

A TRIBUTE.

“**T**HERE are men, and classes of men, that stand above the common herd; the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of men is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited in the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are most important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and, often enough, though not as often as he wishes, brings healing.”

RUDYARD KIPLING.

PARENTERAL INFECTIONS - THEIR INFLUENCE ON NUTRITION IN INFANCY.

GORDON WISWELL, M. D., HALIFAX, N. S.

PART II.

OTITIS MEDIA IN INFANTS AND YOUNG CHILDREN.

As a common example of systemic infection I have chosen to discuss the symptoms, diagnosis and treatment of Otitis Media in infants. It has been our experience in our Welfare clinics that this condition with ordinary naso-pharyngitis or head colds, has been by far the most common factor interfering with the nutritional progress of the Baby. It is from the point of view of nutrition that I wish to remind you of a few points in connection with this disease in infants.

In our observations, we have grouped Otitis under three main heads—the acute, the sub-acute and the chronic.

The acute variety usually gives the ordinary symptoms of ear-ache, plus the gastro-intestinal symptoms which very frequently predominate. The baby registers pain in the ear by head rolling, vague scratching movements of the hand over any part of the head, sudden starting cries either during day or night, most noticeable at night, and waking the child out of sleep at any time. In addition and particularly we have temperature from 100 to 103, vomiting, diarrhoea, and a general picture of discomfort and unhappiness. Again, there may be no evidence whatever of pain, but merely vomiting and diarrhoea with temperature. Usually also in these cases there is a history of a recent head cold, respiratory infection, or one of the exanthemata. The picture then is quite mis-leading in that with fever, vomiting and diarrhoea, we are led to look upon the case as one of acute alimentary disturbance and mistakenly treat the stomach instead of the ears. On the other hand, examination of the ears reveals a reddened possibly already bulging membrane, and complete relief and cessation of all symptoms particularly the gastro-intestinal, is afforded by free incision. There is nothing more gratifying both to the mother and the physician than the change that takes place after this operation in these cases, a change from a fussy, crying, restless, sick baby to one in a few hours that begins taking food and becomes smiling and happy. With the occurrence, then, of lassitude, anorexia, vomiting, diarrhoea and possibly fever, disease of the ears must always be considered.

In the sub-acute variety, it is much more difficult to make the diagnosis. In this group can be rightly classed—those cases that originate at birth—otitis neonatorum. Here the cavity has become filled with amniotic fluid, or meconium before or during birth as result of pressure or premature efforts at respiration and infection

follows. Autopsies of the newborn and very young infants show very frequently the presence of pus in the middle ear. A similar condition occurs in the healthy new born with bulging and reddening of the drum membrane, lasting five or six days, and then disappearing. This fluid may or may not be infected. The exudate disappears by resorption or flows off through the tube. Rupture of the membrane does not occur and there are usually no clinical manifestations. Treatment is superfluous.

The second form of what I have called the sub-acute group may originate as an acute otitis with no symptoms, no evidence of pain, no temperature—(possibly 99.5). This is the type that has the most profound influence on nutrition. It may last for months and the symptoms are almost wholly general rather than local. There may be a failure to gain or a loss of weight extending over a long period—when the diet is proper apparently in every detail. Slight or severe vomiting is often a constant feature and the stools are abnormal in many ways. Frequently there are more acute flares up with restlessness and crying at night, blamed unfortunately on colic and indigestion, and medicine is given and another change of food instituted. The progress ceases or continues downhill until Nature alone cures the condition, which we have found to be an uncommon ending, by resorption without rupture of the drum or by rupture and discharge externally. One reason I think the drum does not give in these cases is that there is a slow seepage by way of the Eustachian tube and that the pressure behind the drum never becomes great enough. The local picture is different from that found in the acute variety. The drum is bulging but instead of red it has a dull glazed appearance. Relief follows free incision of the membrane, the nutritional disturbance slowly or immediately improves, according to the degree of the upset, and with proper feeding the normal state is regained.

Paracentesis is not always indicated when the middle ear is infected. A few years ago, paracentesis was done on almost every case. Now, the authorities state that clinical signs must be present with bulging definite. However, there is nothing more gratifying than to find after incision of the drum, the canal fill with pus, and when the mother returns in a few days, to find the vomiting stopped, the stool improved, and a gain of weight, sometimes extraordinary, registered.

The chronic types follow in appearance and symptoms, the sub-acute variety. Continuance of the discharge after spontaneous rupture of the membrane or incision may be due to;

- (1) Infected adenoids and post nasal space.
- (2) Mastoiditis.
- (3) General debility and a devitalized condition of the infant.

Treatment should be directed along the lines indicated for these conditions. It is important to do less syringing of the meatus. Too much reliance may be placed on this method to the exclusion of treatment of the origin of the infection, the discharge often continuing purely as the result of syringing. Radiant light is now

being used both before and after rupture of the drum with sufficient good results. The tonsils should be spared if possible up to age of six or seven years. In otitis due to tuberculosis infection, Triodine instilled into the meatus brings about rapid cure, where in specific cases, solutions of Argyrol or Protargol are useful. Autogenous vaccines may be used as a last resort with benefit.

In support of what I have just been attempting to bring to your attention, it is interesting to review some of the literature. The French paediatricians seem to have been particularly impressed.

In the Bulletins of the Hospital Medical Society, Paris, Renaud states that he was so impressed with the constancy and importance of insidious otitis in infants, that he now makes a point of treating for otitis as a routine procedure. Another French physician found suppuration in both ears in twenty-five out of twenty-seven infants who were supposed to be typical examples of Athrepsia, the otitis utterly unsuspected. The otitis may have a meningitic, bronchitic, septicaemic or gastro-intestinal clinical picture.

In another bulletin Renaud states that he found otitis in thirty-seven out of thirty-nine infants and gastro-intestinal disturbances were the main clinical picture. He has as a result focussed his attention on the ears rather than on the food. He also mentions the cases that continue after an acute onset to the sub-acute stage which leads to Marasmus. Otitis should be suspected whenever the color of the child varies abruptly during the day—now pale, now congested.

An English physician states that paracentesis never does harm and should be done on the slightest indication of infection not only to preserve the hearing but to prevent a fatal result. He advocates routine cleaning of the ear canals as is done for the eyes at birth, using Phenol or Glycerine and Argyrol for the nose. Bar has found streptococci in the ear in an infant dying during the first stage of labor. The infant may have its ears infected as well as its eyes during the birth process.

Blackwell divides ear-ache into four classes: (1) Inflammation behind the tympanic membrane, usually preceded by inflammation in the upper air passages; (2) inflammation of the soft parts of the external auditory canal; (3) otalgia, the pain being referred from teeth, nose or throat, and (4) mechanical, occurring mainly in children with enlarged tonsils and adenoids. The pain in this form is nearly always nocturnal.

Harris in a paper on ear diseases following measles at Fort Oglethorpe, stated that usually the ear trouble developed without complaint from the patient. The rule was to do a paracentesis as soon as any change was discovered in the membrana tympani. Acute mastoiditis appeared similarly without symptoms of pain.

The eyes are no doubt more important than the ears, but surely deafness is a serious disability and handicap, and surely it is worth our while to always remember the ears of our helpless little patients and avoid the results we so frequently find in adults, the sequelae of neglected otitis in infancy and childhood.

CONCLUDING AND SUMMARIZING:

(1) Gastro-intestinal and nutritional disturbances are frequently secondary to systemic infections.

(2) Recurrent infections are responsible for many cases of marasmus and malnutrition.

(3) Acute suppurative otitis media if allowed to become chronic may mean more or less permanent deafness, and a deaf child is unable to procure proper education and take the place to which he has a right in the community.

(Presented at the Annual Meeting of the Medical Society of Nova Scotia, 1923.)

THE MEDICAL PIONEERS OF CAPE BRETON.

M. D. MORRISON, M. D., HALIFAX, N. S.

(Continued from last issue.)

HEALTH CONDITIONS.

And now having had a roll call of our professional brethren from 1784 up to quite recent times I wish next to direct your attention to some observations on conditions relating to health which prevailed throughout the Island during the period covered by the foregoing account; and also on the methods, medical and otherwise, resorted to in order to relieve suffering and physical distress. We will again take our starting point from the formation of the new Province in 1784, as previously to that time the inhabitants were confined in the fortified stations already referred to. But the arrival of the Governor was attended by the establishment of so-called settlements, which continued to be increased in number, and to be enlarged in extent, from that time forward. From Brown's History of Cape Breton we learn that in 1801 the number of people in the Sydney district was 801, in the Louisburg district 192, and in the Arichat district 1520, making a total of 2513 souls. But in twenty years this number was increased to something over 10,000 owing to the arrival of immigrants from the Highlands and Islands of Scotland. The pioneer ship of deported people arrived at Sydney, on August 16th, 1802, with 299 passengers, of whom 104 were heads of families. From this time the title of immigration gathered strength as it advanced, until it reached its highest point in 1817, when it began gradually to decline. The last immigration ship arrived in 1828. With so much good seed laid for virgil soil, and remembering the proverbial proliferation of the race you can understand why Cape Breton, is, and always has been decidedly Scotch, with every probability of its continuing so to the end of time.

From the commencement of the period indicated, namely 1784, up to the first quarter of the 19th century it is safe to assume that

outside of Sydney and Arichat, there was not a medical man to be found in the whole country; and that from 1830 up to 1850 we have one for Victoria County and one for Inverness.

WITHOUT MEDICAL SERVICES.

It may well be asked, how did the people get along in those years without medical services. Of one thing we are certain, namely, that many deaths occurred and that much suffering was endured which could have been prevented by the timely application of medical art. Another thing that we can safely postulate is that accidents were rare, and that cases of internal derangement were appreciably fewer, in proportion to the whole population, than they are today. It is a remarkable fact that the more doctors that exist in any community the more their services are in demand, and the more people seem to suffer from the ills that flesh is heir to. Did the fact that medical aid was not available so effect the mental processes of the people of the last century that the corresponding bodily processes continued to functionate in a more natural manner than they do today, when it is so fashionable to be 'doctored'? At any rate I am sure that the older practitioners among us, who were brought up in country districts, will bear testimony to the infrequency of doctors calls, and to the amazing extent whole families lived without having once required the attention of a doctor.

