperature. With these signs, it is important not to attempt the starvation test for too long a period, as when infection is the predominating factor, the case rapidly becomes worse instead of improving and the treatment must of necessity, be directed toward the clearing up of the infection. In the mild cases, the intestinal disturbance calls for very little consideration, more perhaps because nature takes care of things by the tendency on the part of the baby in the presence of fever to reduce its intake of food of itself which alone tends to correct the disturbance. And as soon as the infection subsides, the appetite automatically returns. Under all circumstances food should be restricted as little as possible. In the mild cases there will be no loss of weight while in the severe, starvation still further lowers the resistance to the infection. It is important, however, in the latter class, to diminish the intake of sugars and starches. It is safer to increase the protein intake by using skim milk, buttermilk, breast milk. Those

infants who have been improperly fed as well, particularly on condensed milk and foods low in protein and high in sugar, offer much greater difficulties because they react poorly to food changes, have a lower resistance in addition, and easily pass into the marasmic stage.

In very young infants, breast milk may be imperative, and in all cases, a sustaining diet is most important and should work out at seventy or eighty calories to the pound.

The two most important symptoms requiring treatment in these severer cases are Vomiting and Refusal of food. Gastric lavage may be required for the vomiting if ordinary change in the food does not help, and catheter feeding is necessary when food is refused.

SECOND: The part played by nutrition on the course of the infection. The prognosis of the infection in all forms is directly influenced by the nutritional disturbance. Particularly does this apply in infections of the respiratory tract—when an ordinary head cold may readily develop into Pneumonia with severe gastro-intestinal complications. Age, hygienic conditions, mode of feeding, and nutritional state all influence the course of the infection. You have all noted that the premature and very young have poor resistance to infection, and infections in the new-born usually have an unfavorable course aggravated by artificial feeding.

THIRD: The susceptibility to infection is even more noticeably controlled by the state of nutrition. This susceptibility varies in individual babies—due possibly in congenital deficiency and on the congenital difference in constitution in different children. Among breast fed babies, we have some who remain free from infection under most unfavorable conditions, while we have others on the breast who under favorable conditions, contract infections very easily. This lowered immunity is often accompanied by other defects such as an exudative or neuropathic diathesis and these states are all always aggravated and the susceptibility to infection is even more striking when these babies are put on artificial feeding. And more so than ever when this artificial diet is improper. In practically all cases in artificial feeding there is slight departure from the normal state, healthy as the baby may appear. This explains again why the breast fed has the greater resistance.

The natural immunity of the breast fed infant, which factor alone is possibly the strongest reason for breast food, gives us the best example of the importance of food in the development of resistance to infection.

When artificial food is adopted, the susceptibility is increased and the nutritional disturbance may be so slight as to be overlooked. Every method of feeding which unfavourably influences metabolism automatically increases susceptibility to infection, while normal feeding leads to normal tissue building and lessened tendencies to disease. Usually we find an abuse of the fat and carbohydrate tolerance, and therefore a poorly balanced diet as the originating cause of lowered immunity. Overfeeding, then, must be avoided on account of these principles alone, and an early start on mixed diet made. In every baby each nutritional disturbance further lowers the immunity, until beginning with an apparently

harmless upset, the baby arrives, after repeated disturbances, at the more severe states of Marasmus and Intoxication.

Parenteral infections are often followed by enteral infections. Proper treatment of the systemic disease is most important in the prophylaxis of enteral disturbance. Secondary enteral infection should always be kept in mind, but apart from noting these points we are not discussing primary alimentary disturbances today.

(Part II will appear in next issue.)

THE BULLETIN, VOL. 3, NO. 4. —MAY 1924.

The annual meeting of the New Brunswick Medical Society will be held at St. John, July 22nd and 23rd. It is noted that this will be in the week following that of the Nova Scotia meeting. The Secretary of the New Brunswick Society, Dr. E. J. Ryan, of St. John, writes that if train connections had served, their meeting would have followed directly that of ours of the 16th and 17th. This it appeared, could not be arranged. However, some of the visitors to the Nova Scotia meeting, will remain for the New Brunswick meeting the following week. Dr. Ryan especially states that the New Brunswick Society would be very "glad to welcome at our meeting any of the members of the Nova Scotia Society."

A further suggestion is made that it would be desirable in the near future to arrange for a Maritime meeting, say in 1926. Without doubt a very profitable two or three days session might be arranged for the three Maritime Provinces,

Dr. Ryan concludes his letter with the following appreciative remarks, which we are very glad to record:—"Might I congratulate you on the appearance and contents of your Bulletin, it was excellent, and I appreciated the copies you have sent me. Thanks!"

