



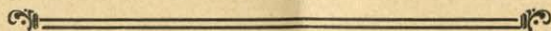
THE JOURNEY

WALT MASON.

A LITTLE Work, a little sweating, a few brief, flying years; a little joy, a little fretting; some smiles and then some tears; a little resting in the shadow, a struggle to the height, a futile search for El-Dorado—and then we say 'Good Night.'

Some moiling in the strife and clangor, some years of doubt and debt; some words we spoke in foolish anger, that we would fain forget; some cheery words we said unthinking, that made a sad heart light; the Banquet with its feast and drinking—and then we say 'Good Night.'

Some questioning of creeds and theories and judgment of the dead, while God, who never sleeps or wearies, is watching overhead; some little laughing and some sighing; some sorrow, some delight; a little music for the dying,—and then we say 'Good Night.'



Cardiac Irregularities

Dr. Leonard M. Murray—Toronto.

IN assessing the Cardiac efficiency of any patient, the physician bases his conclusions on the degree of disturbance found in one or more of the primary functions of the heart muscle. In a general examination of the heart, as carried out to-day, it is doubtful if he thinks in terms of Conductivity, Rhythmicity, Irritability, Tonicity or Contractility, but his decision is based on the degree of their disturbance.

If, however, an irregularity of any type is found in the heart under consideration, he must get down to these basic properties of heart muscle, as otherwise the case will be entirely unintelligible to him, and he will be unable to advise the patient correctly as to his present state or future possibilities.

It may be that the irregularity is only the ebb and flow of a normal stimulus acting on the finely balanced tissue which controls the rhythm in the normal heart, but, it may be the result of destruction of a portion of the conducting system, the onset of a new and Pathological Rhythm, or a disturbance of the Heart's tonicity interfering with its irritability and contractility.

The arteries, veins, nerves, lymphatics and valves which the heart possesses are arranged by nature to sustain and nourish the heart muscle as well as facilitate its work. This important muscle has two highly specialized parts; one having to do with the heart rhythm, the other, whose function it is to contract and force the blood into the great vessels.

That portion which especially controls the heart's rhythm includes the Sino-auricular node and the Auriculo-ventricular node and Bundle.

The Sino-auricular node is situated more or less at the upper right hand corner of the right auricle. Normally it initiates the heart beat, because it is the first portion of the heart to recover from the previous beat. It is on the job earlier than any other part. If another part of the heart were to build up an irritability faster or greater than the Sinus, it would, for the time being, dominate the rhythm, it would continue to control the heart beat so long as its irritability remained greater than that of the Sinus. Heart beats initiated in this exogenous centre would, however, be abnormal beats.

Arising in the Sino-auricular node the normal impulse spreads over the auricles and causes them to contract. The impulse for contraction is then taken up by the auriculo-ventricular node and conveyed by the Bundle, with its fine ramifications, to all parts of the ventricle. If

for any reason the Sino-auricular node becomes disabled, nature has provided that the initiation of the beat shall be continued in the special tissue by making the Auriculo-ventricular node and Bundle the next most irritable portion of the heart. It, therefore, frequently happens that in addition to conveying the impulse, the Auriculo-ventricular node and Bundle may initiate the beat. In spite of the fact that such beats are initiated in the special tissue, the resulting beat must be an abnormal one, as their starting point is abnormal.

The passage of the contraction wave over auricle and ventricle has been likened to a fire passing over the prairies, consuming every living thing in its path. The simile is an admirable one because, in their contraction, both auricle and ventricle make use of their entire energy and must rest a variable period before the next normal contraction. This resting stage is known as the "Refractory Period." If an abnormally strong stimulus should enter the conducting system during this time, the strength of the resulting beat would depend on the percentage of its refractory period the heart had been allowed. Such a beat would be abnormal for two reasons. First, because it had occurred too soon, (before the Sinus had been able to build up its stimulus); second, because it must have arisen in some part other than the Sino-auricular node. Such a beat would be abnormal in force as well as in rhythm.

This scanty review of the normal mechanism governing the heart's rhythm will show, that the normal heart beat is the result of perfect co-ordination and timing of the parts concerned, and that any interference by abnormal stimuli, arising either in or out of the special tissue, causes beats which are abnormal.

Some of the irregularities are quite harmless to the heart in its work. They are consequently of no importance if recognized as belonging to this group. Others are significant of mischief already done, and require definite and specific treatment before they can be controlled. In no department of medicine will correct diagnosis bring greater reward than in the correct interpretation of the irregularity greater present in a heart.

Of the disturbances arising at the site of stimulus production, the most frequent is, Sinus Arrhythmia. In the commonest type of this irregularity the rate of the heart rises with inspiration and falls with expiration, as a result of the stimulation of the Vagus nerve by the two phases of respiration.

This irregularity is extremely common in young people, It never embarrasses the heart, is of no pathological significance, and does not require any treatment.

It may be recognized by having the patient breathe slowly and deeply, when the changing rate may be noticed either at the radial artery or by a stethoscope at the heart's apex.

In older people this irregularity is sometimes seen and may then be the result of toxic agent, such as tobacco or coffee. It is sometimes

quite pronounced following mild infections such as "colds." In these cases it will disappear with the acceleration of the pulse following exertion, or if thought necessary the influence of the Vagus nerve may be inhibited by atropine or belladonna, when the irregularity will disappear.

A rare disturbance of the Sinus known as Sinus Block, is when the Sino-auricular node occasionally fails to initiate a beat. At such times neither the auricle or ventricle would contract because the stimulus for contraction had never started. This form of block differs from ordinary Heart Block, in which the stimulus for contraction is initiated and passes over the auricle causing it to contract, but is unable to reach the ventricle which remains silent.

Sinus Block is rare clinically. It sometimes occurs as the result of digitalis or other poisoning. It may also be brought on by pressure of the Vagus on the neck or by pressure on the eyeball (oculocardiac reflex). Such stimulation as this should not be undertaken except at times of great danger in certain forms of Tachycardia, as the resulting Vagal stimulation may be sufficient to stop the heart completely. On account of its rarity this type of irregularity is not important. It might be recognized by observing that the zones in which the ventricle are silent are synchronous with lack of movement in the veins of the neck. (In ordinary Heart Block during the silent periods movement caused by the auricle would occur in the veins).

Theoretically this type of irregularity is easy to recognize, but in practice, even those who are daily seeing a large number of irregularities, may be unable to give the correct diagnosis by physical examination alone. The assistance either of the Polygraph or the Electrocardiograph being required.

The most common of all irregularities in the heart is the Extrasystole or premature beat. It belongs to the group in which the pulse intermits, and occurs when the ventricle has been stimulated before the normal diastolic period has been completed. As the heart receives this foreign stimulus during its refractory phase, the consequent contraction will be weak and occur before the normal stimulus arising in the Sino-auricular node has had time to pass over the auricle and down the Auriculo-ventricular Bundle to stimulate the ventricle. Even if the normal impulse from the Sinus were transmitted, the ventricle would be unable to respond, as it would be contracting or recovering from the result of its foreign stimulus. The next following normal beat arises in the Sino-auricular node in the ordinary way with regular contractions continuing until disturbed by abnormal stimuli.

These exogenous stimuli, darting in as they do, temporarily to dominate the rhythm, may have their origin in any part of the heart; right or left ventricle, right or left auricle, or the Nodal tissue. The form and force of the resulting abnormal beat depending on the part of the heart which initiates the stimulus and on the time in diastole that it occurs.

The most frequent type and, fortunately, the one most easily made

out by the ordinary physical examination is the one which arises in some portion of the right or left ventricle. The patient may describe this peculiar beat so accurately that you can be almost certain of the type before you make an examination. When he says "Doctor my heart stops and then gives a big jump," he is describing fairly well what happens. It is not the extrasystole or small beat which disturbs him. He is conscious of the long pause (compensatory pause) which follows the extrasystole and the abnormally large beat which follows and is the result of this long resting period. The compensatory pause being the period the heart has to wait for the next normal stimulus from the Sino-auricular node and the larger beat which he feels as a "jump" the result of a larger amount of blood which has been able to come to the ventricle as well as the greater energy the ventricle has been able to build up in consequence of the longer pause.

Those extrasystoles arising in the auricles and nodal tissue, although, like the ventricular, occurring before the Sinus has stimulated the heart, are not usually followed by a compensatory pause, and, as far as mere auscultation is concerned, the fact that the beat occurs too quickly has to be noted. This is sometimes difficult.

As a rule, all types of extrasystoles will disappear immediately following exertion. They are likely to recur in greater number when the effect of the exertion on the Sinus has worn off and the chemical products of the extra exertion have caused the abnormal stimulus to become more irritable.

Many of the premature beats are extremely weak, sometimes not sufficiently forceful to raise the semilunar valves and frequently not strong enough to reach the radial pulse. These facts may be used in diagnosis as the rate at apex and wrist would not agree. With a stethoscope one hears the normal "lub-dub" of the heart sounds. When an extrasystole occurs it will be somewhat difficult to hear, because it occurs so rapidly after the previous normal beat and because the contraction of the ventricle for this beat has been weak.

Extrasystoles or premature beats do not always occur singly. Two, three or any number may follow one another in "runs", showing that the abnormal stimulus production is continuing to be more irritable than the Sino-auricular node. The character of such a series of extrasystoles can only be interpreted by recognizing what happens when they begin and when the normal rhythm from the sinus is resumed.

There is no doubt that premature beats can occur in hearts which appear perfect after examination by every means available. Apart from the fact that it is known they arise in abnormal points of irritation which temporarily dominate the rhythm, no very satisfactory explanation of their etiology has been presented, unless a recent theory (Carter, Andrus-Dienaide—Archives Internal Medicine, November 1924) should be accepted. In it variations in the Hydrogen Ion concentration of the fluids surrounding the Heart muscle cells are credited with causing varying degrees of local excitation and consequent abnormal beats.

At present it is not known if premature beats may be taken as an evidence of local change in heart muscle or not. They may be very annoying to the patient, he watched for them constantly and when extremely frequent, they may, in themselves be so numerous as to constitute an important disability, quite apart from any psychic effect. They cannot, however, in themselves, be taken as an evidence of a structural change in the heart muscle. It is necessary to have additional evidence of disease before such an opinion can be given.

Another type of irregularity which usually gives rise to intermission of the pulse is Heart Block. It is due to some form of obstruction in the conduction path between auricles and ventricles by means of which the impulse for the contraction of the ventricle is occasionally blocked and the ventricle, in consequence, remains silent, as far as that impulse from the sino-auricular node is concerned.

