

THE SECRETARY'S LAMENT

The following lament was printed in a recent issue of the "HUB" Boston's Rotary paper, and is considered good enough for production.

If the Secretary writes a letter, it is too long,
If he sends a postal, it is too short.
If he issues a pamphlet, he's a spendthrift;
If he doesn't, he's stingy.
If he attends a committee meeting he is butting in;
If he stays away he is a shirker.
If the attendance at a luncheon is slim he should have
 called the members up;
If he does call them, he is a pest.
If he duns a member for his dues, he is insulting;
If he does not collect he is lazy.
If a meeting is a howling success, the Programme
 Committee is praised
If it's a failure, the Secretary is to blame.
If he asks for advice, he is incompetent and if he does
 not, he is bull-headed.
 Ashes to ashes,
 Dust to dust,
If the others won't do it
 The Secretary must.

Eastern Counties Society.

*Minutes of Third Meeting of Eastern Counties Medical Society Held
in Celtic Hall, Antigonish, on Tuesday, October 7th. 1924.*

Dr. J. J. Cameron called the meeting to order at 2.30 p. m. The following were present:

- | | |
|-------------------------------|---------------------------------|
| Dr. J. J. Cameron—Antigonish | Dr. S. L. Walker—Halifax |
| Dr. W. F. McKinnon—Antigonish | Dr. P. S. Campbell—Port Hood |
| Dr. J. L. McIsaac—Antigonish | Dr. J. S. Brean—Mulgrave |
| Dr. Alex Kennedy—Antigonish | Dr. M. G. McLeod—Orangedale |
| Dr. Owen Cameron—Antigonish | Dr. Porier—Mulgrave |
| Dr. C. S. Marshall—Melrose | Dr. R. J. McDonald—Port-au-Port |

Minutes of last meeting were read and adopted. Under unfinished business the matter of a "Schedule of Professional Fees" for practitioners in the Eastern Counties Society, which was left over from last meeting, was taken up.

The fees adopted by Valley and Colchester Hants Societies were read. Dr. Walker referred to the Minimum Scale adopted by the Nova Scotia Society, for approval of the various branch societies.

After a rather lengthy discussion in which all the members present took part, the following was regularly adopted as a proposed schedule for the Eastern Counties Medical Society.

- 1. Mileage by day \$1.00 per mile minimum; night mileage 50 per cent additional.
- Day visits \$2.00 within a mile (minimum); night visits 50 per cent additional.
- Consultations or Examination for additional patients in the same family (minimum) \$1.00 each.
- Calls on patients when passing along the road \$3.00.
- Obstetrics*—Normal cases (minimum) \$15.00.
- 2. *Operations*—Major operations (minimum) \$65.00. Anaesthetic \$5.00 to \$15.00. Assistant Surgeon \$10.00 to \$25.00
- Minor operations under local Anaesthesia (minimum) \$5.00
- Under General Anaesthesia (minimum) \$10.00.
- 4. Fractures

Humerus	Minimum	\$25.00
Radius & Ulna	"	25.00
Phalanges, Metacarpal and Carpal	"	5.00
Femur,	"	40.00
Tibia and Fibula	"	25.00
Fibula	"	10.00
Tibia only	"	20.00
Metatarsal & Toe	"	5.00

Patella or Olecranon	"	50.00 (Oper.
Patelle or Olecranan	"	20.00 (N.O.)
Potts	"	35.00
Jaw	"	20.00
Malar or Nasal bones	"	10.00
Clavicle	"	20.00
Rib	"	10.00
For each additional rib	"	5.00

Compound fracture 50 per cent additional.

All subsequent Surgical attendance shall be charged in addition to above fees.

5. *Dislocations*

Shoulder	Minimum	\$20.00
Elbow	"	20.00
Wrist	"	15.00
Hip	"	35.00
Knee	"	35.00
Ankle	"	20.00
Tarsus	"	15.00
Finger or Toe	"	5.00
Fingers or Toes	"	10.00
Jaw	"	15.00

Any subsequent attendance will be charged additionally.

6. *Amputations.*

Shoulder and hip disarticulation, a major operation.

Arm, Forearm, Wrist,	Minimum	\$50.00
Thigh,	"	75.00
Leg, additional joint or foot, ..	"	50.00
Finger or toe	"	10.00
Each additional finger or toe, ...	"	5.00

Subsequent attendance charged additionally.

7. *Special Operations*

Tonsillectomy,	"	20.00
Tonsillectomy with Adenoids ..	"	20.00

Herniotomy a major operation.

8. *Office Consultation*

Minimum		\$1.00
Routine Urinalysis	Minimum	1.00
Vaccinations		1.00
Tapping Hydrocele	"	5.00

Radical cure Hydrocele a major operation.

Circumcision,	Minimum	\$20.00
Aspiration of Chest	"	20.00
Consultation Fee, Venereal Diseases	"	5.00
Intravenous Injection	"	10.00
Catheterization (First)	"	5.00
(Subsequent)	"	2.00

Operations not provided for in above schedule should be placed in their respective position in relation to those operations that are enumerated. All fees noted are to be regarded as minimum fees.

The financial statement was then read by the Secretary-Treasurer This showed a deficit of \$21.37 to date. Dr. Walker suggested that an item of three dollars paid out by the Secretary for telegrams and telephone messages to the profession re Amendments to Medical and Dental Acts before the local Legislature in 1923, might be recovered from, the Nova Scotia Medical Society, since said amendments affected the Profession at large in the Province.

To meet the outstanding deficit, various suggestions were made by the members. It was pointed out that if all or nearly all the physicians in the Eastern Counties Section could be gotten to join the Society sufficient funds would be realized to finance the Organization. The Secretary was authorized and empowered to circularize the members of the Profession in the territory, requesting that they become active members and pay the annual fee of one dollar.

The President named Committees as follows:

NOMINATING COMMITTEE

Dr. J. L. McIsaac
Dr. M. T. McLeod
Dr. P. S. Campbell

AUDITORS

Dr. J. S. Brean
Dr. Alex Kennedy

Dr. Walker referred to the projected meetings for several centres in Nova Scotia, under the auspices of the Canadian Medical Association. He urged the members to attend at least one of them. The objects of these meetings are: 1st. "That district meetings can be held when members of the Medical Society of Nova Scotia can hear Scientific addresses by representative Canadian members of the Profession" and 2nd. "That we may get some inspiration for better society methods. The addresses of Dr. Routley are especially for this purpose."

The meeting then adjourned until eight p. m. to meet at the residence of Dr. J. J. Cameron on his invitation.

EVENING SESSION

President Dr. Cameron presiding. The report of the nominating committee was submitted as follows:

Honorary President

Dr. G. E. Buckley, Guysboro.

President

Dr. W. F. McKinnon, Antigonish.

Vice Presidents

Dr. J. J. McRitchie, Goldboro.
Dr. John McDonald, Sr., St. Peters.
Dr. M. E. McGarry, Margaree
Dr. M. T. McLeod, Orangedale

Secretary-Treasurer

Dr. P. S. Campbell, Port Hood

Executive

Dr. J. S. Brean	Dr. Owen Cameron
Dr. J. A. Proudfoot	Dr. McCulloch
Dr. A. N. Chisholm	Dr. B. A. LeBlanc
Dr. A. J. McNeil	Dr. P. A. McGarry
Dr. Alex Kennedy	

Executive Representative on Nova Scotia Medical Society, Dr. J. J. Cameron. Antigonish.

This report was adopted unanimously and the president declared the officers as above duly elected for year 1925.

The auditors reported that they had examined the books and vouchers of the treasurer and had found the same correct.

The time, place, and type of next meeting then came up for discussion. The President asked for expressions of opinion from all members present. Dr. McLeod suggested Antigonish as the next place of meeting during the last week of May 1925. The meeting to be a continued business and clinical one with probably one paper by outside talent. Dr. McRitchie favoured Antigonish as the place of meeting, all clinics and papers be given by members of the Society. Dr. Alex. Kennedy and Dr. Owen Cameron shared Dr. McRitchie's views. Dr. Moore was similarly inclined but would like one paper by outside talent. Dr. W. F. McKinnon's opinions were similar to those of Dr. Moore. Dr. Brean favored a clinical meeting.

It was finally decided to hold the next meeting in Antigonish during the last week of May 1925, the officers to fix exact dates and work out details of programme.

Dr. Walker gave an excellent and "Very much to the point" paper on the "Small Medical Society and what it should aim to do." He pointed out that the Society was beneficial to the doctor on Medical, Social and Moral grounds. The Doctor is now looked to as a leader in all matters pertaining to Community health. Each member is able to and should contribute something to the Society's Welfare. Frequent meetings improve the doctors standing both in the Profession and in the Community. The time is probably approaching when the public will demand of its physicians that they attend Medical Society Meetings and grasp every opportunity for self improvement.

It was also shown that each doctor, in his own sphere, had duties and responsibilities apart from purely professional work. That is to say Community responsibility.

The business part of the session being now over, the Society mem-

bers became the guests of Dr. and Mrs. J. J. Cameron, who entertained them with a true Highland hospitality. A veritable banquet was tendered. All manner of delicacies were passed around calculated to tempt the appetites of all present. It was the desire of the members present that a note be made in the minutes of Dr. and Mrs. Cameron's kindness, and that the Society's thanks be herewith recorded.

On motion the meeting was adjourned until tomorrow morning at St. Marthas' Hospital.

MORNING SESSION, OCTOBER 8th, 1924

The session was a purely clinical one and opened in the operating room of St. Martha's. After the visiting men had been shown through the hospital, Dr. J. L. McIsaac and Dr. W. F. McKinnon gave an operative clinic.

The first case was that of a Hydrocele of long standing, by Dr. McIsaac. The Radical cure being carried out under Ether Anaesthesia. The patient's history was given and the various steps of the operation nicely explained.

Second case, Varicocele by Dr. McKinnon. As in the first case the history was given followed by the operation under Ether, the various steps of which were clearly demonstrated.

In both cases an excellent view of operation field was possible for all present.

Third case, Tonsillectomy under Ether by Dr. McIsaac. This case was dealt with after the American style. with the patient sitting upright. A complete dissection of the tonsils was very cleverly carried out by the operating surgeon.