There are, however, one or two factors that must be here recorded in connection with the health of the Island communities in those days. And first I would make honorable mention of the clergymen of the day who, in the case of many Presbyterian ministers at any rate, made themselves acquainted with the principles of medicine during their college course in Scotland, and who regarded it as a part of their ministerial duties to attend to the health of the people entrusted to their spiritual care. I have often heard my own mother say that when she was a child a monthly visitation by the clergyman was always looked for and that, on these occasions, a close interrogation was made of each individual's health as well as of his and her spiritual knowledge. It was as important to remember all about the Epsom salts and the sulphur and molasses as it was to answer correctly "What is Effectual Calling." And not only did these clergymen give attention to matters of general health and sanitation but they also probed deeply into the moral nature of their flock and in that way, I have no doubt, produced results that made for the inculcation of those virtuous habits that always redound to the health of the individual.

MIDWIVES AND NURSES.

Next I would refer to the noble body of midwives or "gran-nies" who were to be found in every community, and who were always ready, day and night, to answer a hurry call and render such assistance as they might be able to administer. These were various types of these midwives. There was a large beaming, rosy-faced, optimistic woman with the expensive waist and the expansive smile, whose chief stock-in-trade was the flooding of the situa-

tion with cheerfulness and with courage. You can understand how useful she would be, by her mere presence, at the bedside of the young matron who was about to become a mother. There was the thin-visaged, tea-drinking, philosophical midwife, who gave her patients various decoctions, and sometimes practised incantations with no other purpose than to stimulate nature to do her work.

And there was the born nurse whose great delight was to minister to the sick, to observe symptoms, to relieve distress, and to effect cures. Consequently, she took advantage of every opportunity to talk on her favorite subject, to read all she could find bearing on the same, to take infinite pleasure in making ointments, in applying poultices, in preparing most disagreeable decoctions from juniper bark, and other unnamable sources. Such women supplied, in a humble way, the benefits accruing to the community to-day from the presence of well trained and cultured professional ladies and gentlemen.

BONE SETTERS AND BLOODLETTERS.

On the male side there was the *bone setter* and the *blood letter*. The latter was the more important of the two as his services were the more frequently required. With his little sharp-pointed knife, which he carried in his vest pocket, he was always ready to draw his victim's blood, and to continue drawing it until the said victim fainted, or until the operator was satisfied that all the inflammation was removed. These men sometimes travelled great distances in pursuit of their calling; no matter what hour, day or night, no matter what day, Sunday or any other, no matter what season of the year, winter or summer, the call for blood was responded to with the greatest alacrity. I shall not detain you here with a dissertation on the efficacy of such depleting procedure. Suffice it to say that at the present day we hear loud appeals for the introduction of the old time practice of abstracting blood and the reasons given why, on pathological and physiological grounds, such practice should be accompanied by desirable results. No doubt the old phlebotomists, both professional and lay, carried the practice to extremes and endangered, if not actually terminated, many lives by their heroic efforts at casting out the demons of Inflammation. At the same time, I believe they accomplished much good, and that the early opening of a vein by the blood letter saved many a case of an inflammatory nature from advancing beyond the congestive stage.

BRAYLEY'S ALMANAC PANACEAS.

And finally, permit me to refer to the wonderful efficacy at a later period, of Brayley's Almanac whose yellow covers, decorated on one side with the signs of the Zodiac and on the other with all the tables of weights and measures, enclosed a mass of information comparable only, in the estimation of many of its readers, to that contained in the Family Bible. Many a doleful sufferer in the rural districts was cheered in those days, by finding therein a most accurate description of its own particular ailment, confirmed by an exact likeness of his own features as he made the comparison in front of a mirror, and by being positively assured that two bottles

of R. R. R. would restore him again to his wonted health and activity. The medicine was obtained, partaken of with unbounded faith and in some cases at least, with the desired result. The Almanac gave valuable hints for the guidance of girls just entering womanhood, and sound advice for those who had reached the period of middle life. To the old it offered solace and inspiration, while to the young it furnished anecdotes and comical tales that made them feel life tingling to their finger tips. But the days when men, far removed from the haunts of medical practitioners, made their own diagnosis by the help of the Almanac, are gone forever, and have been replaced by times when even the judgment and services of the old family physician are suspected, and recourse must be had to the specialist, but not always with the astounding results obtained under the older Dispensation.

HARDSHIPS OF THE OLD DAYS.

Let us now get into a serious mood once more and allow ourselves to revert to a consideration of the experience of the medical practitioner, and especially of the country practitioner in Cape Breton, sixty, fifty, forty and even thirty years ago. His only means of conveyance was, in summer, at first a saddle horse and later a wagon; and in the winter, a sleigh. He had no regular hours and, frequently, no regular meals. Too often his bed was a hard wooden bench on which he would be glad to extend his aching limbs before resuming his homeward journey. His professional fee was not always forthcoming, and he never thought of such sordid practice as suing a patient. And perhaps worse than all he was subjected to the same unjust criticism, and felt it fully as keenly, as his brother practitioner of today.

I can easily recall the commotion caused in the neighborhood of my own home in Victoria County, about forty years ago, when it was known that the doctor was to be sent for. And especially agitating was this commotion if the call was in the winter time! Old Dr. Mackeen lived at Baddeck, 18 miles from my home and 100 miles from Cape North. For weeks at a time, the roads in winter would be impassable; and as it is usual for snow storms in Cape Breton to move in a serial order of three, no effort would be made to open out the avenues of travel until the third blizzard had passed over. But if, during the storm, the necessity arose to have the doctor, nowhere was a finer exhibition of human kindness and sympathy shown than on those occasions. All the able-bodied men turned out with their shovels and with their teams and speedily cut a way through those immense drifts so that medical relief should be brought to the suffering one. Moreover, it was always the swiftest steed in the community that was despatched to bring the medicine man; and indeed I have heard of instances where the doctor received his fee before leaving the sick house, it having been made up for him by the friends and neighbors of the patient who was too poor to pay.

In these days we consider the lot of the medical men of those times as very trying. If conscientious, he must have often carried

a heavy load of responsibility, being debarred from the solaces of professional consultations, and deprived of the benefits and conveniences furnished by nursing homes and hospitals and drug stores. He was continually travelling and had to spend many nights in strange beds, if in any bed at all, where surroundings might not be favorable to induce "nature's sweet restorer, balmy sleep." He was much exposed to inclement weather, and little wonder that we are told he frequently suffered from rheumatism."

EXPERIENCES OF A VETERAN.

In response to a request that he give me some instances of his personal experience in Cape Breton some 35 or 40 years ago I have had the following note from a veteran who is still in active practice there, and happy in the expectation of receiving his full reward when he reaches "beyond the Jordan." He says:

"On one occasion, in a blinding snow storm, my horse broke through the ice. It was needless to call for help as, in the storm and drift, I could be neither seen nor heard. After some exertion I managed to unhitch my horse and pull him upon the ice, and then proceeded on my way. On arrival at my destination I administered as best I could to my patient, and also to my poor faithful nag. Late in the afternoon, the storm somewhat abating, I started for home but had not gone far when it began to snow again, this time so thickly that I could not see twenty feet ahead, with the result that I missed my bearings and finally landed on what I afterwards discovered to be an island, where I was thankful to remain in the shelter of a spruce tree till the break of day, when it cleared sufficiently for me to get home.

"On another occasion, during a raging snow storm with a temperature of 22 degrees below zero, a man came for me to go to see his mother who had fallen downstairs and then tumbled through the cellar hatch. We had not gone far when I noticed that both his cheeks were frostbitten. I immediately attended to him, there being no scarcity of material for local applications. I then removed my overcoat and a second pair of mitts I wore and invested him therewith. We arrived at the house without any further mishap, but were horrified to find there that the mother had sustained a compound fracture of the right arm, complicated with other severe injuries. I did the dressing, God healed the wounds, and even now I cannot refrain from stating that recovery was complete and satisfactory.

"I could thus go on and give you scores of similar instances of what, time and again, I have been up against in country practice during the past 45 years but the above may suffice."

HAPPY AND CONTENTED.

The old time doctor's remuneration was small in actual cash, though he was able to stock his cellar well, at the commencement of winter, with all kinds of farm produce which he received in payment for professional services rendered. His library did not boast of the latest productions in any particular line, nor was the number

of his periodical journals very great. His wife and daughters did not much outstrip those of the manual laborer in the fashions of the day. Yet on the whole he led a contented life, happy in the consciousness of work faithfully done, and pleased in realizing that he held the high respect and esteem of the general public. Most of his work was limited to the practice of internal medicine and of obstetrics. He invariably took an active interest in the affairs of the community, especially in the schools; while his politics were always well defined. I have already referred to the political proclivities of Dr. Mackay and Dr. Bethune. Let me add that Dr. Cameron and Dr. MacLennan of Inverness represented their native County in the House of Commons at Ottawa for many years.

Outside of the Sydneys there was, during the early period under observation, practically no surgical work done on the Island, all such cases being sent to the Victoria General Hospital at Halifax. As already stated, prior to the opening of St. Joseph's Hospital in 1904 there was indeed very little surgery done in any part of Cape Breton. Dr. Macpherson of North Sydney, and Dr. Macgillivray and Dr. Kendall, of Sydney, had performed some amputating operations and what might be regarded to-day as minor surgery; but the work which is being done down there to-day was unthought of then.

HEROIC OPERATIONS.

There have been related some remarkable recoveries from heroic operations in the early days of the Marine Hospital in Sydney; but one of the participants in the glory attaching to the surgical performances of those days was, in a recent conversation with the writer, inclined to attribute, to a certain extent at least, the good results obtained to two mottoes hanging on the walls in full and direct view of the patients, namely, "All must die," and "Prepare to meet your God." The determination of the patients to do neither of these things, he facetiously remarked, helped materially to pull them through a stormy convalescence.