The severity of the disease in the Bundle will determine the degree of the irregularity. In the mildest grade of damage the only noticeable departure from normal will be a delay in the conduction of the impulse from auricle to ventricle. In it the heart's rhythm would still be regular, as the ventricle responds normally.

In the second grade of Block there comes an occasional failure of the ventricle to respond to a regular auricular contraction. The result is a dropped beat recognized by a silent period. With progression of the disease in the Bundle the dropped beats become more frequent and a regular sequence of failure of the ventricle to contract occur. Usually a fixed ratio between auricular and ventricular contraction becomes established, with a resulting, 2 to 1, 3 to 1, or 4 to 1 Heart Block.

A still further grade of Block occurs when the ventricle fails to respond to any auricular influence. In this case the auricles and ventricles have become completely separated by disease in the Bundle.

The normal stimulus arising in the Sino-auricular node at the normal rate of about 72 per minute causes an auricular contraction of equal rate. With such a diseased "Bundle of His" this stimulus cannot pass down, so that the ventricle has to establish a point of stimulus production itself. This will be found to be at a point in the Bundle immediately below the damaged area. The rate of such an independently acting ventricle is usually in the vicinity of 30 per minute. The rhythm would be a regular one.

For diagnosis in cases of Complete Block one can be fairly sure that if the ventricular rate is below 40 per minute it is probably Complete Block. Where the Block is incomplete, the pulse is intermittent as in extrasystoles, but on auscultation the heart is silent at the time of the missed beat.

The treatment of Heart Block depends in part on what is causing the damage to the Bundle. In cases where the lesion is permanent and the Block is partial, atropine, belladonna and adrenalin are the drugs to be used as they inhibit the tonic action of the Vagus and increase the nutrition of the Bundle. Digitalis should never be used

because it inhibites conduction and may convert a partial into Complete Block.

Where the Block is complete and no further damage to conduction can take place, digitalis may be used as, strange as it may seem, it may increase the rate of the independently acting ventricle and so influence the nutrition of the heart and the whole body.

The cardiac irregularities which have been considered so far in this review have been those in which the dominant rhythm was controlled by the Sino-auricular node or some portion of the specialized tissue concerned with rhythm. The irregularity being a disturbance in the course of the dominant rhythm.

The two following irregularities belong to an entirely different type from those considered previously. The normal site of impulse formation, in Auricular Flutter and Auricular Fibrillation, has lost its power over both auricles and ventricles, and an entirely new mechanism controls the heart beat.

These two irregularities are very closely related. Auricular Flutter frequently passes into Auricular Fibrillation and Auricular Fibrillation may be forced into Auricular Flutter by the use of digitalis. Probably Auricular Fibrillation is a higher degree of irregularity than Flutter.

After a number of years of uncertainty it is now fairly well accepted that these irregularities are due to what is called "a circus movement." In it, the wave of excitation is travelling rapidly around one of the cardiac openings, such as the Superior Vena Cava. Both Flutter and Fibrillation may occur in paroxysms, but a permanent Fibrillation is usually the ultimate outlook in effected cases.

In Auricular Flutter the rate of the auricle is from 240 to 360 per minut. The action of the auricle in flutter is remarkable not only for its rapidity but also for its regularity.

The behaviour of the ventricle in Flutter differs in different cases. While the auricle is always regular the ventricle may be regular or irregular; depending upon the number and the sequence of stimuli which the "Bundle of His" is able to carry to it, from the extremely rapidly beating auricle. In cases where all stimuli come through, the ventricle will, of course, be regular and of the same rate as the auricle; where an irregular series of stimuli are blocked in the "Bundle of His" the resulting ventricular action would be correspondingly irregular, with a rate below that of regularly beating auricle.

It is doubtful if Auricular Flutter can be diagnosed with any degree of certainty except by the use of special instruments. In the very rapid heart rates with a regular or irregular ventricular response it may be suspected only.

Auricular Flutter is not a very common type of irregularity, partly because of its tendency to pass into Fibrillation. Its diagnosis from the so called "Auricular Tachycardias" can only be accomplished by the aid of the Electrocardiogram.

Auricular Fibrillation is extremely frequent and of the greatest

importance. It may occur in a patient undergoing the stress of an acute pneumonia or other infection, or it may appear suddenly in the course of a myocardial change in Arteriosclerosis or other chronic disease.

Its mechanism is controlled by the same circus movement, but differs from Flutter in that the waves of excitation in the Auricle, instead of travelling constantly through a zone of responsive muscle, encounters fibres which have not recovered from the contraction which had previously passed, and which therefore could not transmit the impulse. It, however, finds other fibres by means of which it is transmitted in a more or less broken manner to the ventricle. The net result in the auricle being an absolute inco-ordination of movement among the muscle fibres, so that in appearance the action resembles the movement in a "bag of worms". As a result of this, the stimulus for the contraction of the ventricle must be extremely disorderly as regards intensity and time. The action noted clinically in the ventricle is confirmatory of this, as it is usually easily noted to be absolutely irregular as to force and rhythm.

The treatment of Auricular Flutter is dependent on our ability to give a sufficient amount of digitalis to drive from Flutter to Fibrillation. The drug is then stopped and usually a normal rhythm is resumed.

In Auricular Fibrillation digitalis has its most beneficial actions. If a sufficient amount be given the ventricular rate will be reduced by the action of the drug on the "Bundle of His," cutting out or blocking the many irregular and inefficient stimuli which had been worrying and preventing the ventricle from having its proper resting periods. The slower rate with the general increase of Cardiac Tonus which also occurs, will be accompanied by more forceful beats and a circulation of much greater efficiency.

In about 50% of those patients suffering from Auricular Fibrillation and Flutter the rhythm can be changed back to normal by the use of Quinidine Sulphate. This drug has, however, a considerable number of dangers which should prevent it coming into very general use.

An attempt has been made to describe some of the common cardiac irregularities in a general and a practical manner. For a more intensive study, it will be necessary to read one of the many modern books on the Heart.

Health Insurance

(The following is a report on Health Insurance, prepared by Dr. J. H. McDermot, of Vancouver, for the information of the members of the Executive Committee of the Canadian Medical Association.)

WE believe that a proper system of Health Insurance would be of undoubted benefit to the great majority of working people and their dependents, and especially to those workers with small salaries. It would enable workers to get more adequate treatment at an earlier date. It would also relieve large numbers from the financial burden caused by sickness, and according to the statistics in those countries where health insurance has been in operation for years, it would add ten to twelve years to the average workman's life. In a report issued by the Health Insurance Committee, early in 1924, a scheme of voluntary Health Insurance was outlined with the proposed formation of a B. C. Health Extension Institute, and the suggestion was made that it be put into operation in Vancouver and vicinity, as a sort of experiment, if eighty per cent of the medical men were agreeable and would join in the movement. However, a large percentage of the medical men felt that it was not wise to inaugurate such a movement at the present time. The principal objections were:—

- (1)—That a voluntary system of Health Insurance would not be participated in by those who were most in need of it, that is, by workers with small salaries, and would be largely a social experiment for people with fair salaries.
- (2)—That the cost of administration and operation of a voluntary system, were the entire cost is borne by the insured members, would be too great, and this cost would militate against the success of such a measure.
- (3)—That the reports of practically all commissions appointed to study Health Insurance have been in favor of compulsory Health Insurance, as being the only practical system for the Industrial Class.

We therefore are not giving any further consideration to the proposed voluntary scheme (at present), but are directing our efforts towards the study of a Government scheme of Health Insurance. To quote from a former report of our Health Insurance Committee, "It is our belief that a Govt. Health Insurance Scheme, somewhat upon the lines of the present W. C. B., will have to be inaugurated before it will be possible for the profession to give to the majority of

our population the complete and thorough medical service to which they are entitled, and we would recommend that our efforts be directed towards that end. A system of Health Insurance, administered under Government control, would spread the cost of sickness fairly over those who should pay, and would secure a just contribution from many who now spend all their earnings as they go along, and make no provisions for a "rainy day." These contributions would not be burdensome to any class, collection being made during the period of health, employment and prosperity.

The necessity of Health Insurance was so much felt in Continental countries that several of them have had Health Insurance schemes in operation for years. One of the primary objects in these plans has been cheapness in operation, and consequently the insured would under these systems receive very inadequate service and the conditions, although improved over those which previously existed, have been far from satisfactory and we feel sure that similar service and similar conditions would not be tolerated by the population of B. C.

We have learned a great deal from the operation of these experimental schemes in other countries, and would seek to eliminate the faults and shortcomings in any measure suggested for B. C. The principal experiment among the English speaking nations is that of the Health Insurance Act in Great Britain. This Compulsory Health Insurance Scheme has been in operation about 12 years, and although the act is limited in its provision for adequate service and was, apparently, framed with the idea of securing Health Insurance on the cheapest possible plan, still, after a trial of 12 years, the general opinion is, that in spite of its weaknesses and its incompleteness, the Act has justified its existence. The insured have been getting better treatment than in pre-insurance days, and the conditions are better than under the old system of clubs and lodge practice, also the financial returns to the medical men have been larger than under the previous system. It has proven itself to be good as a beginning and the Act has been improved in some important points since its inception, but it is still far from satisfactory, and its results have fallen far short of the expectations of its promoters. Some of the causes of dissatisfaction are:—

- (1)—It is too limited in its provisions. It provides only,—
 - (a) Medical care by a general medical practitioner.
 - (b) Drugs and some appliances.
 - (c) Small sick and disablement and maternity benefits.

It does not provide—

- (a) Surgical treatment by surgeons.
- (b) Services of specialist nor consultant.
- (c) Hospital care.
- (d) Treatment of dependents.
- (e) X-Ray nor laboratory service.
- (f) Health extension service.
- (g) Visiting nurse service.

- (2)—It did not allow free choice of doctor, but this has been changed recently to allow the free choice of doctor by patients, although we are not conversant with its exact provisions.
- (3)—It provides for the payment of doctors by a yearly per capita fee regardless of the amount of work done. This has been one of the principal causes of dissatisfaction, largely on the part of the Insured patients.

It is claimed that this has resulted in poor work and unsatisfactory and inefficient service, because in order to make it pay him at the cheap rate of payment, a doctor has to get a larger number on his panel than he can properly attend to, and the result is hurried and poor service. We can appreciate fully the weakness in this contract arrangement, and can readily understand why it has not proved satisfactory. The financial side of Health Insurance is a business proposition, and the only recipe for good and efficient service in any scheme of this kind is to pay according to actual services rendered, and to provide conditions and make remuneration sufficient that a doctor will be anxious to secure and retain his insurance patients as he is now his usual class of pay patients, and also to provide free competition among the doctors, which is an extra incentive to the performance of good work. This is accomplished now in B. C. under the Workmen's Compensation Board system which allows,—Free choice of doctor, and payment for services rendered by a listed minimum scale of fees.