Mention should be made of the expert way in which the Anaesthesia was handled by the staff Anaesthetist of this splendid clinic.

There was still abundance of clinical material on hand but as the visitors' train time was rapidly approaching meeting adjourned until next May.

(Signed) P. S. Campbell
Secretary-Treasurer.....

HALIFAX MEDICAL SOCIETY

The first Session of the Society for the 1924-25 season was held in the St. Julien Room of the Halifax Hotel, Wednesday evening, October 15th. The President, Dr. E. V. Hogan occupied the chair and seated the members at the banquet board at 8.30 o'clock. A very delightful dinner was served to the accompaniment of a Jazz Orchestra.

MENU

Olives, Almonds
Turtle Soup
Boiled Halibut, White Sauce
Moose Steaks, Apple Jelly
French Fried Potatoes, Boiled Cauliflower
Plum Pudding, Brandy Sauce
Ice Cream, Pastry
Coffee, Fruit

After the disposal of the above menu, Dr. Hogan called the meeting to order. He regretted the absence through sudden indisposition of the very efficient and popular Secretary, Dr. W. L. Muir. He paid a tribute to the splendid services that had been rendered by Dr. S. J. Turel, Secretary for several recent years, which was heartily endorsed by all present.

He reported that the Executive had arranged a very satisfactory programme for the coming season. (This will be found in the Bulletin Directory.)

The Associate-Secretary made a statement, upon the request of Dr. Hogan, regarding the cancellation of the visit of the Canadian Medical Association Speakers to Halifax. No action was taken in the matter.

Dr. Hogan then delivered his Presidential Address, dealing with his Reminiscences of the prominent members of the Profession 30 years ago. He showed a keen discriminating mind in his estimate of their professional ability and personal characteristics, and all his comments were marked by a kind hearted appreciation of the good that is found in every man.

Associated with Dr. Hogan, in the service of the Victoria General 29 years ago were Dr. S. W. Williamson, now in Yarmouth, Dr. Robie Bentley shot fatally on Prince St., Truro, by a drug-crazed foreigner less than two years ago, and Dr. Alex Fraser, now an eminent Pathologist in Bellevue Hospital. Among the doctors mentioned were: Doctors Reid, Puttner, Farrell, Black, Almon, McKay, Campbell, Chisholm, Curry, Murray, Dodge, Kirkpatrick, Stewart and Trennaman.

A number of members expressed their appreciation of the address, and short speeches were made by Doctors, M. Chisholm, Mader, Churchill, McDonald and others. The Society was also glad to hear from several visitors, Dr. A. W. Chisholm, M.P., Inverness, and Dr. T. R. Johnson of Great Village, and Dr. Hodge of England.

Dr. M. Chisholm detected signs of deterioration in the race as evidenced by the Jazz music furnished, but we think that Doctors Doull, Miller, Little, Atlee, Muir and others should get together and practise some of the old songs we attempted to sing on this occasion.

WESTERN COUNTIES MEDICAL SOCIETY

After two more years of talk and correspondence some 21 doctors of Shelburne and Yarmouth Counties, Clare Municipality, and Yarmouth Town, met in the Council Chamber of the Town Hall, Yarmouth, on Friday, October 3rd, and organized the Western Counties Medical Society. The meeting was to have been held at 2 o'clock, but was postponed until five, in order that local and visiting doctors could attend the funeral of the late Howard W. Corning.

Dr. W. N. Rehfuss, President of the Medical Society of Nova Scotia, presided at this organization meeting. The officers were unanimously elected, and everyone present endorsed the formation of the Society.

The first regular session of the Society will be held in Yarmouth, November 15th, 1924. The following doctors were present at the meeting:

Dr. G. W. T. Farrish

Dr. T. A. Lebbetter

Dr. C. A. Webster

Dr. S. W. Williamson

Dr. A. R. Campbell

Dr. A. J. Fuller

Dr. L. M. Morton

Yarmouth

Dr. A. R. Melanson, Eel Brook

Dr. H. D. Reid, Pubnico Head

Dr. L. O. Fuller, Shelburne

Dr. A. F. Weir, Freeport

Dr. W. N. Rehfuss, Bridgewater

Dr. H. J. Pothier, Weymouth

Dr. P. E. Belliveau, Meteghan

Dr. J. D. Densmore, Port Clyde

Dr. H. S. Trefry, Tusket

Dr. J. E. LeBlanc, West Pubnico

Dr. F. H. Alexander, Lockeport

Dr. F. E. Rice, Sandy Cove

Dr. J. Hayes, Halifax

Dr. S. L. Walker, Halifax

Dr. S. H. Thibault, Little Brook

Dr. R. L. Blackadar, Port Maitland

Dr. C. K. Fuller and Dr. L. P.

Churchill are to be included as

Charter members.

The officers are as follows:

President—Dr. A. R. Campbell, Yarmouth, N. S.

Vice-Presidents—Dr. A. R. Melanson, Eel Brook; Dr. H. T. Pothier, Weymouth; Dr. F. H. Alexander, Lockeport.

Sec'y.-Treasurer—Dr. T. A. Lebbetter, Yarmouth, N. S.

In a small section of Quebec, an average of 400 babies are born each year. In 1920 one hundred and twenty babies died within the first year. A baby welfare demonstration was put on and in 1923, while 400 babies were born, only 40 died within a year. The conditions may have been unusual, but the lesson is there just the same. Thus when certain elements of the public wish to promote efforts of this nature, the Medical Profession should support it and endeavor to have it directed along sane lines. Indifference or ridicule is not becoming any member of the profession.

The Bulletin.

The Official Publication of the Medical Society of Nova Scotia

Dr. S. L. Walker, Associate-Secretary.

CANADIAN MEDICAL ASSOCIATION DISTRICT MEETINGS

Very general regret was expressed, when it was announced that the proposed district meetings planned for Annapolis, Halifax, New Glasgow and Sydney, were cancelled. The reason for this was given in the October Bulletin. A postponement would have worked against the success of the meeting, as November is a most uncertain month, while the tenor of the General Secretary's telegram did not suggest other alternative. However, as the Valley Medical Society had planned for its semi-annual meeting for this date at Annapolis, and as important business was to be transacted, the Associate-Secretary immediately arranged an amended programme, which was satisfactorily carried out, as will be seen by an account elsewhere in this issue.

Two days after the first announcement, the General Secretary wired that Dr. Young of Toronto, and Dr. Bazin and himself were very anxious to make the trip, and as the doctors of Pictou County and of Cape Breton, were much disappointed at the prospect of not holding the meetings, arrangements were then completed for these two gatherings. It is unfortunate that the news of the cancellations of the meetings in Annapolis and Halifax, were not known to all practitioners, several doctors, hoping to be able to attend these meetings came to both Annapolis and Halifax. It is further regretted that after Dr. Routley reached New Glasgow, he received a telegram of the serious illness of his little daughter, which necessitated his returning to Toronto on Thursday afternoon.

Anticipating special reports from the Pictou and Cape Breton Societies, some reference may well be made to the nature of these two days of meetings with medical men of Eastern Nova Scotia.

PICTOU COUNTY SOCIETY

Thursday morning October 23rd the visitors, Dr. A. T. Bazin, Montreal, Dr. G. S. Young, Toronto, Dr. S. L. Walker and Dr. H. A. Chisholm of Halifax, were motored through the town of New Glasgow, and surrounding sections of the country. The day was one of the best that October can furnish, and although a low supply of gas in Dr. Blackett's car compelled him with two visitors, to walk the last mile up to that famous "Look Off" of Greenhill, the magnificent view well repaid for the effort. Dr. Young especially appreciated the trip, as

it reminded him of some years before, when Mrs. Young was Miss Greenhill! Both Dr. Bazin and Dr. Young saw patients during the forenoon in consultation with local doctors.

The visiting doctors and some of the local doctors were guests at a luncheon of the New Glasgow Rotary Club, while Rotarians Routley and Walker were naturally in attendance. The speech making was given over entirely to the doctors. Doctors Bazin and Young speaking briefly as to the reason for their presence in New Glasgow, while Dr. Routley gave the principal address. Dr. Routley's Rotary classification is that of Secretary the Canadian Medical Assoc. representing 8,500 doctors in Canada. He dwelt somewhat fully upon the position of the doctor in the community, that his work more than that of any other profession, tends to individualism. In his every day work his relations with his patients tends to this individualism. Yet the doctor cannot remain wrapt up in himself. He cannot do the Rip Van Winkle stunt; he must keep abreast of the times. This necessitates constant meeting with his fellow practitioners and keeping up with the progress of medical science. Thus it is that the doctors are the leaders in pre-preventive medicine, and their great aim today is to keep people fit. The great object of the Canadian Medical Association is to do all in its power to increase the efficiency of the doctors in Canada. This efficiency is accomplished by frequent meetings together in local, district, provincial or dominion associations. It is aided by official journals, and by general reading, it is encouraged by post graduate work or by lectures and addresses by those who stand high in the various special lines of medicine. Higher than any other profession in the ideals of service to the community, stands the physician and the surgeon today. We hear of state medicine, and we do well to speak of the danger of state medicine. State medicine may or may not be in the best interests of the community, but the danger to the community will lie in a state medicine that does not foster and develop the desire on the part of the medical profession for absolute efficiency in the interests of the community at large. Imbued fully with the idea of service to the community, the Canadian Medical Association can practically accomplish anything that is required for this purpose. Composed as it is of 10 individual self functioning and automatous organizations, provincial in character, from the Yukon to Nova Scotia, if these all unite in advocating measures and practices of value to the community, their advice will be acted upon. For no ulterior purpose does this Dominion Organization exist. The welfare of the people of this Dominion is the object of its activity.

The Dominion wide-organization, with the co-mingling of its members of the different provinces from coast to coast, is also a means of developing national interest and Esprit de Corps, which is greatly needed, if Canada is to prosper as it should. We are getting broader views of this country as to the nature of the immigration that will be of positive value in our National development.

Dr. Routley gave these representative men at New Glasgow a bigger and broader appreciation of the aims of Medical Organization than they had had hitherto.

