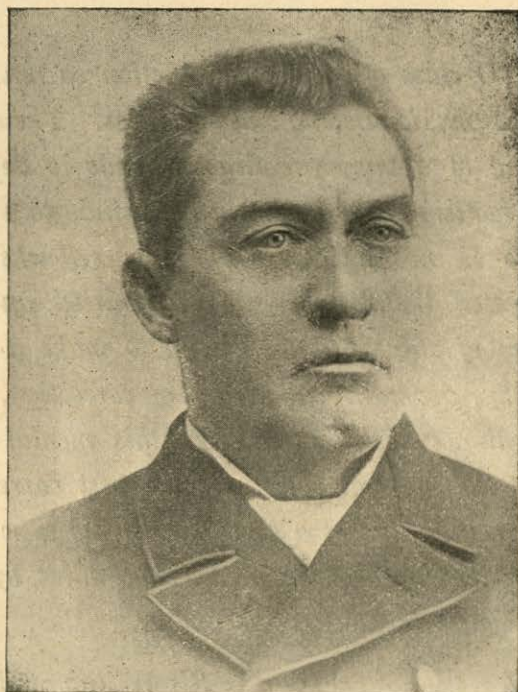


NO class of men needs friction so much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egotism of a most intense kind, to which there is no antidote. The few setbacks are forgotten, the mistakes are often buried, and ten years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centred. To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms.

Sir William Osler.



DR. A. M. PERRIN, YARMOUTH,
As he was in middle life.

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Clinical Congress of the American College of Surgeons

Montreal, Oct. 25th-29th, 1926.

(By George H. Murphy, M. D., Halifax, N. S.)

Philosophy and Aims of the Congress.

THE Clinical Congress is but one of the many activities of the College. During these days the College comes out in the open to render to the profession and the public an account of its stewardship. They are testing days; for the work of an organization is likely to be judged on the evidence of its major function, and admittedly, the Clinical Congress is the biggest thing of its kind in the whole range of our profession. An occasion which brings together, from practically all the leading nations of the earth, an assemblage of surgeons which runs up to three or four thousand, must have a sound basic philosophy, an abiding sincerity, a practical outlook, and withal, an ever increasing attraction for them that seek a yearly focus of the world's advances in all that pertains to the healing art.

Clinical parentage brought the American College of Surgeons into existence. To hold one big yearly congress, and numerous sectional ones, whereat doctors could see each other in action, was an early conception of the College. To bring the small surgeon from his remoteness to the large centre to watch the big fellow operate and perform his whole surgical routine, has worked out well in the College's practice and has amply justified one of the purposes of its founders. It has taught the small surgeon many things. Among them, the fact that some of the best workers in the science and craft of surgery, are not necessarily found in the guild of surgical writers. The silent worker thus finds his place as a moulder of surgical thought and practice. It has been teaching the small surgeon, too, that all things surgical are not written in books and pamphlets, and that actual contact with the man and his work may not be ignored. Even a great surgeon cannot put himself entirely into his book. His individuality, and perhaps his eccentricities, bear closely on his thought and action, and they can only be well interpreted by actual contact. The clinical congress, then, seems to be fulfilling a useful purpose. Its popularity is beyond question, and only rigorous limitation can keep the attending assemblage down to a manageable point.

There were periods in the long history of surgery in which the craftsman's part of the work was disdained as menial and humiliating. It was this absurd divorcing of brain and hand that produced the barber surgeons, the travelling montebanks, and other types of fakers. It brought surgery into disrepute, and subjected it to such taunts as only comparatively recent times have wiped out. The educational value of any great conference of surgeons to-day, is incomplete without an exhibit of all the mechanical devices that aid the surgeon in becoming an expert craftsman. Mechanical science, electricity, etc., are to-day the handmaids of surgery. Every year brings inventions and improvements in some way or other, and there was much to be learned during the congress in roaming among the countless displays of instruments and supplies at the Windsor Hotel.

A prefatory word on the aims and philosophy of the College of Surgeons, incomplete as it is bound to be, would be inexcusable without a reference to the spirit of internationalism which pervades its whole structure. It is a fine thought this, and one is glad to find it in practice where its reality cannot be called in question. Medical science knows, of course, no national boundaries, and the discovery of today goes at once into the hands of the whole profession, and becomes the property and pride of all the world. The clinical congress brings together men from the new and the old countries. They bring the ripened experience of their own clinics, the best in the land they represent. They come to instruct, and to be instructed, and in this delightful interchange of scientific knowledge is evolved a real and abiding fellowship, a rational world league, which not only holds on high the torch of surgical science, but makes for amity and peace and progress between nations and races. The Great Mace, the gift to the College of British Surgeons, symbolizes, among other things, a harmony of effort and unity of purpose between English speaking peoples in the things that strike deepest into the welfare and happiness of mankind. If the "Parliament of Man, the Federation of the World" ever reach maturity, a great force in its evolution will be found to be this, and similar organizations, where thought is unhampered by party politics, by national boundary lines and the lust of empire, where there is one call and one goal—to conquer disease, and thus promote the universal interest of the race.

The Clinical Congress in Action.

Hospital Standardization.

Under the hospital standardization section, the first meeting of the congress took place in Windsor Hall, on Monday, Dr. Rudolph Matas, of New Orleans, presiding. These meetings continued throughout the week with vigor and interest, and showed clearly the vital hold this great work of standardization has on the whole scope of surgery and medicine. A general review of the week's discussions and papers in this section of the congress leaves one with a very definite

conviction that, if the College of Surgeons never did more than create a minimum standard, make it a workable entity, and enroll by the most careful personal inspection the hospitals of this continent, and, in fact, other continents, within its requirements, it would merit the gratitude of our profession and the public. One watched with interest the reactions of distinguished surgeons from countries where hospital standardization does not obtain. To them, much of this activity is new, and a strong, traditional conservativeness is not so easily set aside. There were none, however, of the guests who did not speak words of praise for the great things accomplished in organizing the hospitals, words of regret that their own hospitals were not yet on this progressive march, and words of hope that, ere long, this movement would reach around the world.

Professor P. D. Wilkie, of Edinburgh, in speaking of the hospital problem in his own country, said, "I firmly believe that hospital standardization is the very best thing in the medical profession in this century. It is a great demonstration of the practical idealism of the people of the American Continent." He believed that Old Country hospital methods were not well balanced in their bearing upon different classes, and could not go on. The remedy, he thought, was standardization, staff meetings, and the other requirements of the minimum standard. "If Sir William Osler were here to-day," he said, "he would rejoice at the progress you have made."

Our Antipodean brethren were heard on hospital standardization in the person of Dr. L. E. Barnett, Professor of Surgery at Otago University, New Zealand. He told the assembled surgeons and hospital officials present, many things about their efforts to improve the various services of their hospitals. During the last year, on invitation of their government, Dr. M. T. McEachern came to New Zealand, inspected their hospitals, and explained the doctrine of the minimum standard to legislators, hospital officials and doctors. The results, he said, were most satisfactory; and, as a result of Dr. McEachern's work, he hoped to see, not only New Zealand, but all the British Dominions, standing together for higher efficiency in hospital service. Dr. McEachern's mission covered Australia as well, and his work there was commended highly by several speakers, notably Dr. Rudolph Matas, the retiring president of the College, and Dr. Franklin Martin.

Other speakers on standardization were Dr. Sclater Lewis, representing the American College of Physicians, and Dr. Edward A. Fitzpatrick, Dean of Marquette University Medical School.

Dr. Franklin Martin, Director General of the College, presented his report on hospitals for the year. This report has been published, and is available for all who wish to see for themselves the fruit of standardization. There is no doubt in the intensely zealous and able mind of the Director-General, as to what the American College of Surgeons has done for the hospitals. "All the world," he said, "is watching this movement. They are forgetting their traditions, and are

looking to this as the greatest advance movement ever started for improving the care and treatment of the sick."

An interesting feature of Monday's meeting in the Windsor Hall, was an address by Sir Arthur Currie. He linked up medicine and higher education, and told the place McGill has always taken in medical education. The first degree ever given by McGill was a medical degree. He quoted Disraeli to show the principal concern of the State was the health of the people.

Sir Lomer Gouin spoke for the University of Montreal, and like Sir Arthur, extended a cordial welcome to the visiting surgeons.

The Education of the Nurse Under Review.

During most of Monday afternoon the nursing profession was viewed and discussed from many angles, until there seemed to be little more to say. The whole discussion postulated that the nurse had become an essential force in everything that makes for the welfare of the sick, and as such, has to be reckoned with in her education, and in every one of her numerous points of contact with the medical profession. Some of the papers carried the suggestion that the nursing profession was tending to get off on a tangent of its own; of evolving a sort of glorified product that would be a little more than nurse and a little less than doctor. This would not make for the good of either; would mean a loss of perspective in the fundamental aims of nursing, and a dis-jointing of that whole system which, as a composite entity, comprises every agency entering into the treatment of the sick. The logic of it all is, of course, that the medical profession, as the major body, must keep the education of the nurse well in hand, so that her training be designed primarily to her supreme object—*that of nursing sick people*. Many of the speakers emphasized the importance of practical training over the strictly scientific side, notably, Dr. A. T. Bazin, of Montreal, who has of late been giving considerable thought to the subject. To be able to go into the kitchen, and, with all the fine touches of the culinary art, create an appetizing dish for her patient, is, in the opinion of most of the speakers, a much greater asset than a knowledge of the distribution of the Fifth nerve, or the functions of the pituitary body.

Dr. L. J. Austin's somewhat humorous sketch of the dominating head nurse, of the nursing homes in the Old Country, reminded one of Dickens. We have no such personage in this country, and we are not going to have.

The question of specialization received some attention. It was claimed that a system of specialization might tend to weaken the nursing system of the hospital, while opposing opinions favored it on the grounds of more expert service, instancing the operating room as a department where special selection and training should obtain.

Interesting and exhaustive papers were read by the heads of nursing schools and nurses' associations in Canada and the United

States. These ladies supplied an enormous amount of information on many phrases of the nursing proposition.

Getting Together.

The Windsor Hall program, on Tuesday, was unique in some respects. For perhaps the first time in history, doctors, hospital officials, nurses, representatives of big industries and insurance officers sat down together to try to understand each other, and work out an equitable *modus operandi*. One heard, on this occasion, much about industrial patients, industrial surgery, etc. In fact, it is quite certain that industrial surgery is assuming all the earmarks of a specialty. The relation between the workman's compensation boards and the hospitals was discussed at considerable length, it being suggested that the ordinary minimum standard did not meet all the requirements for treating every type of accident, and that certain special standards should be set for hospitals in care of the industrially injured. Dr. Fred H. Albee, of New York was among those who discussed "Special Features in Hospitals for Industrial Patients". Charles Deckelman, Hartford, Travellers' Insurance Company, and W. G. Philips, Baltimore, United States Fidelity and Guaranty Company, were two of the experts who endeavored to link up the business interests of their companies with the various medical and surgical services rendered to their clients. The symposia and papers abounded with interest, and should produce important practical results.