A Health Insurance Scheme, to be satisfactory must have certain essentials:—

- (1)—*Medical Services.*
Complete medical services of physician, surgeon, specialist and consultant.
- (2)—*Hospital service.*
Necessary public ward service. (If extra accommodation is wished it must be at the expense of the patient.)
- (3)—*Necessary X-ray and Laboratory service* for proper diagnosis and treatment of case.
- (4)—*Necessary medicines and appliances, etc.*
- (5)—*Sick Benefits.* (Amount proposed is 62½% of workers wages after first three days.) Same amount as paid now under the present W. C. B. Act.
- (6)—*Free choice of Physician and Surgeon* by patient, and free choice of refusal of patient by doctor. (No panel system.)
- (7)—*Payment to Physician, etc.,* for services rendered; by a minimum schedule list of fees (much as system under W. C. B.) (No pernicious yearly per capita contract system.)

(8)—*Economic Limitations.*

Those suggested for B. C. are:—

\$1200.00 per year, and under, for single men and those without dependents.

\$2400.00 per year and under for married men and those with dependents.

(9)—*A Compulsory Health Insurance.*

Share of Cost by Employee, Employer, and State. The shares suggested for B. C. are:— $\frac{3}{5}$ Employee; $\frac{1}{5}$ Employer; $\frac{1}{5}$ Government.

We believe these above mentioned provisions are essential to a satisfactory Health Insurance Scheme. It would add to the value of the Insurance if there were also included, obstetric work, payment of benefit to mothers; treatment of Dependents; visiting nurse service.

Cost of a Health Insurance Scheme such as proposed.

In our investigation into the cost of Health Insurance, with the assistance of Mr. Stanley Clark, Statistician, certain important facts have been established, and certain information gained which we believe to be reliable, and which should form a basis for further study of this important phase of the question. We have thought it wise to summarize these statistics for the benefit of the profession.

Summary of facts ascertained, statistics, etc.

Population of B. C. 1921 census was 524,582. Eighty per cent of these approximately are 18 years and over. (School children about 90,000). 240,000 are gainfully employed. 180,000 of wage earners are insured against industrial accidents under system of compulsory insurance of Workmen's Compensation Board. \$1,000.00 approximately is average income per year of these 150,000 workers.

In 1922 Report of Provincial Dept. of Labor:—

About 60% of Workers were paid at rate of \$1040 to \$1820 per year.

About 20% of Workers were paid at rate of \$1040 or less per year.

About 20% of Workers were paid at rate of \$1820 to \$2600 per year.

15 to 20 per cent must be deducted from these rates for amount of time lost by unemployment.

It is estimated that 190,000 of our workers have an income of less than \$3000 per year, and that probably 90% would be eligible as payors to a Health Insurance Scheme with suggested Limitations of \$1200 and \$2400 per year.

Incidence of Sickness.

20% of our workers have sickness in a year. Average per capita days sickness is seven to nine days. Average loss of time from sickness is seven days. 10,000 of our population are absolutely incapacitated through sickness, etc., at one time. 36,000 of our population are suffering from varying degrees of disability. 190,000 of our people are sick during the year.

Incidence sickness from maternity cause.

Birth rate for married women is approximately 10% per year. Without allowing for complicated serious cases:—

Cost of maternity care and two weeks hospital is about \$80.00, or per capita cost for married women of \$8.00 per year, of per capita cost for year of about \$1.00 for total insured or payors. Per capita cost for obstetrics services alone is about 50 cents.

Average number of dependents.

In 1000 individuals from B. C. Census 1921, who should be eligible as payors to a Health Insurance Scheme, there were:—

193 single males	}478 payors
122 " females		
162 Married		
459 Dependents.....		459 dependents
68 Not eligible (over 60 years of age.)		
There would be approximately 50% payors,		
and.....50% dependents		

Hospital Cost.

In 1921 there were in B. C. public hospitals—3096 beds according to Government report. \$2,154,258.00 was total cost of operation. Vancouver Gen. Hospital has about 1/3 of total hospital beds of Province, and total cost was \$925,397.00. This averages between \$4.00 and \$4.50 per capita.

In Vancouver Gen. Hospital, cost was borne—15% by Government of B. C., 15% by City, 16% by Federal Govt., 46% or nearly 1/2 cost at present borne by Government and City. (Private Hospitals not included.)

Cost of Sickness.

The cost of sickness is very unevenly distributed among families in the industrial class. Under our present economic organization the great majority of our industrial population cannot obtain adequate medical and surgical attention without incurring heavy financial burdens. Sickness is one of the chief causes of economic distress. Average cost of medical care, etc. in U. S. and Canada per family in

Industrial class is \$20 to \$40 per year. Average loss in wages per workman is \$20.00 to \$35.00 per year. Average number of medical visits and calls per capita per annum is about 3. Average no. of hospital days treatment is about 1.5. Estimated per capita cost per year for:—

Medical & Surgical services.....	\$6.00
Hospital treatment.....	4.50
X-ray diagnosis (based on Van. Gen. Hospital)	
is.....	.75
Laboratory diagnosis.....	.75
Medicines.....	.50
Visiting Nurse service.....	.25
Obstetric Medical & Hospital care.....	1.00
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Total cost for these services per capita of....	\$13.75
Total cost for services (less obstetric, nursing and medicines).....	\$12.00

Cost of medical aid (Physicians, hospitals, drugs, X-ray, etc.) for 150,000 workers in 1923 was \$514,462.00 or \$3.43 for each person employed. (Cost of sickness is estimated at about 3 times that of industrial accidents.)

Compensation paid to workmen in 1923 was \$1,009,344.00 or \$6.43 per each workman employed. The extension of a Health Insurance Scheme to include the 150,000 workmen in B. C. who are now included in the Industrial Accident Insurance, calculated on basis of statistics given above, would be:—For workers above—(150,000), complete medical and surgical services: hospital care, medicines, X-ray, etc., obstetric care for wives, the cost would be approximately \$2,000,000.00

If sick benefits were included on a basis of 7 days loss of work at 62½% paid after first three days, cost would be approximately, an extra \$3,000,000.00; or a total of \$5,000,000.00.

Cost to Workers.

Based on 150,000 would be about \$1.66 per month—or \$20.00 per year or 2% of the average workers monthly income.

Cost to Employers would be approximately \$1,000,000.00.

Cost to Government would be approximately \$1,000,000.00, or 0.66% of salaries paid.

If treatment of dependents were included the cost would be an extra \$1,800,000.00 or an extra 60 cents per month to worker.

In European countries, German, Austria, etc., cost is 2 to 4% of workers income; or \$20.00 to \$40.00 per year based on \$1000.00 income so that amount of \$20.00 per year is a very reasonable rate.

Not In Flanders Fields

A Sydney Physician Vigorously Protests Against Being Noted on the McGill Register as "Killed in Action."

Mr. J. A. Nicholson,
Registrar,
McGill University,
Montreal, P. Q.

Dear Sir:—In response to your letter of the 8th instant addressed to the nearest of kin of "The late Dr. William J. Egan," I may advise you at the very outset that in a legal sense, since I still happen to be classed among the lively denizens of this planet, I presume I am the nearest of kin myself.

Some months ago my attention was called by an observant confrere to the fact that my name, in your most recent official register, was decorated with a splendid memorial asterisk, doubtless indicating that I had already been gathered into my eternal reward.

However, as an asterisk usually suggests that information may be more fully obtained *below*, I take it that the compilers of your splendid register had very evidently agreed among themselves, that if the Dr. Egan they knew had been like Hamlet's father, hurried into eternity unshriven and unabsolved, with all his imperfections still upon him, there was only one probable fate for him, only one probable post mortem residence,—and they sent me there with the very consoling address, *below*.

No, Sir; though I may oft times "seek the seclusion that the cabin grants," I am striving heroically not to correspond with your suggested address. Let me then assure you at once, that as in the case of the late lamented Samuel Clements, the reports of my death have been very grossly exaggerated.

In your letter you have claimed that I was a "Captain in the 257th Railway Construction Battalion, and killed in action in France on the 4th of May 1917." Not on your life, Sir! Captaincies I have held in my time; several of them there were; and two, particularly, of which I have had every reason to be justly proud; but I was never Captain of a Railway Construction Battalion in France or anywhere else.

Of the two Captaincies I recollect with such justifiable pride, one was the Office of "Captain of the All Nova Scotia Ping Pong Team," a team which made fame for itself and history for the Province of Nova Scotia in the declining days of the past Century. While history

continues to be written Nova Scotians will never be likely to forget the glorious traditions and the magnificent successes of that indomitable team.

I just mention that in passing on to the real crowning act in my long public or rather quasi-public career:—There was conferred upon my humble self some years ago the worthy title of the "Exalted Captain" of an organization known as the "*Orientalists' Sartor Resartus*."

All this of course has no connection with your story of my having been "killed in action in France," but I am so full of a subject which has wrought such a social revolution in the Orient that I feel certain you, too, will be equally enthused, and will be glad to pardon my apparent circumlocution.

This remarkable organization, whose effects have been crowned with the most amazing success, had for its object and its goal the complete reform of the Chinese mode of dress.

Our job was to chase after two or three hundred millions of Chinese, persuade them by hook or by crook of the utter absurdity of their traditional costume and coiffure; in a word to attempt in the interests of modern thought and modern modesty to lengthen their shirts a bit, and to shorten up their hair. Of the two problems, the shortening of the Queue was perhaps the more troublesome. But we succeeded as you shall see.

The process was necessarily a slow one, as we could only get the main mass of them to shorten the hair on the instalment plan. It really took us some years to reach the height of our ambition, which pinnacle was reached when we had them all sawed off at the nape of the neck, and we called them *Bobs*.

That name took like hot cakes among the Chinamen and so did the style. The name Bob, too, was a glorious inspiration. The idea evolved from the fertile brain of one of your own classmates;—it reminded him, he said, of your old friend and predecessor in Office, Bobbie Ruttan. We were indeed the sole originators and designers of the modern *Bob*.

Bobbie Ruttan was, as you know, interested in the cut of ladies' clothes; Chinamen's too, I believe. We always thought it strange, and he a confirmed bachelor—but as he explained, his motives were purely from the viewpoint of hygiene, as ours were of pure philanthropy, and true christian modesty.