At 2.30 P. M. over 30 members of the profession in Pictou County, met in the lecture room of the Nurses' Home in Aberdeen Hospital for a scientific programme of addresses and clinics which continued until 6.30 P. M. Dr. Clarence Miller, President of the Society was in the chair and Dr. A. T. Bazin, Professor of Surgery in McGill University, gave the first address, his subject being "The Differential Diagnosis of Acute Abdominal Conditions." These were considered by age periods, beginning with the infant under 3 days, then infancy proper, then childhood, adolescence and adult life. A summary of these various divisions will appear in the next Bulletin.

Dr. George S. Young, President of the Ontario Medical Society and Assistant Professor of Medicine in Toronto University, gave an intensely interesting address on the general subject of Goitre. Dr. Young was rather surprised to learn that Goitre was quite common in this Province, as he had been rather imbued with the general idea of its infrequency in countries adjacent to the sea. As our notes available on this address would unduly lengthen this report they will be published in the December Bulletin.

Following these two papers, a very interesting discussion was held in which appreciation of both papers was expressed. Dr. H. H. McKay of New Glasgow, raised the question of the "Intelligence of the Cell." What is it that determines certain cell action if not intelligence. A large number of clinical cases were considered in the wards of the hospital.

At 6.30 P. M. adjournment was made to the Norfolk Hotel where about 35 doctors enjoyed a fine banquet, followed by toasts and speeches. Both Doctors Bazin and Young, in their after-dinner speeches, dealt largely with the question of organization, and clearly presented all phases of this subject, which otherwise would have been presented by Dr. Routley. Dr. Bazin referred to the present satisfactory condition of the Canadian Medical Association from a financial standpoint. This dates from certain action taken at the annual meeting of the Association in Halifax in 1921. Three things were accomplished there which brought about this result. First, the Profession raised a bond issue, of some \$18000.00 which in particular led them to pay off all debts of the Association, really chargeable to the Journal. The Journal was thus put on a sound basis and an old printer's bill being paid, competitive contracts could be called for, which accomplished a great saving. Already \$4000.00 of these bonds have been redeemed and \$2000.00 more are now due for redemption.

Dr. A. D. Blackadar, is now the editor in charge of the Journal, which is truly representative of the whole Dominion. Changes have been made which will facilitate the early consideration and publication of scientific articles. The increased subscription list has meant in-

creased advertising at a better rate, and the journal is now self sustaining. Third, at this same meeting Dr. T. C. Routley, Secretary of the Ontario Medical Association, was appointed Assistant Secretary of the Canadian Body, charged specially with the work of organizing the several provincial associations. Upon the death of the late lamented Dr. Scane, he was appointed General Secretary. No more efficient or enthusiastic worker could have been appointed to this position.

Dr. Bazin then indicated the present and future policy of the Canadian Medical Association. The first object is public enlightenment—that the profession shall know what needs to be done and the community will know the aims of the Association. Particularly it is necessary to realize that the object of medical legislation when sponsored by the profession, is the protection of the public. For the same purpose is the raising the standard of our medical schools, and the lengthening of courses of study. The control of quackery and irregular practice in all forms is also for this purpose. To this end, arrangements have been made for the publication in the newspapers of Canada, by an experienced journalist of syndicated articles copyrighted by the Association, which will give the public facts regarding the progress of medical science. It is realized that the public are now greatly concerned with health matters, hence the necessity that they may be properly advised.

The second object is the question of post graduate instruction. In the last two or three years, over 700 lectures have been given by leading physicians before district or local societies. While this has been most fully carried out in Ontario, made possible largely by a grant by the Ontario Red Cross Society, funds are now available to carry out this work on a larger scale. Speakers from the extreme east will be selected to travel towards the centre, speakers from the west will be also selected to travel towards the centre, and speakers from the centre will be selected to travel both east and west. A schedule for this will be prepared, and provincial bodies will be able to avail themselves of these speakers for the provincial, district, or local meetings. The third matter of interest to the country at large and the profession, is one for which active preparation is now well under way. This is a conference under the chairmanship of the executive committee of the Council of the Canadian Medical Association, of Federal and Provincial interest, considering Public Health, Medical Curricular, Registration and modern legislation. This has the full support of the Federal Minister of Health, Hon. Dr. Beland. This conference will be held at Ottawa, December 18th to 20th. Representation to that conference will be from the following bodies:

- The Federal Health Department
- The Provincial Health Departments
- The Provincial Medical Associations
- The Provincial Licensing Boards
- And Medical Universities or Schools.

Certainly one important question for consideration affecting the profession especially will be that of one Dominion Licensing Body. If it is felt in any Province that a Provincial Licensing Board should be continued, that Board should certainly be represented at this conference.

Dr. Young in his address noted particularly the good work of the Ontario Medical Association, as a result of their organized efforts in the past four years. While they had made great progress, he was not sure but what Nova Scotia in several ways was as well advanced as any province in the Dominion. In particular the procedure followed in Nova Scotia of acquainting both the profession and the public with the foibles and pranks of quackery and charlatanism, and the little disturbance from irregulars, was in marked contrast to his own Province, where the Chiropractor and the Osteopath have a certain legal recognition.

The representation of doctors in Ontario to the Workmens' Compensation Board was very satisfactory, and their associated efforts resulted in increased remuneration for services rendered. The best work accomplished however, in Ontario, as a result of their Provincial Organization, and affiliation with the Canadian Association, was accomplished in connection with the post-graduate instruction. This has taken the form of a regular schedule of prominent speakers, upon topics of general interest to the profession available for district and local meetings. These meetings which were similar in character to the one being held here today, appeal greatly to the individual members of the profession and a large majority of the physicians in the district visited, take advantage of these special meetings. He hailed with a great deal of satisfaction, the prospect of the Canadian Medical Association extending this work throughout the various other provinces.

Dr. Young greatly regretted the inability of Dr. L. M. Murray to be present at these meetings. Dr. Murray had greatly desired to come, and was much disappointed in not being able to do so. Dr. Young paid a very hearty tribute to Dr. Murray's high standing in the profession in Ontario. Nova Scotia had indeed been good to all the provinces in the Dominion in the high character of the men whom she had given to other provinces.

Dr. H. A. Chisholm, Provincial Inspector of Health, then presented a statement as to a proposed Tuberculosis plan for this Province. The plan with the request for co-operation was referred to the standing committee on Tuberculosis, of the Pictou County Society, for consideration. As it was now after ten o'clock, the Associate-Secretary surprised those present by briefly telling the company what the address he had prepared was about. He expressed regret at the absence of Dr. Routley, and especially the cause. If any efficiency had been shown in the routine work of Provincial Organization, much of the inspiration came from Dr. Routley, who was especially quali-

fied as an organizer on a large scale. Then briefly he pointed out the good results to be obtained from local medical societies, and the necessity of the profession taking its proper place as leaders in the great work of the improvement of health and the prevention of disease.

After Auld Lang Syne the party broke up with many expressions of a desire for a similar gathering at a future date.

Doctors Bazin, Young, Chisholm and Walker, travelled by the night train to Sydney.

THE CAPE BRETON MEDICAL SOCIETY

Under date of October 20th. the veteran (in years of service) Secretary of the Cape Breton Medical Society, sent the following letter to every practising physician in Cape Breton:

"Dear Doctor:

The Canadian Medical Association is sending Dr. A. T. Bazin, Professor of Surgery, McGill University, Dr. George S. Young, Professor of Medicine, University of Toronto, and President of the Ontario Medical Association, and Dr. T. C. Routley, Secretary of the Canadian Medical Association, on an Eastern visit, and they will be accompanied by Dr. S. L. Walker, Associate-Secretary of the Medical Society of Nova Scotia.

The objects of the meeting are two-fold:

1. That district meetings may be held where many members of the Provincial Society, can hear scientific addresses by representative Canadian members of the Profession; and
2. That we may get some information as to better Society methods. The address of Dr. Routley is especially for this purpose.

We are holding a banquet Friday evening in Sydney, and will be very much pleased to have you with us for this occasion. Kindly wire if possible for you to come.

Yours truly,

(Signed) J. G. B. Lynch,
Secretary-Treasurer."

When our party arrived in Sydney, at 9 A. M. Friday, October 24th, Doctors Roy and Lynch, with their cars, took us to "The Randolph" where we had most comfortable rooms. After a drive around the many acres constituting the "Besco" plant, which greatly impressed the visitors, and which was made during a blizzard of wind and hail, (which was soon succeeded by a beautifully pleasant typical

Autumn day), Doctors Bazin and Young conducted bedside Clinics at the City Hospital, and saw a number of private cases in consultation. Time and space prevent any further reference to these cases.

At one o'clock, a very fine luncheon was given all doctors in attendance by the Board of Directors of the Hospital, with the Mayor presiding. This cordial welcome was a good preliminary for the afternoon scientific session which lasted until after 6.30 P. M., Dr. Allister Calder, the President, in the chair. At this session Dr. Young gave a wonderfully comprehensive address on "The Physical Examination of the Patient." It is difficult to summarize it, but the following is an attempt.

It is worth while now and then in medicine, to get back to fundamentals. It is this thought which suggests the above title for today's address. Every day each one of us makes a routine physical examination. Handicapped by the absence of laboratory methods our ancestors became wonderfully adept in the art of observation. Note Laennec's Treatise on Diseases of the Chest, published over 100 years ago. It reads like a modern text book. Problems stated there solved or unsolved, are for the most part so stated today. So true is this, that Sir William Osler falls back on writers of the older literature for vivid pictures of certain ailments.

There is a danger that the modern laboratory may obscure the value of history taking and physical examination; it is a danger that must be always borne in mind. The mistakes many make are generally due to over looking some trivial points in examination, hence such examination should be so systematic that it overlooks nothing. It may be stated as an objection that it requires too much time, but it is pointed out that the more systematic the procedure, the quicker it can be done, and if the family practitioner gets on file a complete record of his first 500 patients, the time necessary for examination, would in the future be greatly lessened. Incidentally the present scale of fees is not fair to the physician, nor in the end is it fair to the patient. The valuation should be put by the physician on each case, basing his charge on the time spent, including all necessary examinations, services, etc.