The Clinics.

Montreal is one of the four cities of this continent with enough clinical resources to meet the need of the congress. Detroit will likely be added to the list, for it is proposed that the congress meet there next year. It is an enormous undertaking to organize hospital clinics to meet the requirements of so large a gathering, and it was never done better than on this occasion in Montreal. A tribute, therefore, to the able committee for a difficult task splendidly performed. The Dry clinics are becoming more popular every year, and they were particularly emphasized at this meeting. And rightly so; for operation demonstrations are satisfactory only for the comparatively few that can see the work at close range. The admission to the clinics was the same as previous years, and you made your own selection. All the leading general surgeons and specialists in the city were at work in their operating theatres during the forenoon, and the afternoon and evening were given over to other things, principally papers, addresses and Dry clinics. The operations covered practically the whole field of general and special surgery and the man "out for operations" had a real good time.

One has learned to look at this meeting for the world's yearly focus of advances in our science and art. Cancer is the hardy annual

which is up every year, and every year promises a reappearance. It has been pulled up by the roots, held before one congress after another, and learnedly discussed in all its parts, its predilections for different kinds of soil, its mode of appearance at different times and places, its normalities and eccentricities; in fact, a full description of the thing; so that one has come to recognize the old weed pretty well, but we are just where we always were with regard to the fundamental urge or force which brings the first cancer cell into being, and starts it on a career of independent growth to the detriment and even destruction of its host. Two learned papers on the subject were presented by Dr. W. W. Chipman, of Montreal, and W. J. Mayo. Perhaps a broad inference from the papers would be an increasing scepticism for the germ theory of cancer. Nothing new in the way of treatment, except possibly some improvement in the technique of the old agents, the scalpel, radium, X-ray, diathermy and cautery. Early recognition essential in all cases. W. Sampson Handley, F. R. C. S. of London, England, made a strong plea for the use of radium in breast amputations. The radium to be placed within range of the mediastinal lymph nodes behind the sternum, near the neck, and axilla. Reports on cervix cancers show that little good is coming from most hysterectomies. The advanced cases, undoubtedly, do better with radium treatment. Quite clearly, the indication is, by shifting from one to the other, to make the most of our present facilities for treatment; educate the public carefully in the way of early recognition, as urged by Dr. Chipman, and hope and work for better things.

Fracture Symposium.

Since Hippocrates, fractures have occupied a big place in surgery, and there seems little likelihood of their losing their status in the deliberations of the modern surgical congress. The symposium in the Windsor Hall, on Friday, was a great effort to work out ways of improvement in the treatment of different types of fractures. The Chairman, Dr. Charles L. Scudder, presented an array of speakers from the United States, Canada, and Great Britain, everyone of whom spoke from a wide experience, and intensive study of his subject. The medical schools cannot emphasize too much the importance of proper treatment of fractures. In fractures of the long bones, particularly, the lack of adequate equipment in the smaller hospitals is often responsible for unsatisfactory results. This was emphasized in Dr. Scudder's report to the Board of Regents, as head of the Committee on Fractures. Over two hundred thousand fractures occur in the United States and Canada every year. Every practitioner should provide himself with, at least, the essential equipment. A good supply of Thomas' splints will go far to meet the requirements. "Fractures should be set, if at all possible, before swelling takes place," said Dr. Joseph Blake, of New York. "Circular bandaging and plaster of paris not so good as

the Thomas' splint". Open treatment of fractures and plating should be done only when conservative means have failed in reduction and immobilization. The fracture ward at the Montreal General, with the demonstrations there under the direction of Dr. Frederick J. Tees and his assistants, was one of the most useful features of the congress.

The Motion Picture in Teaching of Surgery.

Mr. Will Hays, of New York, President of the Motion Pictures of America, and one time Post Master-General of the United States, appeared before the Board of Regents of the College, and offered the resources of his great company to film operations, or any work the College could use for teaching surgery, and medicine and public health. The control of all such pictures should rest with the College. A large committee is being formed to deal with the matter. There are great possibilities here; and in getting the co-operation and interest of such a man as Will Hays, it is a fair guess that the genius and enthusiasm of the Associate Director, Dr. Alan Craig, has had much to do with it.

Addresses, Personals, Convocation, etc.

Three addresses which stand apart from the routine of things in the congress, are the President's address, Fellowship address, and the John B. Murphy Memorial Oration. They are picked men who assume these functions; and they are not necessarily confined to the surgical craft either, Lord Dawson, the distinguished English physician having delivered the Fellowship address last year, in Philadelphia. Much license in the field of thought is allowed the speakers. They may reach out into the philosophy of our ancient calling, or to the lives of the illustrious departed in order to gather material to weave into, and brighten the background in the picture of the practical and strenuous life of the surgeon. Many will recall Sir Berkeley Moynihan's Memorial address delivered at the congress in Montreal, five years ago. Easily a classic, it is a lasting contribution to this type of medical literature.

The high standing of this function was well maintained this year. Dr. Walter W. Chipman took for his presidential address, the most inspiring theme in the long history of surgery, and the effort was worthy of his high reputation as a surgeon, writer and speaker. One almost envied him the unique fitness of his subject. Here was the closing of a week, during which surgeons from many parts of the world met and told about their surgical triumphs; and here, behind it all, was the life and work of the master surgeon, Lord Lister, who made these things possible—the man who Sir Berkeley Moynihan said had saved more lives than all the wars of all the ages had thrown away.

Professor Archibald Young, of Glasgow University, Scotland, delivered the John B. Murphy Memorial oration. Professor Young succeeded Sir William Macewen in the chair of surgery at Glasgow, and thus holds the distinction of being the third in succession to the im-

mortal Lister. One would judge, however, that the trappings of environment, or the renown of the position he holds, would touch but lightly this serene, thoughtful and modest looking man. The man and his work, rather than the mantle he wears—beautiful and historic as it may be—would seem to be what counts with Professor Young. His address was a thoughtful, sympathetic analysis of the life and work of Sir William Macewen. No one could speak with more authority, for Macewen was his teacher and chief for a number of years. He found many likenesses between him and the great Chicago surgeon. They were both men of enormous mental power and initiative, to whom the beaten paths of science offered opportunities for improvement, and the founding of newer and better routes. They both had the original outlook. Zealous, painstaking, hard working, chafing impatiently under anything and everything that interrupted his working routine, and strong in his convictions, one might suppose it could be said of him what someone said of Murphy, "that he was respected rather than loved". His notable additions to our knowledge of brain surgery were emphasized by the speaker, as well, too, as Murphy's great pioneer work in the abdomen. Referring to Sir Berkeley Moynihan's "great procession" of the immortals in medicine and surgery, he could easily find a place for Sir William Macewen.

The high intellectual standard, which able men in previous years had given the Fellowship address, was well maintained by Sir Ewen J. McLean, F. R. C. P. (Lond.), F. R. S. (Edin.), Cardiff, Wales. Sir Ewen developed his theme largely from the Fellowship Pledge of the College of Surgeons. The address filled in well between the lines of the Pledge, and brought home to the newly elected Fellows, the high ideals and obligations of the surgeon.

Of the foreign guests at the congress, a striking figure was Professor Roberto Alessandri, of Rome, Italy. He is a great surgeon in his own land; and, at the evening meeting on Tuesday, he told in a learned address, (in English) what he knew of "Tumors in Bones of Thyroid and Parathyroid Type". The lay press found distinction for him in the fact that he is surgeon to Mussolini. Tall and firmly knit, with almost a stern countenance, he looks as if he might have in him some of the mettle of the great Italian political reformer.

The highest official honor in the gift of the college went to Dr. George David Stewart, of New York. He will worthily fill the President's chair, and his appointment is highly popular. Born in Malagash, Nova Scotia, he says himself that the principal diet of his boyhood was "porridge and the shorter catechism". He grew big on it, at any rate, physically and mentally, and his standing as a surgeon is continental. He has a fine literary taste as well, and a bump of Scotch humor which must be almost as big as his heart. The writer extends congratulations.

Case Reports

Infantile Paralysis, which differs from the ordinary case in the distribution of the paralysis; but is particularly interesting and unique in the mode of onset.

On August 11th, I was called to see a boy 14 years of age, well nourished and developed, who had never been seriously ill in his lifetime. Taken ill two days previously with general malaise and loss of appetite. His temperature was 101 pulse 110, considerable vomiting, diarrhoea, complaining of the light hurting his eyes, medium sized pupil and mentally bright. Measles suspected, ordinary remedies, got better and was able to go out and play in a couple of days.

Became ill again on Aug. 16th, temperature 101, pulse 110, vomiting, photophobia; retraction of the head with severe pain in the nape of the neck, mentally alert, knee reflexes present but sluggish, no Babinski, ankle clonus or Kernig, pupils medium dilatation. There was gradually improvement over the 17th, 18th, 19th and 20th; the retraction disappeared, also the photophobia, temperature and pulse became normal, bright and hungry. Got up August 21st, the next day, but felt weak and went back to bed. Up until this date (twelve days from the onset) he had walked to the toilet each day. On the 22nd severe lancinating pains set in over the shoulders, across the small of the back and down the legs, movement caused spasm and pain. August 23rd marked retraction of the head, arching of the back, spasm of the muscles, diminished movement of the limbs, vomiting, temperature 102, pulse 116. There was difficulty in flexing the leg on the hip due to the arching of the back, but not a true Kernig, knee reflexes absent, no Babinski or ankle clonus, clearly a lower motor neuron affection, sensation of heat, touch and cold present and normal.

August 24th condition the same. August 25th a consultation was held and a lumbar puncture under local anaesthesia done. The fluid was clear and under slight pressure one and one-half ounces were withdrawn. Laboratory report was clear, increased globulin, slight reduction of copper, no bacteria, no increase in the cell count. The withdrawal of the fluid eased the patient considerably, vomiting ceased, both arms and both legs were rigid, tender to touch and partially paralyzed; there was slight constipation, otherwise urine and faeces not involved. Diagnosis of Infantile Paralysis made.

Note that the paralysis first appeared on August 23rd, 14 days after onset, during which period photophobia and retraction of the head predominated in varying degrees.

The febrile attack ended by August 30th, 21 days after onset; there was marked spasticity and tenderness of all limbs and body

muscles. Since then the spasticity has subsided, movement returned in the legs, followed later by return of the knee reflexes. There is some rigidity of the back muscles and a flaccid paralysis of the left and right shoulder muscles, more marked on the right.

Note Osler gives five days as the latest appearance of the paralysis after the onset.

(Signed) J. P. McGRATH, Kentville.

