

Twenty Five Years Practice In A Mining Centre.

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Being a paper presented to the Halifax Medical Society, March 25th,
1925.

MR. PRESIDENT AND GENTLEMEN
OF THE HALIFAX MEDICAL SOCIETY:

PLEASE accept my sincere thanks for the kind invitation you have extended me to read a paper at this meeting. Speaking before a Society, a great many of whose members are on the teaching staff of the deservedly famed Medical School of Dalhousie University, one must measure his steps very carefully. It is not my intention tonight to impart any new ideas, for they have all been tried many times, but with your consent, I shall give some of my experiences of a quarter of a century in the practice of a mining centre.

April, 1902, I had my first confinement case. On Dec. 30th, 1924, I totalled up 2309. Looking over my records, which I kept fairly accurate, I find many interesting facts and much food for thought. In the above number I had 27 breeches, one transverse, three hand, three foot, two face, one cord, four placenta praevias, one hydrocephalus, three monstrosities, one child born with small-pox fully developed, the mother having been liberated from quarantine some sixteen days previous; one child having three molar teeth, and one having two front and one molar at birth. Of twins I had 28. The oldest woman was 48 years and nine months; the youngest $2\frac{1}{2}$ months under fifteen years. The greatest number for one woman was 17, 14 of whom are still living. I found some very interesting statistics about the length of the cord. In five cases I found the cord to measure respectively, $55\frac{1}{2}$, 52, 48, $34\frac{1}{2}$ inches and the shortest a fraction under 9 inches in length. In the last fifteen years I have not tied the maternal end of the cord, except in cases of twins, as I believe by letting it bleed it hastens the expulsion of the placenta, averaging twelve minutes if you leave everything to nature. By the Caesarean route I brought 18 children into the world and in each case both mother and child lived. One woman I performed the operation three times; twice on two others, and the rest, once. Two of the cases were for eclampsia, one for

placenta praevia, one for pernicious vomiting at eight and a half months, and all the others, for contracted pelves. I always put them in the Fowler position for the first week for drainage purposes. In doing a Caesarean, I never bring the uterus out of the abdomen as recommended by many, but pack it well around with gauze and make my incision in the centre line of uterus, regardless of the position of the placenta. In sewing up the uterus I always do so in four layers, using No. 1 catgut and continuous suture for the first two layers, being muscle only; next, suture for peritoneal surface, and the final one, being of the Lambert variety, covers the previous suture. I never, in any case, found any sign of weakness in the uterine wall, nor in fact, did I ever notice a sign of previous incision; neither did I find any sign of adhesions in those done more than once. This, I believe, is due to the Lambert suture and that the uterus does not come in contact with the iodized surface. In all my abdominal work, I never allow any of the viscera to come in contact with the outside surface. I find in those cases that the child is not so much narcosed after chloroform as after ether. Those are the only operative cases in which I use chloroform.

I have had 32 dead born children, eight of whom I should have saved. In the case of five, had I allowed nature to take its course, I believe everything would have been well. Of the other three, one hand, one face and one impacted breech, I should have done a Caesarean, and if I had, I believe I would have saved the babies' lives.

Maternal deaths numbered thirteen, an unlucky number for all concerned. Four died from infection which should not have occurred had a trained nurse been in charge instead of an old time midwife. Four died from shock following delivery. Those should also have been saved, had I done a Caesarean, which in my opinion is much safer than a prolonged labor, forceps, version, which results eventually in death, as did these cases; but one must choose one's cases. In a contracted pelvis, that is, where the conjugata vera is below $3\frac{1}{2}$ inches, or in any case, be it primipara or multipara, where the head is still at the pelvic brim and not engaged after six hours, or sooner if the patient's condition demands interference, as shown by increased pulse rate, general progressive restlessness and other danger signals, which we are all familiar with, then, I consider Caesarean the operation of choice. This, I believe holds true in all cases of eclampsia which do not respond to scientific treatment, a rigid os, no dilatation, and more especially if she is a primipara. In such cases, I believe, Caesarean gives both mother and child a better chance than prolonged manipulation, which very often kills the child before delivery. I might add that I have never done a Craniotomy, nor can I recall ever meeting any such cases that ever indicated that such an operation was necessary. In all cases of multipara, especially those with pendulous abdomens, I find a strong, wide abdominal binder, tightly applied, strengthens the abdominal muscles and shortens the time of labour.

In treating puerperal infection, which we still get through the channels of the midwives, I give at once 60 c.c. Polyvalent serum (stock mixture) and repeat 40 c.c. every four hours until temperature is normal for at least twenty-four hours. In all, I have treated in the past twelve years, fifteen such cases without a death. In one case I used 1460 c.c. and the woman lived to have three children after.

Pituitary, according to Dr. Little of Montreal at Amherst last year, is not recommended and he went so far as to say that it should only be used, if at all, in very select cases. Perhaps he is right, but I have used it in every case the past 14 years, except in those cases contra-indicated by some pelvic obstruction. and I have yet to see the first case harmed by its use. Since starting to use pituitary, I have practically given up forceps and saved many hours of suffering for the mother. Ergot, I never use in any form; in fact, I never see any indications for its use.

I have had three Hydrocephalus cases, one of which proved very interesting to me. The first one was born so and lived for many years, nothing being done to relieve its condition. Both of the other cases started after the first year of birth without any apparent cause. I drained the ventricles of both. The first one died six days after of meningitis, but the second one, whose photo you see, fared much better. The mother noticed the head becoming enlarged when the child was about one year of age. I first saw him about six months after, at that time his head measuring $24\frac{1}{4}$ inches. I punctured the lateral ventricle, draining off one ounce of fluid, bandaged the head very tightly with adhesive tape. In ten days removed tape, found head $22\frac{3}{4}$ inches; then punctured opposite ventricle and removed same amount and again bandaged. Eight days after head measured $21\frac{3}{4}$ inches. Then I drew off $\frac{1}{2}$ ounce from each ventricle and applied bandage. Mother then refused further interference and took child out of hospital. I lost sight of him until a few months ago. The child is, as you see, the average size for its age, four years and nine months, seems to be as intelligent as other children, plays around, speaks well. The following are the measurements of the head:

Circumference	-	-	-	-	-	-	-	-	-	23 inches.
Normal	-	-	-	-	-	-	-	-	-	$19\frac{3}{8}$ "
Ant. Post	-	-	-	-	-	-	-	-	-	$7\frac{1}{2}$ "
Normal	-	-	-	-	-	-	-	-	-	$6\frac{1}{2}$ "
Lateral	-	-	-	-	-	-	-	-	-	6 "
Normal	-	-	-	-	-	-	-	-	-	$5\frac{1}{4}$ "

I think you will agree with me that such an operation should be performed in all such cases. I might add that both blood and ventricle fluid were negative for Wasserman.

APPENDICITIS.

Our Town for many years has been noted for the great number of appendicitis cases until it has become more or less of a joke. Discussing it with Dr. John Stewart in 1912, he suggested that our water supply might possibly have something to do with it. Shortly after I read a paper in the "London Lancet" in which a very eminent French Surgeon proved that in a French town where there had been many such cases, they were due to the water supply. He found that those who drank wine were immune, while practically all the appendicitis cases were water drinkers.

The late Owen T. Williams drew attention to the white, soft, soap-like concretions in the appendix in appendicitis. His analysis showed that those concretions were similar to intestinal sand, and consisted largely of soluble fats and insoluble soaps, with a high calcium content of 3.3 per cent. He referred to Schmidt, who has stated that the intestinal mucosa excretes inorganic salts of iron, calcium and phosphoric acid, and fatty substances; and to the work of Sir William Macewen, who demonstrated a secretion in the appendix during life. Williams found that concretions in the appendix contain insoluble calcium soaps of saturated fatty acids, which are formed by the secretion of the appendix and are not fecal concretions. Williams suggested further that the fat compounds secreted or excreted by the tubular glands of the intestine, may, under abnormal conditions, block the lumen of the glands, and so render them liable to be more easily infected by micro-organisms. From this, I believe, that the sediments in our water supply form the pathology of our cases, in so far as they cause the abnormal conditions referred to by Williams. Among our foreign population, possibly over 400, I have yet to see a case of appendicitis. Their immunity, I believe, is due to their mode of living, seldom using water, but instead mostly wine and beer.