The mental attitude of the physician when he encounters a patient is of greatest importance. It should be that of the keen detective, whose every special sense is alert, and will cause the physician to investigate his patient from the moment he enters the door.

Let us begin with the examination of the office patient, before his clothes are removed, with our first sight of him as he comes into the consulting room. His gait may suggest Tabes or flat feet. His face may have the expression, or lack of expression, of Paralysis Ag'tans, or its equivalent from Encephalitis Lethargica. The staring eye points to Exophthalmic. In the male, fine silky hair is suggestive of Status Lymphaticus. Dryness of the hair indicates serious constitutional disturbances, and turning gray early, may suggest

a partial Myxoedema, a condition easily overlooked. A diffuse red color of the face is characteristic of Hyperthyroidism and Diabetes. The failure to examine the reaction of the pupil may lead to wrong diagnosis. The glands of the neck, angle of the jaw, submaxillary and especially the Thyroid should be examined. Head and neck arteries should be felt. Eversion of the lower eye-lid may reveal Oedema of the Conjunctiva, being suggestive of Renal Disease. Then comes examination of the mouth, nose and throat. The presence of Ozaena is always an indicator of trouble elsewhere.

The hands may point to Spondylitis, congenital heart disease, or very like Bronchiectasis. The large hand suggests Acromegaly, the spade shaped hand Myxoedema. The warm moist hand may point to Hyperthyroidism, the cold clammy hand against it; then palpate the radials.

To elicit knee jerks distract patient's attention. Oedema of the ankles may be noticed. This examination to this point occupies, when systematic, 3 1-2 minutes. If the patient is sick in bed, the sense of smell may tell of measles, small-pox, incontinence, acetonuria, etc. The patient in bed, movements of alae nasi, herpes on the lip, should be noticed. The degree of coma could be tested by flexing the little finger acutely, this without attracting the attention of relatives in the room.

In the office examination, there should be means of weighing, measuring height, and for suitable covering for women, with proper stools or table. The light should shine fully on the patient. Percussion carried out in the sitting posture avoids interference with mattress sound.

In order to detect rales, the best way to stir up moisture, is to have the patient take a long breath, then expel all possible air and cough. These will then be heard through drawing the long breath that follows. The lower part of the front and sides of thorax will be then examined when patient is lying down. It is important to measure the excursion of the lungs; use a skin pencil to mark the different points. Inspection of the lower ribs and sub costal angle may help to determine whether dyspnoea is due chiefly to emphysema, myocardial failure or insufficiency. Percussion while the patient is lying down must be done with a very light stroke. Hyperaesthesia of the chest in children is often an early sign of Pneumonia. As rales are more evident on the affected side nearest the bed, it is a good plan to turn the patient over to check up findings. The first sign of actual consolidation is often the increase in clearness with which the voice sounds come through. A rub produced by the movement of the scapula on the thoracic wall may be confusing.

The best method of percussion of the heart, is that known as "threshold" percussion, the stroke being very slight. However, it requires thorough training, and should never be used by those who have followed the ordinary method. One difficulty in realizing Mitral

Stenosis, is that one listens to the murmur forgetting the other heart sounds. If the chest wall is thick, the stethoscope resting lightly by its own weight greatly assists, and is the best method of listening to the foetal heart.

Palpation of the abdomen should be preceded by careful inspection. Relaxation must be secured. Avoid painful areas until the rest of the abdomen has been examined. Distract the patient's mind by general conversation. One should systematically endeavour to palpate the abdominal organs, one after the other.

We are apt to interpret physical signs in terms of an immediate diagnosis, these signs should be rather a clue to a diagnosis. In particular will this apply to an investigation of the nervous system. As it is most important to first interpret one's findings in terms of impairment of function of a structure, rather than in terms of a diagnosis,—certain data, as to the anatomy and function of the nervous system, are easily mastered and are sufficient for all practical purposes. A case recently seen will serve to illustrate a rapid examination: "Mrs. A. came complaining of coldness, numbness, difficulty in walking and nocturnal jerking of the legs for two weeks. The motor function of the cranial nerves was normal. There was no loss of power in the upper limbs or trunk muscles. On the various resisted movement of muscle groups in the legs no definite weakness could be made out. She walked, however, with a certain degree of stiffness suggesting hypertonicity of the muscles. On testing the reflexes of the arm they were found to be normal, but the knee and Achilles tendon jerks were exaggerated. There was a sustained ankle clonus and a Babinski on both sides. The abdominal reflexes were absent. From these findings it was clear that the reflex areas were not impaired and therefore that the trouble was not in the peripheral nerves or in the anterior horn cells. Going to the other extreme of the motor tract the patient's mentality was clear proof that the difficulty was not psychic, and further it was scarcely possible that the damage was in the brain since one would have to assume a lesion in both hemispheres. The conclusion was inevitable that there must be a lesion in the motor tract of the spinal cord, and moreover it must be at a point below the level where the motor paths to the arms had left the cord. We had then a lesion involving the pyramidal tracts in the dorso-lumbar region. On examination of the sensory system there was to begin with, the patient's complaint of coldness and numbness indicating some sensory disturbance, and of involuntary jerking of the limbs which was also observed during the examination. There was no definite anaesthesia, but she was unable to distinguish in some areas between blunt and sharp objects, nor could she detect the touch of cotton wool. It was therefore evident that there was some disturbance of the sensory paths and when it was found that there was impairment of co-ordination of the lower limbs, indicating the loss of sensory impulses which tell of position, etc., it was concluded that the sensory trouble was

also in the spinal cord in the posterior columns. Summing up the findings it was apparent that there was a lesion affecting the function of two separate tracts in the spinal cord at a certain level. Having got this far it really did not make much difference whether the disease was called by a name or not."

Dr. Bazin, besides seeing cases in consultation and reviewing selected clinical cases, presented particularly one specially interesting case upon which he operated in May 1924 for Carcinoma of the Rectum. This man made a perfect recovery, and is following his usual avocation. He experiences no trouble or inconveniences and has two normal bowel movements daily, provided he adheres strictly to his prescribed diet.

He then delivered his Address on "Acute Abdominal Conditions" which has been already noted.

Prior to adjournment, the members present expressed themselves as greatly pleased and benefitted by the day's work, and on their behalf, Dr. Calder extended to Dr. Bazin and Dr. Young a hearty vote of thanks.

The evening session was held at the Lingan Golf Club House, and began with a splendid banquet. The toasts, and later on the addresses, were interspersed with musical numbers. Toasts were proposed by Doctors Calder, Kendall, Roy, Sullivan, J. K. McLeod, and others. Doctor Bazin responded for the Canadian Medical Association; Dr. Young for the Ontario Medical Association, and Dr. Chisholm for the Provincial Department of Health.

The Associate-Secretary in responding for the Medical Society of Nova Scotia, complimented the doctors of Cape Breton on their enthusiasm in their profession. At least 50 doctors attended one or more of the sessions of this particular meeting, and nowhere in the Province has the Art and Science of Medicine more ardent and devoted disciples than in Cape Breton, even if they have imbibed some of the spirit of unrest apparently characteristic of this industrial centre.

Organization of the profession in Nova Scotia, compared very favorably with other provinces. There are about 380 doctors in Nova Scotia in practice who might be regarded as eligible for membership in the Provincial Society. Over two hundred are fully paid up members of whom 140 are members of the Canadian Association as well. Nova Scotia has a larger proportional representation in the Canadian Association than any other province. It has been pointed out that the success of a Provincial Society will depend upon the co-ordinating of the activities of its Branches. The local societies form the arch supporting the structure, and fault or weakness of any part endangers the whole.

The local medical society is important for a number of reasons. (1) It is beneficial to the doctor on social grounds, his associates will be recognized as colleagues and not competitors. (2) Frequent attendance upon Society Meetings improves the doctor's standing in the

community, no doctors today can afford to get the name of not attending medical meetings. (3) The people have more confidence in these doctors and it makes a close, more influential and more profitable relationship between the doctor, the public generally and individually. (4) This greater intimacy will clearly convince the people of the altruistic aims of the profession today; not more than in former years, but markedly so in view of the general materialistic tendency of the present day. (5) The advantages from scientific discussions are obvious. (6) The small society is a trainer and feeder for the larger society, so that doctors may acquire confidence before their colleagues. (7.) The local society is a medium through which leaders in the profession may present results of their experiences to the general practitioner. (8) Through the local society the profession can best identify itself with the public in all matters of community welfare; and expression of this interest is essential if we are to hold the confidence of the public, which is now so generally concerned in questions of health.

At a late hour, the company broke up, all expressing the greatest satisfaction over the day's programme. This report would not be complete if it did not mention the charming hospitality of Mrs. (Dr.) Lynch, who entertained at afternoon (late afternoon) tea. Indeed, as both Doctor Bazin and Doctor Young remarked, the beautiful weather, the charming scenery, and the free and delightful hospitality of the Doctors of New Glasgow and Sydney, made their short trip one that will always bring up pleasant memories. Hoping that some time they can come again.

A LAY OPINION

From time to time it is well for doctors to learn what the public think and say about them. Of course the doctor expects criticism, and he is yet unused to many words of commendation. It was therefore with pleasure that the readers of the Bulletin perused that Editorial comment, occasioned by the meeting of the Provincial Society in Amherst last July, which appeared in the September issue.

Now on the occasion of the recent medical field day in New Glasgow, the following appears in the "Enterprise" of current date:—

"THE MEDICAL DOCTORS"

"The Medical Doctors of the County and outside held a very largely attended convention in New Glasgow this week, where they were given the freedom of the town. A fine body of distinguished men they are, and worthy of all honor and support in their fight against disease and sickness, and ill-health, and in their progressive efforts to lessen sickness and ill-health, and in laudable endeavors and efforts in every good thing for the communities in which they live.

