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THE GROWTH AND ORGANIZATION OF THE MEDICAL PROFESSION IN NOVA SCOTIA.*

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Mr. President and Gentlemen,—The first duty resting upon me is to thank you for the wholly undeserved distinction which you have conferred in choosing me to deliver one of the general addresses at this meeting of this Association.

I wish to apologize for my presumption in undertaking so serious a responsibility, feeling that local reasons, rather than any fitness on my part, must have counselled your request.

The subject upon which I shall endeavor to address you may be entitled "The Growth and Organization of the Medical Profession in Nova Scotia."

It was not without misgivings that I selected such a local topic, but I have been assured that there are ample precedents for such a course.

It may be confidently stated that there is at the present time a growing interest in the history of the medical profession in all its aspects. This may be regarded as part of the modern recognition of the important fact that no subject can be thoroughly studied and fully understood unless studied historically. Not only is this fact acted upon by the leaders of modern thought and the great teachers of the age, but it is becoming generally recognized by all thinking men that we must have some knowledge of the past to understand, really, the present,

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and to make progress in the future. Every movement has its past history, its present struggles, its ideals for the future.

The satisfactory condition of the medical profession in this province to-day has not been attained without much effort and a long history.

The present standard of medical education is sufficiently high, and the average attainments of the rank and file of the profession satisfactory, so that everywhere the public can obtain the services of men capable of coping with the ordinary emergencies met with in practice. The members of the profession are respected, and exercise considerable influence in social and public affairs. In their organized capacity they enjoy self-government—a privilege which they have used for the public benefit, but have never abused. There are active and energetic associations for mutual improvement and protection. The grosser forms of quackery are not prevalent, and what may be called "medical heresies" are scarcely represented. It can be affirmed without exaggeration that the position of the profession in Nova Scotia compares favorably with that which obtains in other provinces of Canada or in the states of the American Union. Such a status for the profession has not been achieved except by the continuous struggles of many generations.

It is to the past, then, that we may now turn attention for the better understanding and appreciation of the present. And if, in doing so, I should seem to present much that belongs to general history rather than specially to medical history, my excuse is that it is desirable, if not essential, to note the general condition of the province and its population, at different periods, in order to see what field there was for the special work of the profession.

It is now just three centuries since the first European settlement was made in this region of North America, at Port Royal, now Annapolis Royal, in this province, which is thus the oldest continuous European settlement on this continent north of Florida. The settlement was really made and the colony established by Poutrincourt, under a grant from de Monts, who had arrived there the previous year, 1604, with a grant, from Henry IV. of France, of all the territory between the 40th and 46th parallels of latitude. The Acadia of the seventeenth century was thus a very wide region, including the present New Brunswick, and, indeed, for a long time, the name Nova Scotia was applied to the same region. Sieur de Monts made many and extensive explorations during the summer, crossed the Bay of Fundy, and established a settlement on the island of St. Croix. The colony of St. Croix suffered great hardships during the winter of 1604-5; and it is from that

settlement that we have the earliest account of anything of strictly medical interest in Acadia. That year Samuel de Champlain—a name illustrious in Canadian history—was with de Monts at St. Croix, and he has left a most interesting account of a serious malady which attacked the colonists. Here let me quote part of Champlain's narrative:

“During the winter, many of our company were attacked by a certain malady called the mal de la terre, otherwise scurvy, as I have since heard from learned men. There were produced in the mouths of those who had it great pieces of superfluous and drivelling flesh (causing extensive putrefaction), which got the upper hand to such an extent that scarcely anything but liquid could be taken. The teeth became very loose, and could be pulled out with the fingers without its causing them pain. The superfluous flesh was often cut out, which caused them to eject much blood through the mouth. Afterwards a violent pain seized their arms and legs, which remained swollen and very hard, all spotted as with flea bites; and they could not walk on account of the contraction of the muscles, so that they were almost without strength and suffered intolerable pains. They experienced pain also in the loins, stomach and bowels, had a very bad cough and short breath. In a word, they were in such a condition that the majority of them could not rise nor move and could not even be raised up on their feet without falling down in a swoon. So that out of seventy-nine, who composed our party, thirty-five died, and more than twenty were on the point of death. The majority of those who remained well also complained of slight pains and short breath. We were unable to find any remedy for these maladies. A post-mortem examination was made of several to investigate the cause of their malady.