As to the shirts,—we were, after considerable effort, able to coax them down, and down, and down,—a beautiful evolution, as poor old Mills would say—until the ankles were reached. Unfortunately the Chinamen, captivated with the brilliancy of our suggestion, wanted the lengthening process carried right on to trailers, but we checked them at the ankles.

Now we had reached the most crucial, the most delicate, you might say, point in the evolutionary process, our objective being, as you

must have already surmised, *Pants, Trousers, Splits* of some fashion or other, for the long, long trail would soon defeat its own ends, as it were.

I hope, sincerely, that as a Scientist (more or less) yourself, you don't mind my wandering a bit from the original subject of the beautiful military death you were good enough to assign me,—drums, bands, death marches, wreaths, farewell shots, lovely little cross at the bow sprit, and all that. You know how magnificent all that stuff is. But when the great question with me was, on the one hand an heroic death in France, with a martial cloak around me and a bunch of wild poppies in my hands, and on the other the momentous advantage to all christian civilization if we could only split the Chinaman's shirt and bob his hair; and as our industrious organization had already, metaphorically speaking, touched the fringes of the shirt, I feel certain that future generations will with unanimous accord, agree with us in our final choice.

It was with the most mature deliebration, then, that I decided on tackling the job of reforming the vesture of the Chinamen, whose history and whose traditions trailed backward for thousands of generations into their dim religious antiquity, and to thereby forego the glorious pleasure of being shot or even half-shot in France.

So we split the Chinaman's (now elongated) shirt fore and aft, but it took us months and months to get the split above the knees, for, as in the case of the bob, the process was necessarily gradual and we had to exercise a saintly degree of patience and discretion,—we went at it in homeopathic snips, as it were, to guard against any seeming undue haste.

If I were an artist I could much more easily indicate in a few evolutionary sketches our real progress,—there's where I miss the touch of our old friend Bengough, but as it is, you will have to depend on my descriptive ability which was always more or less lame and down at the heels.

The Chinaman's shirt was still a shirt, at least from neck to knee. From that down it hung in two flapping semi-sacks, one on either leg,—a style that seemed particularly distasteful to the younger Chinese gentlemen, who, rather cleverly I thought, dubbed them *flappers*. Our term for them was *flounders*, "a tenderer term" in our estimation, but the Chinamen stuck to *flappers*, and *flappers* they remain.

The flappers almost brought our whole superstructure toppling down about our ears, for though we never had any intention of stopping short of actual trousers, our aims and our purposes could hardly at this stage be communicated to our celestial friends. But we made a bold stroke, and proceeded with the process of closing in the flappers with a seam up the inner side of each leg; and when we had the bottoms—the lower ends I mean—tucked in at the ankles, and there secured with a natty little ornamented anklet, the jig was up, and the Chinamen, pleased beyond our most sanguine dreams. The younger ones, in

ecstasies of delight pirouetted about, "tickleder than a little dog with a yellow ribbon on his tail."

For the Heathen Chinee is peculiar,
Which had oft been remarked by Ruttan.

Nothing was expected of us now except to select the style of our own halos, and otherwise accede to the universal demand for national recognition of our great services. Every member of our noble society, the "Orientalists' Sartor Resartus," was glorified in innumerable ways, and all were decorated with the order of "The rising sun and descending shirt."

As Captain of that great orientalist organization, and I say it of course with all due and becoming modesty, I was especially hailed as the "Great Deliverer" the "Prince of the late Lamented Order of Mah Jong," and was accorded equal honors with the old Chinese God, *One Lung Gansy*, of laundry fame.

Now, Sir, I know full well you have 'fore this, become absolutely *fed up* (an inelegant but favorite expression with the Chinese)—fed up I say, with the great length of my reply to your death notice. But when I contemplate the tremendous blessings accruing to the Chinese Nation, in their emancipation from their time-worn and barbarian garb; and when I dwell upon their universal release from their hideous hank of horrid hair with its superfoetation of crummy filth; when I now envisage them with their tidy bob and their aromatic bloomers of the present day, I almost feel like shouting with Simeon "Now let thy servant depart, O Lord, for mine eye hath seen" such wonders, and mine art hath accomplished such *service*, that naught remains for me but a heavenly harp or an office in a Kiwanis Club.

Coming back once again to my official death in France, I may say that I cannot close without offering my gratitude to you for the careful courtesy and good judgment which was so evident in every particular feature of your otherwise gruesome communication. For instance, you say I died—no, pardon my lapse—that I "was killed in action in 1917." Come to think of it, that does sound much more martial than the simple announcement of one's death. Then again "Captain of Railway Battalion" rings so much more herioc and war-like than "working on the railroad." Such exhibitions of studied diplomacy and careful consideration for the feelings of my next of kin, were bound to confer on the most ordinary mortal the stamp of a born politician, or of even a stock promoter.

I really ought to have briefly replied to your kindly letter with a simple:—"O. K. Thank you. I'm quite alive and prowling," and let it go at that; but when I became conscious of the really generous impulses which must have inspired the communication, and of the dreadfully official tone of the same, I concluded that it called for a generous and exhaustive explanation of how I occupied my time during the Great War. Hence, therefore, my detailed account of our great

organization, and the ultimate fruition of its ambitious and unselfish motives.

Then again in the matter of your letter to my next of kin, you exhibited no evidence of undue haste. Haste is never the badge of a gentleman.—Here was I, killed in France in 1917, and for eight long years you magnanimously refrained from any inquiry as to manner of my taking off; for eight sorrowful years you never even solicited, as you do now, one of my pictures. I say that attitude was particularly thoughtful and considerate. In that way you allowed ample time for my grieving "next of kin" to have the barbs of their sorrow blunted, and their tears mopped up by the sponging hand of time. 'Twere cruel perhaps to inquire after my burial place within a year or two after I was killed; but allowing ample time as you did here, even a *grave* inquiry into my possible resting place could scarcely affect, let alone tear open, a wound with an eight years' scar.

I could not help being struck by that unsealed envelope of yours, bearing the stamp (I don't mean the one-cent stamp in the corner) of careful consideration for the feelings of my "next of kin." A real down-right, honest-to-goodness envelope, with full postage and all the other decorations affixed, might, indeed, even after eight years, have alarmed them into the horrible thought that vultures might be congregating about my heroic remnants in France, or possibly (perish the thought) that some more dire calamity, a government annuity or a pension, or such like, was heading with comet-like rapidity in their direction. Your forethought precluded very admirably any such harrowing suggestion, for who indeed could expect to meet with so startling an announcement under a one-cent stamp?

Here was I, "A Captain in the King's Armee," "Killed in Action in France."—"Have you a picture of him or a lock of his hair?" "Where was he buried?" And so on; all this harrowing stuff to the "next of kin," and all under the shroud of an unsealed envelope, decorated by a modest *yaller* halfpenny postal stamp. Did ever so unlikely a package carry such momentous questionnaire?

Such an exhibition of modest thoughtfulness, of true christian charity in the re-opening of the cicatrized wounds of my "next of kin" with the utmost precision of diplomatic gentleness, I had never looked for in a matter of fact, hard-favored registrar. But there it was,—a Francis of Assisi could not have exercised a keener scent for sorrow; and there is nothing left for me but to congratulate my old teachers of McGill, on their rare find, their lucky strike, in a real human "notched and cropt scrivener," a real human registrar. Long may he live, and when he goes from here, may "all his faults be forgiven, and may he be guided into eternal bliss by little cherub boys, all head and wings, with no *bottoms* to reproach his sublunary infirmities."

Finally, Sir, I really am through when I have delivered myself of this last request—would you be good enough to conceal my death of eight years ago, from my good friends, Dr. David McKenzie (from

whom by the way I had a letter to-day), Doctors Archibald and Martin, Bazin and Byers, the two Masons, Doctors McKenty, O'Reilly and McAuley and especially from Freddy Tooke with whom I had a wordy duel of late. All these, with Dr. Chipman and Sir Edward Grey and others of McGill whom I have met casually and otherwise during the past few years, had, I think, better remain in ignorance of my heroic end.

Neither let it be blazoned forth that "my canonized bones, hearsed in death had burst their cerements," and the sepulchre in which I was so martially "in-urned had opened up its ponderous jaws to cast me up again."

Let not my old friends of McGill in their riotous imagination conjure up their possible experiences with a genuine spook, lest they fall into the habit, in their dearth of mundane satisfaction, of contracting politic alliances with shadows. Fools there may be who feed at the crib of Conan Doyle, but 'twould grieve me sore were any such recruited from old McGill.

But to you and to my many friends who still believe me dead, I would simply say:—Grieve on. Where real merit is the subject of regret, there is justice in affliction, there is duty in lamentation, there is luxury in woe.

But as the drama of life is a mixture of farce and tragedy,—I am reminded of the School-boy Puzzle, which by a slight harlequinade of the letters (not a Cross Word Puzzle either) turned *Funeral* into *Real Fun*,—I would say with Percy:—

Deal on, deal on, my merry men all,
Deal on your cake and wine,
For whatever is dealt at my funeral to-day
Will be dealt tomorrow at thine.

Very sincerely yours,

(De profundis)

(Signed) W. J. EGAN.

Sydney, N. S.

January 15th, 1925.

The Nova Scotia Medical Bulletin

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Editor:—S. L. WALKER, B. A., M. D.

VOL. IV.

FEBRUARY 1925

NO. 2

ANNUAL MEETING. JULY 1st and 2nd.

THE 72nd Annual Meeting of the Medical Society of Nova Scotia will be held in Bridgewater on Wednesday and Thursday, July 1st, and 2nd, 1925. Dr. W. N. Reh fuss of Bridgewater is President, and is Chairman of the local Entertainment Committee. He promises a warm welcome and a perfect hospitality.

On January 22nd, a special meeting was called of the Lunenburg-Queens Medical Society to organize for the succesful holding of this Annual Meeting. Owing to bad roads and weather conditions, the doctors from Queens were unable to be present. Ten doctors were present and several others sent messages, so it is quite sure that the profession in the counties will do all in their power to make the meeting a success.

Of course the success of anything does not depend upon any one thing or person, but perhaps even one person may prevent success. The difference between success and failure may be the difference between team work of everyone concerned, and someone holding back, even if not trying to make trouble. The Programme was committed to the Executive and the members of the Queens-Lunenburg Medical Society at the last Annual Meeting, and the Executive, made the President, Vice-President, and Associate-Secretary a Sub-Committee to look after the programme.