There is no nobler profession than that of the Doctor, but with this goes constant hard work. Called out to sick beds at all hours, night as well as day, they have stood for and still stand as the good Samaritans of our modern lives, and it is well that in such gatherings as they had this week in New Glasgow, that we all should pause and give the Doctors a word of good cheer, and show them that we all appreciate their worth, and their constant work in all that concerns the welfare of our bodies, as well as their constant interest, in all that concerns the interest of our towns and our countrysides. So here's long life, health and all good things for the Doctors, who in the great life of our times are ever found in their daily rounds doing good and bringing help and strength and health to the people of the town.

The Medical Doctors of the town gave a banquet on Thursday evening at The Norfolk Hotel to all the visiting Medical Men, to which the newspaper men were also kindly invited. The banquet hall and table was presided over by Dr. Kennedy, than whom there is no better qualified or more experienced and successful practitioner anywhere, and who shone as toastmaster, equally as well as he shines as a medical man.

After the different courses were disposed of, splendid addresses, full of information as to the progress and advance in medical science, were given by Dr. Young, Professor of Medicine in Toronto University and by Professor Bazin, of McGill University, Montreal. They were excellent addresses, full of meaty words of wisdom to all, for we are all bound up together in the work of the world."

Dr. Lillian Chase of Port Williams, recently addressed the Womens' Institutes of Kings County on Diabetes and the use of Insulin. The newspaper item giving this information then reads as follows:

"Dr. Chase advocated the starting of a campaign to raise funds so that people who needed Insulin and were unable to afford it, could have the free use of this wonderful cure. The members discussed Dr. Chase's address and left it in the hands of the Health Committee."

This matter of a free supply of Insulin has already been considered by the Provincial Health Department. But really would it not be better to have matters like this discussed by the local Medical Societies, before asking any lay organization to take action. Will not Dr. Chase formulate a plan and submit it to the Valley Medical Society, to be considered at its first Executive.

"Viligant" in the Evening Mail, has the following reference to the family physician:

"I see where Dr. Vincent, a professor of the Rockefeller foundation, predicts the passing of the family physician. He

says: "The old type of doctor will fail to survive this age of specialists." Will the world, think you, be better off without family physicians? Their brand of humanity is something oftentimes lacking in the average specialist."

WHY DOES HIS BACK PAIN

Natalie Knott, a feature writer in the Halifax Chronicle, in a recent contribution has the following paragraph:

"One of the subjects treated at the Valley Medical Association at Annapolis was "Back pain and its significance." This has already been a theme of absorbing interest to the growing boy. Why does his back ache when is hoeing potatoes, picking apples, or running errands? At other forms of violent exercise such as football and tennis, his back is quite normal. Materia medica needs to do some research work along this line."

Anyway this shows the people notice medical meetings and the subjects considered.

From Yarmouth, England, the hospital ship "Strathcona the Second" will sail next spring for the Labrador Coast. This 100 foot ship, manned by a volunteer crew of four, will cross the Atlantic to replace the "Strathcona" which was wrecked a year and a half ago.

It is noted that the initial action of the Medical Society of Nova Scotia in 1923 in inviting the Ontario Medical Association to send a representative to our Annual Meeting at Amherst, has been officially approved, by our highest Medical Organizations.

Dr. T. C. Routley, General Secretary of the Canadian Medical Association, was invited to attend the Meeting of the American Medical Association in San Francisco in 1923. At the Annual Meeting of this Association this year, their General Secretary was nominated to attend the next meeting of the Canadian Medical Association. One clause of the Resolution in this matter is as follows:

"Be it resolved that the American Medical Association enter into arrangements with the Canadian Medical Association, whereby the interchange of official delegates at the annual sessions of each Association may be had, arrangement for which to be consummated through our Secretary."

MOTOR EMBLEMS

The Canadian Medical Association at its last Session, approved of a lithographic design of a Motor Emblem. At least 500 orders must be in sight in order to have these made at a reasonable price. Only 300 so far have been ordered. If any doctors in Nova Scotia desire these markers, please notify the Associate-Secretary at once.

It is impossible to keep the mailing list of the Bulletin straight and up to date unless Doctors will notify the Associate-Secretary of any change of address. The recent issue of the Medical Register is a very poor guide for this purpose, but its persual only shows the futility of trying to keep up a correct list without co-operation of individuals. Also will recent graduates, although perhaps not yet permanently located, send their present addresses, so that the Bulletin and other circulars, etc., distributed by the Secretary, will be sure to reach them.

RURAL VERSUS URBAN HEALTH

A recent issue of the American Medical Association Journal considers a comparison of physical defects in University students from Rural and Urban Districts.

We have frequently heard it stated, especially by those engaged in the examination of school children in town and country schools in Nova Scotia, that the children in rural districts presented more physical defects than those in the towns. This is undoubtedly true, because the natural advantages, which rural districts possess in favor of healthful existence, are more than offset by the better health protection afforded the city dweller.

The article mentioned has the following conclusions;

When examined for the purpose of detecting departures from normal, students entering the University of Minnesota show the following:

1. Students raised in villages of from fifty to 1,000 population have more physical defects than students raised in other communities. Multiple defects are also common in this group.
2. Students raised on farms show more physical defects than those raised in towns or large cities, about the same number as those from small cities and less than those raised in villages.
3. Students raised in towns of from 1,000 to 5,000 population show less physical defects than any others except those from large cities.
4. Students raised in small cities from 5,000 to 50,000 population are exceeded in total physical defects only by students from villages.
5. Students raised in cities of more than 50,000 population show the lowest number of physical defects."

THE SUPPLY OF PHYSICIANS

Some striking statistics have been recently prepared which show a very small increase in the number of physicians as compared with clergymen and lawyers. Recent returns show an increase of 25.6 per cent in clergymen, 8.5 per cent in lawyers and only 4.3 per cent in

doctors, although Osteopaths and all kinds of irregulars are included. The number of physicians is not increasing in proportion to the population. Although these figures are based on 1920 returns, yet the American Medical Association Journal closes a short Editorial on the subject with the following:

"If the number of physicians should not increase proportionately with the needs of the population during the present decade, and if, in addition to the apparent local shortage, there should be also a general shortage, the problem of how to meet the situation will become the major question in medical education. It is not at all certain that a greater number of men can be induced to enter the practice of medicine by shortening the curriculum or by lowering the cost of medical education. Neither has it even been established that an increase in the number of physicians will cause any considerable migration of physicians from the cities to the country districts in which a shortage exists. Nor has it been established that medical education can be appreciably improved by eliminating certain subjects from the curriculum, or by shortening the time devoted to other subjects. The problem is intricate and complex. Its decision will rest not only with leaders in medicine, but with the deans of medical colleges and their official organizations, with the Council on Medical Education and hospitals of the American Medical Association, with the Carnegie and Rockefeller foundations and the State Boards of Registration, but also with the mass action of the public. Physicians must give much thought to the problem, and any action should be undertaken with great consideration and caution, following liberal discussion."

PUBLIC HEALTH NURSING

This is how Public Health Nursing is financed in the State of Connecticut as noted in a Medical News item in a recent issue of the American Medical Association Journal:

"The State Department of Health sent inquiries concerning public health nursing to eighty-seven public health nursing associations and to fifty-one school nursing services. All but seven of the former replied, and all but eleven of the latter, and the State Department of Health filled in these omissions as far as possible. It was found that there are 302 nurses in Connecticut who are doing general nursing, and ninety-three nurses doing full-time school nursing, making a total of 395 nurses employed locally. During the last year, \$671,103.48 was spent by the nursing services employing 302 nurses. Of this amount, \$180,135.20 was appropriated by the towns, and the patient paid \$94,327.45 of the total for the service they received. The remainder was made up from the sale of tuberculosis seals, from community chest drives, from funds from the Red Cross and various other sources."

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

The 23rd Annual Report of the above named Association, dated at Ottawa, June 1924, has been distributed. This report was presented to its members at the recent meeting of the Canadian Medical Association in Ottawa. It contains the list of Officers and Executives its Incorporation Act, its Constitution and By-laws, the Minutes of its Annual Session, the Presidents's Report, the General Counsel's Report, the Financial Statement and the list of Members.

The Membership is divided as follows:

Alberta, 117; British Columbia, 171; Manitoba 137; New Brunswick, 35; Nova Scotia 43; Ontario, 751; Prince Edward Island, 17; Quebec, 105, Saskatchewan, 85.

This gives a total membership of 1461 out of a possible membership of over 8000 physicians in active practice. At the same time there are about 2500 doctors who are members of the Canadian Medical Association. A C.M.A. membership of 4000 should furnish sufficient revenue to carry protection for its entire Body. A renewal of the consideration of affiliation between these two Bodies would appear desirable, and is receiving attention.

The number of members from Nova Scotia seems comparatively small. Upon the same basis as Ontario, Nova Scotia should have 88 members instead of 43; New Brunswick should have 30, while it has 35, P. E. I 15 while it has 17; Quebec 532 instead of 105; Alberta 107, but has 117; etc.