Readers of the Bulletin have enjoyed reading the Reminiscences of some of our oldest active or retired practitioners. The incidents they have related have all had a very human touch to them, and when the history of the profession in Nova Scotia is written these little incidents will lend charm and interest to what otherwise might be a dry statistical history without life or color. When one sits down to write of days long past, the incidents are hard to recall, but everyone can recall many of them at times without effort. Will not those who have already contributed notes of this kind add to this contribution such further incidents as may come to mind from time to time, and send them singly or collectively to the Bulletin.

It is also passing strange that many members of the profession do not feel sufficient interest in the Bulletin to contribute some incidents of our early practitioners, that will link the present with the past, which may have come to their personal notice.

THIRTY YEARS AGO.

A recent issue of the Recorder has the following reference to the annual dinner of the Nova Scotia Branch of the British Medical Association, April 30th, 1894.

"The annual dinner of the Nova Scotia Branch of the British Medical Association was held at the Queen Hotel, President D. A. Campbell presided, with Dr. Thomas Milson as vice-chairman. The toast list was:—

The Queen.

The British Medical Association, responded to by Dr. Thos. Trenaman.

The Army and Navy Medical Staff proposed by Dr. Wickwire and responded to by Surg.-Colonel Archer and Surg.-Capt. Dorman.

The Guests, responded to by Dr. Murray McLarren (St. John), Dr. W. S. Muir (Truro) and Dr. Bissett (St. Peter's.)

The President. proposed by Dr. T. R. Almon and responded to by Dr. D. A. Campbell.

The Secretary, responded to by Dr. Carleton Jones."

ADDITIONS TO 1924 MEMBERSHIP.

Medical Society of Nova Scotia—Dr. F. H. Alexander, Lockeport, N. S., Dr. W. R. Dickie, Burton, N. S.

Canadian Medical Association—Dr. A. S. Burns, Kentville, N.S.

Amusing Causes Of Death.

Applications for life insurance often contain statements as to cause of death, sickness, state of health, etc., that are more amusing than enlightening. The British Medical Journal gives illustrations from a number of insurance forms as follows:—

"Mother died in infancy."

"Father went to bed feeling well, and the next morning woke up dead.

"Grandfather died suddenly at the age of 103. Up to this time he bade fair to reach a ripe old age"

"Applicant does not know anything about maternal posterity, except that they died at the advanced age."

"Applicant does not know cause of mother's death, but states that she fully recovered from her last illness."

"Applicant has never been fatally sick."

"Applicant's brother, who was an infant died when he was a mere child."

"Grandfather died from gunshot wound, caused by an arrow shot by an Indian."

"Applicant's fraternal parents died when he was a child."

"Mother's last illness was caused from chronic rheumatism, but she was cured before death."

Minutes of the Programme Committee

Court House, Sydney, April 22nd, 1924.

A meeting of the Programme Committee was held in the Court House, Sydney, this date pursuant to instructions of the President, Dr. O. B. Keddy. Present,—Doctors L. W. Johnstone, J. G. Lynch, W. T. MacKinnon and S. L. Walker. Dr. Keddy owing to illness was unable to attend. Dr. Johnstone occupied the Chair.

Considerable discussion followed regarding the fear that the changed dates, in order to enable distinguished visitors to attend the annual meeting, might interfere with the success of the Programme as originally provided for. It was pointed out however that this was not a matter of concern for the Programme Committee, but had been done legally by the Executive of the Medical Society of Nova Scotia. The Committee therefore proceeded to discuss the proposed Programme and by unanimous consent the Programme was approved as follows:—

1. WEDNESDAY MORNING—The Address on "Obstetrics and Gynaecology"—Dr. M. H. Little, Montreal.
2. WEDNESDAY AFTERNOON (a) The Address on Medicine—Dr. Stuart Pritchard, Battle Creek, Mich.
(b) X-Ray demonstration and Address.
3. THURSDAY MORNING Address on Surgery—Dr. Geo. D. Stewart, New York.