At this time it may be announced that a meeting of the Provincial Health Officers will be held in the same place on Tuesday, June 30th, and a meeting of the Executive of the Provincial Society at 8 p. m. that date. Wednesday morning will open the session, and matters of routine business will be considered and referred to the proper committees. Some excursion may be arranged for the afternoon, but it will give an opportunity for Committees to meet and prepare their reports.

The Public Meeting, which the Canadian Medical Association advises for every Provincial Meeting, and which we in Nova Scotia have very faithfully followed, will probably be held Wednesday evening. It is quite likely that the Presidential Address will be given at this time, thus following the custom of the Canadian Association.

As regards the scientific part of the Programme, The Canadian Medical Association will furnish two speakers for addresses, preferably in Medicine and in Obstetrics or Gynaecology. It is felt by the Committee, that for this year, Nova Scotia can furnish its own Surgical quota of the Programme. We have thus been assured of two addresses by distinguished visitors and also a third at our meeting open to the public. It was also agreed, that leading papers should have abstracts prepared and submitted to members of the profession, who would agree to discuss them.

The Associate-Secretary was requested to convey this information to the Profession, so that a full programme of papers with prepared discussion might be assured. It is rather embarrassing for him to write to individual doctors asking them to take part, because someone is bound to be overlooked who should have been so invited, and someone else will then start criticising.

Cannot this note in the Bulletin be taken as an open invitation to the Profession in Nova Scotia, to let the Associate-Secretary know what will be your contribution to the programme of our next Meeting. If there is too much offered the Committee will select,—if there is a shortage the Annual Meeting will suffer.

Doctor _____: What will be your contribution to this 1925 Annual Meeting?

EXECUTIVE COMMITTEE MEETING.

Canadian Medical Association.

THE Associate-Secretary, while in attendance at the Conference of Medical Services in Ottawa in December, 1924, was at a regular meeting of the Executive Committee of the Canadian Medical Association. Many matters of interest to the profession generally were considered.

The General Secretary, Doctor Routley, reported on activities since the Annual Meeting. One thing was very apparent, that interest in the affairs of the Association was increasing from coast to coast; the Conference being held at this time was one evidence of this. Much satisfaction was expressed by Representatives of the British Medical Society over the affiliation between the British and Canadian Associations. The organization of the Profession in Canada appealed especially to the British Society.

Dr. A. T. Bazin's report as Business Manager of the C. M. A. Journal was considered. He presented the following report:—

"It is with pleasure that I am able to report that our revenue from advertising exceeds that of 1923 by approximately \$300.00. Receipts from membership fees and subscriptions to the Journal show an increase over 1923 of some \$5000.00.

Bonds amounting to \$2000.00 were redeemed during the year; \$600.00 on account of death of bondholders; \$1400.00 by lot on October 1st.

Our books showing a surplus cash balance on Nov. 1st, 1924, the sum of \$6980.62 was invested as follows:

Canadian National Railways $4\frac{1}{4}\%$ Bonds	\$3000.00	at $96\frac{1}{2}$
Province of Ontario 5% Bonds	2000.00	at $101\frac{3}{4}$
Island of Montreal Metropolitan 5% Bonds	2000.00	at $100\frac{1}{4}$

Although these securities do not yield a very high interest, it was felt that the Associations' Funds, being in the nature of trust money, only such investments listed as Trust Fund Securities should be considered.

The printing of the Listerian Oration amounted to \$571.39. This included 100 reprints to Dr. John Stewart, the mailing of the edition, copies to 40 medical libraries, a few complimentary copies to representative English Journals and Association Officials.

Cash received to date from the sale of single copies, \$23.00.

In accordance with arrangements outlined and approved at the annual meeting all books and records in our possession pertaining to the collection of membership dues were handed to the General Secretary, Dr. Routley, early in November and all dues are now payable to him. A notice advising of this change will appear in the January issue of the Journal."

This report with a detailed statement of Revenue and Expenditures was on motion adopted.

Dr. Bazin presented a Report also as Managing Editor as follows:

"Following upon the decision of the Executive in June last, the Provincial Editorial Boards were advised of the changes to be made in the methods of collecting and editing contributions, and have expressed their willingness to co-operate with the Editor-in-chief, and forward to him all papers, as soon as received, without first passing them around for editing. The Editor is thus enabled to arrange for publication or rejection without undue loss of time.

BOOK REVIEWS.

Books received for review are sent in rotation to the members whose names were submitted by the Provincial Boards. A card index is kept of all books received and re-forwarded, as well as careful record of the work of the reviewer. It is felt that reviews must be published promptly, and that only members who are willing to write a review within reasonable time can be retained on the list of reviewers. With each book is sent a slip stating that the book, when received, becomes the property of the reviewer, but suggesting that, in order to render the book of greater value to a larger number, it be presented to a medical library in the locality.

ADVERTISING OF PUBLISHING HOUSES.

Publishing houses whose books were received for review were approached on the question of advertising in the Journal because of the free publicity their books were receiving, and an expression of opinion was invited. The replies received were without exception to the effect that the publication of reviews in the Journal entailed no obligation on the part of the publishers; that no sales can be traced to reviews, and that this Department is always a greater asset to a Journal than it is to the publishers.

ADVERTISING.

A large number of our advertising contracts are expiring with the current issue and we are glad to report that all without exception have sent in renewal contracts for 1925. Our books show no bad debts from advertisements during the year just closing. Our revenue from advertisements exceeds that of 1923 by approximately \$3000.00.

COST PER MEMBER.

In calculating the cost of the Journal per member, it appears that out of the ten-dollar fee only \$3.00 is required for the Journal expenses as the major portion is paid for by advertisements. As soon as our circulation can be increased this figure will yet be lower. The fact that the Journal demands so small a portion of the membership fee is due to our very low overhead expenses; particularly the fact that our Editor is receiving merely an honorarium and not a salary.

SUGGESTIONS FOR IMPROVING THE JOURNAL.

CLINIC NOTES, SUGGESTIONS AND NEW INSTRUMENTS.

At a recent meeting of the Editorial Board it was considered advisable to add to the Journal a new department to be known under some such heading as Clinical Notes, Suggestions and New Instruments. It is felt that it will assist the Journal in obtaining and retaining the advertisements of the best commercial houses; that it will stimulate chemists and manufacturers in their work and encourage them to put on the market only the best products; and that it will simultaneously weaken the influence of manufacturers of fraudulent material for which they will find no recognition. The details, however, have not yet been worked out.

ILLUSTRATIONS.

The unsatisfactory reproduction of illustrations in the Journal is being overcome. The best grade of copper is used in the making of cuts, and, commencing January, the Murray Printing Co. has undertaken to use special glazed paper for illustrations accompanying an article, without extra expense to the Association. This will be appre-

ciated by our contributors and add considerably to the value and appearance of the Journal.

REPRINTS.

The question of giving a limited number of reprints to every author has again come to the fore. We have therefore tentatively and in co-operation with the Murray Printing Co. worked out a scale of prices. From this it would appear that 100 free reprints, the smallest number we can obtain, would cost the Association approximately \$1000.00 or \$1500.00 per year. Considering the increase in our revenue from advertising alone, this matter deserves careful consideration.

APPROPRIATION TO EDITORIAL BOARD.

The period of resuscitation of the Journal has been successfully passed; the Journal is now a going concern and should not be run as a charitable organization. It is increasingly difficult to obtain the sustained and regular assistance of men working without remuneration in such uninteresting and thankless tasks as abstracts, news items, etc."

Following a full discussion of this report, it was moved, seconded and passed that the suggestion of the General Secretary that the Journal be sent for one year to non-members of the C. M. A. who are members of their Provincial Associations for the sum of Five Dollars, with a view to interesting the recipients in later taking up full membership in the Association, that this suggestion be acted upon for 1925. If any who have paid the Nova Scotia Annual Fee of \$10.00 desire to receive the C. M. A. Journal for 1925, the Associate-Secretary upon the receipt of Five Dollars (\$5.00) would be very glad to carry out this suggestion of the Executive.

With the idea of more fully giving effect to the affiliation and proposed co-operation of the British and Canadian Associations, the Executive accepted an invitation from the British Association to send an official representation to this Annual Meeting. On motion the General Secretary was selected as the official delegate, and by motion the following were asked to act as delegates from the C. M. A. to the B. M. A., they having intimated their willingness to do so:—Drs. H. B. Anderson, L. J. Austin and A. T. Bazin; and further, that the Secretary be instructed to arrange if possible for additional delegates to make up the quota of seven requested by the B. M. A. (Any doctors in Nova Scotia desiring to attend the 1925 B. M. A. meeting please notify the Associate-Secretary.)

The arrangement to broadcast weekly letters to the Canadian Press on the improvement of health and the prevention of disease was approved and these copyrighted letters are now being published. (In Nova Scotia they appear in the Halifax Herald weekly.)

The Editor and Managing Editor of the Journal agreed to see if better terms could not be secured for Reprints of articles published in the Journal. Arrangements were also completed for an official representation of the C. M. A. to attend the Annual Meeting of the A. M. A., the same to be reciprocated.

Dr. Bazin gave notice of motion that at the next Annual Meeting he would move,—

“That the fee for membership in the C. M. A. shall be \$2.00 for the first calendar year after graduation, \$5.00 for the second calendar year after graduation; and the full fee thereafter.”

An application for affiliation with the C. M. A. from the Prince Edward Island Medical Society was considered, and referred to the Annual Meeting of Council.

While many other general matters were considered, including matters referred to the Conference, these notes will give the profession in Nova Scotia some idea of the business coming before the C.M.A. Executive. The minutes of the General Secretary conclude with this sentence:—“There being no further business, the Committee adjourned at midnight.”

Lister Memorial Club.

FOLLOWING instructions given by the Executive at its meeting in December, particulars of the proposed Lister Memorial Clubs are given the members of the Medical Profession in Nova Scotia.

At the meeting of the Canadian Medical Association, held in Winnipeg, in 1922, it was resolved to found, in the honor of Lord Lister a Listerian Oration, “to be a part of the meeting of the Canadian Medical Association, at intervals of three years.” A committee was appointed to consider the best way in which to carry out this Resolution.

This committee after due consideration, decided early in 1924, to recommend to the Executive Committee of the C. M. A. the following plan.