Prior to the year 1902, when we installed our water system, we also had very few cases of appendicitis. Our water, as pure as any in the Province, seems to have quite a sandy sediment as shown by the water pipes, which become filled up in a very few years of use and have to be renewed.

Before the towns of Dominion and Reserve began using Glace Bay water, they also had very few cases, but since then the number has increased very markedly, and this also holds true of other mining towns in our vicinity where appendicitis is rare. I am, therefore, led to the conclusion that something in the water is responsible for our large number of cases, which last year totalled 204.

In deciding when to operate I always keep two things in mind, nausea and vomiting. Vomiting regarded as a reflex symptom due to peritoneal irritation, I consider a very important factor as to the amount of peritoneal involvement. The temperature I do not consider of any consequence, for we often get the worst cases with a normal temperature. To my mind, when nausea and vomiting occur, espec-

ially the latter, we should open up at once, and in nearly every case the appendix will be found gangrenous. Once the diagnosis is made I operate as soon as possible, using the Gridiron incision for clean cases and the Battles for those which I consider require drainage. In the latter, it is much easier to re-insert the drain if needed. In cases of doubt, altho many maintain that doubt spells ignorance, and to follow a ruling of such a motto is to spend a life of surgical stagnation, I always drain. In every case I remove the appendix. This can always be done with a good large incision and patience. I discarded the hard rubber tubing many years ago, after having several fecal fistulas, which I believe, was due to this sort of drain. I now use cigarette drains, removing them at the end of 72 hours, after which time I claim, they become an irritant. The stump of the appendix I cauterize with carbolic and invert when possible, and in cases of vomiting, I wash out the stomach with Sodium Bicarbonate, one dram to a pint of water, until it returns clear, then leaving a pint or two in and remove the tube quickly. In all cases requiring drainage I use the Fowler position, and in cases of dry peritonitis I use the Murphy's Sodium Bicarb and glucose drip for first twelve hours if patient is comfortable. For the first twenty-four hours I give morphine for comfort. I always move bowels on third day with calomel and enema. If much distress, due to gas, I move bowels within twelve hours after operation by enema. I find physostigmin 1-25 grain and one c.c. pituitary, given at the same time, one half hour before enema, greatly helps peristalsis. I never use catgut stronger than No. 1. in all abdominal cases. I also tie off every bleeder in abdominal wall, and, by so doing, I never see a stitch abscess, so called. All sutures are continuous, excepting the skin. I use iodine 5% altogether for skin preparation in all cases washing it off after the operation with alcohol. The youngest case in my experience was three years and two months, and the oldest 69 years; both ruptured.

HERNIA.

Owing to the laborious work which the vast majority of my practice is made up of, I meet with a great number of hernias, and also many recurrent ones. In the past ten years I have had eleven of the latter. In those cases, I always bring over the anterior sheath of the rectus to poupart's ligament, and to date I have had only two to recur, and one of these went back to work on the 22nd day after operation. It is a very easy operation to do and the only discomfort the patient complains of is a little tightness of the abdominal wall on hernia side.

The after effects of a coal mine injury differs greatly from one on the surface, coal being about 35% volatile matter, from which it derives its aseptic properties. I have never heard of a case of tetanus following a mine accident, and those cases that do go septic run a much shorter

course than a similar accident overground. One can open up a wound healed by first intention and get many particles of solid coal embedded into the tissues. In 1916 I began using BIPP paste with very gratifying results. In all I have treated twenty-seven compound fractures, two only of which gave me trouble, and I now believe this was due in both cases to infection during after dressings. I am sorry I have not X-Ray plates of the whole series, but I shall show you some, and for the remainder, I have to ask you to accept my word.

I have also plates showing a case of osteomyelitis of femur which I operated on in 1912. You will pardon me if I give you a brief history of this particular case. The patient, an Austrian boy, age 11 years, was treated by me for about ten days for rheumatism. I then opened up the periosteum, which I found bulging with free pus. His condition improved for a few days, when former symptoms again began with much more severity. I again operated; this time taking out a wedge of bone. The cavity of bone I found was also full of pus extending from epiphyseal line up the shaft of the bone about three inches. The leg continued discharging pus for about four months without any sign of improvement. I again opened up and found about three inches of bone practically eaten away without the least sign of repair. I was then considering high thigh amputation, when a thought occurred to me, and acting upon it, I packed the wound and returned the patient to the ward. I then got four steel pegs made, each about $3\frac{1}{4}$ inches long. In ten days I again opened up, and amputated a little over three inches of dead bone from the epiphyseal line, then making an opening into both ends of bone I inserted my steel pegs, closed up wound with drainage, put an extension of about twenty pounds on the leg, a counter extension by elevation of the foot of the bed. In about three months the wound healed nicely. I kept extension on for about six months. I again opened up the leg and I found my pegs well embedded in new bone. My only regret is that I did not leave them remaining in. The patient now, as you will see by the plate, has a good workable leg, less than one inch short.

I have now presented you with a few cases in my practice of a quarter of a century, which, I trust, were of some interest to you. At the close of the half century I hope we shall all be gathered again, and that I shall be privileged to speak to you on cases coming in my practice the coming twenty-five years.

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Endothermy.

THE profession generally have received reprints of the paper read by Dr. George A. Wyeth of New York, before the Canadian Radiological Society at Ottawa, June 20th, 1924. His subject was the treatment of Neoplastic diseases by Endothermy. Like Dr. A. Pirie, who addressed the Medical Society of Nova Scotia last year, he says,—“Though Surgery remains the chief weapon against malignancy, surveying the field in general, the progressive surgeon appreciates the value of radium, the X-ray, and endothermy. He again and again meets certain malignant conditions which yield to other methods more satisfactorily than to his knife.” He concludes as follows:—

We have learned to enumerate the advantages of endothermy as follows,—

1. Decreased danger of metastasis and likelihood of recurrence.
2. Alleviation of pain.
3. Practically no haemorrhage.
4. Practically no surgical shock.
5. Accuracy of dosage; current under absolute control of operator.
6. Sterilization of wound incidental to treatment.
7. Patient's post-operative condition generally satisfactory leading to quick recovery and good cosmetic result.

THE Bulletin is in receipt of several copies of the Annual Announcement of the Council of Physicians and Surgeons of New Brunswick for 1925-26. This publication gives personnel of the Council, the Regulations for the year 1924-25, the Examination Papers set at the June 1924 examination in St. John, and the medical register for 1925. The register contains only the names of those doctors living in New Brunswick or of doctors living in towns in Maine near the border line. The register only lists practising physicians, while the Nova Scotia register contains the names of all qualified to practice in the province. Perhaps a classified resident and non-resident directory might have some advantages.

An Acknowledgment.

IN acknowledging the receipt of fees for the C. M. A. for 1925, Dr. T. C. Routley, General Secretary writes as follows:—

“Please accept our very best thanks for your cheque and accompanying list of paid up members of the C. M. A. in your province for the current year.

I want to compliment you and your colleagues in Nova Scotia for the splendid co-operation which you are giving the Association. It is very gratifying to know that such a large number of practitioners in Nova Scotia have manifested, in a very practical manner, their desire to co-operate with their colleagues throughout Canada in building up a strong national organization.

As a provincial medium in your own organization I think your Bulletin is most creditable.”

The Manitoba Medical Bulletin comes to hand regularly. The March issue is 16 pages including cover, four pages being devoted to advertising. A short report is given of the Ottawa Conference and several notices of Winnipeg Medical Society Meetings. Several items appear as to sale of medical practices, situations wanted, and two Reviews of recently published books by members of the Manitoba Medical School.