In 1895, when I graduated, the anxiety engendered, and the preparation entailed, by a case of simple curetting of the uterus were greater than are now called forth by a hysterectomy. With a few rapid strokes let me place on the figurative canvas a scene, representing such an operation as the removal of the appendix in Cape Breton, as I observed it 27 years ago. Four doctors are in attendance; one to give the anaesthetic, one to look after douches, instruments, and to act as a general master of ceremonies—a special duty being to see that nobody involved in the operation could, with impunity, be guilty of contact with things unclean. We were obliged to undergo a very thorough system of purification, as follows: After a thorough scrubbing and washing with warm water and ethereal or green soap, the hands and arms were daubed over with a solution of permanganate of potassium; this was then removed by immersion of the parts in a stinging solution of oxalic acid; next, in a solution of bichloride of mercury; and finally, in an alcoholic solution. Similar severe preparation was made of the field of operation. On the night preceding, the part was treated in the manner I have de-

scribed as usual in the preparation of the operators' hands, and covered over with a moist bichloride dressing. This was removed on the operating table—that is the dining table and the tortured part subjected to a douche of alcohol and ether. Instruments were boiled and afterwards placed in 1:20 carbolic solution, and then removed into a tray of hot water. Gowns and dressings were sterilized in the baking oven, as also were towels and other armamentaria. The walls of the improvised operation room had been washed down the preceding day and, in some cases, fumigated with permanganate of potassium and formaldehyde.

ST. JOSEPH'S HOSPITAL.

Such were the circumstances under which, in the colliery districts, we amputated limbs, performed appendectomy and other urgent surgical operations 25 or 30 years ago. The results obtained were so satisfactory that the patients no longer feared the arrival of the doctor, nor did the surgeon hesitate to employ his ever-increasing skill whenever the opportunity offered. This was the degree of excellence obtained until St. Joseph's Hospital was opened in 1902 when professional ambition, having bounded into the surgical saddle, traversed the plain of the injured and suffering. Patients were brought into Glace Bay from Eastern Nova Scotia, and from all parts of Cape Breton, and from Newfoundland. It was soon found necessary to add to the hospital accommodation; and in order to keep abreast with the times, and to give the people the benefit of the latest discovery and invention in medicine and surgery, Dr. Mackean and his staff of young enthusiastic operators went abroad, at their own expense, in search of further knowledge. So popular did the hospital become that it became difficult to debar applicants for admission. It became quite the fashion to have the appendix or a kidney removed: and at the afternoon teas the unfortunate lady who could not give a graphic description of her operation, because she had not had one, was regarded as moving in a lower circle than the others. In fact, St. Joseph's was unable to keep up with the clamor for hospitalization, so a similar institution was opened in Glace Bay in 1916 and both are now going strong, fulfilling all the requirements for standardization of the American College of Surgeons.

MANY SIGNS OF PROGRESS.

In addition to this excellent hospital accommodation, in the territory of the Dominion Coal Company, there is now a hospital in Sydney of the same magnitude as the Glace Bay institutions, though not so well equipped, and smaller hospitals at North Sydney and Sydney Mines—in all of which excellent work is being done by men in the prime of life who are gradually forging ahead in their profession.

But equally important, and highly worthy of mention, is the effort being made through the agency of the various nursing organizations to bring the benefits of professional nursing within the reach of all in need of the same. People of means have been always able, and will continue, to employ the services of the well trained and

well paid private nurses who graduate from our larger teaching hospitals. Such advantages, however, are denied to the great majority of suffering humanity; so we find within comparatively recent times, the Victorian Order of Nurses and the Government Public Health Nurses going out into the remoter parts of the country and performing invaluable work along these lines and in the direction of preventive medicine. Let us hope that the combined efforts of both doctors and nurses will be crowned with that abundant success that they expect and that they deserve.

ACTION OF ALCOHOL ON MAN.

(S. L. WALKER, M. D., HALIFAX, N. S.)

A perusal of a book entitled "The Action of Alcohol on Man" recently published by Longmans, Green & Co., London, will reward anyone who welcomes a scientific discussion of this topic. It is written principally by Dr. Ernest H. Starling, of University College, London with three Essays:—"Alcohol as a Medicine" by Dr. Robert Hutchinson, of London University; "Alcohol and its relation to problems in mental disorders" by Sir Frederick M. Mott; and "Alcohol and Mortality" by Raymond Pearl of John Hopkins University. The conclusions one can draw from the book may be of considerable interest.

The first conclusion is quite evident and it is that the great majority of the arguments, presented by advocates for and against the drinking of wine, beer and liquors, are adduced to bolster up the one or the other platform. Statistics can be made to prove whatever conclusion one wishes to reach. Even the bible can be used to prove what we know is contrary to the interests of humanity. This book concerns itself solely with a scientific investigation of material. Altho the Author plainly states the material furnished him makes him conclude.—"that in a civilized society such as ours, the abolition of alcoholic beverages from among our midst, even if carried out by universal consent, would be a mistake and contrary to the permanent interest of the race," the book, as a whole, will not be welcome either to the prohibitionist or the anti-prohibitionist, because it is not written with any preconceived bias.

Perhaps the reason for this is so obvious that we have been "blinding our eyes" to its meaning, namely, that the true solution is not with the extremists of either side, but in some reasonable moderate middle course. This is not weakness or compromise with good and evil, but a logical conclusion. It has long been recognized as a principle in the advocacy of reform that special emphasis even to the point of exaggeration, must be placed upon conditions or conclusions both for and against—in order to convince the human mind. Recall the lurid pictures of hell fire and the beatific representations of the golden streets; the calamities of protection and free trade, or the advantages of either; the terrible danger to the country from a Labor government; the terrible, appalling and un-

speakable, (save in the Press), conditions of provincial goals, etc., etc. All clearly exaggerations, but from which the best solutions will in due time be reached. We think and talk this way, and a calm sane voice is never heard, until time and reason combine to develop a rational public opinion, making practical advances possible.

A second conclusion is inevitably drawn from a perusal of this book. Prohibition, or otherwise, is not a medical matter but the rather a social question, it is practically a social reform. But present day legislation seems to regard it solely as a medical matter, and the whole question to be handled as if dealing with the selling of a drug. No wonder a facetious member of the Assembly asks if the Department of Public Health is not alarmed at the extent of disease, as shown in this Province by the receipts from the sale of medicine of this kind, and this not including the alcoholic proprietary preparations sold by druggists without prescriptions.

Dr. W. W. Keen, of Philadelphia, has in the New York press been quoted as heartily endorsing the good results from prohibition in the United States as described by Dr. Charles Porter, M. O. H., of Marylebone, and published in the British Medical Journal. Yet it was its effects upon the homes and home life of the people that this English Authority based his conclusions, plainly stating that it was "this sociological aspect of the question" that chiefly interested him.

There appears to be a disinclination on the part of the Medical profession to take any part in the discussion of this problem, not even to resent the action of prohibitionists in making the business a medical affair instead of a social problem as it should be. The doctors did not ask to be put in the position where one might point to some of them and call them the "peoples' bartenders." The prohibitionists know that liquor is being used for beverage purposes; the doctors who write one or a hundred prescriptions know the same thing; the people in Nova Scotia who spend over a million dollars each year for liquor (and perhaps not more than one-half appears in official returns) know why they get it; and finally the Provincial Government, that needs the money, is quite aware of the conditions. Isn't it all a farce! Are we not making a laughing stock of ourselves as an honest, intelligent people!

When one considers the enormous amount of money invested in the liquor business today, revenue and excise, first cost of production, handling, sale, inspectors, custom officers, "rum row," fishing fleets going into the rum carrying trade, the stills, the bootlegger, it is quite evident there is not a preponderance of public sentiment (sentiment—not voters) in favor of prohibition. This is shown by our willingness to spend money by the millions, in spite of hard times, in the commerce of alcoholic beverages, and more millions in a futile effort to stifle this commerce. It is a matching of brains and money by one class with another, and as long as brains, money and alcohol are available, the contest will continue.

Church Work recently printed the following comment:—

"The fact that the Board of Vendor Commissioners for Nova

Scotia made a profit of half a million dollars last year is illuminating. It shows quite plainly that the present law is not Prohibition, and also that the medical profession, by force of circumstances, is in a position of bartender to the people of Nova Scotia. The present law is not a success in putting down the traffic in liquor. It seems possible, from these figures, that the people of Nova Scotia do not want it put down."

The Maritime Baptist also recently stated:—

"Nova Scotia had a liquor profit of \$421,879 and New Brunswick had even more. Without this rum revenue both would have had a large deficit. There is a woe pronounced somewhere on such revenues, and the sanction is well based, not only on revelation but also on reason. Prince Edward Island has a deficit of \$184,000, evidently not having sold booze enough to square its accounts. If the people have enough heroism to tax themselves to meet the deficit rather than fall to the temptation yielded to by Nova Scotia and New Brunswick they will be able to retain their self respect and save the balance on the minimum of poverty and crime."

But why should the Medical Profession continue to be the unwilling middleman in this contest, which is primarily social and not medical? We can admit with safety that there are excellent scientific reasons for keeping alcohol in some form or other, and that it is the abuses of drinking that have led up to the recent prohibition legislation on this continent. Until legislation recognizes this social phase of the question should not the medical profession decline to further act under such an unfair assumption of responsibility. Doctors as such should not be held responsible for the legislation or observance of legislation dealing with social conditions. Let those who are concerned officially with social problems be the medium to furnish the people with their requirement of alcohol.

Prohibitionists have both openly and covertly attacked the Medical Profession for carrying out the evident intentions of our Provincial liquor legislation. These attacks are unfair as long as the legislation is in spirit not intended to prohibit drinking, but to permit it under a disguise and a pretence. Not even the passing up of the inalienable right of prescribing or using liquor for medicinal purposes will injure the Profession as much, or so harm the individual in special cases, as does our present farcical method. No matter what agency is invoked to assume responsibility for dispensing the result will be a farce, unless legislation is based upon social grounds and framed in accordance with social needs.

The reason for failure,—and financial returns show it to be the biggest failure ever known in this Province if the legislation was ever intended by its authors to bring about prohibition,—is because as citizens we are not playing fair with ourselves. Plebiscites and prohibition planks in political platforms of days gone by, are and always have been, farces. Suppose we had another plebiscite tomorrow we would find the prohibitionist, smuggler, bootlegger and illicit distiller lined up shoulder to shoulder. To whose credit will this strange alliance redound?