“In the case of many, the interior parts were found mortified, such as the lungs, which were so changed that no natural fluid could be perceived in them. The spleen was serous and swollen. The liver was woody and spotted, without its natural color. The vena cava, superior and inferior, was filled with thick coagulated and black blood. The gall was tainted. Nevertheless, many arteries, in the middle as well as lower bowels, were found in a very good condition. In the case of some, incisions with a razor were made on the thigh where they had purple spots, whence there issued a very black, clotted blood. This is what was observed on the bodies of those infected with this malady. Those who continued sick were healed by spring, which commences in this country in May. That led us to believe that the change of season restored their health, rather than the remedies prescribed.

“During the winter all our liquors froze, except the Spanish wine. Cider was dispensed by the pound. The cause of this last was that there were no cellars under our store-houses, and that the air which entered by the cracks was sharper than that outside. We were obliged to use very bad water, and drink melted snow, as there were no springs nor brooks; for it was not possible to go to the mainland in consequence of the great pieces of ice drifted by the tide, which varies three fathoms between low and high water. Work on the hand mill was very fatiguing, since the most of us, having slept poorly, and suffering from insufficiency of fuel, which we could not obtain on account of the ice, had scarcely any strength, and also because we ate only salt meat and vegetables during the winter, which produced bad blood. The latter circumstance was, in my opinion, a partial cause of these dreadful maladies.”

Thus it appears that three centuries ago the French surgeons who accompanied this expedition were impressed with the value of post-mortem examinations for determining the nature of disease, and that they at least suspected the causal connection between salt food and scurvy. And this latter view was confirmed by further observation. After the awful experiences of the first winter at St. Croix, the survivors moved to Port Royal. There were still fatal cases of scurvy. By the third winter affairs had greatly improved, owing, no doubt, to the fact that the colonists had taken to hunting and providing themselves with fresh food instead of salt. Champlain reports of this third winter:

“We spent the winter very pleasantly and fared generously, by means of the *Ordre de Bon Temps*, which I introduced. This all found useful for their health and more advantageous than all the medicines that could have been used. By the rules of the order a chain was put, with some ceremony, on the neck of one of the company, commissioning him for the day to go a-hunting. The next day it was conferred upon another, and thus, in succession, all exerted themselves to the utmost to see who would do the best and bring home the finest game.”

In 1613 the colony of Port Royal was greatly injured by an expedition from Virginia; war between France and England followed; but upon the restoration of peace, in 1632, France was still permitted to hold Acadia.

The work of colonization was resumed under the auspices of the New Company of France; some sixty families of farmers, fishermen and artisans were brought over, settling first at La Have, and subsequently at Port Royal. Most of these came from districts on the west coast of France, where it was customary to protect the low-lying lands from the encroachment of the sea

by dykes, and they adopted the same method, with notable success, to reclaim the rich and extensive marshes about the Bay of Fundy, and soon made comfortable homes for themselves. The progress of colonization was long retarded by internal dissensions, and by strife between the rival claimants to the territory—France and England.

From the final cession of Acadia to Great Britain and the peace of Utrecht, in 1713, to the year 1749, when Halifax was founded, not the slightest effort was made in the direction of securing British settlers for Nova Scotia. France, by the retention of Cape Breton and the fortification of Louisburg, was enabled effectively to checkmate the plans of England. When war broke out between the two nations in 1744, the governor of Louisburg promptly sent an expedition to regain Nova Scotia. Canso was attacked and destroyed, and it was determined to capture Annapolis—which meant the capture of all Nova Scotia. This attempt failed, but it so exasperated the New England people that they resolved to secure possession of Louisburg. A scheme, planned by a lawyer and executed by a citizen commander, with an army of artisans, fishermen, farmers and lumbermen, snatched, by sheer audacity, from the grasp of France the great stronghold of Louisburg, defended by a garrison of veterans. At the close of the war, however, Louisburg, conquered by arms, was restored by diplomacy. A storm of indignation swept over New England, which had the effect of quickening a plan long cherished by the British government, of establishing a permanent settlement and strong military station on the Atlantic coast of Nova Scotia, as a counterpoise to Louisburg, and Halifax was founded in the early summer of 1749.

HALIFAX.