It is satisfactory to note that the tuberculosis clinics carried on throughout the provinces are welcomed by the general practitioners. Perhaps the attitude of the profession towards health clinics has been rather critical at times and perhaps with some reason. The general approval of the tuberculosis clinics as conducted by Dr. P. S. Campbell is an acknowledgement of the necessity of the health clinic, and objections can only be made to the personnel and methods and not to the principle. There should be more constructive and less destructive criticism.

It may be noted that the provincial press gives considerable publicity to work of this nature and heartily endorses it. Perhaps it is not too much to say that perhaps, the laity is really leading in most efforts for the improvement of health.

It Is Murder.

SEVERAL instances have been reported within a year of murder, or of murder and suicide, where justification has been claimed for the act on account of the sufferings of a hopelessly ill person. Of course this is simply murder. But can the same be said where, in similar circum-

stances, the doctor might be permitted to ease and accelerate the end. The Casket of Antigonish under the above title, has the following interesting article:—

A bill was introduced in the Danish parliament by the minister of justice which would permit doctors to take the life of a patient under certain defined conditions. There is at present a law in Denmark which makes it a crime for doctors to shorten the life of a patient that he may be relieved from suffering. While the law which has just been introduced does not specifically repeal that law it provides that "if action is undertaken in order to release a hopelessly ill person from severe and inevitable suffering punishment may be waived under extenuating circumstances."

It has frequently been urged by a few doctors and sociologists that "euthanasia" should be bestowed on a willing patient for whom in their opinion death is certain and prolongation of life means nothing more than a few days of intolerable pain. This right has never been claimed by reputable doctors. For the most part they still take and keep the Hippocratic oath. They insist that the purpose of a physician is to save life, and if it be impossible to save the life of a patient their duty is to use every means at their command to prolong it. They rightly argue that prognosis is never certain. For the most part a prognosis is nothing more than a high degree of probability. They point to innumerable cases in which members of their profession have declared that it was impossible for a patient to live, and lived for many years, dying eventually—as we all eventually will die—from a disease entirely different from the one which had been predicted as fatal by good medical authority. The Danish law would permit a doctor to end the life of a person who was "hopelessly ill" and by death would be relieved from "inevitable suffering." This begs the question. No man can say with absolute certainty that a person is "hopelessly ill" or that he is doomed to "inevitable suffering." The facts are against such dogmatic assertion.

Above and beyond these arguments is the moral thought that God alone is Master of life. It may be that prolongation of a patient's life may spell inevitable suffering. This may be God's will. It may be God's appointed way in which that patient pays the penalty of sin. He dare not interpret God's inscrutable designs. We dare not question His gospel of pain. To prolong the life of a man though he be 'hopelessly ill' may give glory to God through his 'inevitable suffering.'

The following Ad. appeared in a Halifax Daily, a couple of months ago:—

"Medical Doctor wants location in a small town, etc."

Why not send a letter to the Bulletin which goes to every practicing physician in Nova Scotia, then write the Associate-Secretary particulars!

An Old-Time Doctor's Bill.

IN the Recorder of January 30, 1813—112 years ago—the following appear in the proceedings of the Supreme Court:

Landsberg, M. D., vs. Clemmens.

This action was brought to recover from the defendant a sum of money for a surgical assistance from the plaintiff, who was a Physician and Surgeon to the defendant in the cure of a maimed arm.

The account rendered was as follows:—

Mr. Luke Kleeman,

To John G. V. Lendsberg, Dr.

For Bleeding, Pafters, Ointment, two operations, Phyfick, Healing and Curing from the fingers to the elbow, £9 12 3

The Court gave judgment for the plaintiff for £3, without costs.

(In most words of the above the letter "f" was used for an "s", which was the custom in the early days.)

The medical man of 1925 will be in a position to say whether Dr. Landsberg's charges were excessive, and whether the Court's decision just and right. (Truro News).

The General Practitioner.

(An Editorial in the New York Times, October 16th, 1924, maintains he is "The Doctor of the Future.")

NO figure in the life of country districts and smaller communities has more endeared himself than the 'doctor of the old school.' The Weelum McLure of Ian Maclaren's stories has had many living counterparts in America—the general practitioner at his best, resourceful, a friend and counselor as well as a physician. Seventy-five per cent. of our population are still treated by general practitioners with limited technical appliances, little or no specialization of skill, and but a slight relation to medical services organized in hospitals, dispensaries and clinics. This is the estimate of Dr. George E. Vincent, President of the Rockefeller Foundation, who spoke in Kansas City at the second annual meeting of the American Child Health Association. He said that the problem of the American doctor of the future comes largely down to this: 'Can the general practitioner be reproduced on a high level of efficiency and can he survive under the conditions which he is likely to face?'

"Many assert that his opportunities are being constantly restricted so that he will not hereafter be able to gain social esteem or even earn a livelihood. Dr. Vincent's answer is that the underlying American philosophy of individualism finds embodiment in the general practitioner and will not let him go. It will still have need of him as a 'counselor of health.' Even after environment has been 'sanitized' and communicable diseases have been subjected to public control and become rare, as, for example, typhoid fever in some areas; even though the

specialist has pre-empted certain anatomic territories and pathogenic states, and the growth of institutional and preventive medicine has encroached upon the fields of curative medicine, there still remains a need for the general practitioner which no specialist or hospital can fully satisfy. He is characterized by Dr. Vincent in this way:

“The well-trained, properly equipped, experienced general practitioner of ability, character, personality, is a fundamentally valuable person. He is a good diagnostician. He sees his patient as a whole. He knows his peculiarities and circumstances. He can decide when to refer him to a specialist and when to protect him against the very real danger which is threatened by a narrowly specialist point of view.”

“He may hope to survive only if he will ‘submit to a measure of organization and team-play in the co-operative use of laboratories and other resources,’ and especially if he will become a ‘practitioner of preventive medicine’. To this end he will need a different sort of training and must assume a different attitude. He must give more attention to diet, exercise, mental attitudes, recreation, family and social life. His chief function will be that of trying to keep his patients in health and of knowing where to send them in case of accident or illness. This, of course, will require a change in the people also, for they must come to think of keeping their physical and mental machines in order, instead of awaiting breakdowns and blowouts and then making belated and expensive repairs. The day may come, says Dr. Vincent, when men will treat their bodies almost as wisely as they do their motor cars.”

“Did She Cure Him”.

A story of Dr. Nathan Tupper, brother of the late Sir Charles Tupper, who practiced medicine many years in Cumberland County, is again going the rounds. The Tupper temper was well known and Dr. Nathan evidently had his share of it. To what extent Mrs. Tupper succeeded in improving his temper is not told, but the way she treated him, perhaps gained by the experience of a former marriage, is rather unique:—

“One morning, as Dr. Tupper was seated at breakfast with his wife, he discovered that his cup and saucer were not of matched china and promptly threw them both into the fireplace. With scarcely an instant’s hesitation great-grandmother threw her cup and saucer after them; and then, turning to grandmother, she said: ‘Emma, throw your cup and saucer into the fireplace.’”

“‘Why, mother,’ grandmother protested, ‘I’ll not do such a ridiculous thing!’”

“‘Emma, do as you are told,’ said great-grandmother firmly. ‘When your father sets such an example, see that you follow it..’”

“And into the fireplace went grandmother’s cup and saucer, too.”

Public Health Notes.

(Issued by the Department of Public Health).

Thermal Death Point of Tubercle Bacilli in Milk.

AMONG the conclusions of an article written as a result of studies on the above subject, undertaken by Dr. Campbell Brown, are the following:—

- I. The thermal death point is practically similar for human and bovine types of the bacilli.
- II. If an exposure of 60° C. (140° F.) be used, it requires 20 minutes exposure to prevent milk carrying infection to a guinea pig.
- III. If a temperature of 70° C. (158° F.) be used it requires 5 minutes exposure to produce the same results.
- IV. Until bovine tuberculosis can be stamped out, proper pasteurization is the only safe method of rendering milk safe for human consumption.