The Programme Committee felt that a full session on Tuesday evening should be occupied by the Executive in dealing with the business of the Society. It was also felt that the Public meeting at which distinguished visitors would be present was largely a matter for the local Committee with the Associate Secretary to arrange. The Associate Secretary was requested to meet with the doctors in Amherst and take up the matter of entertainment, as the Committee felt that the annual sessions would be improved by having a certain time devoted to social purposes. No regular session is therefore recommended by the Committee on Thursday afternoon. Suggestions were made regarding aid to local Committee for entertaining. The Committee was not in a position to make any definite recommendations. An intimation was made by the Associate Secretary that the Pictou County Medical Society desired to have the next annual meeting held in New Glasgow. While this was not a matter of business for the Programme Committee it was felt that the Associate Secretary might suggest to Dr. Bell that an invitation be extended.

Regret was expressed at the illness of Dr. Keddy.

The meeting adjourned at 12.30 and those present were invited to attend a meeting of the Cape Breton Medical Society that afternoon at 3.00 p. m.

The Associate-Secretary took occasion recently while in Kentville to call on Dr. H. B. Webster, Honorary Member of the Medical Society of Nova Scotia. Dr. Webster is still, after 52 years in active practice in the town of Kentville. He has promised to furnish the Bulletin with some reminiscences of his early days of practice and some notes on early practitioners of medicine in Kings County. He related to your Secretary an incident that occurred some fifteen or twenty years ago.

One morning early an old man came to his office in Kentville and asked him to come to his home in Gaspereau to see his father. During the course of the day he made the trip and found a very sick man, well up in the nineties, suffering from asthma with cardiac and renal complications. He prescribed for him and left him medicine altho he thought he would not live the day out. Before leaving the old man insisted that he should visit him again, and he returned two days later when, much to his surprise, he found that the man's condition had very greatly improved. He was then in a position to engage in a certain amount of conversation not strictly concerning his physical condition. Dr. Webster inquired of him why it was that he sent to Kentville for him, instead of Dr. Bowles, of Wolfville, who was very much nearer. The old man replied, "Well, Doctor, when I was a boy sick your grandfather looked after me. When I grew up while at Yarmouth I fell from the mast to the deck of a boat and your uncle attended me. Now I am an old man and very sick I just couldn't have anybody but a Webster." The doctor, somewhat pleased, gave him the opportunity of expressing an opinion as to which of the three he thought the best doctor, to which he replied,—“Gosh, neither one of you young fellows can touch the old man.”

Pictou County Medical Society.

A meeting of the Pictou County Medical Society was held in Aberdeen Hospital on Thursday evening, April 10th, 1924. Dr. Kennedy, the President, presided. There was a discussion on the annual meeting of the Nova Scotia Society at Amherst and a committee was appointed to arrange for the discussion of the papers to be presented there. Doctors Miller, Love, Kennedy, Blackett and H. H. McKay were selected.

The most urgent medical question just now is Bovine Tuberculosis, and the Society discussed this at considerable length. Dr. Townsend, Dominion Veterinary officer, was a guest of the Society and he was bombarded with questions which he answered fully, and contributed very materially to the discussion. The department of Agriculture is anxious to co-operate with the local authorities in an effort to eradicate Bovine Tuberculosis. The consensus of opinion was that about 10% or more of cattle in Pictou were tuberculous, and that probably 10 or 15% of tuberculosis in children was of bovine type, although accurate statistics are lacking. Under the modern tests all the cattle in the country could be

dealt with rapidly. The only other method that is applicable to prevent contagion was pasteurization which can be done when the milk supply is centralized. Pasteurization has to be done very carefully or else portions of the milk are unduly heated which lessens its palatability. There is an active campaign on in civic circles here, and, as there is a good deal of doubt in the public mind in regard to the subject, it was felt that the County Society should take a stand as a lead to the local authorities. There are a good many sides to the question but the Society agreed to the following resolution:—"That the Pictou County Medical Society declares that Bovine Tuberculosis is communicable to man, that it is responsible for a large proportion of Tuberculosis in children; that it is transmitted through the milk; and that active measures should be adopted by our health authorities to deal with the matter." The other matters discussed were Public Health nursing and the Medical History of Pictou County.

Cape Breton Medical Society.

A special meeting of Cape Breton Medical Society was called in the Court House, Sydney, at 3.00 p. m. Tuesday, April 22nd, 1924. A large number of members of the Profession were present. The Society appointed as its representatives to address the annual meeting of the Provincial Society in the section of "Obstetrics and Gynaecology"—Dr. J. G. Lynch, with Dr. John McDonald as alternative. To speak for the section on "Surgery" Dr. J. J. Roy, and to represent the Society in the section on Medicine Dr. D. W. Archibald. A very general discussion on the affairs relating to Provincial and Branch Societies occurred following an informal talk by the Associate Secretary on the general work of Medical Societies. The members of the Cape Breton Society are very enthusiastic members of their own Society and desire to aid to the utmost of their power the Provincial organization. Any criticisms that were made, were made wholly for the purpose of improving the efficiency of the Society organization. Dr. W. F. MacKinnon, of Antigonish, was also present by invitation and addressed the Society in an interesting manner.