The following constitutes the membership in the Maritime Provinces:

NOVA SCOTIA

Archibald, D. W.—Sydney Mines	Macaulay, M. A.—Halifax
Bliss, C. W.—Amherst	McDonald, H. K.—Halifax
Brean, J. S.—Mulgrave	McDonald, John—Sydney
Campbell, John G.—Halifax	McIntosh, Geo. A.—Halifax
Doull, Arthur E.—Halifax	McDougall, J. G.—Halifax
Farish, G. W. T.—Yarmouth	MacKenzie, K. A.—Halifax
Graham, Judson V.—Halifax	MacKenzie, S. G.—Westville
Hattie, W. H.—Halifax	MacLennan, S. J.—Halifax
Jeffers, Edward—Parrsboro	McRae, D. R.—Sydney Mines
Johnson, L. W.—Sydney Mines	Mathers, R. E.—Halifax
Kenney, W. F.—Springfield	Millar, Ross—Amherst
Kent, H. V.—Truro	Morrison, J. C.—New Waterford
Love, A.—New Glasgow	Morse, L. R.—Lawrencetown
Lynch, J. G. B.—Sydney	Morton, C. S.—Halifax
McCulloch, R. C.—Guysboro	Murphy, G. H.—Halifax
McDonald, E. O.—Glace Bay	O'Neil, Freeman—Sydney
McLeod, John K.—Sydney	Patton, J. W. T.—Truro
McQueen, C. A.—Amherst	Read, W. F.—Digby

Roy, J. J.—Sydney
Schwartz, H. W.—Halifax
Sponagle, J. A.—Middleton

Stewart, John—Halifax
Sullivan, M. T.—New Aberdeen
Tompkins, M. G.—Dominion

NEW BRUNSWICK

Addy, G. A. B.—St. John
Bell, J. Alex. M.—Newcastle
Burgess, Sherman W.—Moncton
Brown, Frank M.—Centreville
Crocket, W. G.—Fredericton
Desmond, J. S.—Newcastle
Grant, Nelson P.—Woodstock
Jenkins, W. M.—Gagetown
Kenney, F. L.—St. John
Kierstead, Perley T.—Sheffield
Laporte, Paul C.—Claire
Laporte, P. H.—Edmundston
McAllister, D. H.—Sussex
McNally, H. H.—Fredericton
Main, C. G.—St. Stephen
MacLaren, Murray—St. John
Moore, D. R.—Newcastle
Kirkland, H. S.—St. John

Murray, Alex.—Lord's Cove
Myers, A. R.—Moncton
Nugent, Goldwin I.—Chipman
Pinault, L. G.—Campbellton
Prescott, A. H.—Woodstock
Price, Leverett H.—Moncton
Rankin, W. D.—Woodstock
Roberts, Wm. F.—St. John
Ross, D. W.—Fredericton
Rowley, W. E.—St. John
Sormany, A. M.—Edmundston
Van Wart, G. C.—Fredericton
Wainwright, S. F. A.—Fredericton
Walker, Thomas—St. John
Walter, Thomas—St. John
Walter, Arthur B.—Cambridge
Wetmore, F. H.—Hampton

PRINE EDWARD ISLAND

Carruthers, Geo.—Charlottetown
Champion, B. H.—O'Leary
Clift, Geo. D.—Charlottetown
Dewar, G. F.—Charlottetown
Jenkins, S. R.—Charlottetown
McLaughlin, R. D.—St. Peters Bay
MacDonald, J. C.—York
MacGuigan, J. D.—Charlottetown
MacMillan, W. J.—Charlottetown

MacNeil, Alexander—Summerside
MacPhee, John A.—Summerside
Seaman, R. F.—Bedeque
Sharp, A. D.—Bedeque
Taylor, F. W.—Charlottetown
Warburton, James—Charlottetown
Yeo, Ira J.—Charlottetown
McNeil, J. F.—Summerside

The Manitoba Medical Association has recently issued its thirty-eighth official Bulletin. It is a small pamphlet of 16 pages, three and one-half by six inches. A rather full report is made of the affiliation of the C. M. A. with the British Medical Association, pointing out its advantages to Canadians. This subject was fully reported in our July issue. The programme of Sectional Meeting of the American College of Surgeons and of the Manitoba Hospital Association is given in full. The meeting was held in Winnipeg September 2nd and 3rd.

The booklet also contains a short summary of the minutes of the Provincial Society Executive, and notes of the meetings of the several affiliated District Branches, seven in all.

Co-operation.

When the Canadian Red Cross planned its Peace Time Programme, it was because the Covenant of the League of Nations compells that wonderful organization to labor for the improvement of health, the prevention of disease and the mitigation of suffering. Naturally the Society became the right hand or publicity agent of Provincial Health Departments. The Province of Manitoba adopted a wise plan in this connection. This is very clealy set forth in the monthly Bulletin issued by the Manitoba Medical Association, for the month of September. It is printed herewith in full as an illustration of good team work in the Public Health Campaign of the present day. Perhaps this will appeal also to the profession in Nova Scotia:

"The Canadian Red Cross Society and the Medical Profession in Manitoba"

'In 1921, Mr. A. Machray, President of the Manitoba Division of the Canadian Red Cross Society, addressed the Convention of the Manitoba Medical Association and explained some of the Peace-Time work of their Society concluding by asking that our Association appoint an Advisory Committee, which their Headquarters Staff might consult on the medical aspects of their work. This was done, and Dr. J. E. Coulter, Dr. R. J. Cambell and Dr. H.W.Wadge were the committee appointed, but no special instructions were given them and nothing was definitely known as to the nature of the problems referred to. During the following winter, 1922, a further request for an Advisory Committee came from the Junior Red Cross, and Dr. A. A. Murray and Dr. H. W. Wadge, were appointed by the Executive to act in this capacity.

In 1923 these Committees were united, and since that date the same Committee has served in an advisory capacity to both the Senior and Junior Red Cross, having been appointed for this purpose from year to year by this Executive.

In its Peace-Time Policy the Red Cross Society of Manitoba comes in contact with the medical fraternity along three lines of work, viz: First,—In their war service Department; second, in the Junior Red Cross crippled children's service; third, in the Red Cross medical and nursing service in unorganized areas of the Province.

War Service Department

"In the War Service Department the Red Cross administers funds for the use of indigent returned soldiers or their families in case of illness. This is used to pay hospital service, medical fees, medicines, surgical or mechanical supplies, dental service, etc. In the city patients

are cared for chiefly in the public wards of the hospitals, but in the rural districts most of the work is done by the local physician. In the beginning of this work the Red Cross were doubtful about some of the medical accounts rendered, and the Committee was consulted as to the proper fees. In all but two or three cases we recommended that the fees be paid, and in cases the Society and the doctors concerned reached an agreement without our assistance. During the past two years the Society has paid all accounts as rendered and the Committee have not been consulted in this matter. The medical men, however, have rendered such small accounts in these cases that they have practically been merely out of pocket expenses.

Junior Red Cross

"The Junior Red Cross Department undertakes to obtain suitable medical treatment for certain cases of children of indigent parents. These children must be recommended for treatment by the local doctor; or if they live in unorganized territory and no doctor is near, a recommendation for treatment must be given by the local Red Cross Branch, a clergyman, school teacher, or other person of standing in the district. Such children are then taken to the nearest hospital suitable for the purpose and placed in the public ward for treatment. Most of these cases are orthopaedic, but many have received treatment for tonsils and adenoids. In two or three instances large tonsil clinics have been held in the Province. In one instance your Committee did not approve of the procedure and made an objection. Since then the Red Cross Headquarters are leaving all medical arrangements for such clinics to the local physician and local Red Cross.

In these two lines of work the Medical Advisory Committee of the Association is consulted by the Red Cross Society in all matters relating to the medical profession in which they require advice.

Unorganized Districts.

During the war the Provincial Board of Health inaugurated a system of public health nursing in the Province. The Red Cross Society became interested in this work and finally co-operated by establishing four nursing stations in unorganized territories, remote from any medical or other nursing service. These stations were located at Reynolds, East of Winnipeg, Grahamdale and Fisher Branch, East of Lake Manitoba, and Minesota, West of the Lake. In 1920 the Red Cross Society felt that in these districts a medical service should be obtained: First, for the remoteness of the district from a resident or available doctor, and second, for the serious financial stingency of the settlers, often amounting to "absolute destitution rarely under the control of the settlers themselves." During the year the Winnipeg Medical Society also became interested in the same subject and appointed a committee of five consisting of Dr. J. Halpenny, Chairman; Dr. H. M. Speechly,

Secretary; Dr. N. W. Warner, Dr. T. C. Brereton and Dr. G. Fahrni, to consider ways and means of providing medical service in the outer districts of the Province. Very soon the committee and the Red Cross officials met and considered this subject together. It was then decided to appoint a physician to visit these four nursing stations in rotation at least once a month, spending four to six days at each station. The Committee of the Medical Society selects the doctor and supervises his work, and the Red Cross Society pays his salary and expenses. Dr. Gerald Grain, Dr. D. C. Aitkenhead and Dr. W. F. Tisdale have been Medical Officers in the past on this work, and at present Dr. C. J. Meredith is filling the post. The work is still going on and is partially supplying medical service in places greatly in need of it, though there are yet districts and settlements in the Province without medical service of any kind.

Review Of Charitable Service.

"Our relations to charitable service and charitable organizations are at present under review by many medical men, and the subject requires further investigation and mature consideration, but we believe the relations of the medical fraternity of Manitoba to the Red Cross Society and to the public, in the services described, are quite satisfactory, as, in our opinion, the Red Cross make a thorough investigation of these cases and call on the profession for medical service only where the people cannot help themselves. Such assistance as we give is an evidence of the co-operation the profession gives to all those who are endeavoring to relieve pain and physical ailments of those urgently in need of it and yet unable to provide it for themselves. It is hoped that this little review will help to make clear to the members of our Association one phase of our work for the community."

(“Contributed by Dr. H. W. Wadge”)

The October issue of the Canadian Medical Association Journal contains the full minutes of the business sessions of the Council at the last Annual Meeting in Ottawa June 16th to 20th, 1924. The July issue of the Bulletin in 13 pages gave the profession in Nova Scotia, a very good summary of the business as a comparison with the Journal's report will show. One is inclined to think that the Conference of Medical Services in Ottawa next December will have very many subjects of great interest for consideration. Will doctors in Nova Scotia who can attend this Conference, advise the Associate-Secretary at once so that the Services in this Province may have named representatives.

THE COUNTRY DOCTOR

A correspondent in a recent issue of the American Medical Association Journal has this to say about the absence of doctors in Country Districts.

"There is an unquestioned shortage of adequately trained physicians in the rural districts. Every physician knows why. The laity, save for a thoughtful and discriminating minority, does not recognize either the financial problem or the professional comradeship aspect. But it is the laity who, seeing the need, is quick to join any movement that promises improvement. This is the "mass action" of the public. Neither dean, nor councils, nor state boards unaided can remedy the situation. Any attempt at a solution must recognize the gregarious instinct, the desire to achieve professional success and the ambition to provide generously for a family. These all are reasonable conditions. There is an experiment in process which may promise some degree of success. Almost every physician knows, now and then, a young man or woman giving promise of ability, but without funds to finance a technical training and to maintain a family. A generous scholarship, sufficient for medical training, and supplemented by such financial stipend as may be necessary for five years, might be given through the faculty of the medical school, on condition that the beneficiary give five years of medical service in general practice in the rural region designated by the medical faculty or the state examining board.