A fleet of transports, with 2,576 immigrants, of whom 1,546 were adult males, sailed for Chebucto Bay, under the command of Hon. Edward Cornwallis. New Englanders also came in considerable numbers, and contributed largely to the success of the undertaking. The plan of the town was quickly made, building lots were assigned to the settlers, and before winter closed in all were under shelter. A little later a German colony was planted at Lunenburg.

In 1758 Louisburg was captured by General Wolfe, and Quebec in 1759. With British rule thus assured immigrants from New England and elsewhere soon began to flow into the country and to occupy the fertile lands and the best fishing stations, so that by 1770 there was an estimated population of 13,000 in the Nova Scotia of that day.

During the progress of the war between England and the

revolted colonies of New England, many adherents of the Royal cause were driven from their homes and sought refuge in Nova Scotia. After the evacuation of Boston about two thousand refugees came to Halifax with the British forces. When the war closed large numbers of Loyalists withdrew from the United States, the greater part settling in Ontario and Nova Scotia. They consisted chiefly of the middle and upper classes, and were an intelligent and enterprising body of men of sterling character. They diffused themselves quite generally among the older colonists, and also laid the foundation of new settlements in widely scattered parts of the province.

Among the 2,500 settlers who came to found Halifax in 1749 there were twenty-eight medical men. Eleven of the number were accompanied by their families, which indicates that they, at least, came with the intention of staying in the country. All, probably, were army surgeons, thrown out of employment at the termination of the war with France, who were thus willing to accept a free trip to America and a grant of two hundred acres of land. How bitter must have been their disappointment when they beheld for the first time an unbroken expanse of forest, and realized that this was the home upon which they had based great hopes. Some found employment in connection with the hospital which had been established, but this did not last long, as the home authorities complained to Cornwallis that he supported too many surgeons and apothecaries. Only three out of the twenty-eight appear to have had the courage to face such a future. These remained with the other colonists, shared their hardships, and achieved some measure of success. The names of the three were Robert Grant, John Steele and Alexander Abercrombie. These were the pioneers in medicine in Halifax. Grant became a member of His Majesty's Council; Steele, a member of the House of Assembly; and Abercrombie, when he died twenty-eight years later, was deeply lamented, both for his medical skill and his benevolent disposition. The fate of the other twenty-five is unknown.

Only one physician accompanied the 1,500 German colonists who remained at Lunenburg, and it is uncertain whether he remained in the country. The New England and North of Ireland settlers, who came to the province prior to the Revolutionary War, were usually able to obtain medical aid. The missionaries, who regularly visited the sparsely settled and remote districts, had some medical knowledge. At some points the garrison surgeons looked after the sick. A few physicians came from New England and engaged in practice in the more thriving districts. Of these latter the professional knowledge

and skill may not have been great, but they were usually resolute, enterprising men, and useful members of the community in which they lived.

A large number of medical men accompanied the Loyalists. They were well qualified. The majority had served as surgeons during the war, and their influence in improving the status of the medical profession was marked, owing to their number, skill, and strong personality. In respect to the effect of the Revolutionary War on the fortunes of physicians and surgeons, Sabine remarks:

“The physicians who adhered to the Crown were numerous, and the proportion of Whigs in the profession of medicine was probably less than in either that of law or theology. But unlike persons of the latter callings, most of the physicians remained in the country and quietly pursued their business. There seems to have been an understanding that though pulpits should be closed, and litigation be suspended, the sick should not be deprived of their regular and freely chosen attendants. I have been surprised to find from verbal communications, and from various other sources, that while the ‘Tory doctors’ were as zealous and as fearless in the expression of their sentiments as Tory ministers and Tory lawyers, their persons and their property were generally respected, in towns and villages where little or no regard was paid to the bodies and estates of gentlemen of the robe and surplice. Some, however, were less fortunate, and the dealings of the Sons of Liberty were occasionally harsh and exceedingly vexatious. A few of the Loyalist physicians were banished; others, and these chiefly who became surgeons in the army or provincial corps, settled in Nova Scotia or New Brunswick, where they resumed practice.”

I feel, sir, that this address bids fair to become too long, and there is still much ground to be covered. It seems desirable, therefore, that I should present the chief remaining facts of this subject in a summary form, and for this purpose it appears best to select certain important points, and to group the facts around those dates.