A special Committee was appointed to arrange for the annual meeting of the Cape Breton Medical Society on the second Thursday in May and Dr. MacKinnon and the Associate Secretary were cordially invited to be present. Utterance was given to the opinion that it should be one of the duties of the Associate Secretary to visit officially with or without invitation each and every Branch Society at least once a year.

The members regretted to learn that Dr. Marcus Dodd, of Bridgeport, Honorary Member of the Medical Society of Nova Scotia, was somewhat indisposed, and had been admitted to Hospital.

PERSONAL

Dr. O. B. Keddy, of Windsor, President of the Medical Society of Nova Scotia for this year was quite seriously indisposed in the early part of April, and altho he has resumed practice, has not yet fully recovered.

Mrs. N. H. Gosse, of Canning, went to Boston recently for a short visit, returning with her husband, Dr. Gosse, who had been doing special hospital work there for several weeks.

Dr. Finlay MacMillan, of Sheet Harbor, has two interesting Reminiscences in this number of the Bulletin. In a personal letter he says,—“I am out of practice writing . . . do not take well to writing an article . . . perhaps the city papers might publish the notes on Pictou Island, it might suit better than for medical literature . . use your judgment, or give to the waste basket.” The readers of the Bulletin will enjoy these notes for the personal element in them, and because they are from the experiences of one of our Honorary Members.

Dr. H. W. Kirkpatrick, Middleton, gave a practical talk on “Public Health and Sanitation” to the Tuxis and C. G. I. T. groups of the United Church, April 22nd.

Dr. G. W. T. Farish Yarmouth, is Vice-President of the Yarmouth Rotary Club for the year 1924-25.

The home of Dr. and Mrs. C. E. A. DeWitt, Wolfville, was the scene of a very pretty wedding, April 23rd, when Elizabeth Helen, daughter of Mr. and Mrs. W. F. Fitch, Wolfville, was married to David Barss Rogers, son of Mr. and Mrs. H. W. Rogers, Amherst.

Dr. Frank V. Woodbury, Halifax, has been appointed Medical Examiner for Halifax and Dartmouth, succeeding the late Dr. W.D. Finn, who filled that office admirably for nearly 30 years.

Among those who will attend the Dalhousie Re-Union Week, August 20-22 will be Dr. Robinson Cox, of Upper Stewiacke, the second oldest graduate of the Dalhousie Medical College. Dr. Cox graduated in 1875 winning the graduating prize for that year. He has practised continuously since that time in Upper Stewiacke.

Dr. W. H. Cole, New Germany, was on the sick list for a week or two in the latter part of April.

Dr. G. A. MacIntosh, Medical Superintendent of the Victoria General Hospital, having sold his property on Robie St., will live for the summer in his cottage at Bedford.

The many friends of Mrs. Churchill, wife of Dr. J. L. Churchill, Quinpool Rd., Halifax, will be glad to know that she has fully recovered from a rather serious and tedious illness.

The announcement has been made of the wedding in June of Miss Abbie Jacques and Mr. F. A. Lane, of Halifax. Miss Jacques is the only daughter of the late Dr. Hartley Jacques, of Halifax.

Both doctors and their wives concern themselves very much with local affairs in their respective towns. Mrs. John Bell was recently elected President of the Ladies Musical Club of New Glasgow. Mrs. W. F. Kenney was the director of a Dramatic Club giving very successful performances in the Odd Fellows Hall, Springfield not long since.

Dr. and Mrs. S. N. Miller, of Middleton, recently spent a few days in Boston, and on the occasion of their visit Mrs. Miller was one of the hostesses at the Canadian Club annual Luncheon in that city.

Dr. H. L. Roberts of Digby, with Mrs. Roberts and baby, spent a short time recently visiting relatives and friends in Boston.

Dr. Chas. K. Fuller, of Yarmouth, has gone to England for post graduate special work. Dr. O. F. Best, Providence, R. I., a registered practitioner of Nova Scotia, will carry on Dr. Fuller's practice during his absence.