Hydatidiform Mole. About the middle of October 1925 was called to see a woman with the following story.

Amenorrhoea for three months; during the last month of this period she had morning sickness and thought she was pregnant. Began to have watery blood stained discharge, at night only, and about three times a week. This continued for over two months, tending to increase in amount and frequency, with more blood, but never any clots until Oct. 1st, 1925, then about 6 months. She then began to pass clots every day. Never any pain until about Oct. 5th, then had a few colicky pains every day.

Examination. White, female, well nourished, no pallor or jaundice, age 30. Had an abdominal tumor extending a little above umbilicus, rather soft and boggy, no fluctuation or contractions. Bimanual examination showed this to be the uterus, os cervicis soft and patulous, and uterus still had the boggy feeling. Breasts fairly full and firm, and some milky looking fluid could easily be expressed.

Put to bed and given $\frac{1}{2}$ dr. doses of ergot, t.i.d., and following week she felt well, and had less bleeding than previously, only a few clots which presented nothing unusual in their appearance. Oct. 23rd, 1925 was called at 9.30 P. M. She was then having severe cramps as she called them, no extra bleeding; given $\frac{1}{6}$ gr. of monphia. Called again at midnight and on arriving at bedside found a mass (and mess) in bed about the size of the placenta at term, which consisted of masses of vesicles, ranging in size from the seed of a grape to the grape itself. There had been no undue amount of haemorrhage, the uterus was about half way between the umbilicus and pubes, and was well contracted. She was feeling fine. She made an eventful recovery.

Has given birth to five children ages 11, 9, 7, 5 and 3. One miscarriage 5 months, 6 years ago, good recovery. When seen about one year later feeling as well as ever; except she has been menstruating every three weeks until last two times when there was four weeks between, which was her regular time.

(Signed) P. S. COCHRANE, Inverness.

Reminiscences

Dr. A. M. Perrin, Yarmouth.

To The Nova Scotia Medical Society.

Gentlemen:

Much water has run under the bridge since in the year 1865 a lad fared forth from his father's farm, in his home village of River John, Pictou County, with the fixed determination of becoming a physician, the life on a farm having no call to him. As was the custom in the earlier days of preparation for the arduous services to humanity of a physician, following his course of study at the Pictou Academy, his path to the shrine of Esculapius perforce, must lead to the office of some established practitioner. So what more natural than that Shelburne should be the first scene of his budding ambition, where his Uncle, the late Dr. S. W. Burns, was in practice? A year with him, and thence to Stellarton, where Dr. Johnstone's varied practice at the mines, offered extended opportunities and experiences, and where as his assistant, the boy made rapid progress toward his subsequent pilgrimage, after a summer term at Harvard, to the University of New York, his chosen Alma Mater in 1869, from which he graduated in the early spring of 1873, the proud possessor of the authority which sent him forth, pledged to do his human best to aid the lame, the halt, and the blind on life's highway; to cure, to help, and to sympathize; which last would, no doubt, depend largely upon his individual and temperamental capacity. How well he succeeded in becoming the friend and adviser of his patrons, during fifty years of active practice, and the unexacting, generous physician, especially to the poor, is exemplified by the many loving messages which come to him in these days of his enforced retirement, and inability to serve them professionally any longer.

Incidentally, reverting to the two-lettered little prefix, "Dr." accompanying graduation, has it not lost much of its prestige and dignity, in these days, when it is so generously attached to anyone who apparently has attained to the ability to extract a tooth, or chloroform a sick kitten? I think I would like to remind my husband's confreres, that, after all, the letters *after* a physician's name are what really matter, especially to those who remember that there used to be only three learned professions, and that a physician's is perhaps the noblest of them all. The English use of plain "Mr." might be suggested as rather distinguishing.

Reared in the atmosphere of all the traditions of "noblesse oblige," of loyalty and imperialism, and reverent piety, and where these were the key-note of daily living, made for the development of a strong, forceful character, a dominant personality, and a marked individuality.

In religion of the Church of England, and in politics an ardent and life long Conservative, Dr. Perrin since coming to Yarmouth in the spring of 1878, has seen the latter body, grow from a mere fraction to a power to be reckoned with much to his satisfaction. For many years he was also a prominent member of the Masonic body associated with Hiram Lodge, A.F. and A.M.

With a maternal ancestry of intellectuals, a Mother, whose father was a clergyman of the Church of England, in the old home country, and of whose seven brothers, two were physicians, and three clergymen, and a paternal ancestry of doughty Huguenot stock (South of France, and in religion, Lutheran) leaving that country after the Revocation of the "Edict of Nantes" and himself of the sixth generation of his family in America, whose escutcheon bears the fighting device 'Firere,' the call of the blood, would seem to have been strong in Dr. Perrin, both in his choice of the noblest of the professions, for his life's work, and a determination to give of his best to win to success in it.

Shortly after his graduation, Dr. Perrin entered into partnership with the late Dr. Jones, at the mines at Westville, Pictou County, but within a few months the terrible explosion, in the Drummond Colliery rendered the services of two physicians unnecessary, and being the younger, with no ties, Dr. Perrin settled in Shelburne, taking over the office and practice of Dr. Snyder, who had died a few weeks before. He remained in Shelburne two years, when a monopoly of Cape Sable Island, appealing to him, he removed to that place, and became the beloved physician of that beautiful "Isle of the Sea" which became after two and a half years' residence, too isolated an existence for one of progressive ideas.

In the spring of 1878, Dr. Perrin, removed to Yarmouth, after a post-graduate course in New York, of some months, having in 1876, married. His wife,—well, as she is writing this she will remain negligible.

In Yarmouth, Dr. Perrin has since lived closely identified, with all the town's interests, and from his coming until his retirement, enjoying a very large practice. For a period of four years he was honoured with a seat in the civic Council, and several times appointed health officer of the town. In the days when travel was not made easy as it is to-day, and automobiles were unknown, and every country village corner did not have a local practitioner, the days (and nights) of a town physician were very full, and he appeared at times to be the property of the universe at large. But then, the life had its compensations, even for the doctor's wife, especially if she had a sense of humor. For there would be occasions and happenings, I recall when on Cape Island, one day riding along with my husband, (as I often did, night and day, during the first year of our married life, when romance was ripe) passing a home, where the woman was out of doors picking up chips.

"Why, I thought you told me Mrs.—, had a baby last night?" I said, "You were there."

"So she did," the doctor replied.

"Well, there she is, out in the yard."

"No! Well, we will see."

We turned back, and when the doctor strode into the kitchen, this woman was in the act of putting those chips into the stove. On another occasion gone so short a time to a like case, my husband was able to tell me upon his return, that he found the good wife at the kitchen stove, frying pancakes for her hungry family.

"Sit down Doctor, it is all right. You'll be wanted."

He was! Incidentally, that child was named for Dr. Perrin, perhaps in compensation for the shock, as a young practitioner had received. Of such heroic mothers have doubtless been many of the brave, heroic sons, who have gone down to the sea in ships, and many who have given their lives, to swell its tragically sad annals.

Even in civilized Yarmouth, funny little incidents occurred, as in the case of an old lady, who in telling me what a wonderful doctor my husband was, he had helped her so much by putting that little glass tube beneath her tongue, for a few minutes, and she felt so much better after it, no doubt had expected the regulation, "Just put out your tongue" of the old school. Until Dr. Perrin came to Yarmouth, I do not think the thermometer had been much in use. One could go on to an almost endless chronicle of events. One of the crudest things that happened us upon our first coming to Yarmouth, about which we laugh to-day, but which at the time aroused all my wifely indignation, occurred upon a black, stormy night, when as his very first patient, a huge negro black as the night, was sent to our door by a town physician to ask Dr. Perrin to attend his wife in confinement. We never have been able to determine whether it was a satirical generosity or a protest against the young doctor's temerity in venturing to settle in Yarmouth. But I am afraid that the message which that negro was given to carry back, was more forcible than elegant, and very decidedly emphasized the fighting strain in the sender, and his lack of consciousness of any need for such patronage. Dr. Perrin likes to recall that in the main his reception by the older doctors, was kindly and courteous, except perhaps in another instance, where possibly the medico's busiest part of his practice was a systematic kicking of our friendly dog from his door steps. Little amenities, such as the above, are no doubt met by most young practitioners who venture in, where even angels should fear to tread, and after all are very human.

Settling down into what has ever since the spring of 1878 been our home on Main Street, we found here in Yarmouth at that time, Drs. Bond, James and Joseph Farish, Dr. Geddes, Dr. Harley, Dr. Webster and Dr. John Webster, Dr. Randall, Dr. Edgar Kelly and Dr. Davis, (this last, Homeopath) all of whom have passed long since to the great beyond. Dr. Perrin is now the oldest physician here,

and of his intimates in all walks of life, all have passed over, making the words of Dr. Oliver Wendall Holme's beautiful poem, "The Last Leaf," seem peculiarly applicable to him.

"And if I should live to be
The last leaf upon the tree
In the spring,
Let them smile, as I do now
At the old forgotten bough,
Where I cling."

I would like to tell you of the delightful evening I spent years ago, in his study with this dear poet-physician, who though at that time afflicted with a severe attack of asthma, was geniality itself, and as charming as his verse. To my sorrow I had to read soon after of his death; and that thus the world had lost one of its best and finest.

Quite devoid of any of the pomposity and seeming austerity, which characterized many of the old time physicians, and which if only a surface attitude, no doubt tended to impress and awe. I smile now when I recall our dear old family physician Dr. Webster (Grandfather of Dr. Charles, but without his geniality) who delighted to gather his great shaggy eyebrows together in a most portentous frown, and speak like a megaphone the while he amused a sick child with the ticking of his watch (little smaller than a small turnip) and whom my Mother loved, because she believed in his heart of gold, and never doubted his skill; partially evidenced no doubt, by the healthy, and of course beautiful little brood he had periodically brought her, and who were under his care while she lived. I recall it was my proud boast that I was not afraid of the doctor. And when about seven years of age, and attending a little private school on old Church Hill, nearly opposite Dr. Webster's office, very often at recess, I would find my way there, where the treat would be licorice root, and a greater, the privilege of prowling. This last propensity led me on one occasion to the discovery of a human skull and an assembled skeleton, the shock of which, not being inclined to the study of anatomy, rather put an end to my prowling. It was not the dark closet of fiction either, that cured me. In those days what a medley was a doctor's office! I have heard my father say that he never could get a settlement, with Dr. Webster, or a bill from him. And that he could only adjust matters by at times paying him what as nearly as he could guess, might be a just compensation. As my father was a very conscientious man, I think perhaps a doctor for once, received more nearly justice than some I have known who send their bills. If I have lingered over reminiscences such as these, it is that so much of friendship mingles with memories of old time physicians, where gain was not the dominant factor.