1749-1790.

The first date I have chosen is 1790, as we have an estimate of the population for that year. Prior to that date the population fluctuated very considerably; afterwards it steadily increased. The estimated population of Nova Scotia, in 1790, was about 35,000. The number of practitioners in the province at that time, as far as I have been able to ascertain, after considerable research, was thirty-five, a very large number when we consider the slender resources of the inhabitants and the limited extent of the settled area. The presence of so many

practitioners at that early period is explained by the circumstances that fully one-third of the number held permanent appointments in connection with the military establishments at Halifax, Windsor, Annapolis, Shelburne, and Sydney—appointments which they had received as a partial compensation of the losses they had sustained by the Revolution. Their official duties were light, and gave them ample time for general practice. After the founding of Halifax about nine-tenths of the physicians who came to Nova Scotia came from New England, and of the thirty-five practitioners in 1790 fully three-fourths were Loyalists. The latter did much to create that ingrained respect and loyalty towards the profession which is a characteristic of Nova Scotians, and this was accomplished by the individuality and force of character of those men as well as by their professional skill. The inscription on the tombstone of Dr. John Haliburton, in the old St. Paul's Cemetery, might not unfittingly be applied to each one of them:

“If unshaken loyalty to his King, steady attachment to his friends, active benevolence to the destitute, and humble confidence in God can perpetuate his memory, he will not be forgotten.”

1790-1828.

After 1790 no distinctive event stands out from which we can look back upon the growth of the profession until the year 1828, when an Act to regulate the practice of medicine was passed by the legislature. During this period of thirty-eight years the population had risen from 35,000 to 150,000—an increase largely due to an extensive immigration from the Highlands of Scotland. The older settlements had made substantial progress, and afforded an improved field for practice. The number of medical men had increased from 35 to 65; but the ratio to population had fallen from one in about 1,000 to one in about 2,300.

Two of those in practice in 1790 still survived—Jonathan Woodbury, of Annapolis, who came to the province as early as 1763, and Joseph Norman Bond, of Yarmouth, a veteran of the Revolutionary War, who enjoys the distinction of being the first medical man to perform vaccination in Nova Scotia. This was in 1802.

The additions to the ranks of the profession, during this period, were principally British graduates, who brought with them the traditions and customs of the profession in Great Britain. Many of them were retired army and navy surgeons, who had seen considerable service, and were accustomed to order, discipline, and regulations. Their personal influence

proved a potent factor in improving the status of the profession; their intimacy both with their comrades in active service and with the practitioners of the province became a means of diffusing throughout the country a knowledge of the advances and improvements in our art, at a time when communication was slow and uncertain and professional periodicals were still in the stage of infancy.

During this period a few medical men also come from the United States. About 1800, we note the appearance of native Nova Scotians, who had studied either in Great Britain or in the neighboring republic. Towards the close of this period there was a decided increase in the number of these. The first Nova Scotians were: Samuel Head, of Halifax, son of Dr. Michael Head, who came from Ireland to the province shortly after 1756; David B. Lynd, of Truro, a graduate of the University of Pennsylvania; Robert Bayard, of Cornwallis, a graduate of Edinburgh, better known in New Brunswick than in his native province; and W. B. Almon, of Halifax, also an M.D. of Edinburgh, and son of Dr. W. J. Almon, who first came to Halifax during the Revolutionary War. All of these were in practice in 1810.

The preamble to the Medical Act, and a subsequent amendment, point to the presence of a number of unqualified practitioners, especially in districts where medical aid could not be easily obtained. Many of these were men who had gained some knowledge, either through apprenticeship or a partial course at some college. Generally speaking, they were a deserving class, and should not be regarded in the same light as quacks and pretenders.

The early practitioners had to encounter many hardships and difficulties, except in the more populous districts. Many of the roads were mere bridle paths through the forest. Streams had to be forded. Water carriage, when available, was regarded as a boon. In the winter snowshoes were often necessary to complete a journey. Accommodation was very poor; domestic comforts were few; medical periodicals did not exist, and libraries were limited to a few volumes. The serious emergencies of a mixed practice had to be surmounted single-handed. Yet, in spite of all these disadvantages educated men toiled through long years, serving well their generation, and adding their quota to the slow but steady advancement of their profession.