1. That the raising of money be proceeded with at once.
2. That the donors of money be known as the Lister Memorial Club of the Canadian Medical Association.
3. That the names of the members of the Club be published in the Journal.
4. That the sum of \$5000.00 be aimed at.
5. That this amount be divided into 500 units of \$10.00 each, but that persons desiring to become members, may take as many units as they desire.
6. That each province be permitted to contribute according to medical population, viz:

Nova Scotia	350
Prince Edward Island	70
New Brunswick	350
Quebec	2200
Ontario	3700
Manitoba	500
Saskatchewan	500
Alberta	450
British Columbia	400

7. That the money may be sent to Dr. F. N. G. Starr (Toronto), who will open a "Trust Account jointly with Dr. E. S. G. Baldwin, to be known as the Lister Memorial Club of the Canadian Medical Association."
8. That Dr. F. N. G. Starr be instructed to keep in touch with Dr. T. C. Routley, supplying him with a complete list of the members of the Lister Memorial Club.

The idea underlying this plan is, that the capital sum thus raised shall provide, from accrued interest for three years, a sum sufficient to defray the necessary expenses connected with the Oration, and it is hoped and expected that no further call for financial assistance will be asked from the "Lister Club."

Various methods have been discussed by which the sum may be raised. Some would have favoured 1000 units of \$5.00 each. Indeed in some of the Provinces, where the members of the Medical Society have a large annual fee, it was thought possible that the sum tentatively allotted to the Province, might be granted *en bloc*. This was done in the case of Alberta, where the members of the profession pay annually to the "College and Physicians and Surgeons" the sum of \$15.00. At the meeting of the Alberta C. P. S. last summer the proposal was made at the suggestion of the late Dr. W. H. MacDonald, whose death we all deplore, and it was unanimously and enthusiastically adopted, and a cheque for \$450.00 was sent to Dr. Starr. In this way every member of the profession in Alberta is a member of the "Lister Memorial Club of the Canadian Medical Association."

In whatever way the profession in Nova Scotia decides to contribute, an early subscription is urged, as time is passing and the longer the delay, the less interest will have accrued when the money is required in 1927 for the second Listerian Oration. This will be the centenary year of Lister's birth (April 5th, 1827). The Memorial Committee hope to have a British authority of the highest standing to discuss the work of Lister, as a surgeon, and physiologist, and pathologist at the Canadian Medical Association Meeting in 1927.

This matter is committed to each Branch Medical Society to secure by individual collection or Society vote the amount assessed to Nova Scotia. This should be considered at once by the Executive

in each Branch or at the first regular meeting. Every Ten Dollars paid will constitute a Club of either one or more individuals. The amount \$350.00 for Nova Scotia is small and should be raised at an early date.

Halifax Infirmary Medical Society.

NEARLY all our large hospitals have their Medical Staffs organized into a local Medical Society. Their meetings have been practically confined to the members of the staff. The suggestion has been made that hospitals centrally located should invite doctors who send patients to that hospital to attend some of these staff meetings when particularly interesting cases are being considered.

The Annual Meeting of the Halifax Infirmary Medical Society was held January 8th when the following officers were elected for 1925:

President.....Dr. V. L. Miller.
Vice-President.....Dr. M. G. Burris.
Secretary-Treasurer.....Dr. W. L. Muir.
Advisory Board—Dr. John Stewart, Dr. Tobin, Dr. F. U. Anderson,
 Dr. G. H. Murphy, Dr. V. N. McKay.

Executive—Doctors, G. H. Murphy, J. G. McDougall, D. J. MacDonald, S. J. MacLellan, J. R. Corston, S. R. Johnstone, Grace Rice and H. W. Schwartz.

Notes from Ontario.

ABOUT two years ago, Dr. R. D. Lindsay, Dal. Univ. 1917, then in practice at New Germany, removed to St. Catherines, Ontario. He recently sent the Associate-Secretary a copy of the Reports, etc., presented at the last annual meeting of the Ontario Medical Association. His letter in forwarding the same will be of interest to many of our doctors, and he will not object to its publication herewith:

"Dear Doctor Walker:—

I am trailing you a copy of reports and business programme, of the forty-fourth Annual Meeting of the Ontario Medical Association, which I think you will find interesting reading, if you have not seen it in the Canadian Medical Association Journal or elsewhere. Model Constitution and By-Laws, pages 21-23, and reports of various committees appeal to me.

May say that Lincoln County Association, of which I am Secretary-Treasurer this year, has adopted this Constitution and By-Laws. This Association has an active membership of about 30. Membership fee is \$10.00 per annum, out of which a very good library has been built up and maintained at the City Hospital, for the Association.

The Annual Meeting for the last two or three years has been held at the President's residence. This takes the form of an At Home, and I think is a very good feature. It undoubtedly tends to better understanding and good will between individual members.

We are well supplied with speakers under the Extension Course of the Ontario Medical Association. Local papers are occasionally put on. There is very good co-operation with the Provincial Secretary, which I think all are agreed on is the backbone of organization.

Many thanks for the Nova Scotia Bulletins. They are much appreciated. Have had little opportunity of meeting former Nova Scotians in the Profession, but have heard good things of I r. Leonard Murray.

With best wishes to yourself and friends, I am,

Sincerely,

(Signed) R. D. LINDSAY."

Rural Medical Service.

THE following appeared as a news item in a Halifax Daily not long ago. It brings up a big question of Medical Services in scattered rural districts, and will form a text for a paper on the subject in the near future:

"SHERBROOKE, Jan. 7—Dr. Marshall, of the Sonora Timber Co., paid a flying visit to Sherbrooke last night. He has probably the most extended practice in the mainland of the Province, extending from one end of Guysborough County to the other.

Dr. Marshall's visit emphasizes the fact that there is no resident physician in St. Mary's municipality, and revives the question of the advisability of procuring the services of such a physician before the annual snow blockade comes. In case of a previous vacancy, the municipal authorities took an interest in the matter, and especially C. W. Anderson, M. P. P. With a large and growing practice lying idle, it is generally felt that some physician would be glad to serve were the situation made known."

The article entitled "Cardiac Irregularities" by Dr. L. M. Murray of Toronto, formerly of Halifax, is the one he expected to deliver last Fall as one of the C. M. A. speakers. We are much indebted to Dr. Murray for his courtesy in forwarding this paper for the readers of the Bulletin. It is furthermore a pleasure to note the high estimation in which his opinions are held by the Profession in Ontario.

Everyone will enjoy reading Dr. W. J. Egan's letter to the Registrar of McGill University, declining to be recognized as a 'dead one.' Not only is he very much alive, but he evinces a literary talent that he surely will not longer permit to remain idle. He is invited to write an Article for the Bulletin at least every second month, and to choose his own subject.

All in a Day's Work.

THE Pictou Advocate is responsible for publishing the following incident in the practice of Dr. Dunn of that town. A boy riding in a bakery team was severely injured by a kicking horse. His brother driving the team went for Doctor Dunn, who took the seat just vacated by the injured lad. "The doctor asked the driver what horse had done the kicking. "This one, doctor," said the driver, and, to confirm the statement, the horse, feeling the britchin on him as they went down a grade, picked up his heels and beat a tattoo on the top of the sleigh just over the doctor's head. The doctor ducked and kept ducked as the horse kicked the top off the sleigh, then upset it with the doctor underneath, and finally brought up with the overturned sleigh against a fence. As the doctor picked up his bruised body, and was handed his bag by a bystander, he remarked to the driver, who was also finding himself in the wreck, that, 'if the latter did not mind, he would walk the rest of the way to the hospital. They should put that horse in a football team; he would be of some use there.' "

The Meanest Man.

The following is an excerpt from the will of a Wall Street man, which has recently been probated in the New York courts:

"To my wife, I leave her lover and the knowledge that I wasn't the fool she thought I was.

"To my son, I leave the pleasure of earning a living. For thirty-five years he has thought that the pleasure was all mine. He was mistaken.

"To my daughter, I leave \$100,000. She will need it. The only good piece of business her husband ever did was to marry her.

"To my valet, I leave the clothes that he has been stealing from me regularly for the past ten years. Also my fur coat that he wore last winter when I was in Palm Beach.

"To my chauffeur, I leave my cars. He almost ruined them and I want him to have the satisfaction of finishing the job.

"To my partner, I leave the suggestion that he take some other clever man in with him at once if he expects to do any business."—*Wall Street Journal*.

A Matter of Dermatology.

"Is this the hosiery department?" said the voice over the phone.

"Yes," replied the weary saleslady.

"Have, you any flesh-colored stockings in stock?" asked the voice.

"Yes," replied the weary saleslady, "Whadda ye want—pink, yellow or black?"—*Pickup*.

OBITUARY

ELIAS NICHOLS PAYZANT, M. D. Jefferson Medical College, 1855,
Wolfville, N. S.

1925 The oldest registered practitioner in Nova Scotia, aged 95 years, passed away January 22nd, 1925, at his home in Wolfville, in the person of Dr. E. N. Payzant. The register of Nova Scotia shows he graduated in 1855. It is however many years since he practised Medicine, and he has been invalided from the practice of Dentistry for a number of years.

He was made an Honorary member of the Medical Society of Nova Scotia in 1922, and up to the beginning of this year he thoroughly enjoyed each number of the Bulletin. Dr. J. A. Payzant of Halifax, a son, and two daughters, Mrs. E. S. Crawley of Wolfville, and Mrs. H. A. Pitt, Bermuda, are the surviving family.

The Acadian of January 22nd. has the following obituary notes:—

"In the early hours of this morning there passed away at his home on Elm avenue, in the person of Elias Nichols Payzant, M. D., one who was probably Wolfville's oldest resident and who for very many years had been a useful and highly esteemed citizen of this town. In his ninety-fifth year he retained his mental powers to a wonderful degree and took a keen interest in public affairs. For some months past his physical condition has been waning and of late he failed rapidly until the end came at 4 o'clock this morning and he passed to the great beyond.

The deceased was born at Wilmot, Annapolis county, a son of the late James M. Payzant. He began the study of medicine in the office of the late Dr. E. L. Brown, and after completing his course abroad began his professional career at Hantsport. He also practised successfully at Lakeville and Port Williams before locating at Wolfville. He specialized in dentistry and practised with marked success in various parts of the province. A close student he kept in full touch with all the advances made in the science of medicine and his advice was always regarded as valuable.

Always until the end well informed on world events, he was an interesting companion and even in late years a visit to his room was inspiring and helpful.

He married Miss Caroline Allison, who predeceased him some years ago, and out of a large family of sons and daughters he is survived by his oldest son, Dr. J. Austen Payzant, of Halifax; and two daughters, Mrs. E. Sidney Crawley, of this town, and Mrs. H. A. Pitt, of Hamilton, Bermuda.

The funeral will take place at 1.30 o'clock on Saturday afternoon, and will be with Masonic honors, the deceased having been for years an honored member of St. George's Lodge.