What is a more rational method? This is a question that may well engage the attention of the profession in their local meetings. In any case the number of persons engaged in the liquor business to-day, the immense amount of money invested in the making and selling of liquor and of trying to muzzle it, its use as revenue, and the general farcical nature of the whole thing is such, as to call for a change. But, it must be clearly understood that never again will the doctors be made the goat for ALL INTERESTED PARTIES.

FAKE CONSUMPTION CURES.

(DR. T.M. SIENIEWICZ, A / DIRECTOR MASSACHUSETTS-HALIFAX
HEALTH COMMISSION.)

In few organic diseases does the mental attitude play so important a part as it does in tuberculosis. Any change either in the treatment itself, or in the individual giving the treatment is likely to result in a temporary improvement of the patient. It is this curious psychological fact that makes the tuberculous patient a pitifully easy victim to those who advertise worthless or fraudulent 'Consumption Cures'.

How great this psychic factor is, was strikingly shown by the experiments of Albert Mathieu, the French physician. Mathieu led his tuberculous patients to believe that a wonderful 'serium' for the cure of tuberculosis had been discovered. To these patients he gave injections of what they thought was the serum, which actually was a small quantity of a solution of common salt, and carefully noted their condition. A remarkable change was seen; the appetite improved, the temperature diminished, the cough, expectoration and night sweats were mitigated and the patients began to gain weight. With the discontinuance of the injections, the old symptoms returned.

Knowing this strange psychic factor in the tuberculous, is it to be wondered that the unprincipled quacks and fakirs trade on it and that there are on the market innumerable consumption cures. The Journal of the American Medical Association, whose Propaganda Department has done so much to protect the ignorant public from these persuasive gentlemen, has recently published a book devoted solely to Consumption Cures and Coughs, which should be in every medical library.

A nostrum, well known in Canada, is STEVENS' CONSUMPTION CURE (materials cost 3 cents, but it retails at \$1.25 a bottle!) Stevens has a long and inglorious history, the most disgraceful part of which would seem to be the duping of returned soldiers incapacitated through tuberculosis!

That Stevens, after being thoroughly discredited, first in South Africa and later in England, should now be trying to capitalize the suffering of Canadian soldiers who have contracted tuberculosis in the service of their country, is entirely in keeping with the moral standards of the "consumption cure" quack. The most effective

protection of the sick from the wiles of men of the Stevens type is that of giving the public all the facts possible regarding such concerns. Here, briefly summarized, are the facts:

1. In 1904, Stevens was selling 'Sacco' in Capetown, South Africa. When clearing \$15,000 a year, he got into the courts and found it expedient to leave Capetown.

2. In 1906, Stevens was in Johannesburg trading as the 'South African Institute of Medicine' and selling his stuff as 'Lungsava,' was twice convicted of violating the law and left for England.

3. In 1907 Stevens was in London selling his 'cure' and in 1910 was declared by the courts to be guilty of 'intentional and well considered fraud,' and his 'cure' denounced as 'nothing but "quack remedies."'

4. In 1908, the British Medical Association denounced Stevens as a quack and declared his nostrum worthless; and when Stevens sued the Association, the courts, in 1914, agreed that the characterization was justified.

5. In 1915, Stevens' cure appeared in the United States under the name of "U. C. Extract," exploited by the Umckaloabo Chemical Company of New York City. This apparently was not a commercial success.

6. Today Stevens is attempting to exploit tuberculous Canadian soldiers who have acquired the disease in the service of their country.

LUNG GERMINE, which is advertised as having cured 'severe and advanced cases of consumption' is composed of Alcohol 44% Sulphuric Acid 4% and Water. It is misbranded in that it claims to contain only 14% Alcohol. That it is harmful may be judged from its ingredients and from the following report:—

"The tuberculous path in the upper lobe of the left lung was about the size of, or possibly a little larger than, a silver dollar when I examined her about two weeks before she began the 'wonderful cure' and the case had been stationary about six months. Two weeks after cessation of the two months' treatment with Lung Germiné, I found the left lung was involved and the process had extended to the lower portion of the upper lobe and the upper portion of the middle lobe of the right lung."

ADDILINE contains Kerosene, Turpentine and a small amount of aromatic oil. The cost of these materials per bottle would be 35 cents, but it retails at \$5.50. The chemists say it would make a better furniture polish than tuberculosis remedy.

PARMINT, another worthless remedy, is mentioned in the book of Miscellaneous Nostrums, published by the same Association. "Catarrh deafness, head noises, catarrh of the stomach, catarrh of the bowels, loss of smell, lung trouble, asthma and bronchitis" should, according to the advertisements be treated with this nostrum. The claims made for it were declared by the federal courts to be false and fraudulent.

TUBERCLECID was discovered by Charles Aycock, who had been at one time sentenced to the penitentiary on a charge of embezzlement and who had formerly exploited a catarrh cure. It is

a solution of creosote or guaiacol in some bland oil—probably olive oil. If the public were informed of its composition it would be impossible to sell this preparation at the exorbitant price asked for it—\$15 00.

Others, such as Duket's Consumption Cure (Guaiacol, Salicylic Acid and Glycerine), Eckman's Alterative (Alcohol, Calcium Chloride and Cloves), Nature's Creation (Potassium Iodide in a weak alcoholic medium of vegetable extractives, inorganic salts and flavouring matter) are equally harmless in content, but equally harmful on account of their useless and exorbitant price and their worthlessness as a cure.

There is another interesting phase of the nostrum business, on which they all place great stress, and that is the testimonial. There are many examples of testimonials of cure being used when the unfortunate sufferer was already dead from the disease. Taking into account only those that are genuine, one of two things is practically always true—either the writer of the testimonial did not have tuberculosis, and recovered from his indisposition in spite of the nostrum rather than because of it; or, the poor victim, in the first flush of optimism that comes whenever a new remedy is tried, deluded himself into believing that the stuff actually helped him.

“There is a ghastly sameness in the description of various consumption cure frauds:—Exploited in nearly every case by men who are lacking in professional training as they are in moral responsibility, these ‘cures’ are sold under claims that are grossly false and with an utter disregard of the most elementary canons of commercial honesty :—the same tragedies of money wasted that can be ill-spared, of time squandered that can be spared still less, of the occasional testimony favorable to the preparation given at the *beginning* of the new ‘treatment’, and finally of the same depressing death lists.

“And thus it goes. Under our present insufficient laws, there is no way of halting this slaughter of the innocents. So long as men, immoral or unmoral, see fit to enrich themselves on the blood money of the consumptive, there is nothing to prevent them doing so except the tediously slow process of educating the public to realize the utter worthlessness and potential danger of every consumption cure.”

Cannot our own profession take some further action in this problem ?

“Ma wants a package of dye and she wants a fashionable color,” said a little girl to a druggist.

“A fashionable color ?” echoed the pharmacist. “What does she want it for; eggs or clothes ?”

“Well,” replied the girl, “the doctor says ma has stomach trouble and ought to diet. And ma says if she has to dye it she might as well dye it a fashionable color.”

What Doctor Shall Be Called ?

Hygeia is a monthly magazine of individual and community health published by the American Medical Association. It may be accepted as a reliable publication on health matters endorsed by the best medical opinions; its advice to the public should be accepted and endorsed by the profession generally. A recent issue gives advice as to what doctor should be called by persons moving to a strange city or town, and the following principles are laid down to guide in selection :—

1. A licensed practitioner.
2. A practitioner not adherent to any particular cult or system.
3. A graduate of a school known as one of the best at the time of his graduation.
4. He should be an active member of his local Medical Society and through it of his State or Provincial Society and his Federal Association.
5. A man of good habits and a reputable member of the community.
6. One who has the confidence of his fellow practitioners.
7. Members of the medical staff of a well conducted hospital are usually capable and trustworthy physicians.

One should avoid the one who talks of his cures and one who goes from place to place. When the services of a specialist are required the advice of a general practitioner should first be sought. When a family moves from one place to another it is quite possible that the family physician can advise wisely from his own personal knowledge.

This is good advice for the laity and perhaps the doctors might individually see how they fulfil these requirements.

MEDICO-SOCIAL ADVERTISEMENTS.

For sale: A piano, good condition, property of lady leaving New York in elegant walnut case.

A good way to leave New York.

* * *

A lady, living privately, will take a gentleman for breakfast, and dinner.

Some appetite the lady has !

* * *

Families supplied by the quart or gallon.

Certainly by the wholesale !

* * *

He met a gentleman with one eye named Walker.

Wonder what the name of the other eye is !

REMINISCENCES

(DR. H. B. WEBSTER, KENTVILLE, NOVA SCOTIA.)

Some months ago when the Associate-Secretary of the Medical Society of Nova Scotia wrote me requesting some reminiscences of my earlier years of practice I fully intended to prepare something that would be of general interest to the members of the Profession in this Province, but put off doing so from time to time. I have neglected making any notes whatever along the lines suggested. When Dr. Walker, however, recently paid me a personal call to secure my promise to make some notes, that very night I scribbled some reminiscences, which I hope may be of a little interest and which I may supplement as the spirit moves me. What I have written is but a tithe of my many recollections of bygone years, but when I come to record them on paper my memory proves to be very uncertain.

My grandfather, Dr. Isaac Webster, a Loyalist from Connecticut, was the first physician to settle in this district in the year 1790. The district was then named Horton's Corner, but was changed in 1800 to Kentville, following the stay in the place for a few days of the Duke of Kent, who was marching with his troops from Halifax to Annapolis. The meeting of the few inhabitants called to consider the name was held in my grandfather's office.

Dr. Isaac Webster had two sons who studied medicine, both of them graduated from Edinburgh University. One settled in Yarmouth and the other in Kentville. Both were prominent men and skillful physicians and among their descendants were a number in the medical profession. In the estimation, however, of the older inhabitants none of the younger men possessed the ability of their forebears. I will explain this by the following incident :—

I was called some years ago to the district of Gaspereau, out of my region, to see an old man 93 years of age suffering from cardiac dropsy. I told him I could do him no good. He wanted me, however, to come again in two days (he paid me my fee), and I went as he requested expecting he had passed on. But to my surprise I found him fairly comfortable, his breathing much better and swelling of lips and face lessened. Feeling pleased I asked him why he sent for me, as the doctor in Wolfville was nearer. He answered that, "when a young man I had the fever and your grandfather attended me; when I was 40 years old, working in Yarmouth, I fell off a mast to the deck of a vessel and your uncle, Dr. Fred, attended me, so I would not now at 93 have anyone but a Webster attend me." So in my mind I placed the grandfather and uncle on a chair, and feeling chirpy about my treatment of the old man, I said to him, "Now you have had the three of us, which do you think was the best?" The old man replied quickly, "Not a damn one of you is as good as the old man" I was properly disappointed.