Those of another dear friend of my own, and my father's household in the person of the late Dr. Parker of Halifax come to mind. And I recall with gratitude, that he came twice from there to attend

my husband in consultation with Dr. Farish, performing an operation, which without doubt saved his life, and never charged us a penny. I do not think I shall ever forget his prayer, by Dr. Perrin's bedside, the morning he was leaving, (after watching beside him throughout the long, dark winter night, following an operation necessitated by a severe attack of pleuro pneumonia) that his operation might be successful and that a young life of usefulness might be spared. To me in my anxiety it seemed the very beauty of holiness that prayer, certainly was an insight into the beautiful character of the suppliant, who trusted not alone in his own ability. And also, of the esteem in which my husband was held by so eminent a physician. His geniality, and gracious presence, when at other times our guest, is a pleasure to remember, and in his passing we felt the loss of a dear friend.

Having but little time for outside interests when in the year 1911 (I think it was) Dr. Perrin in conjunction with Raymond D'Entremont, the present successful representative with Hon. J. Cahan, in the local House, contested this constituency, life was too busy I think for him to realize, or mind defeat, other than as a small part of life's buffetings to be passed lightly over, by one with higher aims, realized perhaps not as much, as when, after eighteen years as port surgeon, with charge of the Yarmouth Marine Hospital (at a salary that would make angels weep) the Federal Government changing, Dr. Perrin's head was the first to fall beneath the gritty and hungry political axe, and a successor to the above position speedily appointed to a tripled salary. For the last eight years preceding his retirement, he held the position of U. S. Medical Inspector, at this port, receiving the appointment from the then Surgeon General Blue, by recommendation of his cousin, Franklyn Lane, at that time Secretary of the Interior in the Cabinet of President Wilson. This appointment was not under the jurisdiction of the Immigration Department. For some years Dr. Perrin kept a journal, but very likely press of many duties, caused him to discontinue it, and it seems to have passed into the limbo of things effete and forgotten.

He has one son, a graduate of the Royal Military College, Kingston, Ontario, who after eight years as an officer in the R. C. E's, and four years service in France, is now a resident engineer, in the employ of the Provincial Highway Department. Also one daughter, at home, a graduate of St. Margaret's College for young ladies, Toronto.

As keenly interested as ever in all the leading topics of the day particularly, those relating to his beloved profession and politics, and always an omniverous reader, with his books and newspapers, an occasional auto ride, or a friendly call, the quiet hours of the twilight of life's evening, pass for Dr. Perrin not too sadly, or too badly, though often denied the perfect rest, so well earned.

Particularly was he interested in the "reminiscences" of Dr. Chisholm in the September number of the BULLETIN. Dr. Chisholm to whose friendly visit and kindly interest he is indebted for a pre-

scription which has insured to him, for over two years, nights of comfort and sleep undisturbed. Also the article in the same number of the BULLETIN on "Practice and Good Will" proved very enlightening. How often I have asked my husband by what right a doctor *sold* his practice. Or how it could be commercialized as might his automobile or cook stove. It seemed so like injuring or detracting from the dignity and prestige of a dignified calling. Something like a final gasp of greed. Now, if a doctor could sell his bad debts, that might be excusable. They certainly are his very own (to have and to hold usually) and to get rid of if he is clever enough. It seems almost a pity that it is not conventional to publish these, as may be published delinquent taxpayers. But, a good will, that he can never be sure is permanently his; good will which is so often a very unstable possession in this vale of tears, somehow does not seem either a very safe investment, or a marketable article, and having read the article mentioned, regarding the same, I find my husband's answer to me confirmed rather.

From where for us, the shadows lengthen Dr. Perrin sends you kindest greeting, and renewed appreciation of the honour conferred upon him by you, in a membership with you, and I have the honour to be,

Most respectfully yours,

(Signed) MARY IDA PERRIN.

Yarmouth, Nova Scotia,
November 1st, 1926.

After listening to the cooking school teacher until it made her dizzy, the little woman wearing literary spectacles arose and without introduction recited:

Methuselah ate what he found on his plate,
And never as people do now,
Did he note the amount of the caloric count—
He ate it because it was chow.
He wasn't disturbed, as at dinner he sat,
Destroying a roast or a pie,
To think it was lacking in granular fat,
Or a couple of vitamins shy.
He cheerfully chewed every species of food,
Untroubled by worries or fears
Lest his health might be hurt by some fancy dessert—
And he lived over nine hundred years!

The Nova Scotia Tuberculosis Commission

THE Nova Scotia Tuberculosis Commission was called into existence by virtue of a grant to Nova Scotia of \$5,000.00 a year, for three years, from the Canadian Tuberculosis Association, on condition that an additional sum of money would be raised in the Province to promote the control of tuberculosis.

The Provincial Government granted an additional \$10,000.00 with the understanding that the Commission would raise a still further amount by popular subscription, or grants from the various towns of the province.

The Government considered that this fund could best be administered by an independent commission of men and women. Accordingly the Commission was constituted as follows:—Two representatives from the Provincial Government, Hon. Dr. W. N. Rehfuss and Hon. Dr. B. A. LeBlanc; a representative from the Provincial Red Cross Society, W. H. Dennis, who is Chairman of the Commission; a representative of the Canadian Tuberculosis Association, Dr. Sieniewicz; two representatives from the Nova Scotia Medical Society, the President and Dr. K. A. McKenzie; one representative from the Victorian Order of Nurses, Mrs. Wm. Dennis; one representative from the Womens' Council, Mrs. H. V. Kent, Truro; one representative from the Tuberculosis Sanatorium, Dr. A. F. Miller, Kentville; one representative from the Union of Nova Scotia Municipalities, Mr. R. Brenton, Warden of Halifax County; one representative from the Nova Scotia Underwriters' Association; one representative from the Nova Scotia Farmers' Association; one from the Social Service Council of Nova Scotia; one from the N. S. Dental Association; one from the Womens' Institutes.

The Purpose of the Commission. The Commission has adopted as its slogan, "*Making Nova Scotia Tuberculosis Free*". It will thus be seen that it has taken a large order on its hands. Realizing the deplorable condition of the tuberculosis situation in Nova Scotia the Commission will undertake, primarily, to deal with the advanced cases, who constitute the principal spreaders of the infection, and yet for whom absolutely no provision has been made for their care or treatment; nor yet have any measures been adopted to control or lessen that wide open source of propagating the "Plague of Consumption". There is therefore nothing left for these cases but to live and die in their usually crowded homes, and communicate the disease to their wives and children and any other inmates of these homes, as well as being a constant source of danger to their respective communities. In these same homes there are usually other members of the family

already infected, and in the early stages when cures are possible. These too must be treated and given a chance for their lives.

If this ambitious policy is carried out, and all the advanced cases cease to be spreaders of the disease, and all early cases are given prompt treatment, it is quite apparent that the ambitions of the Commission to make Nova Scotia tuberculosis free can be realized. But, it is equally apparent, that the amount of money the Commission expects to have at its disposal is a very insignificant part of what is needed to carry out their programme. There is no hospital accommodation in the province to which advanced cases can be moved for treatment, and to provide this for the entire province, and provide the cost of treatment for those who cannot afford it, will take many more thousands of dollars.

The Commission fully realize this and have made plans for the larger undertaking. In the absence of immediate accommodation for advanced cases, more adequate home treatment will have to be carried out under the supervision of the family physician and the assistance of trained nurses, who will have the co-operation of T. B. Specialists, of whom two are now in the service of the Public Health Department, one for the Eastern and one for the Western end of the Province, as well as two trained nurses, one for each end of the province.

To implement the larger undertaking for the adequate care and treatment of all cases it is recognized that this is a broad community matter, in fact an affair of the state. It cannot be carried on by "passing around the hat" from year to year, and depending on the generosity of voluntary givers. This would not be adequate, nor is it sound in principle. Aside from our obligations as civilized human beings to rid ourselves of the terrible scourge of Tuberculosis and protect those of our unfortunate fellows who are susceptible, there is the enormous economic loss to the state. In the past forty years Nova Scotia has lost an average of 1,000 of its citizens per year from tuberculosis. Owing to early diagnosis and treatment of early cases at the Provincial Sanatorium and increased knowledge disseminated in the homes, of what to do, the death rate is down to about 700 per year, and that is 700 more than we should have in this enlightened day.

It is estimated that the treatment and expense of each fatal case costs on an average \$2,400.00 from the time that the disease commences until the patient dies. It is also estimated that the average life earnings of each case, if they had been saved from the scourge of tuberculosis, would be \$7,000.00. Add this to the cost of treatment and we have in round numbers \$9,000.00 of an economic loss from each death from this disease, or a total annual loss to the Province of Nova Scotia of \$6,300,000.00, even at the present decreased death rate. Or the economic loss to Nova Scotia in the past forty years from Tuberculosis has been the enormous sum of \$360,000,000.00.

In the Dominion of Canada last year there died from tuberculosis approximately 12,000 people; which means that there are about 12,000

people alive in Canada to-day who, twelve months from now, will be dead and buried in the graves of the Tubercular. Oh! the pathos of it, the tragedy of it, Aye! the public crime of it, with the remedy at our hands, just as surely as was the remedy for Small Pox, Diphtheria and Typhoid Fever.

By the same process of reasoning already used this represents an annual economic loss to the Dominion of Canada of \$108,000,000.00, or in a single ten year period a loss of \$1,080,000,000.00. Why, in the light of these well established facts, should the people and the Provincial and Federal Governments bandy any words over a clear cut duty for immediate action? If the attitude of the people, in the various towns of Nova Scotia, is any criterion to go by, the masses of the people are ready now for the big practical proposition to deal fully with this great question in a complete and practical manner, let it cost what it may. Anything else may be held up, but the feeling is that we can no longer trifle with human life on such a wholesale scale.

The business of the Tuberculosis Commission is to co-ordinate all the various interests and act as a *liaison* between the Towns and Municipalities, and the Provincial Government and the Federal Government, to cope with the problem and to deal with it quickly and thoroughly. Nova Scotia set the pace in being the first province in Canada to establish a provincial sanatorium. Again she sets out to lead the way as the first province with the definite policy of "Making Nova Scotia Tuberculosis Free".

(Signed) JOSEPH HAYES, M. D.

A Dartmouth clergyman says the following can only be published in the **Medical Bulletin**. Well it was originally published in the *Maritime Medical News* of October, 1894. "A story is told of a good woman who joined the Methodist Church, but after a while she became dissatisfied and went to a Baptist pastor, and he immersed her and she joined the Baptist Church. After a time she came tearfully and sorrowfully to see her Baptist parson, and she said: "Oh, pastor, pastor!" He said, "Why, my good sister, what's the matter now? You've been sprinkled and you've been immersed. What else do you want?" "Oh, pastor," she said, "I want to be circumcised!"