"Five years of general practice is a good preliminary for any specialty. Nothing develops individual resources better than general country practice. The financial aid would be a straight business proposition, the exchange of youth and ability for an assured income and a normal family life. During the experimental stage, the money must needs come from private endowment, such as the Carnegie or Rockefeller funds or special scholarships. But if ever state funds can be freed from state politics, the public treasury would get full value for money expended for a measure so intimately related to public welfare."

The Medical Society of the County of Kings (New York) recently effected committee organization with the end in view of using the daily press for the specific purpose of developing the idea of periodic health examinations, and with the general purpose of presenting medical news to build up a rational public opinion based on accurate medical information, and health matters should form one department under a medical editor.

Standardization of hospitals has received a very great impulse during the past two years. This has been quite noticeable in the Maritime Provinces, as well as elsewhere. A recent announcement in the press refers to hospitals in Nova Scotia as follows:—

“The total number of hospitals surveyed in Nova Scotia was 12, of which 12, or 100 per cent., met the requirements. In the list of approved hospitals which follows, the asterisk indicates that certain hospitals have accepted the requirements which result in the best scientific care of the patient, but are not for lack of time or other acceptable reasons, carrying them out to the fullest extent.

“100 or more beds—St. Joseph’s Hospital, Glace Bay; Salvation Army Hospital, Halifax; Victoria Hospital, Halifax.

“50 to 100 beds—*Aberdeen Hospital, New Glasgow; Children’s Hospital, Halifax; *General Hospital, Glace Bay; Grace Maternity Hospital, Halifax; *Halifax Infirmary, Halifax; Highland View Hospital, Amherst; St. Martha’s Hospital, Antigonish; Sydney City Hospital, Sydney; *Yarmouth Hospital, Yarmouth.”

Medical Inspection of Schools in New Brunswick under full time inspectors, has been in operation three years. Some 2000 schools have been visited and between fifty and sixty thousand children have been examined. It is noted that one third of the children showing defects have received remedial treatment. Vaccination is said to be almost 100 per cent.

NO VITAL STATISTICS

The deputy health officer of a certain village (in Indiana) in responding to a letter of inquiry from the State Registrar as to why no birth or death report had been received from his jurisdiction, said: “We have not had a death in eleven months and we have not had a birth in the past year. Our people are too old to breed and too contrary to die.”

THE LISTER ORATION.

The following letter has been sent to the Secretary of each Branch Society:

“Dear Doctor:-

You have now received your copy of the C. M. A. Journal, special Lister issue. The address of Dr. John Stewart furnishes delightful reading, and this issue should be on the desk of every physician. Will you make inquiries among your members who are not members of the Canadian Medical Association as to who would like to have this Oration in their library. If you will send me their names and fifty cents for each, I will have same forwarded directly to them.

Yours very truly,

(Signed) S. L. Walker

“Associate-Secretary”

Will individual members who desire this special issue advise their local secretaries to this effect.

Personals.

Dr. Cecil Dabney of Baltimore, was a recent visitor at Chester, where he practiced a number of years. He was warmly welcomed by his old friends.

Dr. R. F. MacDonald, of Antigonish, sailed September 18th from Quebec on the S. S. "Carmania" for England. He will take up special eye, ear nose and throat work in London for the next year. Previous to his departure, he was the guest of honor at the Antigonish Club, when he was presented with a steamer trunk and an address, as a token of the esteem in which he was held by his fellow club members. In the course of his reply to the presentation address, he commented particularly upon the progress that has been made in St Martha's hospital in recent years, expressing his belief that in a short time it would fill the needs of a general hospital for a very considerable section of Eastern Nova Scotia, and part of Cape Breton. Dr. MacDonald has been one of the most active promoters of amateur sport in Antigonish County, was always prominent in the Highland Society activities and a valued member of the local Curling Club.

The regular quarterly meeting of the Colchester Hants Medical Society was held in August but the Bulletin has not yet received any account of same. Will the local Secretaries please send the Associate-Secretary a copy of the minutes of their regular meetings. Society activities are of interest to all the profession.

Dr. Charles W. MacMillen, Dalhousie 1924, went to Newfoundland about the middle of October, and will practise in Grand Falls.

An irregular was recently convicted in Pennsylvania for practicing medicine without a licence. He had been treating a case of Diabetes with medicine which upon analysis proved to be vinegar. One way of neutralizing too much sweetness!

The Press records the death in California recently of Stewart Smith, only son of Doctor and Mrs. Ross Smith of Paloto, California. While out in the country he had apparently been struck and killed by an automobile and his body concealed beside the road. Doctor Smith was a graduate of the University of Pennsylvania in 1877; and practised in Nova Scotia for a number of years. He was settled in several places but chiefly in Bass River and Parrsboro.

Mrs. Wm. Keddy, mother of Dr. O. B. Keddy, recently suffered a second stroke of paralysis while still in Pownall, P.E.I., and her condition is critical.

Dr. H. W. Kirkpatrick of Middleton was recently on a trip to the Pacific Coast. He passed the qualifications of the Dominion Council at the last examinations.

Dr. James J. Carroll, 1924, who was taken ill while supplying for Dr. O. R. Stone, of Sherbrooke and who was a patient in St. Martha's Hospital for several weeks, is now convalescing at his home, Robie St. Halifax.

Dr. Alvinus Calder, Sydney, accompanied by his wife and little daughter, left late in October for England. Dr. Calder will take up post graduate work in Edinburgh, London, and Vienna.

Dr. Charles Huggins of Ann Arbour, was recently called to the bedside of his brother, a Freshman in Acadia College, Wolfville. Dr. Huggins was a graduate in Arts from Acadia, and received his M. D. from Harvard a year ago.

Dr. M. G. Burris, of Dartmouth, sued the town of Dartmouth for \$1000.00 for damages to his car, caused by a collision with a ladder cart of the Fire Department. The accident occurred February 1st. 1924. He is reported as winning his suit.

Dr. M. E. Armstrong of Bridgetown, addressed the Congregation of the Methodist Church in Granville Ferry, Sunday Evening Oct. 26th, on the moral and religious development of the township of Granville. This historical review began with the arrival of New England settlers in 1760.

Dr. C. K. Fuller, who has been doing post graduate work in Edinburgh for the greater part of this year, has returned to Nova Scotia. After spending a short vacation in Pictou where Mrs. Fuller's father, Melville McKean resides, he resumed his practice in Yarmouth.

Weymouth, Oct. 30.—The wedding was solemnized at Stella Maris Church, Meteghan on Tuesday the 28th, of Miss Angele Robicheaud, daughter of Mr. and Mrs. Robicheaud of Meteghan Centre and Dr. Peter Belliveau, son of Izie Belliveau, of Belliveau's Cove. The bride was garbed in a dress of white veil and carried a white prayer book. She was assisted by Miss Loddie Comeau who wore a dress of white and maize silk with large picture hat. The groom was assisted by his brother, Alphonse Belliveau. The marriage ceremony was performed by Rev. Father Maxemine LeBlanc, of Yarmouth, a cousin of the groom, who also officiated at the nuptial Mass which followed.

The bride and groom left for a wedding trip to Halifax and Cape Breton, and will make their home at Meteghan where the groom has

an extensive practice. Both bride and groom are well known and were the recipients of many useful presents, including gifts of silverware, china, linen and cutlery, etc.—Halifax Chronicle.

A letter from Dr. T. C. Routley dated Nov 3rd conveys the good news that his little daughter is making a good recovery following an operation for appendicitis. As stated elsewhere Dr. Routley was compelled to return to Toronto the day following his arrival at New Glasgow for the special C. M. A. meeting.

The death occurred at Minudie on November 4th of Mrs. Amos Vernon, aged 65 years, one of the best known women in that part of Cumberland County. Mrs. Munro, wife of Dr. J. A. Munro, of Amherst, is a daughter of the deceased.

Under the heading of "Thirty Years Ago", the *Pictou Advocate* of November 2, 1894 has the following personal:—

"Mrs. Murdoch Stewart, the Misses Stewart (3), Dr. John and Mr. Alex Stewart left this week to permanently reside in the capital. It is needless to say how much Pictou will miss the skill, philanthropy, and the kindly deeds of Dr. Stewart, and the charitable and christian efforts of the lady members of the family."

It is intimated that Pictou will this month again express its kindly feelings to Dr. Stewart, now an Honorary Member of the Medical Society of Nova Scotia and a Life (Honorary) Member of the Canadian Medical Association. We hope some one present will furnish an account of this function for our December issue.

Dr. D. J. McMaster of Inverness, has gone to New York to do special post graduate work. He will be away some six months and will enroll under the New York Post Graduate School.

Dr. T. C. Lockwood, of Lockeport, has been quite seriously ill for several weeks.

While visiting old friends along the Gulf Shore Dr. John Stewart recently spent some pleasant hours with Dr. Collie, of River John, who is now in his 87th year.

Westport, Oct. 27.—There passed away at the advanced age of 82 years, Mrs. George Bingay, widow of the late Dr. George Bingay, of Granville Ferry and Annapolis Royal. Mrs. Bingay was a Miss Vroom, a cousin of the Rev. Canon Vroom of Windsor. She is survived by sons and daughters now resident in the United States. Dr. George Bingay was a prominent practitioner in Annapolis County thirty years ago.

Mrs. D. W. Byers of Annapolis, wife of Dr Byers who was so seriously injured by an automobile accident in October, is at present on a trip to Saskatchewan to look after the Doctor's real estate interests in Ernfold, Sask.

The medical profession will note with regret the recent deaths of a number of members of the Dental Profession who were outstanding members of their Association. In particular the comparatively sudden and unexpected deaths of Dr. Churchill of Yarmouth and Doctors F. W. Dobson, F. W. Ryan and Ralph Woodbury, of Halifax may be noted. Dr. Woodbury was buried in Pine Grove Cemetery, Middleton, October 29th, and a large number of friends and relatives were present to pay their last tribute of respect.

"The Fifty-Sixth Annual Meeting of the Canadian Medical Association will be held in the City of Regina on the dates of June 22, 23, 24, 25, and 26, 1925, instead of on the dates of June 15, 16, 17, 18 and 19, as originally announced.