The Associate Secretary received a letter from Dr. Robinson Cox, of Upper Stewiacke, dated May 5th, referring to the death of Dr. P. N. Balcom, of Aylesford, whose obituary appears in this issue. Dr. Cox writes as follows:—

“Dear Doctor Walker:

The news of the death of my old friend and fellow student, Dr. Balcom, was quite a shock to me. Balcom and I sat together for two sessions as students at Dalhousie. We were intimate friends in these days and this friendship has been frequently renewed by our meeting together at Society meetings. Thus the old guard passes away one by one.

What Is On Your Card!

Dr. Charles H. Mayo at a recent meeting said;—"Every man has a card on which his name, address and the fact that he will die are written in indelible ink. The date of his death and the disease from which he will die are also written on this card, *but the writing is with pencil and erasable.* (Public Health Notes, April, 1924.)

Dr. J. Howard Slayter, Gaspereau, and Dr. C. W. Holland, Halifax, were passengers for England on the "Regina" sailing from Halifax, April 27th.

Dr. S. G. McKenzie, formerly a strong football and hockey player was elected Vice-President of the Westville Amateur Athletic Association at its recent annual meeting.

Dr. O. B. Keddy, of Windsor, President of the Medical Society of Nova Scotia, who was seriously ill in April, is now taking an extended rest at Mill Village, Queens County. Perhaps some good trout fishing while there will be part of the treatment.

"Your medicine has helped me a great deal," wrote the grateful woman. "A month ago I could not spank the baby, and now I am able to thrash my husband. Heaven bless you,"

A CASE IN THE SHORT CIRCUIT COURT.

A chap was arrested for assault and battery and brought before the judge.

Judge (to prisoner)—"What is your name, your occupation and what are you charged with?"

Prisoner—"My name is Sparks, I am an electrician, and I am charged with battery."

Judge—"Officer, put the man in a dry cell.—The Inland Merchant.

UNREPENTANT.

Wife—"Your Honor, he broke every dish in the house over my head, and treated me cruelly."

Judge—"Did your husband apologize or express regret for his actions?"

Wife—"No, Your Honor; the ambulance driver took him away before he could speak to me."

OBITUARY

The death occurred recently after a lengthy illness in Boston of Miss Clennie Inglis, daughter of Mr. and Mrs. Edward Inglis of Mahone Bay. Miss Inglis was the very efficient Health Nurse in Lunenburg County for nearly two years. She was responsible for the beginning of Clinic work in that County which is still being carried on in some places.

The funeral of Dr. William D. Finn took place from St. Mary's Cathedral, Halifax, April 13th, Requiem Mass being celebrated by Very Reverend Monsignor Foley, while in the Sanctuary were all the clergy of St. Mary's together with many from the other parishes of Halifax and Dartmouth. The attendance was very large both from the medical profession and the laity. The pall bearers were Doctors E. V. Hogan, C. S. Morton, F. E. Lawlor, and Messrs. Hon. W. J. O'Hearn, Hon. R. G. Beazley, and W. W. Walsh, K. C. Interment was in Olivet Cemetery.

The death occurred at Port Williams on April 20th of Oscar Chase Esquire, aged 63 years after an illness of but one week. The late Mr. Chase was well known as a prominent farmer, a graduate of the Agricultural College at Guelph, a valued member and elder of the Presbyterian Church, and a Commissioner to the Presbyterian General Assembly last year. One of his daughters is Dr. Margaret Chase on the Staff of Dalhousie University, as Assistant to Dr. Nicholls in the Pathological Department. She is also resident physician at Sheriff Hall. Another daughter is Dr. Lillian Chase on the Staff of the Western Hospital, Toronto, who has recently been appointed as a medical missionary to Korea.

A funeral service was held April 22nd at the residence of Dr. H. H. McKay, New Glasgow, for Mrs. Alexander Miller, who had spent her recent years there with her daughter, Mrs. McKay. Interment was made at St. John, N. B.

Many of the doctors who were overseas met Major W. H. Meritt, who was in command of the 14th Battery for over six months in France, and was later on Medical Boards at Shorncliffe, and also attached to Orpington Hospital. He was demobilized with rank of Lieut.-Colonel and has since then resided at his home, Rodman Hall, St. Catharines, Ont. His health suffered materially owing to his military services and the papers note his death April 22nd, after several weeks' illness in his 58th year. He had a pleasing personality and had many friends among the C. A. M. C. officers.