One mother who considers the marcel waves as the most fashionable way of dressing the hair, was at work on the job.

Her little 8-year-old girl was on her father's lap, watching her mother. Every once in a while the little fingers would slide over the smooth and glossy pate which is her father's.

"No waves for you father," remarked the little one, 'you're all beach."

Eastern Counties Medical Society

(Being the Minutes of the Fifth Annual Meeting held at Antigonish,
September 21st, 1926).

THE first session opened at St. Martha's Hospital at 2.30 P. M., the President, Dr. J. L. McIsaac in the Chair. The following Medical Practitionees were in attendance:—

DR. J. J. ROY, Sydney, Pres. Medical Society of Nova Scotia.	DR. J. J. MCRITCHIE, Goldboro.
DR. G. H. MURPHY, Halifax.	DR. J. S. BREAN, Mulgrave.
DR. S. R. JOHNSTON, Halifax.	DR. P. S. COCHRANE, Inverness.
DR. J. L. MCISAAC, Antigonish.	DR. M. E. MCGARRY, Margaree.
DR. W. F. MCKINNON, Antigonish.	DR. GEO. E. BUCKLEY, Guysboro.
DR. ALEXANDER KENNEDY, Antigonish.	DR. R. C. MCCULLOUGH, Guysboro.
DR. D. J. MACMASTER, Antigonish.	DR. O. R. STONE, Sherbrooke.
DR. D. M. CHISHOLM, Port Hood.	
DR. P. S. CAMPBELL, Port Hood.	

The Minutes of the last meeting were regularly adopted. A letter received from the publishers of *The Montreal Herald*, relative to fees charged in the Eastern Counties territory, was read by the Secretary; also a letter from the N. S. Medical Society dealing with the Extension Lectures of the Canadian Medical Association. As both had been replied to by the Secretary after conferring with the Executive, no discussion was deemed advisable. Acknowledgements from The Hon. E. N. Rhodes, Premier of Nova Scotia, and from the Secretary of the Halifax Medical Society, of Resolutions received from this Society, touching the Workmen's Compensation Board, were placed before the meeting. A telegram from Dr. E. F. Moore, of Canso, regretting his inability to be present at the meeting, was read and tabled.

The President then called upon Dr. G. H. Murphy of Halifax to address the meeting. Dr. Murphy's choice of subject was a happy one, viz. "Fractures of the Neck of the Femur." For more than an hour he held the complete attention of the meeting. Dr. Murphy said in part:—

"Fractures are as old as the history of medicine and in the treatment there has not been so much improvement, Hippocrates may, even to this day, be quoted. Life, Union and Function are the three things to be considered in a fracture. Those about the neck of the femur require special consideration. Stress comes on the neck in nearly all movements. The old subdivision into intra and extra capsular is not a good one, for most fractures in this locality are both intra and extra capsular; those wholly intra capsular are the ones where we seldom, if ever, get good union, since the capsular ligament carries the blood supply to the head of the bone,—the only other supply being the artery with the Ligamentum Teres, which does not usually function in old age."

Dr. Murphy went carefully into fractures of the neck, using a hospital patient to illustrate the various points;—such as eversion of the foot, shortening, etc. (With regard to shortening this may not be present in early hours of fracture). In young people a similar position of limb may mean an "Obturator Dislocation."

Treatment. Fracture of the neck, in an old person suffering from shock, should be left alone for a time. Correct deformity under anaesthesia by "Whitman's Method." Extend, invert, abduct and slightly flex,—put in plaster for three months and get patient out of bed. Do not allow patient to walk for a year. Few fractures need to be operated upon if proper manipulations are carried out. If at the end of a year there be no union one is justified in interfering. Dr. Murphy then went carefully into the operative technique for ununited fractures.

Dr. S. R. Johnston of Halifax was now asked to present his paper,— "The Diagnosis of Gastro-Intestinal Diseases by means of the X-Ray." He considered first the diagnosis of Gastric and Duodenal Ulcers and Gastric Carcinoma; stating that in these conditions the X-Ray was 80 to 90 per cent. correct, the fluoroscope being of more value than plates. Signs of gastric ulcer are spasticity, local tenderness and retraction. If no lesion be present Belladonna will relax spasm.

In cancer the fungus form does not decrease size of stomach, whereas schirrus type is marked by shrinkage. Signs of duodenal ulcer are hypo-mobility, hypo-tonicity, etc. When hemorrhage is due to multiple erosions of mucous membranes, no lesion may be demonstrated.

Lesions of Oesophagus. In early cancer of Oesophagus X-Ray is not of much value. Any sign of stenosis in cancer age is suggestive.

Appendicitis. Chronic lesions of the appendix are not always made out by the X-Ray. The signs are lack of filling, slow emptying. Segmentation is of no value—fixation is significant—kinking, if constant, is valuable.

Redundant Colon. Twenty-five per cent. of constipated people have redundant colons. Body may compensate for redundant colon until some other strain is thrown on the system. Gastric distress is frequent, pain and discomfort are common. Redundancy may be brought on by neglect of bowel or long continued use of purgatives. Treatment is rectal injections of Magnesium and Sodium Sulphate,—avoid cathartics.

X-Ray plates, illustrating the various points touched on, were shown.

Dr. G. E. Buckley, Guysboro, and Dr. D. M. Chisholm, Port Hood, the two veteran practitioners of the Eastern Counties territory, addressed the meeting. Both gave most remarkable experiences of their early days in practice. The stories told made a delightful break in the programme and they were greeted with rounds of applause. Dr. Buckley's experience with the "laboratory specimen and the tea,"

and Dr. Chisholm's account of the obese midwife, who was assisted to the loft by an improvised derrick, as well as the story of the most constipated biped in the world,—all actual facts,—simply brought down the house. Drs. Buckley and Chisholm are of the type of practitioner who is rapidly passing. Both have borne the burden of their day and it may be truly said of them,—“the world is better, for their having lived in it.”

Dr. P. S. Cochrane of Inverness gave a very interesting Case Report. (See Case Report “Hydatidiform Mole” in this issue).

At six o'clock the meeting adjourned and the members became the guests of the President, Dr. J. L. McIsaac, at a dinner in one of the spacious dining rooms of the new St. Martha's Hospital.

Evening Session.

Meeting came to order at eight o'clock, Dr. McIsaac presiding. Dr. O. R. Stone was called on to present Case Reports. The first was that of a female in diabetic coma with acidosis. Insulin administered, salines, circulation supported and recovery; now six months after and patient doing well. The second was a case of intestinal obstruction in a female of fifty-six years. Past history negative. Tenderness and pain in right upper quadrant,—temperature normal,—pulse eighty, albumin x, casts x, bile x. Differential diagnosis made and decision to open the abdomen. A large gall stone was found obstructing the small bowel. (Ileum). Good recovery. Both reports were well prepared and showed careful conscientious work on the part of Dr. Stone.

Dr. McGarry then read a splendid paper on the “Importance of careful observation and interpretation of symptoms.” The subject was divided into three parts,—1st, Subjective symptoms; 2nd, physical signs; 3rd, laboratory tests. (The paper will be published). The paper was discussed by Drs. Roy, Murphy and McKinnon.

The meeting then passed on to the consideration of unfinished business. It was moved by Dr. McKinnon, seconded by Dr. Brean, “that the schedule of fees adopted two years ago be re-approved and that printed copies be distributed to members—passed. It was moved and passed that the President, Dr. McIsaac, be requested to bring the Resolutions passed at our last meeting, relative to the Workmen's Compensation Board, to the attention of the members of the Provincial Government at the next session of the Legislature.

The Nova Scotia Temperance Act came up for discussion. General disapproval of the Act, as constituted, was voiced by the members, in as much as the onus for carrying out its provisions was placed on the physician. It was moved by Dr. McKinnon, seconded by Dr. McGarry and passed,—that this Society approve of Resolution adopted by the Nova Scotia Medical Society relative to the Temperance Act, and that a copy be forwarded to the Hon. E. N. Rhodes, Premier of Nova Scotia.

A passing reference was made by the Chair to the presence of Dr. Roy, this being the first occasion on which the Eastern Counties Medical Society was honored by the attendance of the President of the parent organization.

The Secretary read the financial statement which showed a cash balance on hand of one dollar and thirty-two cents. Drs. McKinnon and McGarry were named auditors for the ensuing year. The Nominating Committee was named by the Chair,—Dr. O. R. Stone, Dr. W. F. McKinnon and the Secretary. This committee retired for a few minutes and brought in the following report:—

Hon. President.....	DR. G. E. BUCKLEY, Guysboro.
President.....	DR. J. J. McRITCHIE, Goldboro.
1st Vice President.....	DR. R. F. McDONALD, Antigonish.
2nd Vice President.....	M. E. MCGARRY, Margaree.
Sect'y-Treas.....	P. S. CAMPBELL, Port Hood.

Executive Committee

Dr. Stone of Sherbrooke.	Dr. McKinnon of Antigonish.
Dr. Chisholm of Port Hood.	Dr. Cochrane of Inverness.
Dr. McDonald of St. Peters,	Dr. Brean of Mulgrave.

Executive representative on the Nova Scotia Medical Society, Dr. J. L. McIsaac, Antigonish.

Feeling reference was made to the death of Dr. C. E. Aikins since our last meeting. The Secretary was instructed to forward the condolence of the meeting to Mrs. Aikins. It was moved by Dr. Stone seconded by Dr. McGarry and passed, that the next meeting be held in Antigonish during the month of September 1927. Drs. McGarry and Cochrane moved resolutions of appreciation to the Sisters of St. Martha and to the President Dr. McIsaac for the use of the hospital and for the splendid banquet. Votes of thanks, moved by Drs. McKinnon and Brean, were extended to Drs. Murphy and Johnston of Halifax for their contributions to the meeting and to Dr. J. J. Roy for attending the meeting.

Morning Session.

This opened with a visiting tour of the new St. Martha's Hospital and demonstration in the hydro and electro-therapy departments. All the appliances, in both these well-equipped departments, were put in operation by the Sister-in-charge. The large and well appointed diet kitchen was seen in full operation. An operative clinic was then given by Dr. J. L. McIsaac and Dr. McKinnon. Two cases were shown. First, a laparotomy, by Dr. McIsaac assisted by Dr. McKinnon. Second, a Laparotomy by Dr. McKinnon assisted by Dr. McIsaac. Both surgeons concisely stated the cases and explained and demonstrated the various stages of operative technique. Ethylene gas was administered to both by Sister Dolorosa, the staff anaesthetist. Dr. J. A. McDonald of St. Peters was not able to be present and his paper was not presented. The meeting was adjourned until next September.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia.
Published on the 10th of each month. Advertising Forms close on the
1st of month of issue. Subscription Price:—\$3.00 per year.

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VOL. V.