Being brought up almost in a doctor's office I graduated in March 1872 from the College of Physicians and Surgeons, New York. I came home immediately and got right into work. At this time

Dr. Henri Shaw was at the height of his career and had a most extensive practice. Besides his splendid professional ability, he was a clever gentleman with a genial personality. It was indeed a pleasure to practise with such a talented and kindly confrere.

There were other physicians many years older than myself whom it was a genuine pleasure to meet, among them Doctors Jonathan Barss, James Miller, H. Marsters, Jas. R. Fitch, P. Bowles and Brown. I met them often in consultation, and altho they did little talking, especially were they like graven images in the sick room, they were all great men full of experience.

I have been steadily in practice for over 52 years and such changes in teaching, practice and medicines used since 1872. The students in the early days used to make up all the pills and tinctures, and some became quite apt, and our prescriptions were fully as effective although infusions, extracts and tinctures varied greatly in strength.

I have had six students pass through my office prior to and during their courses of study at Medical Colleges, and I am proud of them for they have all made good. One settled in Bear River, the others in Halifax, Boston and Edinburgh. Besides having a good professional standing they have excelled even their Preceptor in that they have all made money.

Some strange experiences have been mine and many funny incidents have occurred. I remember being called out to a lumber camp to see a man injured by a falling tree, and found him partially scalped, three-quarters of the scalp lying down over his neck and ears. I washed the scalp with a solution of carbolic acid and drew it up in position and got ready to suture. Knowing the difficulties in applying adhesive plaster to make it stick, the patient having long hair on his scalp, I thought I could make sutures out of this. So I tied the hair and brought the scalp together with thirty sutures, fitting it closely together, putting on a compress wet with the solution. I bandaged his head and left word if anything looked bad to come after me. I heard nothing from him until about a month later when the patient walked in to see me. He had no trouble with the wound or the sutures.

Another time I was on the mountain visiting a patient and had to stay to dinner. I noticed the old lady shaking her head at her husband. I did not know what was meant until the old man blurted out with this remark,—“I don't care for the doctor I will lick my plate.”

Many years ago a Scotch family settled in this district, they were young and vigorous and in ten years they had quite a family. I always attended them. Not being called for eighteen years I was afraid some other physian had been called. Then to my surprise I was again called to visit them. As soon as I met the old man (twenty eight years since my first meeting him) he said, “I am glad to see you, doctor.” When I hesitatingly hinted as to other medical attendance during all these years he exclaimed,—“No other doctor has been here since you were here, and though I am glad to

see you, you know you live on the misfortunes of other people." I had no reply to make.

The best compliment I ever received in my half century of busy practice was this.—I was called by one of my old midwives to a tedious case of confinement and after some hours of labor I delivered the woman, when the old midwife to my surprise clapped her hands and said exultantly to the patient, "I told you, you were as safe with Dr. Webster as if you were in God's pocket."

I could relate many stories humorous to me they were, and are pleasing to remember, but will close with this one. I was called by one of the old midwives, and there were a good number scattered over our county, to attend a confinement. By the time I got there, the pains had subsided and I was told there was no need to wait as labor would probably not occur for a few days. I heard nothing of the case for about a week when passing the house I noticed the old lady was still here. She came out at the back door and met me saying, "Doctor, there is no need to wait, it was only a wind conception." I did not go in to see if it were male or female. "The patient," she said, "was doing nicely."

I could relate many other incidents but do not wish to tire the reader. Should these be interesting I may recall some more later. I do not like to confess my mistakes, and I have seen many sad sights, yet I have enjoyed the practice of medicine. I have always looked on the bright side of affairs, and am glad by doing so to know that I have aided in brightening some lives.

PUBLIC HEALTH NURSING.

(DR. W. D. FORREST, HALIFAX, N. S.)

In a recent report of the Committee on Municipal Health Department Practice of the American Public Health Association prepared by Dr. C. E. A. Winslow, Professor of Public Health at Yale University, and Margaret R Burkhardt, R. N., and published by the National organization of Public Health Nursing, 370 Seventh Avenue, New York City, there appears the following:—

"Two types of public health nursing stand out as by far the "most common, the specialized purely instructive work of public "authorities, including school nursing, communicable disease nursing, tuberculosis nursing and infant welfare nursing; and the "generalized bedside and instructive service of the private organization."

"The consensus of opinion among those who have studied "the nursing problem most carefully appears to be in favor of a "generalized service, combining health instruction and bedside care; "and we are ourselves personally convinced that this is likely to "prove the most effective of all types of public health nursing."

"The Committee on Nursing Education appointed by the

“Rockefeller Foundation in a report presented last June (1922), “discusses this problem in the following terms:”

“The question whether the Public Health Nurse should or should not surrender bedside care has been hotly debated during the past few years. The arguments for purely instructive service rest mainly on two grounds, the administrative difficulties involved in the conduct of private sick nursing by official health agencies and the danger that the urgent demands of sick nursing may lead to the neglect of preventive educational measures, which are of more basic and fundamental significance. Both these objections are real and important ones. Yet the observations made in the course of our survey indicate that both may perhaps ultimately be overcome. Several municipal health departments have definitely undertaken to provide organized nursing service for bedside care combined with health teaching, while in other instances instructive nurses, under public auspices, combine a certain amount of emergency service with their fundamentally educational activities. So far as the neglect of instructive work is concerned it results from numerical inadequacy of personnel and can be avoided by a sufficiently large nursing staff.”

“On the other hand the plan of instructive nursing divorced from bedside care suffers from defects which, if less obvious than those mentioned above, are in reality more serious, because they are inherent in the very plan itself and therefore not subject to control.”

“In the first place the introduction of the instructive but non-nursing field worker creates at once a duplication of effort, since there must be a nurse from some other agency employed in the same district to give bedside care.

“In the second place the field worker, who attempts health education without giving nursing care is by the very fact cut off from the contact which gives the instructive bedside nurse her most important psychological asset. The nurse who approaches a family where sickness exists, and renders direct technical service in mitigating the burden of the sickness, has an overwhelming advantage, then and thereafter in teaching the lesson of hygiene!”

OF COURSE IT'S OLD.

A woman entered a photographer's gallery. “Do you take pictures of children?”

“Yes,” was the reply.

“How much are they please?”

“Three dollars a dozen,” said the proprietor.

“Well,” she replied with a sigh, “I shall have to wait and come again, I have only eleven.”

THE BULLETIN, VOL. 3, NO. 5.

In looking over the Minutes of some of the Municipal Councils in Nova Scotia a county newspaper has the following reference to the Medical inspection of schools:—

“Councillor A. mentioned the fact that we had no medical supervision in our County Schools, and he wondered if some plan could not be formulated whereby the Town doctors could co-operate and to a greater or lesser degree help to remedy the existing conditions among many of the students in the County Schools.

“Councillors L., P., G., J., McL., S. D., R., and H., discussed the question.

“Moved by Councillor G. seconded by Councillor A.

“That each Councillor see the Doctor in his own district and ascertain what the probable expense would be of a general examination in the schools, and make a report to this effect in January.”
Passed.

This is a most significant incident. While some Municipal Councils have been unable to see their way clear to carry on this work by means of County Health Nurses under the direction of the Provincial Health Department, the value of the work both as to intention and accomplishment is so evident to them, they cannot justify themselves by ignoring the whole matter.

That some members of the medical profession will be found to attack this form of health work, without pointing out how it can be improved, will mean that the public, who constitute our clientele, will believe the profession as a whole is against modern health work. The result will be, we might as well admit it first as last, the public will take matters in their own hands, make their own plans for the prevention of disease and the improvement of health, and not even conservative modern health workers in the medical profession will be able to wisely direct their efforts.

Health work means more for the welfare of the people than all our curative medicine and surgery, why then should individual members of the profession continue to belittle it.

The Bulletin has devoted much space in several issues to fakes, quackery, charlatanism and frauds generally. This issue has a pertinent article by Dr. Sieniewicz which all should read. Early in May the Associate-Secretary received from the General Secretary of the Medical Association some 500 circulars prepared by the American Medical Association giving the facts about one of the biggest frauds ever foisted upon a credulous public. As these were available in bulk they have been sent to every member of the profession in active practice in Nova Scotia.

Our efforts to deal with the Irregular have not met with much success, largely owing to the difficulties of the necessary legal processes. It is very probable that better results can be secured by taking the public and our friends and patients into our confidence and giving them the facts of each fraud.

While the absurdities of the “Electronic Reactions of Abrams”

have not been so publicly exploited in Nova Scotia as in the United States, yet one or more "practitioners" of this cult have fleeced many people here. If the operators would confine themselves to diagnosing from sample drops of blood the religious or racial characters of their dupes no harm would result other than the waste of money. This absurdity should, however, be enough to condemn the whole "Oscilloclastic" nonsense.

Only those who have undertaken the job of arranging for Annual Meetings can realize the difficulties that sometimes develop. The trials and tribulations of such an undertaking can never be presented in the nice little folder or Souvenir Programme that is so pleasantly passed to each person in attendance. A tentative programme for our July meeting appears elsewhere in this issue.

By an oversight Dr. M. D. Morrison's name was omitted as the author and writer of the very interesting history of medical practice in Cape Breton appearing in the May issue of the Bulletin.

Listening to the Federal Migratory Bird Officer for the Maritime Provinces, Mr. Robie Tufts, of Wolfville, speaking about birds and their habits, one recalls the incident told some time ago by a school teacher. She had been telling the class that worms became so destructive to crops that the English sparrow was imported to exterminate them. Johnny was apparently inattentive, and the teacher, thinking to catch him napping, said:

"Johnny, which is worse, to have worms or sparrows?"