**Parker Nathan Balcom, M. D., University of New York,
1875, Aylesford, Kings Co., N. S.**

The death occurred very suddenly at his home in Aylesford on April 27th, of Dr. P. N. Balcom, aged 75 years. The Bulletin is indebted to Dr. W. B. Moore, of Kentville, for the following obituary notes,—

“A more than usual feeling of sadness because of another instance of the inevitable doom of humanity, pervaded the Township of Aylesford especially, and Kings County generally, when it was learned on Monday morning, April 28, 1924, that Dr. Balcom who had been the main reliance of the sick and afflicted of the above large territory for nearly fifty years, had suddenly died shortly after midnight. While he had shown evidence of heart trouble for some years, yet he continued to discharge the duties of his profession to the last, and was around as usual during the hours preceding his death.

Dr. Balcom was the youngest son of Mr. and Mrs. Samuel Balcom, of Paradise, Annapolis County, N. S., and was born at that place on January 29, 1850 and was thus in the seventy-fifth year of his age, nearly fifty years of which was devoted to the service of the sick and suffering in that beautiful historic section of Western Kings between Berwick at the East, the Annapolis County line at the West, the Bay of Fundy at the North, and Lunenburg County at the South,—a great tract of country with many people, and two mountain ranges. Truly a stupendous work only to be understood by those who in the days gone by have done the work of the General Practitioner under somewhat similar conditions. He graduated at the University of New York in 1875 and shortly afterwards succeeded his elder brother, Dr. Melbourne Balcom, who had preceded him in practice at Aylesford. Possessed of good ability and natural Nova Scotian resourcefulness and adaptability, he soon identified himself with the people's interests, not only professionally but also socially, industrially and municipally, representing his district as Councillor and a number of years as Warden of Kings Co., and on several occasions having the opportunity of almost certain success in achieving political honors as representative of the Liberal Party in Parliament, an honor which his deep and abiding sense of his professional obligations to his people led him to decline. He took an active interest in the progress of Agriculture, Horticulture, and Cranberry raising to which his section was adapted, and successfully developed some fine farms. He was a Director in the United Fruit Company, and was generally recognized as a man of excellent knowledge and judgment in such matters, as well as in Professional work. Professionally he took an active interest in the various medical societies, was a past President of the Valley Medical Society, a life member of the Provincial Medical Board, and the M. H. O. of the County of Kings for many years. He also took an active part in the establishment of the Kings County Memorial Hospital at Berwick, and contributed liberally to its equipment, and was a valued

member of the Staff. His work among the sick was characterized by unflinching faithfulness and devotion to duty in all cases rich or poor, with no strike for a six, eight or ten hour day, but ready and willing to do a twenty four hour day whenever his people needed him. He was a man of excellent skill and judgment, a thoroughly sound, careful, and well equipped General Practitioner, and did a great work for suffering humanity under many adverse and trying conditions.

The writer who knew something of his work in outlying sections of his district is impelled to refer to, what seems to be, a close analogy between some of his fights and victories, and the allegorical picture, representing Saint George vanquishing the destructive Dragon of old. Summoned, as he often was in midwinter, to face the blizzards from the frozen north and to plough through the north mountain snow drifts at midnight, he would eventually reach, with exhausted self and horse, some poor shack with a most serious emergency case confronting him. Without shelter and little or no feed for his horse, with no skilled nor likely any other help, he was obliged to fight unaided a battle requiring all of his physical and mental energies, while struggling hour after hour with the malignant demon of disease from whose grasp he would wrest the helpless victim. Perhaps with tragic weakness he would admit defeat, and impotently await the octopus-like grasp of the Grim reaper who stood in the shadow awaiting the success of his demon. Then perchance at the end of the struggle, when worn and weary almost to the point of exhaustion, with his horse nearly frozen and half starved, and little food for himself, he again faced the blizzard and the drifts on his homeward way victorious in the fight, his only reward, if he ever even dreamed of such a thing, consisted in the feeling that he had done his duty, and the knowledge that, because of his work, there was one less lonely husband, one less stricken family of mourning, motherless children, and one less mound of earth in the little mountain church-yard.

In his professional and business relations with his people Dr. Balcom was most successful, and while doing an immense deal of faithful work for the poor, he never commercialized his professional opportunities with those more affluent. Yet by reason of his business ability he was always in good financial circumstances with a fine home and comforts, was able to give his family the best possible education and to leave them considerable means. He was twice married, and by his first wife, who was Miss Young, of Middleton, he had three children who survive him,—Dr. Paul P. Balcom of Berwick, N. S., Dr. Bessie, a graduate of Dalhousie, who is the wife of Dr. F. R. Davis, of Bridgewater, and Mrs. Tait, of Edmonton, Alta. In 1923 he married Edith, daughter of the late Rev. Wm. T. Brown, a respected clergyman of the Methodist Church.