SIR JAMES MACKENZIE.

The Journal of the American Medical Association has the following Editorial note on the death of Sir James MacKenzie:—

"In the death of Sir James MacKenzie, medicine has lost one of its most justly honored leaders. He will be remembered best for his valuable contributions concerning heart disease, and especially for his pioneer investigations on the irregularities of the heart, investigations carried out for the most part with the aid of the polygraph, while he was a busy practitioner in a small town. These researches were not only of permanent value as an addition to knowledge, but they served to stimulate others to productive work. Hardly less important were his trenchant criticisms, both destructive and constructive, of present-day methods of teaching and practice. In papers, addresses and books he emphasised the importance of the role that could, and should be, played by the general practitioner. He showed how the family doctor, better than the hospital physician, could study disease in its entirety, watching its progress from beginning to end; also how he could more intelligently study the development and meaning of symptoms of whose real significance we are still far too ignorant. MacKenzie was always an interesting writer, clear and forceful in expression. He was frank to confess ignorance when he was uncertain as to facts or views: but when he felt sure of his position he was dogmatic, blunt, bold in contradiction. If at times he seemed provincial in his views; if unwittingly, because of failure to read the writings of others, he repeated as new what had been said before; if he was unduly severe in his strictures on the hospital and laboratory worker, he yet made lasting contributions to our knowledge of cardiac diseases, rendered yeoman's service in stimulating other workers, and pointed out serious defects in the medicine of the present, and how they might be remedied in the medicine of the future. He was a medical Thomas Carlyle, growling at fads, tearing the mask from shams, preaching the doctrine of the equality of the lowliest physician with the mightiest, proclaiming the value of the fundamentals, the eternal verities of medicine, as against the transient, the popular or the merely traditional."

To this may be added a lay opinion by George F. Laidlaw in the New York Times very much to the point:—

"Physician and surgeon in rough and tumble general practice in an English mill town, James MacKenzie had no external advantages over hundreds of his fellow practitioners. In another sense he had an unequalled advantage over every doctor in Britain; for none of them possessed his keen eyes, his inquiring mind and his untiring industry. At times, as in the case of John Hunter, the necessity of earning his daily bread postponed his studies for many days and weeks, but at the earliest opportunity he returned to them with the single-minded purpose of the born investigator. (When interrupted in his anatomical studies by a professional call, John Hunter used to say: "I suppose that I shall have to go and earn that damned guinea for I shall be sure to need it to-morrow")

It is pleasant to know that fate was kind to this humble Scot: that he rose to high rank and honor in his own country; that in every land where medical science is studied he was known and respected as a teacher; and that the end came only in the evening of his life when his work was done."

Walter Malcolm Cowperthwaite M. D., C. M., McGill University
1900, Sydney.

The death occurred suddenly in Sydney February 4th, of Dr. W. M. Cowperthwaite, death being due to heart failure. He was born in New Brunswick 44 years ago and had practised in Sydney for twenty years.

He was found during the forenoon on Charlotte Street in a helpless condition and died an hour after being assisted to his home. He leaves a widow and one daughter.

Dr. J. Knox McLeod of Sydney, sends the following note—

“The sudden and altogether unexpected death of Dr. W. M. Cowperthwaite came as a great shock to his friends all over the city, and perhaps more to his friends of the Medical Profession.

Immediately after his graduation from McGill in 1900, he began practice in Sydney and very quickly became a busy practitioner. His practice was a general one, but his connection with the Steel Works gave him a good deal of surgical work. He was also much in demand for Obstetrical work, and in this particular branch was very successful. He was not only held in high esteem as a valued member of the Medical Profession, but held the respect of the citizens generally for his manly upright character. He was a man in whom implicit confidence could be placed, and in the meetings of the various Medical Societies, his quiet unassuming manner gave weight to his opinions.

The staff of the City Hospital as well as the members of the Cape Breton Medical Society are attending the funeral in a body this afternoon.”

The death occurred January 29th at Granville Ferry of Mrs. T. L. Williams, widow of the late Rev. T. L. Williams of the New Brunswick Methodist Conference. She is survived by several nieces and nephews, among the latter being Dr. H. H. and Dr. George R. Johnson of Calgary. Dr. George Johnson visited his Aunt last Fall at her late home and was one of the party from Nova Scotia to attend the recent Medical Conference in Ottawa.

Following an acute illness of two months Mrs. Sadie Appleton, Withrow, wife of Dr. R. R. Withrow of Springhill, died at her home January 19th, 1925. Mrs. Withrow was in her 31st year and had been seven years married. She was noted as a hospitable hostess and was a moving spirit in the social life of Springhill. Dr. Withrow will have the sincere sympathy of the profession in his bereavement.

The profession in Nova Scotia was shocked to learn of the death in Montreal, January 10th, 1925, of Dr. Frederick A. L. Lockhart, the

well known Gynaecologist. His death resulted primarily from severe frost bite, suffered when he became lost in the woods of the St. Maurice Valley. He was born in St. John in 1864, and he was especially well known to medical students from the Maritime Provinces.

There passed away last month at the Victoria General Hospital, Halifax, Mrs. Lydia A. Kempton, widow of Dr. Zenas M. Kempton for many years a practitioner of medicine in Wallace, N. S. Since Dr. Kempton's death, about twenty-five years ago, Mrs. Kempton has resided in Truro and for later years in Halifax.

A Charlottetown despatch of January 14th reads:—Dr. John D. MacIntyre of Montague, P. E. I., died last night aged 60 years. He is survived by four sons, Dr. Hearth MacIntyre of Charlottetown, Dr. Preston MacIntyre of Montague, William, a student at Dalhousie University, and George at home.

The death occurred January 21st of Mrs. K. R. McLean, New Glasgow, after an illness of a year or more. The greater part of her activities were spent in Colchester County where her husband was a Councillor for many years. Two of her sons are doctors, A. Lloyd being on the staff of the Royal Victoria Hospital, and John O. being in practice in Scranton, Pa.

Mrs. Jenkins died at Charlottetown January 12th, at the advanced age of 93 years. She was a daughter of the late Captain, the Hon. Stephen Wright of the famous Waterloo Regiment, the Seventh Hussars. She was the widow of the late Dr. J. T. Jenkins, Mother of Dr. S. R. Jenkins and grandmother of Dr. J. S. Jenkins, all of Charlottetown, P. E. I.

PERSONALS

The latest name to be added to our mailing list is Dr. Charles Spiro, McGill University 1923, who has recently completed an internship at the New Rochelle Hospital.

Dr. and Mrs. S. N. Miller of Middleton, left in December for Buffalo, N. Y. on their way South for the Winter. If one from Halifax, Amherst, or New Glasgow goes, they are surely quite justified.

Dr. and Mrs. C. H. Morris with their youngest son, left the latter part of January for Miami, Florida for the balance of the winter. It is hoped the mild weather will fully restore the Doctor's health.

Dr. B. W. Skinner of Hubbards had a miraculous escape when he was uninjured after his car skidded on the icy road and went over an embankment at Indian River Bridge about the middle of January.

Dr. F. R. Shankel of Hantsport has opened an office in Windsor in the house of Mrs. J. S. MacKay and will have office hours each afternoon. It is intimated that he may remove to Windsor in the near future.

Dr. Charles Spiro of New Glasgow will take over the practice of Dr. J. S. Brean of Mulgrave for several months. Dr. Brean has been admitted to St. Marthas' Hospital, and after operation will require considerable convalescence.

The Medical Library of the late Dr. George E. DeWitt, has been donated to the Library of Acadia University. Dr. DeWitt had a large library and many interesting volumes. A large well bound file of the British Medical Journal is included in the list.

The Profession will watch with interest the outcome of the proposed action of one of its members against some Inspectors under the Nova Scotia Temperance (?) Act in a populous part of Nova Scotia. How long will we put up with this farce which is making the doctors the goats for the majority of the people.

Among the Nova Scotia doctors who have been recently elected to Town Councils we note the following:

- Dr. O. B. Keddy Windsor, Mayor.
- Dr. A. E. G. Forbes Lunenburg, Councillor.
- Dr. J. A. Proudfoot Inverness, Mayor.
- Dr. W. F. McKinnon Antigonish, Mayor.
- Dr. J. A. Sponagle Middleton, Mayor.
- Dr. M. D. McKenzie Parrsboro, Mayor.
- Dr. H. B. Havey Stewiacke, Mayor.

Two doctors are noted as being amongst the "Also Rans."

Notes of Recent Dalhousie Graduates.

— (Contributed) —

Dr. Brown, who was an interne at the Victoria General Hospital during his senior year and a member of the staff after graduation, went to Newfoundland a week before Christmas.

Dr. MacMillan, who was an interne at Camp Hill Hospital during the three years preceding graduation, and assistant to Dr. V. N. MacKay, went down to Grand Falls about the first of October.

Dr. Swyer a well known Dalhousian who graduated in 1917, was practising in Grand Falls up to October when an attack of rheumatic fever compelled him to come home for a long rest. He was accompanied to Nova Scotia by Dr. Moore of the staff who left Grand Falls in December for St. Johns, Nfld., where he will practice.

Dr. Carroll, who was interne at the Children's Hospital during his senior year, and substituted for another physician after graduation, until an attack of typhoid confined him to the house for a month or so, went down the latter part of November and is now at Badger a milling place of the Company about 7 miles from Grand Falls.

Dr. Scott, a McGill graduate who took a post-graduate course in surgery at Edinburgh, is senior physician there and in charge of the hospital. Dr. Scott got in touch with these Dalhousie men through Dr. Woodbury who began his medical practice at Grand Falls. All are gaining excellent practical experience. There are about 6000 people in Grand Falls.

Dr. C. W. MacMillan and Dr. James Carroll of Halifax, and Dr. J. F. Brown of Parrsboro, all of whom graduated from the Dalhousie Medical College in the spring of 1924, are in the employ of the Anglo-Newfoundland Development Company at Grand Falls, Newfoundland, the pulp company which makes the paper for the Daily Mirror and which was formerly owned by Lord Northcliffe, but is now owned by his brother Lord Rothesay.