Pasteurization of Milk.

The compulsory pasteurization of milk will not for a time be enforced in Halifax. The agitation in favor of the measure has brought into prominence one point, however, well worthy of attention, namely, the difficulty of securing a satisfactory supply of clean milk for the city. Pasteurization was suggested as one way of making an admittedly unsatisfactory supply somewhat safer, and it was prompted largely by a desire for safe-guarding children in the homes of those people who are so placed that safeguarding in any other way is a difficult process. To secure adequate inspection of the city milk supply, distributed as the farms are over hundreds of square miles, is an expensive proposition, so expensive in fact that it is doubtful if it could be undertaken by the city.

In the meantime, those who wish to use pasteurized milk may still do so, and those who now pasteurize in their homes will, doubtless, continue it. It is regrettable if persons have been given the erroneous impression that pasteurization is a greater evil than is using the raw milk in its admittedly unsafe state.

Cancer.

“The prevention of Cancer can be brought about only by a complete revolution in our diet and habits. We must eat food of such a character as will obtain for us the same results that exist in a man leading a primitive life. We must discard those foods of civilization which are deprived of vitamins and of the several important components which are present in natural foods. The public must be educated in the knowledge of foods.”

"When the organ or tissue has undergone sufficient degenerative change, cancer develops in it. Cancer never obtains a foothold in a healthy organ or tissue, and for that reason it exists almost solely in middle or late life."

"Cancer is a result of chronic poisoning of the tissues of the body, and in the vast majority of cases, by the poisons from the gastric intestinal tract."

Excerpts from Article on "Causation of Cancer", by Sir W. Arbuthnot Lane.

Eliminate the Middleman.

Farmer: "Hello, is this the undertaker? Well, hurry right over here, my wife is terribly ill."

Solemn Voice: "You don't want me, you want a doctor. I'll be over when the doctor gives up."

Farmer: "No, I don't want any doctor. I want you. I belong to a co-operative marketing organization an' we believe in cutting out the middleman."—*California Citrograph*.

Letter received by North Carolina landlord after colored tenant had died following gunshot wound.

Dear Sir: Bulton Williams is dead. He bled to death. The bill is \$50 including the doctors that helped. M. J.

A story is told of an Irishman who ran the elevator at the old Palmer House, Toronto. One morning he came down to the main floor, carelessly leaving the pit open—a man came along and fell down, hurting himself severely.

The late Doctor Andrew Smith was passing at the time, and the following conversation took place:

Pat—"Hey, are you a doctor?"

Dr. Smith—"Yes."

Pat—"Well, come in here—there is a fellow all bruk to pieces."

Dr. Smith—"Well, Pat, I don't think I will do—I am a horse doctor."

Pat—"Begorra, you're just the man I want because nothin' but a jackass would fall down there, anyway."

CORRESPONDENCE

Census of Crippled Children.

Dear Doctor:—

Several organizations have recently been exhibiting an interest in the problem of the Crippled Children of the Province, the organizations being of such a standing that their participation in the attempted rehabilitation of these children promises the most valuable results.

For the purpose of aiding them, it is desirable that there be available some estimate of the number of children who are incapacitated in this way by reason of disease or otherwise, paying perhaps special attention to those in the families of persons who can themselves ill afford to provide for the necessary care.

It was felt that the members of the Medical Profession in the Province could best give the information required, since their knowledge comprises much more than the strictly medical or surgical aspects to be considered, but includes as well other circumstances, possession of information concerning which it is advisable to secure.

It is unnecessary to comment upon the value which may accrue to each community if it can be brought about that each child in that community, who might, if untreated, fall far short of becoming the valuable member of society which he or she might be, is given an opportunity of treatment and cure, at the earliest possible date. The known interest of the profession in all matters relating to the welfare of their communities makes this comment unnecessary.

The Department will greatly appreciate your assistance in gathering the necessary information. If there are in your field of practice any such children, will you be so kind as to forward as many particulars as possible in reference to the case on the accompanying form?

Yours sincerely,

A. C. Jost, M. D.,

Provincial Health Officer.

PERSONALS

Dr. Allan Cunningham of Halifax, recently returned from a trip to Philadelphia.

Dr. A. J. Fuller of Yarmouth recently spent a short time in New York and Boston.

Dr. G. W. T. Farrish is the newly elected President of the Yarmouth Rotary Club.

Dr. J. S. Brean of Mulgrave, is now convalescing at the home of his parents in Sydney.

Dr. George E. Buckley was a recent visitor in Halifax and was a guest of Dr. A. I. Mader.

Dr. T. A. Lebbetter of Yarmouth was recently elected President of the local Overseas Club.

Dr. J. A. and Mrs. Payzant of Halifax, have removed to Vancouver where they will reside in future.

Dr. and Mrs. H. L. Roberts of Digby, were visiting recently in Boston, and other American cities.

Dr. L. R. Morse was recently in New York attending a meeting of the American College of Surgeons.

Dr. F. R. Davis of Bridgewater, expects to leave for London about May 20th, for post-graduate work in Surgery.

Dr. W. J. Eagan of Sydney has recently been in attendance upon his father who is ill at his home in Sydney Mines.

Dr. Karl Blackadar, Port Maitland, was locum tenens for a time for Dr. John McDonald, M. P. P. St. Peters, C. B.

Dr. G. S. Harris who has been practicing in Alberta recently, has located in Canso, where Mrs. Harris formerly lived.

Dr. J. L. McIsaac of Antigonish, returned the last of March from a visit of several weeks to the Mayo Clinic, Rochester.

Dr. W. N. Cochran of Mahone, was another who was laid off duty for a few weeks this Spring on account of Influenza.

Dr. A. C. Fales of Middleton, recently returned from a months' visit to Boston. He was accompanied by Mrs. Fales.

Dr. W. T. McKeough of Sydney Mines was on the sick list in April; also Dr. J. A. Reynolds of Moose River Mines, Halifax County.

Dr. A. S. Burns of Kentville has been appointed delegate to the Convention of Rotary International to be convened at Cleveland, June 15th, 1925.

Dr. F. T. McLeod has removed from Westville to New Waterford. He naturally hopes the industrial situation will soon improve in this Cape Breton mining district.

Miss Pauline MacKay, daughter of the late Dr. J. St. C. MacKay of Windsor, recently graduated from the Bellevue Hospital Nursing School with very high honors.

Dr. T. A. Lebbetter of Yarmouth, went to Boston May 5th, enroute to New York, to meet Mrs. Lebbetter and children who have spent the winter in Miami, Florida.

Dr. John O. McLean, Dal. 1922, a son of Mr. K. R. McLean of New Glasgow, has been appointed Medical Superintendent of the Scranton State Hospital, Scranton, Pa.

Dr. John Bell of New Glasgow, attended a meeting of the Provincial Medical Board in Halifax, May 8th. Dr. E. E. Bissett of Windsor was also in attendance at this meeting of the Board.

The marriage of Miss Alice Bayfield of Vancouver to Dr. E. O. DuVernet, also of Vancouver, took place in that city March 25th, 1925. The groom is the eldest son of Dr. and Mrs. DuVernet of Digby, N. S.

Dr. Alexander Primrose, Dean of the Faculty of Medicine, of the University of Toronto, has been made a Fellow of the Royal College of Surgeons, London, England. The Fellowship comes as a distinct recognition of his services to the University and his high standing among Canadian Surgeons. Dr. Primrose was born at Pictou, N. S. and received his preliminary education at Pictou Academy. This Academy can well be proud of a very large number of its graduates.

Mrs. McKinnon, wife of Dr. Hugh McKinnon of Berwick, was a patient during April in the Victoria General Hospital. Following operation her health has greatly improved and she has returned to her home.

Dr. J. C. Morrison of New Waterford, was recently called to Englishtown on account of the illness of his Mother; while Dr. A. H. Gannon was also in attendance upon his father who was ill at North Sydney.