Johnny hesitated a moment and then replied: "Please, I never had the sparrows."

Buy One Fare Ticket and Get a Standard Certificate.

There is published in this issue an article headed "Public Health Nursing" advocating a "generalized" nursing system. Dr. Winslow is the Editor of "The Nation's Health" a splendid Health Magazine which fully recognizes and endorses many special lines of health nursing, but has never yet opposed in any way district educational health nursing work.

Bedside nursing is impossible save in emergencies in rural districts, yet educational health work must be refused these districts if the "generalized" plan is the only plan that should be followed.

71st ANNUAL MEETING
of the
MEDICAL SOCIETY OF NOVA SCOTIA

also

10th Annual Meeting Medical Health Officers' Association

and

15th Annual Meeting Graduate Nurses' Association

AMHERST, N S , JULY 15th, 16th, 17th, 1924.

—————
TENTATIVE PROGRAMME
—————

TUESDAY, JULY 15TH, 1924.

- 2.30 p. m.—Business Session of M. H. O. Association.
- 8.00 p. m.—Executive Meeting Medical Society of Nova Scotia.
- 8.00 p. m.—Business Session of H. M. O. Association.
- 8.00 p. m.—Executive Session G. N. Association.

WEDNESDAY, JULY 16TH, 1924.

- 9.00 a. m.—Registration and Routine Business.
- 10.15 a. m.—Address "The Change in Obstetrics in 25 Years." Dr. H. M. Little, Professor of Obstetrics, McGill University, Montreal, P. Q.
- 12.30 p. m.—Adjournment.
- 2.30 p. m.—Meetings of Medical Society Committees.
Auto trip to Tidnish, Baie Verte and Fort Beausejour.
- 5.00 p. m.—Ladies Tea and Golf Club.
- 7.30 p. m.—Medical Society Dinner at Parish House.
Routine Special Business.
Address "Some Considerations regarding Prevention in Tuberculosis," Professor S. Lyle Cummins, C. B., C. M. G. M. D. Welsh National School of Medicine, Cardiff, Wales
Address—"Organized Co-operation" Dr. Routley, General Secretary, Canadian Medical Association, Toronto.

THURSDAY, JULY 17TH. 1924.

- 9.00 a. m.—Meeting of Executive.
- 9.30 a. m.—Routine Business.
- 10.00 a. m.—Address "Primary Intra-Thoracic Tumors, with special reference to those occurring in the Lung and Pleura." George David Stewart M. D., Surgeon-in-Chief, Bellevue Hospital, New York.
- 11.00 a. m.—Addresses to Nurses' Association, Doctors T. C. Routley and R. E. Wodehouse.
- 12.00 a. m.—Unfinished Business.

- 12.30 a. m.—Adjournment
- 2.00 p. m.—Address "Pitfalls in Diagnosis and Treatment of Tuberculosis" Dr. C. D. Parfitt, Calydor Sanatorium Gravenhurst, Ont.
- 4.00 p. m.—Address, "Two years experience in X Ray Therapy at Royal Victoria Hospital," Dr. A. Pirie, Roentgenologist, Royal Victoria Hospital, Montreal.
Symposium and Illustration—Doctors W. H. Eagar, S. R. Johnson and A. E. Blackett.
- 8.00 p. m.—Public Meeting.
Induction of newly elected Presidents and Presidential Addresses:—Dr. O.B. Keddy, Windsor, Dr. C. S. Marshall, Bridgewater, and Nursing Sister Laura Hubley, R. N., Halifax.
Addresses—Dr. R. E. Wodehouse, Secretary of the Canadian Tuberculosis Association, Ottawa.
Dr. C. D. Parfitt, Superintendent, Calydor Sanatorium, Gravenhurst, Ont.
Adjournment.

The following Doctors have been named by their Societies to open the several discussions:—Pictou Co.—Doctors Love, Kennedy, Miller, Blackett and H. H. McKay; Eastern Counties—Dr. J. A. Proudfoot and Dr. M. E. McGarry; Cape Breton—Doctors J. G. Lynch, John McDonald, J. J. Roy and D. W. Archibald; Valley Medical Society—Drs. A. S. Burns and L. R. Morse; others still to be named.

General Business Sessions will be held in Parish Hall and the public meeting in a church or theatre.

Members of the Society will pay a reasonable dinner fee. Local Clubs will extend all courtesies to the visitors.

A programme will be sent to each member of the profession and you will be requested to detach a form and send it to the local Committee so accommodation can be secured. The success of the meeting is in your hands.

Dalhousie University Graduates In Medicine 1924.

Dr. Edgar Murray Britton, Home Address—Elmsdale, N. S. High School education, Pictou Academy and Mount Allison. Served in France with the Engineers.

Dr. John Forbes Brown. Home address:—Trenton, N. S., High School education:—Pictou Academy. Registrar Victoria General Hospital, Halifax. Interne at Victoria General 1923-24.

Dr. William John Cameron. Home address:—West Bay, N.S. High School education:—Pictou Academy. Served in France with the 25th Battalion. Intends to practise in Glace Bay. Interne Victoria General 1923-24.

Dr. Clarence Gorden Campbell, B. A., (Dal.) Home address—Halifax. Halifax County Academy. Post graduate work in England. Interne Victoria General 1923-24.

✓ Dr. James Joseph Carroll, Halifax, St. Mary's College.

✓ Dr. William Gerald Colwell:—Halifax Academy. Interne Waltham Hospital, Mass., 1924.

✓ Dr. Howard Alexander Creighton B. A., (Dal) Halifax. Served in France with the Machine Gun Corps. Going to England. Interne Victoria General 1923-24.

✓ Dr. Edward Ross Davies, Salt Springs, Pictou Academy. Served in France with the Artillery. Intends to practise in Salt Springs.

✓ Dr. Joseph Wilfred Davis, Bridgewater, N. S. Served in France with the Artillery. Has located at Berwick, taking over the practice of Dr. Paul Balcom.

✓ Dr. Henry Charles Mitchell DeWolfe, Yarmouth. Registrar Victoria General Hospital.

✓ Dr. Roderick William Grant, Wolfville. Attended St. John's College, Newfoundland. Interne Victoria General 1923-24.

✓ Dr. Randolph Richard Henderson, Mahaica, British Guiana.

✓ Dr. Robert Wallace Kenney, Gold Medalist Halifax Academy. Going to England for post graduate work. Interne Victoria General 1923-24.

✓ Dr. George Lawrence Leslie, Spry Bay, N.S. Is relieving Dr. Cameron in Petite Riviere for a few months. Interne Victoria General 1923-24.

✓ Dr. John Archibald MacLean, Glace Bay. Served in France with the Engineers. In partnership with Dr. Ferguson in Glace Bay.

✓ Dr. Thomas Walter MacLean, Springville, Pictou Co.; Pictou Academy. Served in France with the Engineers. Settling in Annapolis. Interne Victoria General 1923-24.

✓ Dr. Charles William MacMillan, Dartmouth, Halifax Academy. Served in France with the 85th Battalion. Interne Camp Hill Hospital, 1922-24.

✓ Dr. Clyde Slocomb Marshall, Halifax Academy. Interne Victoria General 1923-24.

✓ Dr. Angus Bruce Martin, Grand View, P. E. I. Prince of Wales College. Served in France with the 26th Battalion. Returning to P. E. I. Interne Victoria General Hospital 1923-24.

✓ Dr. John Andrew Milne, Woodburn, N. S. Going to England for Post Graduate work.

✓ Dr. Fred Lawrence Moore, Economy Point. Served in France with the 82th Battalion. Interne Victoria General 1923-24.

✓ Dr. James Randolph Murchison, Clyde River, P. E. I., Prince of Wales College. Served in France with the Engineers. Returning to Prince Edward Island. Interne Victoria General Hospital 1923-24.

✓ Dr. Wilfred Gordon Joseph Poirier, Glace Bay, St. Ann's College. Going to Glace Bay. Served in France with the 36th Battery. Interne Halifax Infirmary 1922-24.

✓ Dr. Charles Burton Popplestone, Toronto, Ont.

✓ Dr. Henry Douglas Reid, Shubenacadie, Tatamagouche High

School. Served in France with the 25th Battalion. Interne Victoria General 1923-24.

Dr. Geoffrey Chipman Shaffner B. A., (Dal) Halifax, Halifax Academy. Served in France with the Imperial Artillery. Interne Children's Hospital 1923-24.

Dr. Lincoln Martin Zinck, Chester, Colchester Academy. Going to England for Post Graduate work. Interne Victoria General 1923-24.

Dr. Lalia Barclay Chase B. A., (Acad.) Wolfville. Interne Children's Hospital 1923-24.

Dr. Alice Evelyn Thorne, Lower Granville. Interne Children's Hospital, 1923-24.

Recent Nova Scotia Graduates at McGill.

M. D. C. M., 1924.

J. H. Boyd, River Bourgeois; R. E. Elderkin, Wolfville; D. S. Fraser, New Glasgow; A. K. Geddes, Truro; R. S. Henderson, Merigonish; P. St. C. Irwin, Shelburne; A. A. MacDonald, Antigonish; L. G. McLaughlin, Truro, A. M. McLellan, Tatamagouche; F. D. Mooney, Stellarton; H. L. Simpson, Springhill; H. B. Smallman, Wolfville; A. J. Walker, Halifax; Russell C. Zinck, Chester.

CUMBERLAND COUNTY MEDICAL SOCIETY.

Under the date of May 7th, Dr. W. T. Purdy, Secretary of the Cumberland County Medical Society writes as follows:—

SLATE OF OFFICERS FOR YEAR 1924.

President—Dr. Wm. Rockwell, River Hebert.

1st Vice-President—Dr. J. R. Gilroy, Oxford, N. S.

2nd Vice-President—Dr. M. D. McKenzie, Parrsboro.

3rd Vice-President—Dr. W. V. Goodwin, Pugwash, N. S.

Sec-Treasurer—Dr. W. T. Purdy, Amherst.

Nominations to the Executive of the Medical Society of Nova Scotia,—Dr. F. E. Boudreau, Amherst,—Dr. J. A. Munro, Amherst.

The following is the present membership of the Society outside of Amherst.

Dr. W. V. Goodwin, Pugwash.