His funeral took place on Wednesday, April 30th, 1924, at 2.30 p. m. The enormous number of people of all ages and all walks of life, from different towns, villages and country districts in Kings and Annapolis Counties, indicated the widespread desire to pay the last tribute of respect to one who had won and held the confidence and esteem of the people for so many years. It was held by the Masonic

Order, under the direction of Harmony Lodge, A. F. and A. M. of Aylesford of which he had been a member for many years, following a full service at the Aylesford Baptist Church. It was most impressive in the beauty and solemnity of this last sad rite at the grave. About eighty masons were in attendance and medical members of the Order acted as Pall Bearers,—Drs. Armstrong of Bridgetown, Sponagle, Fales and Kirkpatrick of Middleton, Webster and Burns of Kentville, and Elliott of Wolfville,—while Drs. Davis of Bridgewater, Messenger of Middleton, Bethune of Berwick, Bezanson of Aylesford and Moore of Kentville, were among the mourners. The floral offerings were numerous and beautiful, among them being some splendid pieces from the Provincial Medical Board and the Valley Medical Society. He rests in Aylesford Cemetery among many of those who predeceased him, whose sufferings he lessened, and whose lives he prolonged, and will as the times goes on be surrounded by those whom he brought into the world and to whose needs he ministered until death suddenly claimed him.

The Medical Profession is the logical result of man's need for help in times of sickness and injury, and surely the life history of this departed member justifies its existence and honors its traditions. Pages could be truthfully written upon the subject of his service, but the following epitaph, which fortunately for the sick and for the Profession could be truly written on the tombstone of many honored members who have gone, and will have to go off the stage, seems to be fitting:—

'The world had less death and more life, less sickness and more health, less suffering and more comfort, and less sorrow and more joy, because he lived in it.'

CANADIAN MEDICAL ASSOCIATION

ANNUAL MEETING OTTAWA

JUNE 17th, 18th, 19th and 20th, 1924.

One fare and one-half for return ticket.

Fare from Sydney \$29.55. Fare from Halifax \$25.50.

Pullman Halifax to Montreal. Lower berth \$6.55.

MEDICAL DIRECTORY

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1923-1924

PLACE OF MEETING, AMHERST, N. S.	
President.....	Dr. O. B. Keddy, Windsor, N. S.
1st Vice-President.....	Dr. W. N. Rehfuss, Bridgewater, N. S.
2nd Vice-President.....	Dr. J. J. Roy, Sydney, N. S.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax, N. S.
Associate-Secretary.....	Dr. S. L. Walker, Halifax, N. S.

EXECUTIVE

Cape Breton Branch	Eastern Counties Branch
Dr. M. G. Tompkins, Dominion	Dr. W. F. MacKinnon, Antigonish
Dr. D. W. Archibald, Sydney Mines	
Dr. John MacDonald, Sydney	Halifax County Branch
	Dr. M. G. Burris
Pictou County Branch	Dr. K. A. McKenzie
Dr. John Bell, New Glasgow	Dr. G. H. Murphy
Dr. S. G. MacKenzie, Westville	Dr. C. S. Morton
	Dr. J. R. Corston
Lunenburg-Queens Branch	Valley Branch
Dr. R. G. MacLellan, Lunenburg	Dr. G. J. McNally, Berwick
Dr. A. S. Simpson, Bridgewater	Dr. L. R. Morse, Lawrencetown
	Dr. W. F. Read, Digby
Yarmouth Medical Society	Cumberland Medical Society
Dr. A. J. Fuller, Yarmouth	Dr. J. A. Munro, Amherst.
	Dr. D. Mackintosh, Pugwash
Colchester -Hants Medical Society	
Dr. E. E. Bissett, Windsor	
Dr. F. F. Eaton, Truro	

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. 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. Farris, 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. Rehfuss
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. Eager
Dr. S. R. Johnston
Dr. A. E. Blackett

Committee on Obituaries:

The Associate-Secretary and the Secretaries of affiliated Branches.

MEDICAL DIRECTORY.

AFFILIATED SOCIETIES.

HALIFAX MEDICAL SOCIETY.

1924 OFFICERS 1925.

President.....	Dr. E. V. Hogan, 109 College St.
Vice-President.....	Dr. F. R. Little, 454 Robie St.
Secretary-Treasurer.....	Dr. W. L. Muir, 245 Robie St.

EXECUTIVE.