Dr. L. W. Johnstone, Sydney Mines, was confined to his home practically all the month of April with an attack of lumbago. The cold wet weather, the latter part of the month delayed his return to his usual strenuous work.

Dr. A. R. Melanson, M. L. A. of Eel Brook, Yarmouth County, who was ill at home prior to the opening of the present Session of the Assembly, has been under medical care in Halifax and recently had a tonsillectomy. He has greatly improved.

Dr. H. A. Grant of Whycocomagh, is compelled to leave Nova Scotia for a climate more suitable for a member of his family. He is anxious to dispose of his property. There is a good practice here for an energetic doctor. Write Dr. Grant for particulars.

Dr. R. F. McDonald of Antigonish, having completed a special Course in Eye, Ear, Nose, and Throat, in London, has taken up this Specialty in Antigonish. His office will be in the old Bank of Nova Scotia Building, recently tenanted by Dr. O. R. Stone, who has returned to Sherbrooke.

We have noted that many doctors address local societies from time to time on matters relating to health. The Womens' Institutes in particular have requested these addresses. At the April meeting of the Institute at Mahone, Dr. C. A. Hamilton gave a valuable talk on Cancer which was much appreciated.

Dr. Bell of New Glasgow, accompanied by his son and Charlie Scott, met with what might have been a very serious accident on the Halifax-Truro highway on the night of May 8th. He was on his way home from a meeting of the Provincial Medical Board when near Elmsdale a deer suddenly darted from the woods in front of the car. Dr. Bell swerved his big MacLauchlin Buick to avoid striking the deer, when it turned completely around and overturned, pinning the occupants underneath. Fortunately no serious results followed and after help was secured, he proceeded to his home in New Glasgow.

Dr. A. L. McLean, Dalhousie 1922, who has been for sometime in the Royal Victoria Hospital—Montreal—has secured a similar appointment in the John Hopkins Hospital. Pictou County, is still to the fore with native sons who are making good.

Dr. H. R. Corbett of Halifax, a 1923 graduate of Dalhousie, who has been on the staff of the Nova Scotia Sanatorium, has resigned to accept a similar position at the Irene Byron Sanatorium, Fort Wayne, Indiana. Previous to his departure from the Kentville Institution he was presented by the male patients with an address and dressing case, and by the female patients with an address and gold watch and chain.

To the membership list published in the March issue should be added the following:—

Dr. H. W. Schwartz,	183 South Park St.,	Halifax.
Dr. W. S. Woodworth,	Kentville, N. S.,	Honorary.
Dr. E. V. Hogan,	College St.,	Halifax, N. S. C.M.A.
Dr. W. L. Muir,	Jubilee Rd.,	Halifax, N. S., C.M.A.
Dr. John McDonald,	Sydney, C. B.	C. M. A.
Dr. George Nathanson,	Sydney, N. S.	C.M.A.

NEW ADDRESSES.

Dr. W. A. Curry,	121 South Park St.,	Halifax, N. S.
Dr. Gerald Grant,	18 Summer St.,	Halifax, N. S.
Dr. A. J. Cowie,	73 Henry St.,	Halifax, N. S.
Dr. W. L. Muir,	Jubilee Road,	Halifax, N. S.

Every Woman a Sleeping Beauty.

A man passionately fond of music married a wonderful singer who made no claim to good looks. As he saw the face on the pillow beside him in the grey light of the next morning, he could not but exclaim,—“For Heaven’s sake, Sing!” He did not then know that to-day, owing to the enterprise of a well-known firm of silk manufacturers, their Montreal agents are announcing “sheets to suit the complexion, guaranteed to make every woman a sleeping beauty.” These will be manufactured in every color, so that the blonde or brunette may sleep between her most becoming hues.

“Babe” Ruth, the “Home Run King”.

A very important personage in the baseball world, has been laid up of late in New York with the flu. It is of interest to note that he is being treated by Dr. Edward King, who graduated from St. F. X. in 1908. Eddie King, whose home was in Pittsburg, went to Glace Bay when his father became superintendent of mines with the Dominion

Coal Company about twenty years ago. At St. F. X. King won honors in football, baseball, and hockey; was a leader in his classes; and was deservedly popular with his associates.

Resolution.

Resolved that we, the undersigned Physicians and Surgeons of Bridgewater, Nova Scotia, practicing our profession in Dawson Memorial Hospital as well as general practice in Bridgewater and vicinity with the best interests of the Hospital at heart, will treat all surgical and medical Public Ward Patients, both male and female, while they occupy a Public Ward Bed in the Hospital, free of any Physicians or Surgeons charge or charges.

We Further Resolve that this resolution be published in the County papers as well as the papers of Queens County, so the people may be acquainted with the fact.

It Is Further Resolved that Dr. F. R. Davis and Dr. W. N. Rehffuss be appointed as Hospital Surgeons for the public Wards, operating alternately. Dr. Donkin and Dr. Campbell be the medical attendants, with Dr. Stewart and Dr. Marshall consulting.

Signed:

W. N. RAFUSE,
F. R. DAVIS,
D. A. CAMPBELL,
DUGALD STEWART,
C. A. DONKIN.

"Why don't you attend church?" asked the minister of a non-attendant.

"Well, I'll tell you, sir. The first time I went to church they poured water in my face, the second time they tied me to a woman, I've had to keep ever since."

"Yes," said the parson, "and the next time you go, they'll throw dirt on you."

A tourist in Scotland came upon a farmer in a remote Highland glen. "How delightful to live in this solitary spot," he remarked to the farmer.

"I'm na sae sure about that, sir," replied the farmer. "Hoo wad ye like to hae to ga 15 miles for a glass of whiskey?"

"Oh," said the tourist, "but you could keep a bottle."

The farmer shook his head mournfully

"Ah, man," he said seriously, "whiskey'll na keep."

OBITUARY

Dr. George H. Cox of New Glasgow is a son of Hon. George A. Cox, M. L. C. of Shelburne, who died recently at the advanced age of 88 years.

At St. Mary's Convent, Newcastle, N. B. the death occurred April 21st of Miss Eileen A. Kirwan. She was buried at Wallace Ridge, April 23rd. Dr. Philip Kirwan of Wallace and Dr. Patrick Kirwan of Rogerville, N. B. are brothers of the deceased.

The death occurred at her home in Boularderie May 4th of Mrs. Myrdoch McLean, aged 80 years. She was the mother of the late Dr. M. T. McLean of North Sydney.

The death occurred April 20th in Halifax of Miss Martha Moore Cowie at the advanced age of ninety-four years. Miss Cowie was born in Liverpool of Scotch and Loyalist parents. She was a sister of Dr. A. J. Cowie, now residing in Wolfville, who practised in Halifax for fifty-five years.

Supplementing the obituary notice of the late Dr. John F. Black in the April issue of the Bulletin, the following from a Halifax Daily will indicate the kindly philanthropic character of Doctor Black and his interest in welfare insitutions in Halifax.—

The Children's Hospital of Halifax will eventually receive \$50,000 as the legacy from the late Dr. John F. Black, a former citizen of Halifax who died in England about two weeks ago. The entire fortune which Dr. Black took with him to England when he removed there about twenty-three years ago will come back to Halifax according to the will which he made. At present, aside from certain direct legacies which he left to a number of Halifax interests, the estate is left entailed while his sisters live, three of them in California and one of them in Halifax. On their death the residue of the estate will go to the Children's Hospital of Halifax, and to be used thereto for such purposes as in the discretion of the executors will be found advisable, but specially allocating it for non-sectarian purposes and for all deserving poor children.

One of the life long friends of the late Dr. Black said last night that it was one of the most satisfactory wills as far as Halifax was concerned, that had been made by any Haloginian living

abroad for a long time. One of the notable bequests which Dr. Black made was \$1,000 to the Wanderers Club. Asked if this had been done by the deceased for any special athletic interest he took in the Club, his friend said that it was not, but it had been given to the Club as the result of the general interest he always took in the welfare of the young people of the city. This was also indicated by the fact that he had given Point Pleasant Park \$1,000. He was a man of general breadth of view, love of nature, and a very human sympathy with the young people. Among the provisions of the will are those of bequests of \$1,000 to the following:

Point Pleasant Park.
Wanderers Club.
Halifax Dispensary.
School for the Blind.
Deaf and Dumb Institution.
Halifax Industrial School.
Halifax Medical College.
Halifax Infirmary.
Victoria General Hospital.