Dr. A. E. Mackintosh, Amherst.

Dr. Albert Culton, Wallace.

Dr. S. S. Boyle, Wallace.

Dr. E. P. Atkinson, Oxford, N. S.

Dr. J. R. Gilroy, Oxford, N. S.

Dr. C. M. Weeks, Northport.

Dr. David Drury, Maccan.

Dr. Wm. Rockwell, River Hebert.

Dr. Cochran, River Hebert.

Dr. Alex. Ross, Joggins.

Dr. M. J. Fillmore, Advocate.

Dr. F. L. Hill, Port Greville.

Dr. Edward Jeffers, Parrsboro.

Dr. M. D. McKenzie, Parrsboro.

Dr. C. S. Henderson, Parrsboro.

Dr. M. J. Wardrope, Springhill.

Dr. R. R. Withrow, Springhill.

Dr. F. E. Walsh, Springhill.

The uniform Constitution and By-Laws for Branch Societies

was adopted with the minor changes necessary for a particular Society. The Society passed a resolution endorsing the protest of the Medical Society of Nova Scotia against the proposed discrimination by the S. C. R. against the Medical profession.

A further resolution was passed to the effect that Cumberland County favors the administration of the various institutions and departments being concerned with public health under one governmental department. A local Committee was appointed to make arrangements for the coming meeting of the Medical Society of Nova Scotia.

VALLEY MEDICAL SOCIETY.

The 17th annual meeting of the Valley Medical Society was held in the recreation hall of the Nova Scotia Sanatorium, Kentville, May 15th, 1924, Dr. A. S. Burns of Kentville. the President presided. Besides the members present the following visitors registered;—Dr. H. K. McDonald, Dr. S. R. Johnson. Dr. A. McD. Morton, from Halifax. Dr. H. A. Chisholm of the Provincial Health Department and Dr. S. L. Walker, the Provincial Secretary were also in attendance.

Dr. H. K. McDonald presented the paper in Surgery taking as his subject, "Infections of the Hand," covering the subject in all phases and illustrating the courses of infection by lantern slides. The paper was discussed by Dr. Johnson and several members.

Dr. A. F. Miller opened a symposium on "Intestinal Tuberculosis," which was elaborated by Dr. C. M. Bayne and by Mr. H. Hamon, who gave a very practical X ray demonstration.

A delegation from the King's County Social Service Council was heard, and the Rev. G. A. Logan requested the Society to pass a resolution limiting the number of liquor prescriptions to be issued by physicians to twenty-five per month. The request was referred to a special committee to report at the next meeting.

The Nominating Committee reported and the following were duly elected:—President, Dr. F. S. Messenger, Middleton; Vice-President, Dr. H. N. Gosse, Canning, Dr. L. B. Braine, Annapolis, Dr. H. L. Roberts, Digby; Sec.-Treasurer Dr. C. E. A. DeWitt, Wolfville; Executive, Dr. G. J. McNally, Berwick, Dr. M. E. Armstrong, Bridgetown, and Dr. W. F. Read, Digby. The members of the Branch Executive are nominated to the Provincial Executive.

The following resolution was passed and ordered to be sent to the Associate-Secretary;—"That as provided by Article X of the Constitution, and for the purpose of facilitating the business of the Branch, the members of the Valley Medical Society feel that it would be to their interest that all who pay the annual fee to the Medical Society of Nova Scotia should have the sum of one dollar (\$1.00), refunded to the Sec.-Treasurer of the Society, which would cover their fee in the Valley Society."

Suitable references were made by many present to the loss to the Society by the death of Dr. P. N. Balcom, who had been always a most faithful and valued member of the Society.

Doctors L. R. Morse and A. S. Burns were appointed to discuss papers at the Amherst meeting. The members and visitors were the guests of the Sanatorium for dinner, and in acknowledging a vote of thanks from the Society for this courtesy Dr. Miller pointed out very clearly the function of such an Institution as regards the profession in the Province.

The evening session was open to the public and was held in the Town Hall. Mayor Chesley presented a very cordial civic welcome, and the President delivered his Address, which we expect to publish in the Bulletin. Dr. H. A. Chisholm gave the address on public health referring especially to the need of suitable hospital and clinic facilities in central communities.

The next session will be held at Annapolis Royal. It is hoped that Dr. Robinson will be present at this meeting in his home town.

PERSONAL

Dr. Stewart MacNab, Baltimore, was recently visiting his mother at his old home in Malagash, Cumb. Co. N. S.

Dr. D. A. MacAulay, of Baddeck, was seriously ill in the early part of May. He has now resumed his practice.

Dr. and Mrs. Augustus Robinson, Annapolis Royal, expect their daughter and her husband, Mr. and Mrs. William Hibbert, of Calgary, to visit with them this coming August following an extended tour of Great Britain and the Continent.

Dr. Stanley M. Chisholm returned to Mahone after spending some months in Miami, Florida.

Dr. G. J. McNally recently paid a brief visit to Boston.

Professor John Cameron, of Dalhousie, was the principal speaker at the semi-annual meeting of the St. Andrews Society, of Pictou County, May 15th, giving a most delightful lecture on Robert Burns.

Maurice Armstrong, son of Dr. M. E. Armstrong, of Bridgetown, is engaged in patrol duties as Migratory Bird Officer for some 50 miles in the vicinity of Seven Islands near the Canadian Labrador border.

Rev. Joseph Dimock, even yet remembered and spoken of as "Father Dimock" of the Baptist denomination, while preaching at Chester nearly a century ago, was summoned to Windsor to treat a British Officer for Cancer. He evidently used the usual 'plaster' treatment but before beginning the treatment he announced that it was his rule and practice to begin his work with prayer. The officer scoffed at the idea whereupon Father Dimock gathered up his medicine and prepared to depart, saying—"Very well, no prayer,

no plaster." The officer then was glad to pray and the story goes that the treatment effected a cure.

Father Dimock's son, Rev. D. W. C. Dimock, was the pastor of Baptist Churches at Onslow and Truro in the Sixties and Seventies of the last Century, and his grandson, W. D. Dimock, is the veteran editor of the Truro News. The Printer's Devil of that paper makes this Editor say, that he (the Editor) did not develop any ecclesiastical preferment like his "tainted" grandsire, possibly referring to his unprofessional conduct in practising medicine while only ordained to preach.

Dr. A. E. G. Forbes, of Lunenburg, was recently in New Glasgow, called there owing to the serious illness of his sister.

Dr. I. M. Lovitt and Mrs. Lovitt, of Yarmouth, returned early in May from St. Petersburg, Florida, where they had spent the winter.

Dr. F. E. Gullison, of Yarmouth, accompanied by Mrs. Gullison recently spent a few weeks in Boston and Montreal attending various hospitals and clinics.

Dr. W. R. Dickie, of Barton, returned early in May from a visit to a number of New England cities.

Dr. A. E. Mackintosh, of Amherst, did some post graduate work in Montreal in April.

His host of friends on this side of the water will be delighted to learn that Dr. Fraser Harris, formerly of the medical staff of Dalhousie University, is now completely restored to health. They will be further gratified to know that his recent book, "Life and Science," has been published in London and has met with a splendid reception. So greatly is Dr. Harris missed at Dalhousie that the fourth year medical students have framed a petition asking that every effort be made to persuade Dr. Harris to return to Dalhousie.

Congratulations are due to Dr. Robert W. Kenney, the youngest graduate of the Dalhousie Medical School this year. He is the winner of the University Medal for highest standing. He is the son of Superintendent W. W. Kenney of the Victoria General Hospital and a brother of Dr. W. F. Kenney, Springfield, Annapolis Co., N. S.

Dr. W. M. Anderson, who has been practising in Amherst for the last three years, is returning to the Canadian West with his family and will resume his former practice in Prelate, Sask.

Dr. E. S. Boyle, M. D. C. M., McGill, 1923, is now located in his former home, Wallace, Cumberland Co., N. S.

The Programme of the regular May meeting of the Colchester-Hants Medical Society, held at Truro, May 27th, besides routine business consisted of the following papers :—

- (a) Uterine Hemorrhage—Dr. H. B. Atlee, Halifax.
- (b) Reminiscences of 49 years Practice—Dr. Robinson Cox, Upper Stewiacke.
- (c) Hospital Extension—Dr. H. A. Chisholm, Halifax.
- (d) Case Report—Dr. Daniel Murray, Tatamagouche, N. S.

On May 8th the British Empire Steel Company announced a change to become effective May 12th, in the medical services of the Dominion Iron and Steel Co., Sydney. Under the new plan the medical department is composed of Doctors E. J. Johnston, Jno. J. Roy and J. G. B. Lynch, who, with the assistance of the nurses at their Emergency Hospital, will look after all the accidents occurring at the plant.

Dr. W. T. Purdy, of Amherst, appealed against his assessment and Judge Patterson upheld the appeal. The Town Council now proposes going to a higher court.

The Casket, Antigonish, has always enthusiastically supported the athletic sports of the students of St. Francis Xavier. It must be interesting for Dr. Dan McNeil of Glace Bay, a former St. F.X. student and a Dalhousie Graduate of 1913, to learn that he is still remembered as one of the cleanest and best football players who ever attended these colleges. Indeed he was a good all round athlete, and he is invited here and now to prepare and give to the Bulletin an article on the place of Sports in College activities.

Dr. W. F. Kenney is removing from Springfield, Annapolis County, and settling in New Germany. His office will be in the Tipert Block and his residence at the Rectory.

Dr. J. W. McKay of Truro, son of the late John H. McKay M. D., was a patient in the Colchester Hospital in May. He took ill Monday the 19th and was operated on the following day. He was seriously ill for some time but is now convalescent.

Dr. D. A. Murray of River John, after 35 years of practice in River John, Pictou Co. has retired from practice and is offering both his medical practice and his drug store for sale. Dr. Murray was a McGill graduate of 1889 and has been closely at work in this section of Pictou County ever since.

Dr. C. A. Donkin of Upper Musquodoboit, has purchased the property of Dr. A. S. Simpson of Bridgewater and will remove there July 1st. This leaves a large well settled district without any practitioner, and is a splendid opening for a young man.