DECEMBER 1926

No. 12

Professor Caird

READERS of the BULLETIN already know of the passing of Prof. Francis M. Caird, at Edinburgh, on November 1st. Of the many evidences of affection and reverence for the renowned Scottish surgeon appearing in the lay and medical press none reach so far into his intimate surgical life as the request from his former house surgeons, who knew his work and loved the man in other days at the Royal Infirmary, to be granted the privilege of erecting a monument to his memory. Next month the BULLETIN will publish a delightfully sympathetic sketch of his life by Dr. John Stewart, a life long friend of Prof. Caird.

Tuberculosis

THERE is in progress to-day one of the most humanitarian movements that has for many years taken place in Nova Scotia. We refer to the general Tuberculosis Campaign.

It is superfluous in this journal to refer to the widespread and insidious nature of the disease. Fortunately there are few diseases that are more curable, if only one is able to take the requisite treatment. On the other hand one must recognize that few diseases so tax the economic resources of the patient or his friends. The long period of inactivity that is necessary, in even the comparatively limited cases, will often throw a strain upon the financial resources of the patient that without exaggeration, can only be described as harrowing.

The treatment of Tuberculosis in practically every case resolves itself into a question of rest and food, with quiet contentment of mind.

How can rest and contentment of mind be obtained for the man with a young and helpless family, who, even in days of health, may have had to struggle for a living, when he has become the victim of Tuberculosis. Again, let us picture the feeling of the parents who find one of their children stricken down, but who cannot afford the relatively small cost at the Provincial Sanatorium.

The BULLETIN wishes to bid "God Speed" to the committee in charge of this effort to make the various towns and municipalities conscious of the menace that lies at their doors, and also to aid them in getting the various towns to see their duty in the circumstances.

If we look at the condition of things in the Province with reference to Tuberculosis, while there are many factors that might well cause some depression, yet, on the whole, our circumstances are much brighter than they were some years ago.

One of the greatest assets that this Province possesses in the way of Public Health is the Sanatorium at Kentville, and its most able Superintendent. Many of us who have known him well have always realized and appreciated the ability and the earnestness of the Medical Superintendent.

In the possession of these factors must lie our chief hope for the future elimination of Tuberculosis in this Province.

In season and out of season at Medical Society meetings, the writer has heard Dr. Miller plead for early recognition of Tuberculosis. At one meeting some years ago he made a statement with which the editor is in hearty agreement. In discussing the origin of haemorrhage, he made the statement that the expectoration of any amount of blood more than two teaspoonfuls, unless there was a very obvious bleeding spot in the throat, must be regarded as coming from the lungs, and sometimes that this would be the first indication of trouble.

The editor has frequently examined the throats of patients who have expectorated blood with the hope of finding some bleeding spot there, and as a result of a rather large experience, he is in entire agreement with Dr. Miller.

We believe that, largely as a result of his teaching and that of other capable men in the Profession, the early diagnosis of Tuberculosis is much more frequently made now than in the past. The editor has noted with the greatest interest the letter in a recent number of the BULLETIN from Dr. S. N. Miller of Middleton, with regard to the treatment of Tuberculosis by placing the patients in tents, thereby obtaining the effect of the sunlight.

We are not in a position to discuss the merits of this form of treatment, but it has certainly been of interest not only from the scientific, but also from the economic point of view. Tents certainly are cheap sanatoria. We commend this to the consideration of those of the Profession best qualified to judge of its merits.

With these facilities at our hands for dealing with this problem, we must next realize that unfortunately this disease is very prevalent

among the very poor. The object of the Tuberculosis Campaign is to awaken the communities of the Province to a realization of the conditions in their midst, and to impress upon them their responsibilities in the matter.

It has been well said that every community will get as much health as it is willing to pay for. Unfortunately in some instances this statement is an exaggeration, but scarcely in the case of Tuberculosis.

If every case were recognized early, efficiently treated and intelligently instructed, we have reason to believe that it would soon disappear from our midst.

To accomplish this it is necessary that the people collectively and in communities, make a sufficient contribution so that those who are too poor to help themselves may be aided in the struggle back to health. One must note with a considerable amount of concern that in matters of public health selfishness is still rampant, as anyone can see who has taken the trouble to read the acrimonious correspondence that has been published in the daily press in reference to bovine Tuberculosis. One wonders with what gusto some of the opponents of the "testing" would drink milk that was definitely known to have come from a tubercular cow. One can never forget the impressive statement made by Sir Harold Styles some years ago in his clinic in Edinburgh about gland and bone tuberculosis in the young, which was so prevalent in Scotland and which was very definitely ascribed to the use of infected milk.

We would close by again earnestly commending this campaign to all classes and conditions of our people. The disease is no respecter of persons, and one might well, with a deeper meaning, quote the Roman poet,—*"Ire tamen restat, Numa quo devenit et Aucus Si latus aut renes morbo temptantur acuto, Quaere fugam morbi."*

S. J. M.

A PIONEER IN MEDICINE.

Mr. C. W. Lunn of Truro, has been for many years one of the best railway newspaper men in Canada, if not on this continent. Recently he has written many personals of men employed for many years in the C. N. R. Not long since, in writing of Mr. R. R. Stevenson of the C. N. R. at Truro, he refers to his father who was one of the early medical practitioners of Colchester County:—

His father, the late Dr. R. R. Stevenson, came of a family of the first people of the Southern States. He fought on the side of the South in the Civil War, was a doctor with the rank of captain. He was captured by the enemy, and with thousands of others was incarcerated in the prison at Andersonville, and thus fully tasted of the

horrors of that hell hole. "Jeff" Davis was a prisoner in the same jail at the same time.

When the war was ended, Dr. Stevenson and some friends left for Nova Scotia, arriving in Halifax in 1866. Shortly afterward the doctor became a British subject. The first autumn he was in the Province he went to Upper Stewiacke moose-hunting and liked the place so well that he decided to settle there and practice his profession. He sent for his family, who arrived in 1867, and the subject of this sketch was born at Upper Stewiacke in 1868.

In 1872 Dr. Stevenson, accompanied by his family, returned to the Southern States, and while there he wrote a book on the war from the standpoint of the South, a book that created a great deal of interest.

In 1882 the doctor and his family returned to Nova Scotia. He practiced his profession till he died at Elderbank quite a few years ago.

We are glad to supplement the reference made to this practitioner by Dr. Robinson Cox as published in the **Bulletin** some two years ago.

Reminiscences by Dr. A. M. Perrin of Yarmouth, appearing elsewhere in this issue of the BULLETIN, will be read with interest by all members of the profession. Dr. Perrin is in his 77th year, being born at River John, May 12th, 1849. He has been for some time a helpless invalid and his wife is both his nurse and biographer. The reader will notice she did not mention her own identity. She was the daughter of the late W. H. Gridley of Yarmouth, whose immediate ancestor was General Richard Gridley of Louisburg and Revolutionary War fame. Mrs. Perrin's paternal grandmother was a Mercer of North Carolina, a descendant of General Joseph Mercer, an Empire Loyalist, many of whose descendants came to these provinces. When the time comes for these two good people to pass along we will miss them more keenly for this little personal record of their persons and lives.

PUBLIC HEALTH NOTES, OCTOBER, 1926.

Dr. D. J. MacKenzie, formerly on the staff of the Dalhousie Medical College, has been taken on the staff of the Department of Public Health as Director of Laboratories.

His address is:—Director of Laboratory, Pathological Institute, Morris St., Halifax. All specimens for examination should be sent to the above address.

Practitioners can do much to facilitate the work of the Laboratory, and to expedite the return of reports on any specimens sent in, if the specimen is addressed correctly, and if it is well marked and accompanied with a statement of the case, and full information of the examination which they wish to have made.

WORKMENS' COMPENSATION BOARD.

For a number of years there has been very considerable dissatisfaction on the part of the Medical Profession, with the working of the Workmens' Compensation Board, both as regards its treatment of the injured and the remuneration and general dealings with the profession required to treat the injured and to prepare necessary medical statements. This has been in evidence, not only in this Province, but elsewhere through the Dominion. In the Province of Ontario it has resulted in the formation of an Advisory Medical Board, if the term "Advisory Board" may be used, which shall use its influence in all cases under dispute. Most of the Branch Societies of the Medical Society of Nova Scotia, have passed Resolutions asking for, and specifically recommending, the appointment to the Commission of the present Medical Advisor. Other matters also were suggested that might be considered.

At the last meeting of the Provincial Society, a special Committee, of which the President Dr. Roy, was chairman, was appointed to take up the matter and bring it to the attention of the Government. To do this intelligently, meant a very considerable investigation into the Act itself, as well as its working out in individual cases. While the Committee is at present considering this matter, a new feature has been injected into the subject under discussion.

On August 20th, Mr. John W. McLeod, President of the U. M. W. District 26, wrote the Government, setting forth certain alleged unsatisfactory conditions as regards claims for miners injured. Certain specific statements and claims were made, with a request for consideration by the Government. These were considered sufficiently important for consideration, and the announcement is now made that an inquiry shall be held by a special Commission, to ascertain the facts relative to the specific cases stated. In such an investigation, there is always a great deal of extraneous matter which may not affect the immediate question, but may largely touch upon the general operation of the Act. In any case it would appear that evidence brought out in such an investigation, might be of material advantage to a Committee presenting the general claims of the Profession to the Government regarding the operation of this Act.

It is of great interest to the Profession of the Province, to know that Dr. W. J. Egan of Sydney, has been appointed as Commissioner to inquire into the administration of this Act as regards Miners' claims in Cape Breton. Coupled with his literary and professional ability, Dr. Egan is very conversant with local conditions. He was born and brought up in the colliery district and for a number of years was in general practice at Reserve Mines. It is understood that the investigation will begin immediately.

OBITUARY

VERNON LAURIE MILLER, M.D., C.M., McGill Univ., 1904,
F. R. C. S. Edinburgh, 1915, Halifax.

WITH profound sadness *The Bulletin* records the passing away of Dr. V. L. Miller of Halifax on November 11th, 1926. Almost without warning, in the midst of his work and the beginning of a promising career, the summons came. The funeral service at the home was conducted by the Rev. Arthur Huddleston, Dr. Miller being a valued member of the First Baptist Church, and was very largely attended. Interment took place at his former home in Bear River, and no less than sixteen members of the medical profession were in attendance. To Mrs. Miller and the two surviving sons the profession will extend sincere sympathy. The following, contributed by an intimate friend will express the feelings of all who had the pleasure of his acquaintance:—

The passing of a citizen prominent in the life of the community to the bourne from which the traveller never returns, fails not to give pause to those who may not have been associated with him in the line of endeavour with which he may have been engaged. Strikingly impressive is it when one's own circle is invaded and, in answer to the grim call of the destroyer, there departs from the midst of those who counted him as confrere and friend one who prized their affection and delighted in the efforts for the common good, which were theirs and his.