Upon the death of the testator's sister, the principal, in the discretion of the executors, is to be given to the Halifax Children's Hospital in such a way that it shall remain a separate bequest, and is for non-sectarian purposes and for all deserving poor children."

They were on their honeymoon and were staying in a big modern hotel. The bride had been shopping, and coming back to the hotel went direct to the room she believed hers and rapped a gentle little rap.

"Honey! Honey! Let me in."

A great bass voice came through the closed door, saying: "Madam! This is no bee-hive. This is a bathroom."

Two young kindergarten teachers, intelligent and attractive, while riding downtown in a street car were engaged in animated discussion. In the seat behind them sat a good-natured, fatherly looking Irishman enjoying a nap. Finally one kindergarten inquired of the other:

"How many children have you?"

"Twenty-two," she replied. "And how many have you?"

"Oh, I have only nineteen," replied the first.

At this point the Irishman, now wide awake with astonishment, leaned forward in his seat, and, without any formality inquired in a loud voice.

"What part of Ireland did youse come from?"

NURSES' DIRECTORY.

Registered Nurses, 1924-1925

(to 18th May, 1925).

NAME	ADDRESS
Anna Dolores, Sister.....	Hamilton Memorial Hospital, North Sydney.
Mary Anna Teresa Sister.....	St. Martha's Hospital, Antigonish, N.S.
Azar, Marion G Mrs.....	161 George St., Sydney, N. S.
Archard, Sarah Ann.....	104 Henry St., Halifax, N. S.
Arthur, Mary.....	New York, U. S. A.
Archard, Alfreda Catherine.....	Victoria General Hospital, Halifax N. S.
Anderson, Gertrude Irene.....	Annapolis, N. S.
Austen, Gladys Louise.....	27 Church St., Dartmouth N. S.
Archibald, Muriel Joy.....	Colchester County Hospital, Truro, N. S.
Auld, Sadie H. (Mrs. E. L. Auld).....	Hillcrest, Old King's Road, Sydney N. S.
Amirault, Beatrice Mary.....	Corey Hill Hospital, Brookline, Mass.
Allan, Ann Doctor.....	City of Sydney Hospital, Sydney, C. B.
Anderson, James Peter Mr.....	Victoria General Hospital, Halifax N. S.
Beith, Esther M.....	Dalhousie Public Health Clinic Halifax, N. S.
Barnaby, Agnes Gertrude.....	24 South St., Halifax, N. S.
Bligh, Clara Belle Mrs.....	28 Westminister Apartments Halifax, N. S.
Barker, Mrs. Bertie Baxter.....	Highland View Hospital, Amherst, N.S.
Barrington, Sibella A.....	St. John, New Brunswick
Bartol, Edith Watson.....	Oxford Ave., Sydney Mines, N. S.
Black, Amy I.....	Amherst, N. S.
Barton, Dorothy May.....	Fort Qu'Appelle, Saskatchewan.
Blackford, Helen Maude.....	175 Adelaide St., St. John, N. B.
Betz, Josephine Simon.....	Highland View Hospital, Amherst, N.S.
Beckman, Mabel Dorothy.....	Payzant Memorial Hospital, Windsor.
Billman, Alice.....	Armdale, Halifax, N. S.
Benvie, Ada.....	Duncan, B. C.
Browne, E. O. R.....	12 Summit St., Dartmouth, N. S.
Cameron, Josephine Christie.....	Westminister Apartments, Halifax, N. S.
Crooks, Hilda Gertrude.....	Soldiers' Memorial Hospital, Middleton, N. S.
Canty Doris Ann.....	4 Mott Street, Dartmouth, N. S.
Connolly, Mary Dorothy.....	62 George St., Sydney, N. S.
Cooper, Alonzo.....	Victoria General Hospital, Halifax, N. S.
Caldwell, Enid R.....	Sweets' Corner, Hants County, N. S.
Catherine Gerard, Sister.....	Hamilton Memorial Hospital, North Sydney, N. S.
Crosby, Gertrude Janet.....	Health Centre No. 1, Halifax, N. S.
Campbell, Mary Florence.....	344 Gottingen, St., Halifax, N. S.
Carroll, Elizabeth Anne.....	344 Gottingen St., Halifax, N. S.
Carson, Agnes Douglas.....	Victoria General Hospital, Halifax, N. S.
Coolen, Mary Ellen.....	Health Centre No. 1, Halifax, N. S.
Calder, Jennie S.....	City of Sydney Hospital, Sydney, N.S.
Coon, Martha Emma.....	Massachusetts, U. S. A.

Cook, Gertrude	Infants' Home, Halifax, N. S.
Cliff, Florence Margaret	Victorian Order of Nurses' Home, Halifax, N. S.
Campbell, Janet Alexandrina	Windsor, N. S.
Currie, Susan	Pictou, N. S.
Currie, Alice Margaret	Pictou, N. S.
Cox, Gertrude Mabel	P. O. Box 125, Truro, N. S.
Campbell, Janet Gordon	32 Alexander St., Sydney, N. S.
Courteen, Frances Violet	City of Sydney Hospital, Sydney, N. S.
Chisholm, Sarah Ann	Antigonish, N. S.
Chisholm, Katherine Marie	265 Charles St., Boston, Mass, U. S. A.
Carrigan, Irene Bridget	Antigonish, N. S.
Crooks, Sarah Elizabeth	Lawrencetown, N. S., R. R. No. 3,
Connors, May	New Waterford Hospital, New Waterford, N. S.
Campbell, Mary Nora	Reserve Mines, N. S.
Cameron, Margaret	Mabou, N. S.
Crooks, Hilda Gertrude	Soldiers' Memorial Hospital, Middleton
Cooper, Alonzo, Mr.	Victoria General Hospital, Halifax,
DeVan, Alice A. Mrs.	678 Robie St., Halifax, N. S.
Dunlap, Laura A.	1 Kent St., Halifax, N. S.
Davidson, Margaret	Nova Scotia Hospital, Dartmouth, N. S.
Duncanson, Norah Hensley	66 Henry St., Halifax, N. S.
Daly, Bernice Mary	104 Park St., Sydney, N. S.
Dillon, Leonora Martell	Victoria General Hospital, Halifax, N. S.
Dagg, Mary A. Chisholm Mrs.	89 Charlotte St., Sydney, N. S.
DeMing, Isa Christina	146 Church St., Moncton, N. B.
Desmond, Berthold	R. R. No. 3, New Glasgow, N. S.
Dubbin, Mabel Louise	101 James St., Whitney Pier, Sydney, N. S.
DeCoste, Lillian Elizabeth	Cape Jack, Havre Bouche, Antigonish
Doucet, Catherine Elizabeth	Yarmouth, N. S.
Dwyer, Rita Patricia	Nova Scotia Hospital, Dartmouth, N. S.
Elliott, Ethel	Aberdeen Hospital, New Glasgow, N. S.
Evely, Eva	P. O. Box 101, New Aberdeen, N. S.
Fulton, Mary Layton Mrs.	Elm Cottage, Glenholme, N. S.
Furlong, Myra Edith	10 Brenton St., Halifax, N. S.
Francis Joseph, Sister	Hamilton Memorial Hospital, North Sydney, N. S.
Fraser, Lavinia Flora	325 South St., Halifax, N. S.
Fraser, Frances Margaret	Dalhousie Health Clinic, Morris St., Halifax, N. S.
Fleming, Claudia Mary	Nova Scotia Hospital, Dartmouth N. S.
Fife, Lillian Jessie	417 Charlotte St., Sydney, N. S.
Flemming, Minnie Levenia	Brookline, Massachusetts, U. S. A.
Fougere, Lavin Joseph	Nova Scotia Hospital, Dartmouth, N. S.
Fillmore, Mabel Lillian	New Brunswick
Foster, Helen Maud	22 Church St., Halifax, N. S.
Field, Mary Ethel	776 Warren Ave., Brockton, Mass., U. S. A.
Ferguson, Christena Elizabeth	Colchester County Hospital, Truro, N. S.
Fitzpatrick, Jane Estella	117 Windsor St., Halifax, N. S.
Fraser, Florence Amelia	Dalhousie Public Health Clinic, Morris St., Halifax, N. S.
Fischer, Mary MacDonald Mrs.	P. O. Box 877, Glace Bay, N. S.
Fraser, Isabel	Antigonish, N. S.
Francis, Olivia Jeanette	Hantsport, N. S.
Fraser, Mary Meikle	Blanchard Road, Pictou Co., N. S.
Ferguson, Cora Marguerite	New Aberdeen, N. S.