Dr. W. R. Dunbar of Truro has sent the Bulletin the June

1923 number of the C. M. A. Journal. Thanks! Who will forward the Vol. 12, No. 7 July 1922?

Dr. W. P. Mackasey has been appointed Chairman, and Dr. J. W. Barton, vice-chairman of the Halifax City Board of Health. Dr. Mackasey follows Dr. J. L. Churchill who filled the position for three years.

Dr. O. B. Keddy, of Windsor, President of the Medical Society of Nova Scotia, who has been resting for some time in Queens County has returned to his work very much improved in health.

Dr. M. R. Elliott and Dr. C. E. A. DeWitt, Wolfville left late in May for Chicago to attend some surgical clinics.

The friends of Dr. Geo. E. DeWitt, Wolfville will regret to learn that his health has been very poor since his return from spending the winter in Florida. His Reminiscences in a recent Bulletin were very much appreciated.

Mrs. Chisholm, wife of Dr. A. W. Chisholm, M. P. for Inverness, has returned to Ottawa, following a lengthy stay at Rochester, as a patient in the Mayo Clinic. She has greatly improved in health.

Dr. S. L. Walker in his work as Red Cross Commissioner is often calling on the members of the profession in different parts of the Province. He recently met the doctors in Yarmouth Town and County while arranging for a Dental and Medical Health Clinic for the rural districts there.

Mrs. A. S. Simpson, of Bridgewater, was recently the recipient of a presentation by the Bridgewater Women's Institute, the occasion was her expected early leaving for the Canadian West where Dr. Simpson is at present in practice.

We regret to note that Mrs. Barss, wife of Dr. G. A. Barss, Rose Bay, N. S., has been recently admitted to the Nova Scotia Sanatorium. Mrs. Barss saw overseas service as a V. A. D.

Dr. J. A. Proudfoot spent several days recently in Halifax being called here by professional duties and also officially as Mayor of Inverness.

A provincial newspaper is authority for the news item that Dr. A. Robinson, Annapolis Royal, was recently engaged in an enjoyable fishing trip at Milford—Some veteran fisherman!

His friends will regret to learn that Dr. Paul Balcom, of Berwick, is not recovering satisfactorily from his recent illness. He is not yet resuming active practice.

OBITUARY

The Gloucester (Mass) Daily Times of May 5th notes the sudden death from heart disease of Dr. James H. Knowles for many years a leading physician in that city. Dr. Knowles was born at Milton, N. S., in 1860. He received his B. A., degree from Dalhousie College, and took his M. D. from the University of Pennsylvania. His immediate relatives are now living in the United States or Western Canada.

The death occurred May 4th of Dr. J. H. Sterling, Brooklyn New York, after a long illness. He was a son of the late William Sterling, of Newport, Hants County, N. S., and a number of his relatives reside there and in Windsor.

The death occurred May 15th at Chipman's Corner, Kings Co., N. S., of Mrs. Ross Chipman aged 79 years. She was a daughter of Richard Starr, of Starr's Point, and leaves three daughters and one son, the latter being Dr. L. deV. Chipman, of St. John, N.B.

The death occurred at Wallace Bridge, Cumberland County, on May 27th, aged 79 years, of J. L. McKim Esq., one of the leading public and business men for many years of that county. His wife who pre-deceased him was a daughter of the late Robert Mitchell for many years physician to the Dorchester Penitentiary, and previously for many years in Wallace. Dr. Laurie H. McKim, of Montreal is a son of the deceased, and was at home during the latter days of his illness. Among the members of the Masonic Order who attended his funeral were Doctors Millar, Munro, Macintosh and Purdy, of Amherst.

Mrs. R. M. Holesworth, of Shubenacadie, died recently aged 83 years. Mrs. Whitman, wife of Dr. G. W. Whitman, Stellarton, is a daughter.

Members of the C. A. M. C. from the Maritime Provinces will regret to learn of the recent death of Dr. John A. McCarthy, who has been Superintendent of the S. C. R. Hospital in St. John for the past four years.

The death occurred recently at Windsor of Mrs. Charles DeWolfe Smith, following an illness of two years. Mrs. Smith's daughter was married last Fall to Dr. J. W. Reid as was noted in the December 1923 issue of the Bulletin.

Dr. Walter L. Muir, of Halifax, accompanied by Mrs. Muir recently were in Truro where she was called by the sudden death of her father, James E. Bigelow of that town.

Doors M. G. Burris, Dartmouth, W. H. Hattie, Halifax, and

J. B. Reid, Truro, attended the funeral of the late Captain Burris of Middle Musquodoboit, May 29th. The deceased was an uncle of Doctor Burris.

Just as the Bulletin goes to press a despatch from Glace Bay announces the death of Dr. Marcus Dodd aged 79 years. He has been in active practice since 1866, having graduated in that year from the College of Physicians and Surgeons, New York. He is survived by his wife and two daughters. A fuller obituary notice will appear in the next issue of the Bulletin.

RESOLUTION RE LATE DR. PARKER NATHAN BALCOM.

RESOLVED THAT the Provincial Medical Board of Nova Scotia, assembled at Halifax, N. S., at its Annual Meeting on May 9, 1924, desire to record its feeling of deep regret and sense of loss in the sudden death, on April 28, of one of its life members,—Dr. Parker Nathan Balcom, of Aylesford, Nova Scotia, who for many years faithfully discharged his duties and obligations to this Board and for nearly fifty years was an honoured and efficient general practitioner in the very large district which he served. In his passing the Board has lost a wise councillor, his wife and family a loved husband and father, and his innumerable friends and patients, a faithful man upon whom they could rely, and the sympathy of this Board is hereby extended to those who will sadly miss his kindly companionship and valued ministrations, and further resolved that this Resolution be recorded in the books of the Board and a copy also transmitted to his widow and members of his family.

MARRIAGES.

The lay press contains news items regarding the marriage of Dr. F. G. Banting, also the prospective marriage of Mr. Best who is associated with him.

A newspaper despatch from Bridgetown to the Morning Chronicle under date of June 5th is as follows:—

“The wedding took place today of Dr. A. A. Dechman of this town to Miss Ruby, only daughter of Mr. and Mrs. Percy Burns also of this town. The ceremony, which was performed by Rev. J. H. Freestone, pastor of the United Church, took place in the drawing room, at the bride’s home, under an arch of ferns and apple blossoms.

The bride was given away by her father, and the wedding march was played by Mrs. A. R. Bishop. Only the immediate relatives of the bride and groom were present. After the wedding breakfast was served the happy couple left by motor on a two weeks tour of the Province which will include Halifax, Musquodoboit, Sherbrooke, the Sydneys, and other places of interest in Cape Breton. On their return they will reside at the doctor’s residence on Queen Street.”

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. Rehfluss, 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

Dr. M. G. Tompkins, Dominion
Dr. D. W. Archibald, Sydney Mines
Dr. John MacDonald, Sydney

Pictou County Branch

Dr. John Bell, New Glasgow
Dr. S. G. MacKenzie, Westville

Lunenburg-Queens Branch

Dr. R. G. MacLellan, Lunenburg
Dr. A. S. Simpson, Bridgewater

Yarmouth Medical Society

Dr. A. J. Fuller, Yarmouth

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. Farrish, Yarmouth, N. S.
Dr. J. J. Roy, Sydney, N. S.
Dr. John Bell, New Glasgow, N. S.

Eastern Counties Branch

Dr. W. F. MacKinnon, Antigonish

Halifax County Branch

Dr. M. G. Burris
Dr. K. A. McKenzie
Dr. G. H. Murphy
Dr. C. S. Morton
Dr. J. R. Corston

Valley Branch

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

Cumberland Medical Society

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

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. Rehfluss
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.

ODD EPITAPHS.

And am she dead, and are she gone
And have she left I all alone ?
Oh cruel fate, you is unkind
To take she fore and leave I (be) hind.

Here lies my wife Samantha Proctor
Who ketched a cold and wouldn't doctor
She couldn't stay, she had to go,
Praise God, from whom all blessings flow.

She had two legs and a baddish cough.
But it wasn't her legs that carried her off.

Here lies the body of John Steer
In life he brewed good beer
Turn to the right go down the hill
His son keeps up the business still.

WE STILL HOPE SO.

“After taking off my winter clothing,” says Dr. Hammond, of New York, “I wouldn't appear on the street for a while.” Not immediately, we hope—certainly not.

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. R. L. Blackadar, Port Maitland.

Nominated to Provincial Executive:—Dr. S. N. Williamson.

VALLEY MEDICAL SOCIETY

President.....Dr. S. F. Messenger, Middleton.
Vice-President.....Dr. L. B. Braine, Annapolis.
Vice-President.....Dr. N. H. Gosse, Canning.
Vice-President.....Dr. H. L. Roberts, Digby.
Secretary-Treasurer.....Dr. C. E. A. deWitt, Wolfville

Representatives of Executive Provincial Society

Dr. G. J. McNally, Berwick. Dr. M. E. Armstrong, Bridgetown.
Dr. W. F. Read, Digby

COLCHESTER-HANTS MEDICAL SOCIETY

Officers 1924-1925

President.....Dr. A. R. Reid, Brooklyn, N. S.
Vice-President.....Dr. R. O. Shatford, Londonderry.
Secretary-Treasurer.....Dr. H. V. Kent, Truro

Executive

Dr. D. F. McInnis, Shubenacadie, Dr. E. E. Bissett, Windsor,
Dr. J. B. Reid, Truro.

Nominated to Executive of the Provincial Society :

Dr. R. O. Shatford, Londonderry, and Dr. O. B. Keddy, 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

PresidentDr. Wm. Rockwell, River Hebert.
1st Vice-President.....Dr. J. R. Gilroy, Oxford.
2nd Vice-PresidentDr. M. D. McKenzie, Parrsboro.
3rd Vice-PresidentDr. W. V. Goodwin, Pugwash.
Secretary-Treasurer.....Dr. W. T. Purdy, Amherst, N. S.

Members of Executive. Medical Society of Nova Scotia:

Dr. F. E. Boudreau, Amherst.
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. Fahri, D. A. Stewart, Nette.
- New Brunswick—S. H. McDonald, ex-officio, St. John; E. J. Ryan, St. John; G. Clowes Vanwart, 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.