Lord Byron, in cynical vein, vouchsafed that there was much of untruth in an epitaph. The writer of an obituary oftentimes rests under the mild imputation of unduly extolling the virtues of him who has departed to the land of the unseen. But, it may truthfully be said that, in the life and character of Vernon Miller, with a weighing of the frailties to which all mortals are heir, one who knew him well may, without reserve, be permitted to indulge in panegyric and escape the adverse comment of the critical or the most exacting commentator. His academic career was of outstanding character. Classed as a bright lad at the Bear River Academy, a front rank student at Acadia University, covering himself with distinction during his undergraduate days at McGill, he reached a high level along scholastic lines when he secured the coveted fellowship at Edinboro University prior to his coming to Halifax twelve years ago.

In the interval between his graduation from McGill and his days at Edinboro, he engaged in general practice at Port Maitland and Tusket in the county of Yarmouth. In those country districts, where he toiled over an extensive field, compelled to undergo much of hardship and, with a sole reliance upon his own resources, he acquired much that cannot be learned from the printed page or in the class room, and developed a finesse that few practitioners of medicine ever attain who have not been so ruggedly trained.

Were the writer possessed of the gift of expression, it is of the man and not merely of one who attained to a high position in an exacting profession that he fain would speak. Having enjoyed, and the word is advisedly chosen, an extensive practice, he entered many homes in the city of Halifax. His manner was ever that of unflinching kindness, and the many tributes that have been with so much feeling offered to his

memory by the rich and poor alike are so eloquent in his praise, as to render mention of the goodness of his heart and the winning persuaviness of his manner unneeded. In the ranks of his profession he was known for his lack of self assertiveness, and the natural shyness of his disposition lent a charm to his manner that endeared him to his friends and associates.

Those who were his intimates will never forget his kind co-operation and zeal in their behalf. From them his memory can never be effaced. With them he will live for evermore.

J. L. C.

Many of the profession and their freinds, who for many years have visited the hospitable home of Mrs. (Dr.) J. G. McDougall, Halifax, learned with regret of the passing of that estimable, christian and interesting lady, Mrs. Hannah Jones, the venerable mother of their hostess. Although 86 years of age she retained good health and much of her vivacious spirit up to a few weeks ago. Only on Sunday was she taken to the Victoria General Hospital, and, gently and serenely as she lived, on Saturday, Nov. 20th, 1926, she entered into rest. Rev. Dr. Huddleston in conducting the funeral services paid touching tribute to her fine living and christian piety. Interment was made on the afternoon of the 29th at Fairview Cemetery.

Besides Mrs. McDougall there survives a daughter, Miss Elizabeth and a son, Arthur, both of whom have been long resident in New York.

Miss Grace B. Robinson of Annapolis Royal writes the Secretary of the Nova Scotia Medical Society in part as follows:—

"Your kind message of sympathy addressed to my late mother was received and should have been acknowledged before but for the confusion when his death was so immediately followed by my mother's collapse and death. My sisters and brother join me in expressing appreciation of the sympathy of the Medical Society, voiced by you, and of your reference to the character of his long life. In our sorrow we rejoice to feel that the many such expressions we have received were not merely conventional, for we know, and are happy in the knowledge, that he put his whole heart into all his efforts on behalf of the suffering, and that this fact was fully realized by his patients and friends."

Canon Robinson of Shelburne also writes what will be appreciated by the profession as a very personal and intimate letter in which he says:—

"I don't suppose he was ever seen at an ordinary service in a church in Annapolis except his own in all his long life. At the same time I have known him to be called out seven nights in succession getting into bed, say, at four or five o'clock on Sunday morning yet coming down stairs in time not to miss the morning service. While he knew no church in a way except his own, he forgot that in his dealings with people. Here is an illustration.—A worker in one of the other churches said to me, "One of our teachers a few years ago asked the children in her Sunday School class if they knew of a real Christian in Annapolis. The answer came at once from one, Dr. Robinson." On

the other hand I have a copy of a letter from a nun, who calls herself "one of his children," as he had been present at her birth. She says he was "such a true Christian gentleman. How many of the poor owe to his unrecompensed attentions their health and that of their families we shall never know until the day when we shall join him in the happy eternity." The little ultra-protestant child and the nun."

The death is noted by the Press of Dr. J. E. Fothergill of Manchester, England. He was a consulting Gynaecological Surgeon of the Royal Infirmary. He is reported as dying suddenly upon the conclusion of a speech delivered at a University banquet. Among 'last words' perhaps his too were striking;—"I have enjoyed tonight one of the best dinners I can remember."

On October 30th, a venerable and highly esteemed citizen of River John, Pictou Co. died in the person of Angus McKenzie, aged 92 years. Edwin S. McKenzie, a druggist of New Glasgow, is a son, and Mrs. Murray, wife of Dr. D. A. Murray of River John and Mrs. Fraser, wife of Dr. W. L. Fraser of Lynn, Mass., are daughters of the deceased.

Mr. James Cann formerly of North Sydney died recently in Detroit, Mich. Dr. Nathaniel MacDonald of Sydney Mines is a nephew of the deceased.

The death occurred early in November, after an illness of four days from pneumonia, of Dr. Henry S. Delamere at Berkley, California. He was the only surviving son of the late John S. and Jane Delamere of Yarmouth, N. S. After an absence of 32 years he spent several weeks last summer visiting relations and renewing acquaintances in the Western Counties of Nova Scotia.

An impressive scene took place recently at the old burying ground of West Amherst when the graves of Mr. William Freeman and his wife, who died 114 and 125 years ago, were decorated in the presence of a few descendants. The wreath was placed upon the graves by Miss Margaret Purdy, the little daughter of Dr. and Mrs. Purdy of Amherst, a member of the seventh generation of these early pioneers.

PERSONALS.

IT is worthy of remark that the present President of the American College of Surgeons is a Canadian, Dr. W. W. Chipman of Montreal, and the President-elect is Dr. George David Stewart of New York, a native of Wallace, N. S. Dr. Chipman is also a Nova Scotian by birth, being a son of the late William Chipman of Bridgetown.

In all the towns where strong committees have been appointed in the present tuberculosis campaign the medical health officers have been very prominent.

Dr. V. H. T. Parker of Stellarton resumed his practice in Stellarton November 1st, after a rather extended honeymoon trip.

October 23rd was quite a night in North Sydney bowling circles. The occasion was the defeat of the doctors and dentists of North Sydney by a like team from Sydney Mines, the latter having a plurality of 135 pins.

The following hospitals in Nova Scotia are up to the standard set by the American College of Surgeons:—

St. Joseph's, Glace Bay; Victoria General, Halifax; Aberdeen, New Glasgow; Children's, Halifax; Glace Bay General, Glace Bay; Grace Maternity, Halifax; Highland View, Amherst; Halifax Infirmary; St. Martha's, Antigonish; City Hospital, Sydney; Yarmouth Hospital.

Mrs. H. J. Gaede of New York has recently been the recipient of a ten thousand dollar bequest from the estate of a patient to whom she was nurse and companion for more than a year. Mrs. Gaede was formerly a Miss Katherine Mombourquette, a graduate nurse of Halifax. At the present writing she is visiting her two sisters in Nova Scotia, Mrs. (Dr.) H. J. Pothier of Weymouth and Mrs. (Dr.) J. P. McGrath of Kentville.

The Historical Society of Annapolis Royal has applied to the Town Council for permission to place a memorial tablet to the late Dr. Augustus Robinson in the Town Hall. Needless to say permission was granted. The late Doctor was Mayor of the Town for seven terms.

The public press is authority for the statement that the estate of the late Dr. Alphonsus Gannon will furnish fees for the lawyers, a number of cousins, the only heirs, cannot accept the findings of either of two wills. The estate is valued at \$20,000.00.

Dr. A. F. Weir, formerly of Freeport, Digby County, N. S., has removed to Kentville, according to his card appearing in the *Kentville Advertiser* of Oct. 28th, 1926.

The estate of the late Dr. Huntley MacDonald, who died recently in Vancouver, valued at \$67,568.00, is left entirely to his widow two sisters and a brother, all in B. C.

Not so Bad. (Just Kids). "How do they skin you alive?"—"Oh they put porous plasters all over yuh an' then pull them off—I guess."

Hey Eddie!—"Dr. A. B. Campbell (Bear River) entertained the Shark's Bridge Club at their initial meeting on Friday." (Bear River Correspondent in the *Chronicle*).

Dr. J. W. and Mrs. Reid of Windsor, Dr. Thos. Johnson of Great Village, Dr. J. J. Roy of Sydney, Dr. and Mrs. J. W. Smith of Liverpool, Dr. and Mrs. H. H. McKay of New Glasgow and probably other provincial practitioners were in Halifax on or about Nov. 5th.

Dr. W. F. Roberts of Saint John, N. B., Ex-Minister of Health in the last New Brunswick Government, recently resigned as a Commissioner of the River Glade Sanatorium. There are two sides to the question of a separate Ministry of Health.

Dr. and Mrs. G. H. Murphy, Dr. A. R. Cunningham, Dr. John Stewart represented Halifax at the October meeting of the Congress of the American College of Surgeons in Montreal.

The Dawson Memorial Hospital at Bridgewater is launching a campaign to raise \$10,000.00 for additional equipment and bed accommodation.

The Students Medical Society of Dalhousie is well under way with its regular programme for the present session.

The League of Nations is the world's official Peace Agency. If the League is trying to outlaw war it must also be recognized as the world's greatest agency to outlaw disease. Still, when you come to think of it, it is not strange that peace and health should be linked together. Health and Prosperity is a combination impossible to beat, and Peace is a synonym for Prosperity.

Dr. R. F. McDonald of Port au Port, Newfoundland, spent two weeks in October at his former home in Heatherton, Antigonish Co. He was accompanied by his wife. Doctor McDonald is remembered by the people of Eastern Nova Scotia in particular as one of the best athletes on this continent 25 years ago. In 1898, when only 21 years

of age, he won the second Boston Marathon in 2 hours and 42 minutes, the first Canadian to win the event. In 1900, under the colors of Boston College he, and Grant of Harvard, ran in the Olympic games at Paris. This race is seldom mentioned in accounts of the games, as it is reported that the parties winning first, second and third places were enabled to rest and recuperate considerably *en route*, in carriages strangely enough, travelling rapidly towards Paris. McDonald and Grant were awarded fourth and fifth places although they had out-distanced the field of starters.

Dr. McDonald graduated in Arts from St. Francis Xavier and in Medicine from Tufts College in 1907. He spends a vacation each year at his old home and ardently supports athletics at St. F. X.