- Fraser, Florence..... P. O. Box 688, Glace Bay, N. S.
 Ferguson, Elizabeth Marion..... Harbor View Hospital, Sydney
 Mines, N. S.
- Graham, C. M..... 17 North St., Halifax, N. S.
 Grant, Marion Augusta..... 30 Cedar St., Halifax, N. S.
 Gilbert, Nora Emily Beatrice..... P. O. Box 76, New Glasgow, N. S.
 Graves, Laura May..... 94 Vernon St., Halifax, N. S.
 Grant, Nina..... Aberdeen Hospital, New Glasgow, N.S.
 Gunn, Janet Hazel (Mrs. J. A.)..... East River, St. Mary's, Pictou Co.,
 29 Dahlia St., Dartmouth, N. S.
 Grady, Stella Mary..... Highland View Hospital, Amherst,
 Inverness Memorial Hospital,
 Inverness, N. S.
 Graham, Frances Sheridan Mrs..... 51 Coburg Road, Halifax, N. S.
 Gilbert, Anna Lavinia..... 20 Chaplin St., Waterville, Maine.
 Gillis, Agnes..... 494 Esplanade, Sydney, N. S.
 Gray, Marguerite O..... County Nurse, Box 567, New Glasgow,
 Emergency Hosp., D.I. & S. Co.,
 Sydney, N. S.
- Hudgins, Annie Hilda..... Yarmouth Hospital, Yarmouth North,
 40 Walnut St., Halifax, N. S.
 Humphrey, Sadie MacLennan Mrs..... Yarmouth, N. S.
 Harding, Grace M..... 18 Westminister Apartments, Morris
 St., Halifax, N. S.
 Hubley, Laura May..... New York, U. S. A.
 Hall, Elizabeth Abbott..... 51½ LeMarchant St., Halifax, N. S.
 Hayden, Mary Josephine..... V. O. N. Whitby, Ontario.
 Hartling, Mabel Etta..... Sackville, New Brunswick.
 Hart, Lillian Maud Dixon..... Victoria General Hospital,
 Halifax, N. S.
 Holloway, Edna Kathleen..... 344 Gottingen St., Halifax, N. S.
 Herbert, Edith Kathleen..... Dalhousie Health Clinic, Morris St.,
 Halifax, N. S.
- Holloway, Charlotte Elting..... U. S. A.
 Hunter, Nettie May..... All Saints Hospital, Springhill, N. S.
 Hills, Ethel Alice..... Portage LaPrairie, Manitoba.
 Henderson, Jessie Muriel..... St. Martha's Hospital, Antigonish, N.S.
 Hanrahan, Kathleen..... Antigonish, N. S.
 Hart, Ruth Vivian..... 122 Spring Garden Road, Halifax, N. S.
 Hare, Ethel Fenwick..... 84 Queen St., Halifax, N. S.
 Harlow, Barbara Lorena..... 117 Windsor St., Halifax, N. S.
 Harvey, Mary Ellen..... Newport, Hants Co., N. S.
- Mary Irenaeus, Sister..... Hamilton Memorial Hospital, North
 Sydney, N. S.
 Mary Ignatius, Sister..... St. Joseph's Hospital, Glace Bay, N. S.
 Mary Jovita, Sister..... St. Joseph's Hospital, Glace Bay, N. S.
- Johnston, Alice Mary..... Isolation Hospital, Rockhead, Halifax
 Johns, Edna Sarah..... Health Centre No. 1, Halifax, N. S.
 Jamieson, Janet Bell..... Brook Village, Inverness, N. S.
- Keatinge, M. A. R..... England.
 Kennedy, Kathryn Mary..... 248 Robie St., Halifax, N. S.
 King, Belle Kinread..... Victoria General Hospital,
 Halifax, N. S.
- Kennedy, Rebecca..... St. Martha's Hospital, Antigonish,,
 3 South St., Halifax, N. S.
 Knee, Margaret Oakley..... Preston Road, Dartmouth, N. S.
 Keddy, Edna Blanche..... Victoria General Hospital,
 Halifax, N. S.
 Keating, Lillian Gertrude.....

Keating, Roy Victor.....	Cuissack St., North Woodside, Dartmouth, N. S.
Kyte, Viola Eunice.....	St. Peters, Richmond Co., N. S.
Keddy, Ada Myrtle.....	59 Duncan St., Halifax, N. S.
Langley, Nina Winnifred.....	Port Hawkesbury, N. S.
Lisson, Teresa Ellen.....	Massachusetts, U. S. A.
Lyons, Mary Elizabeth.....	Tuberculosis Hospital, Morris St., Halifax, N. S.
Logan, Marguerite L. E., Mrs.....	314 East Creighton St., Halifax, N. S.
Larkin, Norah Evelyn.....	New York, U. S. A.
LaPierre, Minnie Anrielle.....	141 Morris St., Halifax, N. S.
Leslie, Arthur Wilbert.....	Nova Scotia Hospital, Dartmouth
Lockhart, Greta Margaret.....	Kentville, N. S.
MacKenzie, Margaret E.....	Barrington St., Halifax, N. S.
MacArthur, Gladys M.....	New York, U. S. A.
MacWatt, Esther MacDonald.....	Dalhousie Health Clinic, Morris St., Halifax, N. S.
MacLatchy, Katherine Osborne.....	Tower Road, Halifax, N. S.
MacGlashen, Verda.....	R. R. No. 2, Amherst, N. S.
MacDonald, Catherine Tulloch.....	Brook Village, Inverness Co., N. S.
MacKenzie, Mary Elizabeth.....	City of Sydney Hosp., Sydney, N. S.
MacDonald, Katherine Louise.....	4 Wentworth St., Sydney, N. S.
MacNeil, Isabel.....	22½ Yale St., Halifax, N. S.
MacLaughlin, Gwendoline Anastasia.....	3 Sherwood St., Halifax, N. S.
MacDaniel, Mary Rebecca.....	Nova Scotia Hospital, Dartmouth, N. S.
MacPhee, Mary Catherine.....	417 Charlotte St., Sydney, N. S.
MacParlane, Elizabeth Eleanor.....	48 Campbell St., Sydney, N. S.
MacIsaac, Sarah Catherine.....	Westminister Apartments, Halifax, N. S.
MacMillan, Anna Margaret.....	New Glasgow, N. S.
MacNeil, Sarah Bell.....	Dorchester, Maine, U. S. A.
MacNeil, Isabel Maria.....	General Hospital, Glace Bay, N. S.
MacDonald, Margaret.....	Westminister Apartments, Morris St., Halifax, N. S.
MacKinnon, Florence Mary.....	City of Sydney Hospital, Sydney, N. S.
MacInnes, Catherine.....	Port Hood, Inverness Co., N. S.
McCarthy, Mary Charlotte.....	New York, U. S. A.
MacInnes, Olive Boyce.....	Bridgewater, N. S.
MacDonald, Reta Elise.....	Hopewell, N. S.
MacDonald, Agnes May.....	54 Rupert St., Amherst, N. S.
MacInnis, Lauchlin Kathleen.....	Health Centre No. 1, Halifax, N. S.
MacRury, Mary.....	167 Royal Avenue, Sydney, N. S.
MacIntosh, Jessie Simpson, Mrs.....	West Virginia, U. S. A.
MacDonald, Franklyn Gordon.....	Nova Scotia Hospital, Dartmouth
MacDonald, Annie May.....	27 Church St., Halifax, N. S.
MacIntosh, Bertha Margaret.....	241 North St., Halifax, N. S.
McRitchie, Christine.....	23 York St., Halifax, N. S.
MacIntyre, Isabel Maria.....	Sydney Mines, N. S.
MacInnes, Hannah Christine.....	64 Lawrence St., Halifax, N. S.
McDougall, Katherine.....	Memorial Hospital, Inverness, N. S.
MacDonald, Alexis Eleanor.....	Glace Bay General Hospital, Glace Bay, N. S.
MacDonald, Marietta.....	Glace Bay General Hospital, Glace Bay, N. S.
MacKay, Mary Elizabeth.....	Colchester Co. Hospital, Truro, N. S.
MacLaughlin, Beatrice St. Clair.....	Children's Hospital, Halifax, N. S.
MacDonald, Olive May.....	Maple Grove, Hants Co., N. S.
MacDonell, Marie Celeste Mrs.....	School Nurse, 70 Rigley Road, Sydney, N. S.
MacRitchie, Annie.....	126 Falmouth St., Sydney, N. S.
MacPhie, Mabel.....	New Glasgow, N. S.