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

The Annual Meeting was held at the Green Lantern, at 8.00 p. m. April 16th, the President, Dr. M. G. Burris in the Chair. In the absence of Dr. Turel, Dr. H. G. Grant acted as Secretary.

A report from a special Committee appointed to confer with the Massachusetts-Halifax Health Commission was presented, which was on motion ordered to be distributed to all members of the Society, and that a special meeting be called at an early date for its consideration.

The financial statement showing a credit balance on hand, certified correct by the Auditors, was presented and on motion adopted. The Nominating Committee presented a report which was received, amended, and finally adopted as shown above. The members of the Executive are also the nominees to the Provincial Executive which will be elected at the Annual Meeting at Amherst.

On motion the President and Secretary were instructed to extend the sympathy of the Society to Mrs. W. D. Finn.

Votes of appreciation and thanks were passed to the retiring President and Secretary to which Dr. Burris made suitable reply.

Over thirty members of the Society were present, and light refreshments were served during the evening.

MEDICAL DIRECTORY

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. G. Tompkins, Dominion

YARMOUTH COUNTY MEDICAL SOCIETY

President.....G. W. T. 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. L. M. Morton

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

VALLEY MEDICAL SOCIETY

President.....Dr. A. S. Burns, Kentville
Vice-PresidentDr. L. W. Braine, Annapolis
Vice-PresidentDr. W. R. Dickie, Barton
Vice-President.....Dr. M. 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. F. Eaton, Truro
Vice-President.....Dr. A. R. Reid, Brooklyn
Secretary-Treasurer.....Dr. H. V. Kent, Truro

Executive

Dr. R. O. Shatford, Londonderry Dr. C. H. Morris, Windsor

MEDICAL DIRECTORY

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	Dr. 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.

MEDICAL DIRECTORY

THE CANADIAN MEDICAL ASSOCIATION

PRESIDENT—J. F. Kidd, Ottawa. Annual Meeting, Ottawa, 1924.

VICE-PRESIDENTS EX-OFFICIO—Presidents of affiliated Provincial Associations.

HONORARY-TREASURER—A. T. Bazin, 836 University St., Montreal.

GENERAL SECRETARY—T. C. Routley, 127 Oakwood Ave., Toronto.

THE COUNCIL

ASSOCIATION'S MEMBERS

K. A. MacKenzie, Halifax.	W. G. Reilly, Montreal.
N. J. Maclean, Winnipeg.	A. R. Munro, Edmonton.
C. F. Martin, Montreal.	E. W. Archibald, Montreal.
J. S. McEachern, Calgary.	B. D. Gillies, Vancouver.
J. G. McDougall, Halifax.	Clarence Brown, Ottawa.
F. N. G. Starr, Toronto.	J. A. Gunn, Winnipeg.
L. G. Pinault, Campbellton, N. B.	G. R. Peterson, Saskatoon.
W. S. Galbraith, Lethbridge.	

REPRESENTATIVES FROM AFFILIATED ASSOCIATIONS

- Alberta—W. Egbert, Calgary ex-officio; A. T. Turner, Innisfail; E. L. Connor, Lethbridge.
- British Columbia—George Hall, Victoria, ex-officio; H. M. Robertson, Victoria; G. H. Manchester, New Westminster; F. J. Buller, Vancouver.
- Manitoba—T. G. Hamilton, ex-officio; G. S. Fahnri, D. A. Stewart, Ninette.
- New Brunswick—S. H. McDonald, ex-officio, St. John; E. J. Ryan, St. John; G. Clowes, Vanwert, Fredericton.
- Nova Scotia—O. B. Keddy, Windsor, ex-officio; G. H. Murphy, Halifax; W. J. Egan, Sydney; A. S. Simpson, Bridgewater.
- Ontario—J. F. Argue, Ottawa, ex-officio; F. W. Marlow, Toronto; E. R. Secord, Brantford; J. H. Mullin, Hamilton; G. S. Cameron, Peterborough.
- Saskatchewan—J. A. Valens, ex-officio; P. D. Stewart, Saskatoon; F. W. Hart, Indian Head.

EXECUTIVE COMMITTEE

W. G. Reilly, Chairman.	E. R. Secord, Brantford.
A. T. Bazin, Montreal, ex-officio.	T. G. Hamilton, Winnipeg.
T. C. Routley, Toronto, ex-officio.	J. H. Mullin, Hamilton.
F. N. G. Starr, Toronto.	J. F. Argue, Ottawa.
J. S. McEachern, Calgary.	E. W. Archibald, Montreal.
G. S. Cameron, Peterborough.	H. K. McDonald, Halifax.