Dr. C. G. Campbell of last year's graduating class in Medicine is now carrying on the practice of the late Dr. Duncan Campbell at West Branch, Pictou County. The late Dr. Campbell was a first cousin of the late Drs. D. A. and G. M. Campbell of Halifax and though 70 years of age conducted a drug store along with a large practice. Dr. C. G. Campbell assisted him during the past summer when the Diabetes with which he had been afflicted for years, made it necessary for him to curtail his activities somewhat. Dr. C. G. Campbell is a son of the late D. MacD. Campbell, for some years City Engineer of Sydney, N. S. and at the time of his death Assistant City Engineer of Halifax. He is a grandson of the late Dr. Robert Sutherland Campbell of Dartmouth and a grand nephew of Drs. D. A. and G. M. Campbell. Although only 22 years of age he has his B. A. degree as well as his M. D., C. M.

THE CANADIAN MEDICAL ASSOCIATION

President—J. F. Kidd, Ottawa.

President-Elect—David Low, Regina. Annual Meeting, Regina, 1925.

Vice-Presidents ex-officio—Presidents of Affiliated Associations.

Honorary Treasurer—A. T. Bazin, 836 University Street, Montreal.

General Secretary—T. C. Routley, 184 College Street, Toronto.

THE COUNCIL

A. Primrose, Toronto, <i>Chairman</i> .	A. F. Menzies, Morden.
J. F. Kidd, Ottawa.	H. K. McDonald, Halifax.
David Low, Regina.	J. S. McEachern, Calgary.
A. T. Bazin, Montreal.	F. W. Marlow, Toronto.
A. D. Blackader, Montreal.	C. F. Martin, Montreal.
T. C. Routley, Toronto.	D. P. Miller, Prince Albert.
H. B. Anderson, Toronto.	A. S. Munro, Vancouver.
J. F. Argue, Ottawa.	L. R. Morse, Lawrencetown, N. S.
L. J. Austin, Kingston.	T. A. Morrison, Regina.
J. Bell, New Glasgow, N. S.	S. E. Moore, Regina.
R. J. Blanchard, Winnipeg.	G. H. Murphy, Halifax.
G. S. Cameron, Peterborough.	T. A. Patrick, Yorkton, Sask.
A. M. Campbell, Winnipeg.	J. I. Pratt, Port Arthur.
J. G. D. Campbell, Halifax.	W. D. Rankin, Woodstock, N. B.
G. F. Dewar, Charlottetown.	W. N. Reh fuss, Bridgewater, N. S.
W. J. Egan, Sydney.	W. G. Reilly, Montreal.
W. J. Elliott, Brandon.	W. H. Secord, Winnipeg.
F. J. Farley, Trenton.	H. B. Small, Ottawa.
W. A. Gardner, Winnipeg.	F. N. G. Starr, Toronto.
W. Hackney, Calgary.	D. A. Stewart, Ninette, Man.
T. G. Hamilton, Winnipeg.	W. Turnbull, Winnipeg.
V. E. Henderson, Toronto.	J. M. Ulrich, Regina.
A. W. Knox, Weyburn, Sask.	C. H. Vrooman, Vancouver.
T. M. Leask, Moose Jaw.	S. L. Walker, Halifax.
J. H. MacDermot, Vancouver.	T. W. Walker, Saskatoon.
N. J. MacLean, Winnipeg.	N. W. Warner, Winnipeg.
A. A. Macdonald, Souris, P. E. I.	A. MacG. Young, Saskatoon.
M. MacLaren, St. John, N. B.	Geo. S. Young, Toronto.

EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, <i>Chairman</i> .	T. G. Hamilton, Winnipeg.
J. F. Kidd, Ottawa.	C. F. Martin, Montreal.
David Low, Regina.	S. E. Moore, Regina.
A. Primrose, Toronto.	J. S. McEachern, Calgary.
A. T. Bazin, Montreal.	M. MacLaren, St. John, N. B.
T. C. Routley, Toronto.	F. N. G. Starr, Toronto.
G. S. Cameron, Peterborough.	S. L. Walker, Halifax.

SPECIAL COMMITTEES

Lister Memorial - - - - -	R. J. Blanchard, Winnipeg.
Conference on Medical services - - - - -	A. Primrose, Toronto.

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.	Valley Medical Society.
Dr. E. M. McDonald, Sydney.	Dr. W. F. Read, Digby.
Dr. D. R. McRae, Sydney Mines.	Dr. N. H. Gosse, Canning.
Dr. Dan. McNeil, Glace Bay.	Dr. M. E. Armstrong, Bridgetown.
Eastern Counties.	Halifax Branch.
Dr. J. J. Cameron, Antigonish.	Dr. V. L. Miller.
Colchester-Hants.	Dr. J. L. Churchill.
Dr. R. O. Shatford, Londonderry.	Dr. A. R. Cunningham.
Dr. O. B. Keddy, Windsor.	Dr. P. Weatherbee.
Cumberland County.	Dr. F. G. Mack.
Dr. F. R. Boudreau, Amherst.	Pictou County.
Dr. J. A. Munro, Amherst.	Dr. H. H. McKay, New Glasgow.
Lunenburg-Queens.	Dr. G. A. Dunn, Pictou, N. S.
Dr. R. G. McLellan, Lunenburg.	Western Counties.
Dr. L. W. T. Penny, New Germany.	Dr. W. C. O'Brien, Wedgeport.
	Dr. A. J. Fuller, Yarmouth.

COMMITTEES

Cogswell Library.	Editorial Board—C. M. A. Journal.
Dr. A. G. Nicholls.	Dr. W. H. Hattie.
Dr. J. R. Corston.	Dr. G. H. Murphy.
Dr. John Stewart.	Dr. J. G. McDougall.
Dr. Philip Weatherbee.	Dr. K. A. McKenzie.
Dr. C. S. Morton.	Dr. E. V. Hogan.
Public Health.	Annual Fees P. M. B. (Special Committee).
Dr. A. C. Jost, Halifax.	Dr. J. R. Corston.
Dr. E. Kennedy, New Glasgow.	Dr. S. L. Walker.
Dr. M. E. Armstrong, Bridgetown.	Dr. L. R. Morse.
Dr. J. K. McLeod, Sydney.	Mental Hygiene (Special Committee).
Dr. L. W. T. Penny, New Germany.	Dr. W. H. Hattie, Halifax.
Arrangements.	Dr. J. J. Cameron, Antigonish.
The Executive Committee, with the Members of the Lunenburg-Queens Medical Society.	Dr. F. E. Lawlor, Dartmouth.
X-Ray (Special Committee)	Dr. S. L. Walker, Halifax.
Dr. A. F. Miller, Kentville, N. S.	Workmen' Compensation Board.
Dr. J. J. Roy, Sydney.	Dr. G. H. Murphy.
Dr. A. I. Mader, Halifax, N. S.	Dr. E. V. Hogan.
Members of C. M. A. Council	Dr. M. G. Burris.
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. H. K. McDonald, Halifax.
Dr. W. J. Egan, Sydney.	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, Parrsboro.
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. MacRitchie, 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. LcBlanc, Dr. P. A. McGarry.
 Nominated to Provincial Executive:—Dr. J. J. Cameron, Antigonish.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

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.
 Benvie, 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.
 Dr. W. F. Read, Digby.

WESTERN COUNTIES

President Dr. A. R. Campbell, Yarmouth.
 Vice-Presidents Dr. E. R. Melanson, Eel 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.

MEDICAL SOCIETY OF NOVA SCOTIA

HALIFAX MEDICAL SOCIETY

1924 Officers 1925

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

Executive

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

PROGRAMME FOR 1924-1925

- Feb. 11—Continuation of "Everyday Obstetrical Problems."
 Dr. H. B. Atlee, "Abortion—Uninfected."
 Dr. V. L. Miller, "Septic Abortion."
 Dr. G. H. Murphy, "Indications for Caesarean Section."
- Feb. 25 Victoria General Hospital.
 Clinical Medical.
- Mar. 11—Discussion on "Blood Chemistry."
 Dr. V. N. MacKay.
 Dr. K. A. MacKenzie, "Diabetes."
 Dr. J. L. Churchill, "Kidneys."
- Mar. 25—"A Quarter of a Century of Practice Among the Mining Population
 of Cape Breton."
 Dr. M. T. Sullivan, New Aberdeen, N. S.
- April 8 Children's Hospital.
 Clinical Evening.
- April 22 Annual Meeting.

Members are urged to take advantage of the opportunity to discuss the various papers. The time allotted to speakers as follows: Symposia—First Speaker, 15 minutes. Discussion—Each Speaker, 5 minutes, others 10 minutes.

The building was one of singular magnificence—large, handsome and well-proportioned. The architect had evidently lavished all his skill and art upon the exterior.

"Ah," said a man to his friend as they walked by, "what a superb structure!"

"Yes, it is indeed," returned the other, "but I cannot bear to look at it."

"Why not?" asked his friend.

"Because," replied the other with warmth, "it reminds me that the owner built it with the aches, the groans of his fellow-men, the grief of crying children, the wails and moans of poor, defenseless women, the howls and lamentations—"

"Gracious!" exclaimed his friend. "What is the owner? A money-lender—an oppressor of the poor?"

"No, no," burst out his friend. "Worse—worse than that! He—he is a dentist!"

The telephone in a well-known surgeon's office rang and the doctor answered it. A voice inquired, "Who is this?"

The doctor readily recognized the voice of his seven-year-old son. Although an exceedingly busy man, he was always ready for a bit of fun, so he replied:

"The smartest man in the world."

"I beg your pardon," said the boy, "I have the wrong number."

A man went fishing and caught a big pike, the biggest he had landed in his long and busy life.

He was elated and telegraphed his wife: "I've got one: weighs seven pounds, and it's a beauty."

The following was the answer he got: "So have I; weighs ten pounds. Not a beauty—looks like you. Come home."

An Irishman visited a tuberculosis exhibit, where lungs in both healthy and diseased conditions were displayed preserved in glass jars. After carefully studying one marked "Cured tuberculosis lung," he turned to the physician and said: "Perhpas it's because O'im Irish, but if ye cured the patient, how could ye have his lung in a bottle?"

"Ah's gwine to go to de pahty to-night, but fust Ah's gotta go home an' change mah clothes."

"Change yo' clothes? Boy, when yo' buttons yo' coat, yo' trunk am locked."

Vital Questions

Why do some children have rosy red cheeks, while others are pale and colorless? Why do some children have straight legs and live muscles, while others are crooked and resistless? Why do some children have firm, hard flesh, while others are loose and flabby? The answer lies mainly in the food they received during the vital body-building months of their first year of life.

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supplies your little patients with a clean, safe, easily digested and readily prepared milk food where for any reason it becomes necessary to supplant breast milk, either wholly or in part. It is of the utmost importance that an infant deprived of Nature's supply should receive during these vital first twelve months of its life, a milk food whose safeness and wholesomeness is unquestioned.

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