- MacDonald, Katherine Isabel 112 Brookland St., Sydney, N. S.
 MacKinnon, Isabel 15 Union St., Sydney, N. S.
 MacDonald, Mary Catherine Ottawa Brook, C. B., N. S.
 McCarthy, May M. 48 Park St., Sydney, N. S.
 MacMullan, Hilda Evelyn Port Hawkesbury, N. S.
 McLellan, Frances Jean Falmouth, Hants Co., N. S.
 MacDonald, Mary F. New Glasgow, N. S. (P. O. Box 155.)
 MacKay, Harriet Adele 72 Edward St., Halifax, N. S.
 McLellan, Gertrude Keith Mrs. 2 Binney St., Halifax, N. S.
 MacKenzie, Helen Gertrude 51½ Le Marchant St., Halifax, N. S.
 MacKay, Georgina Margaret Baddeck, Victoria Co., N. S.
 MacNaughton, Margaret New Glasgow, N. S.
 MacNeil, Sicily Isabel 121 Windsor St., Halifax, N. S.
 MacKinnon, Katherine Margaret City of Sydney Hospital, Sydney, N. S.
 MacKeen, Stella Agnes City of Sydney Hospital, Sydney, N. S.
 McLeod, Mary Margaret Harbour View Hospital, Sydney
 Mines, N. S.
 McKinnon, Emily Kempt Head, Boularderie, Victoria
 Co., N. S.
 MacSween, Beatrice Claire 153 Park St., Sydney, N. S.
 MacLeod, Helen Jeanette Port Morien, N. S.
 MacDonald, Margaret Catherine 47 Brookland, St., Sydney, N. S.
 MacAulay, Agnes B. 77 George St., Sydney, N. S.
 MacHardy, Hazel Yarmouth, North, N. S.
 MacDonald, Katherine Harbor View Hospital, Sydney Mines,
 N. S.
 MacCormick, Joseta Sydney Mines, N. S.
 MacKenzie, Agnes Mary 1503 West State St., Trenton, New
 Jersey, U. S. A.
 McNeil, Mary C. Yarmouth, N. S.
 McLellan, Mary Elizabeth General Hospital, New Waterford, N.S.
 MacKinnon, Mae General Hosp., New Waterford, N. S.
 MacDonald, Agnes J. General Hosp., New Waterford, N. S.
 MacCharles, Willena General Hosp., New Waterford, N. S.
 MacKay, Agnes Harbor View Hospital, Sydney
 Mines, N. S.
 MacPherson, Alice Winnifred New Waterford, N. S.
 MacInnes, Jennie 21 Rosebank Ave., Halifax, N. S.
 MacVicar, Johnina St. Joseph's Hospital, Glace Bay, N. S.
 MacDonald, Gertrude A. 269 Charlotte St., Sydney, N. S.
 MacKenzie, Anna Estella P. O. Box 636, Truro, N. S.
 Murphy, Elizabeth Clotilda Ross Memorial Hosp., Sydney, N. S.
 Munro, Evelyn Hope Westville, N. S. Box 855,
 Nantucket, Mass, U. S. A.
 Morrison, Mona Beatrice Hilden, Colchester Co., N. S.
 Matheson, Christina Bell Massachusetts, U. S. A.
 Mullins, Mary Francis A. 16 Tower Road, Halifax, N. S.
 Morrison, Margaret Port Morien, N. S.
 Murray, Vera Jennie, Mrs. F. W. New Glasgow, N. S.
 Martin, Annie 82 Johnston, St., Sydney, N. S.
 Merriam, Clementina Mader Parrsboro, N. S.
 Murray, Mabel Freeman P. O. Box 33, Yarmouth, South, N. S.
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 Windsor, N. S.
 Merritt, Helen Josephine 10 Crown St., St. John, N. B.
 Matheson, Murdell Sarah 10 Cottage Place, Milton, Mass.
 Merriam, Margaret Alexandra P. O. Box 806, Yarmouth, N. S.
 Mullins, Sadie Low Point, N. S.
 Odell, Vida Hoyt 58 Union St., Sydney, N. S.
 Pemberton, Eveline Mary King's Daughters' Hospital, Staunton,
 Virginia.

- Perry, Mary Frances..... Yarmouth Hosp., Yarmouth, North,
N. S.
- Patterson, Emma C..... Boston, Mass, U. S. A.
- Prendergast, Susan..... Harbor View Hospital, Sydney Mines,
N. S.
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- Pratt, Florence Lucinda..... 122 Edward St., Halifax, N. S.
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- Ross, Marion..... Reserve Mines, N. S.
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- Smith, Amy Grace..... All Saints' Hospital, Springhill, N. S.
- Strum, Gladys Ethel..... Victoria General Hospital,
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- Sutherland, Roberta..... 200 Windsor St., Halifax, N. S.
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Withrow, Florence Louise.....	New York, U. S. A.
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Watkins, Jane Florence.....	63 Henry St., Halifax, N. S.
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Watson, Emma Louise Mrs.....	44 Carleton St., Halifax, N. S.
Wilcox, Eleanor B.....	128 King's Road, Sydney, N. S.
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White, Teresa Elizabeth.....	127 South Park St., Halifax, N. S.
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 Dr. J. J. Roy, Sydney.
 Dr. A. I. Mader, Halifax, N. S.

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 Dr. L. R. Morse,
 Dr. G. H. Murphy, Halifax.
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MEDICAL SOCIETY OF NOVA SCOTIA

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MEDICAL SOCIETY OF NOVA SCOTIA

HALIFAX MEDICAL SOCIETY

1924 Officers 1925

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**Will any doctors desiring a
Locum Tueus advise the
Associate Secretary at once.
Several recent graduates are
now available.**

DR. S. H. McLeod, now in Upper Stewiacke, writes that he expects to go to Saskatchewan in the near future. Here is a good opening for a young doctor. Equipment for sale includes car, horse and buggy, drugs, etc. Dr. Cox, who has practised there for fifty years will gladly welcome a medical confrere. Write to Dr. McLeod direct, or to the Associate-Secretary.

THE beautiful village of Whycocomagh offers an opening for a Doctor as Dr. H. A. Grant is compelled on account of his family to leave Nova Scotia. In summer the work is easy and profitable, in winter it is harder of course but medical services are greatly appreciated by the people.

Write Dr. H. A. Grant at once.

Several recent graduates are available as temporary assistants or supply. Write the Bulletin at once.

Why not make this page a permanent Want or Ad one!