The Kings' Memorial Hospital, Berwick, completed another year of useful service Sept. 30th, 1926. Its Medical Board has the following officers,—President, Dr. A. S. Burns, Kentville; Vice-Pres., Dr. Hugh McKinnon, Berwick; Second Vice-Pres., Dr. G. Ronald Forbes, Kentville; Representative on the hospital executive, Dr. R. O. Bethune, Berwick; Secretary, Dr. J. W. Davis, Berwick. A correspondent of the Berwick Register, commenting on the good work of the hospital, very properly recalls the fact to its readers, that the community owes a debt of gratitude to the late Doctors P. N. Balcom and George J. McNally, who were pioneers in the movement which finally secured the establishment of this very creditable institution.

Pictou County makes some claims upon Halifax for native sons. The Editor of the *Pictou Advocate*, recently a patient in the Victoria Hospital, speaks of meeting Dr. J. G. McDougall from Blue Mountain; Dr. H. K. McDonald from Lyons Brook; Dr. Kenneth A. McKenzie from Cariboo and Mr. H. L. Scammel, senior house doctor, from Pictou. If, however, he only found four medicos, and there were others, he had no trouble in finding at least a dozen or more nurses hailing from his native county. Perhaps, again, that is the way with—a man.

Dr. W. F. Read of Digby, whose illness was referred to in the November **Bulletin**, has made a splendid recovery as his many friends desired. He has returned to his home and will confine his work now to Eye, Ear, Nose and Throat, towards which he has been gradually working for several years.

At a very representative meeting at the School for the Blind on the evening of November 23rd, some twenty Nurses from the Victoria General Hospital received their diplomas. Hon. G. S. Harrington presided at the proceedings, and the address to the graduating class was given by Dr. K. A. McKenzie. In an interesting and inspiring manner he referred to the legacy of past achievements of the Nursing Profession as a source of inspiration for even better and nobler work in the future.

MEDICAL SOCIETY OF NOVA SCOTIA
ANNUAL MEETING, JULY 1927, AT SYDNEY

OFFICERS FOR 1926-1927.

President.....	Dr. J. J. Roy, Sydney.
1st Vice-President.....	Dr. L. R. Morse, Lawrencetown.
2nd Vice-President.....	Dr. H. K. MacDonald, Halifax.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax.
Assistant-Secretary.....	Dr. S. L. Walker, Halifax.

EXECUTIVE.

Cape Breton Branch.
 Dr. D. McNeil, Glace Bay.
 Dr. Dan McDonald, North Sydney.
 Dr. L. J. Johnstone, Sydney Mines.

Cumberland Branch.
 Dr. J. A. Munro, Amherst.
 Dr. W. T. Purdy, Amherst.

Halifax Branch.
 Dr. J. V. Graham, 51 Coburg Rd.
 Dr. W. L. Muir, 240 Jubilee Rd.

Lunenburg-Queens Branch.
 Dr. W. N. Rehfuss, Bridgewater.
 Dr. W. N. Cochran, Mahone Bay.

Valley Branch.
 Dr. R. O. Bethune, Berwick.
 Dr. L. L. Crowe, Bridgetown.
 Dr. A. B. Campbell, Bear River.

Pictou Branch.
 Dr. S. G. McKenzie, Westville.
 Dr. G. A. Dunn, Pictou.

Eastern Counties Branch.
 Dr. W. F. McKinnon, Antigonish.

Colchester-Hants Branch.
 Dr. F. D. Charman, Truro.
 Dr. F. R. Shankel, Windsor.

Western Counties Branch.
 Dr. A. R. Campbell, Yarmouth.
 Dr. C. A. Webster, Yarmouth.

COMMITTEES

Committee of Arrangements.

The Cape Breton Medical Society.

Cogswell Library Committee.

Dr. A. G. Nicholls, Chairman.
 Dr. J. R. Corston.
 Dr. John Stewart.
 Dr. Philip Weatherbee.
 Dr. C. S. Morton.

Public Health Committee.

Dr. A. C. Jost, Chairman.
 Dr. R. L. Blackadar.
 Dr. J. K. McLeod.
 Dr. W. N. Rehfuss.
 Dr. C. W. Bliss.

Editorial Board of C. M. A. Journal.

Dr. W. H. Hattie.
 Dr. G. H. Murphy.
 Dr. J. G. MacDougall.

Dr. K. A. MacKenzie.
 Dr. E. V. Hogan.
 Dr. H. B. Atlee.

Workmen's Compensation Board.

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

Cancer Committee.

Dr. John Stewart.
 Dr. D. J. MacKenzie.
 Dr. E. V. Hogan.

Members of C. M. A. Council.

Dr. J. J. Roy.
 Dr. J. G. D. Campbell } (Ex-Officio).
 Dr. S. L. Walker. }
 Dr. W. J. Egan. }

Dr. L. R. Morse.
 Dr. E. D. MacLean.
 Dr. O. B. Keddy.
 Dr. Ross Millar.

Members of Narcotic Drugs' Committee.

Dr. V. N. MacKay, Halifax.

Committee for Radio Broadcasting.

Chairman, Dr. A. C. Jost, with power to appoint his own committee.

Nova Scotia Representative on Board of Governors of the Victorian Order of Nurses.

Dr. C. S. Morton, Halifax, N. S.

Members of the Provincial Medical Board.

Dr. G. H. Murphy.
 Dr. J. G. MacDougall.
 Dr. G. W. T. Farrish.

Dr. John MacDonald.
 Dr. H. K. MacDonald.
 Dr. Jordan Smith.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

HALIFAX BRANCH

President	Dr. P. Weatherbee, 316 Barrington St.
Vice-President.....	Dr. G. H. Murphy, 28 Carleton St.
“ “	Dr. S. R. Johnson, 54 Inglis St.
“ “	Dr. A. E. Doull, 34½ Morris St.
Sec.-Treas.....	Dr. V. O. Mader, 7 Spring Garden Road.
Executive.....	The Officers and Drs. Graham and Muir.

PROPOSED PROGRAMME FOR THE SEASON.

- Oct. 13th, 1926. Opening Meeting....Ashburn Presidential Address.
- Oct. 27th, 1926. N. S. Hospital, Dr. Lawlor and Staff.
- Nov. 10th, 1926. Room 11 Medical Science Building “Arthritis and Arthropathies.”
Discussion opened by Dr. Philip McLarren, followed by Dr. Lyons
and Dr. D. J. MacDonald.
- Nov. 24th, 1926. Victoria General Hospital, Surgical Clinic.
- Dec. 8th, 1926. Room 11 Medical Science Building, Dr. Lawlor.
- Jan. 5th, 1927. Victoria General Hospital, Medical Clinic.
- Jan. 19th, 1927. Room 11 Medical Science Building.
Dr. Babkin—“The exogenous and endogenous chemical stimuli of
motility of the alimentary canal.
- Feb. 2nd, 1927. Childrens' Hospital. Clinical Evening.
- Feb. 16th, 1927. Room 11 Medical Science Building.
Dr. Evatt Mathers—“Corneal Ulcer.”
- Mar. 2nd, 1927. Room 11 Medical Science Building.
Dr. Hector McKay, New Glasgow.
- Mar. 30th, 1927. Room 11 Medical Science Building.
President McKenzie—“Medical Education.”
- Apr. 13th, 1927. Room 11 Medical Science Building. “Goitre.”
Doctors Eberts and Gordon, Montreal.
- Apr. 27th, 1927. Annual Meeting. Election of Officers, etc.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers 1926-27

President.....Dr. F. R. Davis, Bridgewater.
Vice-President.....Dr. G. A. Barss, Rose Bay.
Secretary-Treasurer.....Dr. C. A. Donkin, Bridgewater.

Executive

The above Officers with:

The officers and Dr. W. N. Cochran, Mahone Bay and Dr. A. E. G. Forbes, Lunenburg.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. W. N. Rehfuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.

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

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

Executive

Medical Society of Nova Scotia..Dr. S. G. McKenzie, Westville.
Dr. G. A. Dunn, Pictou.

Date of Annual Meeting—July 1927.

VALLEY MEDICAL SOCIETY

President.....Dr. William Grant, Wolfville.
Vice-President.....Dr. W. R. Dickie, Barton.
" ".....Dr. A. A. Deckman, Bridgetown.
" ".....Dr. J. P. McGrath, Kentville.
Secretary-Treasurer.....Dr. C. E. A. DeWitt, Wolfville.

Executive

Medical Society of Nova Scotia..Dr. R. O. Bethune, Berwick
Dr. L. L. Crowe, Bridgetown
Dr. A. B. Campbell, Bear River

Date of Annual Meeting in May.
Semi Annual in October.

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION

Officers 1926-27

President.....Dr. W. C. O'Brien for Wedgeport, Yar. Co.
Vice-President.....Dr. S. H. Thibault for Digby County.
" ".....Dr. L. O. Fuller for Shelburne County.
" ".....Dr. A. R. Melanson for Yarmouth County.
Secretary-Treasurer.....Dr. Thomas A. Lebbetter, Yarmouth.

Representatives to the Nova Scotia Medical Society Executive:—

Doctors A. R. Campbell and C. A. Webster, of Yarmouth.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....	Dr. D. W. Archibald, Sydney Mines.
Vice-President.....	Dr. M. G. Tompkins, Dominion.
	Dr. J. C. Morrison, New Waterford.
Secretary-Treasurer.....	Dr. Ray Ross, Sydney.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. D. McNeil, Glace Bay; Dr. Dan McDonald, North Sydney; Dr. E. J. Johnston, Sydney.

Annual Meeting 2nd Thursday in May.

COLCHESTER-HANTS

Officers 1926-27

President.....	Dr. Dan. Murray, Tatamagouche
Vice-President.....	
Secretary-Treasurer.....	Dr. H. V. Kent, Truro.

Executive Committee

Dr. J. B. Reid, Truro. Dr. F. R. Shankel, Windsor.

Nominated to Provincial Executive

Dr. C. H. Morris, Windsor, and Dr. E. D. McLean, Truro.

CUMBERLAND COUNTY.

Officers 1926-27

President.....	Dr. Ross Millar, Amherst.
Vice-President.....	Dr. M. J. Wardrope, Springfield.
Secretary-Treasurer.....	Dr. W. T. Purdy, Amherst.

Nominated to the Executive of the Medical Society of Nova Scotia.

Dr. J. A. Munro, Amherst, and Dr. W. T. Purdy, Amherst.

EASTERN COUNTIES

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President.....	Dr. J. J. McRitchie, Goldboro.
1st Vice-President.....	Dr. R. F. McDonald, Antigonish.
2nd Vice-President.....	Dr. M. E. McGarry, Margaree.
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Executive Committee.

Dr. O. R. Stone.	Dr. P. S. Cochrane.
Dr. W. F. McKinnon.	Dr. J. A. McDonald.
Dr. D. M. Chisholm.	Dr. J. S. Brean.

Representative to Provincial Executive

Dr. J. L. McIsaac.