The Council will meet on June 22nd and 23rd, the scientific sessions occupying the dates, June 24, 25 and 26."

Dr. H. G. McLeod, of Upper Stewiacke, spent the first two weeks of October in Montreal.

Dr. Augustus Robinson, Honorary Member of the Medical Society of Nova Scotia, veteran practitioner of Annapolis, gave an address at the annual Children's Service of St. Lukes church. His chief topic was the "Fourth Commandment."

Dr. Robinson gave an interesting short talk at the October meeting of the Valley Medical Society. For the benefit of the younger men present, he pointed out how he had made a saving of between eleven and twelve thousand dollars due to an experience he had while conveying a pipe of tobacco from the kitchen coals to the hired man working in the field.

A Tuberculosis clinic was held in Annapolis Royal October 20th by Dr. P. S. Campbell, assisted by Dr. L. B. Braine.

Dr. Murdock Chisholm of Halifax, attended a recent meeting of the Cape Breton Medical Society, at which despite inclement weather, 35 doctors were present. The Sydney Record states "that the Society was treated to one of the most common sense Medical talks ever presented to them." All who have heard Dr. Chisholm, will know that a very pleasant hour was enjoyed by all present.

Dr. R. J. MacDonald, formerly of Antigonish, spent a recent vacation in his home town He returned to his home in Port-au-Port about

the middle of October, and the day following a disastrous fire destroyed his home, drug store, clothing, furniture and general equipment, indeed it was with difficulty that one of his children was rescued.

Dr. MacDonald will be remembered by many as a splendid athlete, and while at home recently addressed the student of St. Francis Xavier on the general subject of physical fitness. Dr. MacDonald was the winner of the Boston Marathon in 1898.

Just previous to the departure of Dr. Boudreau of Amherst, for Paris, he and Mrs. Boudreau were the recipients of a presentation by the members of L'Assomption. A newspaper report has the following:

"On Wednesday evening the officers and members of the Artisans and L'Assomption Societies with their families gathered in their hall to make a presentation to Dr. and Mrs. Boudreau, who leave early next week for Paris where the Doctor will take a Post Graduate course for one or two years. At the opening meeting, Dr. Boudreau was presented with an address read by Jacob L. Boudreau, expressing appreciation of his good work since his coming to Amherst in 1907, and regret that he was to be absent for so long a period. He was then presented by Mr. J. P. Terrio and Mr. Nap Dupius on behalf of the two French Societies with a handsome wardrobe trunk. At the same time Mrs. Thaddy Landry, President of the Ladies of L'Assomption on behalf of the French Societies, presented Mrs. Boudreau with a magnificent bouquet of roses. Dr. and Mrs. Boudreau were taken greatly by surprise by the presentation. Mrs. Boudreau thanked the members of the Societies in a very pleasing manner, but the Doctor with evident feeling, made a happy response, expressing appreciation of the gifts and regret at leaving his friends."

Upon the return to Upper Musquodoboit of Dr. H. C. S. Elliot and Mrs. Elliot, following a short wedding trip, they were tendered a reception by the hospitable people of that district. Congratulations were extended to the newly married couple and an address was read, accompanied by a beautiful Chesterfield rocker, a gift of the people of Musquodoboit.

Why is the post-operative appendicitis patient like a Mah Jong player?

Because each endeavours to hold his own wind.

CHANGED ADDRESSES.

Dr. W. F. Kenney, from Springfield, N. S., to Rexton, N. B.

Dr. H. B. Atlee, from Gottingen St. to 31 South Robie St., Halifax

Dr. J. J. Carroll, from Sherbrooke, to 254 Robie St., Halifax.

Dr. G. L. Leslie, from Spry Bay, to River Glade, N. B.

Dr. F. T. McLeod, from Riverport, to Westville.

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1924-1925.

President	Dr. W. N. Rehfuss, Bridgewater.
1st Vice-President	Dr. E. V. Hogan, Halifax
2nd. Vice-President	Dr. L. W. Johnstone, Sydney Mines.
Secretary-Treasurer	Dr. J. G. D. Campbell, Halifax
Associate-Secretary	Dr. S. L. Walker, Halifax

EXECUTIVE

Cape Breton Branch
Dr. E. M. McDonald, Sydney
Dr. D. R. McRae, Sydney Mines
Dr. Dan. McNeil, Glace Bay

Colchester-Hants
Dr. R. O. Shatford, Londonderry
Dr. O. B. Keddy, Windsor

Cumberland County
Dr. F. R. Boudreau, Amherst
Dr. J. A. Munro, Amherst

Lunenburg-Queens
Dr. R. G. McLellan, Lunenburg
Dr. L. W. T. Penny, New Germany
Dr. W. F. Read, Digby
Dr. N. H. Gosse, Canning

Valley Medical Society
Dr. M. E. Armstrong, Middleton

Eastern Counties
Dr. J. J. Cameron, Antigonish,

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

Pictou County
Dr. H. H. McKay, New Glasgow
Dr. G. A. Dunn, Pictou, N. S.

Western Counties
Dr. W. C. O'Brien, Wedgeport
Dr. A. J. Fuller, Yarmouth

COMMITTEES

Cogswell Library
Dr. A. G. Nicholls
Dr. J. R. Corston
Dr. John Stewart
Dr. Philip Weatherbee
Dr. C. S. Morton

Editorial Board—C. M. A. Journal
Dr. W. H. Hattie
Dr. G. H. Murphy
Dr. J. G. McDougall
Dr. K. A. McKenzie
Dr. E. V. Hogan

Arrangements

The Executive Committee, with the Members of the Lunenburg-Queens Medical Society.

Public Health

Dr. A. C. Jost, Halifax
Dr. E. Kennedy, New Glasgow
Dr. M. E. Armstrong, Bridgetown
Dr. J. K. McLeod, Sydney
Dr. L. W. T. Penny, New Germany

X-Ray (Special Committee)

Dr. A. F. Miller, Kentville, N. S.
Dr. J. J. Roy, Sydney
Dr. A. I. Mader, Halifax, N. S.

Annual Fees P. M. B. (Special Committee)

Dr. J. R. Corston, Dr. S. L. Walker, Dr. L. R. Morse

Mental Hygiene (Special Committee)

Dr. W. H. Hattie, Halifax
Dr. J. J. Cameron, Antigonish
Dr. F. E. Lawlor, Dartmouth
Dr. S. L. Walker, Halifax

Workmen's Compensation Board

Dr. G. H. Murphy
Dr. E. V. Hogan
Dr. M. G. Burris

Members of C. M. A. Council

Dr. W. N. Rehfuss (Ex-Officio) Bridgewater
Dr. J. G. D. Campbell (Ex-Officio) Halifax
Dr. S. L. Walker (Ex-Officio) Halifax
Dr. L. R. Morse, Lawrencetown
Dr. G. H. Murphy, Halifax
Dr. W. J. Egan, Sydney

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

Nominated to Education Committee C. M. A.

Dr. K. A. McKenzie, Halifax, N. S.

Nominated to Legislative Committee C. M. A.

Dr. J. G. McDougall, Halifax
Dr. W. H. Hattie, Halifax

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President Dr. Allister Calder, Glace Bay
1st Vice-President Dr. D. A. McLeod, Sydney
2nd. Vice-President Dr. D. W. Archibald, Sydney Mines
Secretary-Treasurer Dr J. G. B. Lynch, Sydney

EXECUTIVE

The Officers with Doctors McDonald, Patton and Curry Nominated to Provincial Executive:— Dr. E. M. McDonald, Sydney, Dr. D. R. McRae, Sydney Mines, Dr. Dan. McNeil, Glace Bay

COLCHESTER-HANTS

Officers 1924-25

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. Bisset, Windsor.
Dr. J. B. Reid, Truro.

Nominated to Executive of the Provincial Society:

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

CUMBERLAND COUNTY

Officers

President Dr. Wm. Rockwell, River Hebert.
1st Vice-President Dr. J. R. Gilroy, Oxford.
2nd Vice-President Dr. M. McKenzie, Parsboro.
3rd Vice-President Dr. 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.

EASTERN COUNTIES

Hon. President Dr. Geo. E. Buckley, Guysboro
President Dr. W. F. McKinnon, Antigonish
Vice-Presidents Dr. J. J. Ritchie, Goldboro
Dr. John McDonald Sr., St Peters
Dr M. E. McGarry, Margaree
Dr. M. T. McLeod, Orangedale
Secretary-Treasurer Dr. P. S. Campbell, Port Hood

Executive Committee

Dr. J. S. Brean, Dr. J. A. Proudfoot, Dr. A. J. McNeil, Dr. Alex. Kennedy, Dr. Owen Cameron, Dr. R. C. McCullough, Dr. B. A. LeBlanc, Dr. P. A. McGarry.

Nominated to Provincial Executive:— Dr. J. J. Cameron, Antigonish

MEDICAL SOCIETY OF NOVA SCOTIA

LUNENBURG-QUEENS MEDICAL SOCIETY

LUNENBURG-QUEENS

Officers for 1923-24

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.

PICTOU COUNTY

Officers for 1924-25

President Dr. Clarence Miller, New Glasgow
Vice-President Dr. M. R. Young, Pictou
Secretary-Treasurer Dr. John Bell, New Glasgow

Members of Executive and nominated to the Provincial Executive:—

Dr. H. H. McKay, New Glasgow and Dr. G. A. Dunn, Pictou.

Beuvie, S. C. McKenzie, G. A. Dunn, C. W. Stramburg, F. B. Day.

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

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 on Executive Provincial Society

Dr. N. H. Gosse, Canning, Dr. M. E. Armstrong, Bridgetown

WESTERN COUNTIES

President Dr. A. R. Campbell, Yarmouth
Vice-Presidents Dr. E. R. Melanson, Ecl Brook
Dr. H. J. Pothier, Weymouth
Dr. F. H. Alexander, Lockeport

Secretary-Treasurer Dr. T. A. Labbetter, Yarmouth

Members of the Executive and nominated to the Provincial Executive:—Dr. W. C. O'Brien, Wedgeport, Dr. A. J. Fuller, Yarmouth