Another point worthy of note is that, owing to the scarcity of educated laymen, and the absence of lawyers outside of Halifax, the doctors also rendered service to the public in the capacity of magistrates, judges of the Inferior Court of Com-

mon Pleas, prothonotaries, sheriffs, judges of probate, and they were frequently elected to the House of Assembly. This added to their labor and perhaps their income, and widened the sphere of their influence. It may be affirmed with justice that no other class gave more useful service to the public than the physicians; nor do the best men of the past suffer by comparison with the leaders of to-day; and they have left us patterns of humanity and energy well worthy of imitation.

1828-1854.

The next important step in the progress of the profession was the formation of the Medical Society of Nova Scotia in 1854. This association grew out of, or rather was an expansion of, the Medical Society of Halifax, which had been formed in 1844.

Between 1828 and 1854 the population had nearly doubled, chiefly through natural increase, and the number of practitioners had risen from 65 to 120. An analysis of the list of practitioners in 1854 indicates that more than one-half of them had been born in the province. Of the total number, 50 per cent. had been educated in the United States, 35 per cent. in Great Britain, and 17 per cent. were provincial licentiates. During this period the medical supply reached its lowest ebb, because but few practitioners came from abroad, and the cost of a complete medical education in a foreign country was greater than many Nova Scotians could afford. Quackery became prevalent and offensive. The petitions of medical men to the legislature had been disregarded, and the conviction became general that the only way to secure a remedy was by united action; hence the formation of the Medical Society of Nova Scotia.

1854-1872.

The next period, extending from 1854 to 1872, when a new Medical Act of great importance was secured, is characterized by a less rapid expansion of the population, owing to the fact that the era of emigration from the province had begun. But for the people who remained there was a better medical supply.

The new medical society soon made its influence felt. For some years its efforts were concentrated upon safe-guarding the interests of the profession and the promotion of measures to improve the public health. In 1856 the old Medical Act was amended, and new provisions were added to repress unqualified practice. A tariff of fees was framed; a code of ethics adopted; better remuneration for public services was secured; health legislation was improved, and an act for the collection of vital statistics was obtained.

The union of the provinces in 1867 widened the outlook of the profession; and the new order of things was promptly

signalized by the formation, that year, of this Canadian Medical Association. And here permit me to refer to the fact that the honor of first presiding over the deliberations of this important organization was accorded to a Nova Scotian, a gentleman of high standing in his profession, but one whose widely-recognized pre-eminence as a political leader and constructive statesman has caused his professional career to be almost forgotten—I refer, of course, to the Hon. Sir Charles Tupper. And I cannot omit mention of the second president of this association, also a Nova Scotian, and the ablest practitioner in the province, chosen for that place of honor because of his sterling character, public spirit and successful professional career, one who fortunately is still with us, an inspiring influence for all that is noble and good—I refer, of course, to the Hon. Dr. Parker.

In the same year, 1867, the Medical Society of Nova Scotia was reorganized. Up to that time the society had held all its meetings in Halifax. It was then decided to hold the annual meeting at different points in the province, with the view of securing the more hearty co-operation of members in the various parts of the country.

In 1867, also, a medical school was founded in Halifax in connection with Dalhousie College. At first nothing more than a short preparatory course, during the summer months, was aimed at. The venture met with success, and in 1870 it was decided to establish a full course of study and to confer degrees. This project encountered considerable opposition at first, and was not approved by the Medical Society. The supporters of the medical school took advantage of a strong and growing sentiment in the profession in favor of a more prolonged period of study than was required in the schools of the United States, from which the great majority of students obtained a qualification; and they took steps to secure the adoption of a new Medical Act, succeeding in 1872. The existence of a medical school within the province lessened materially the force of the objection raised in the legislature that the cost of a more prolonged period of study would restrict competition, and seriously affect the medical supply of the more sparsely settled districts. The propriety of founding a school at that time has been fully proved by the important part which it has played in promoting and maintaining a greatly improved system of medical education.

1872-1905.

Before considering the Medical Act of 1872, mention may be made of some minor events which have resulted in good. The Nova Scotia branch of the British Medical Association, formed in 1887, which meets at Halifax during the winter

months, and the Maritime Medical Association, formed in 1891, which holds its annual meetings alternately in the three capitals of the Maritime Provinces, have greatly promoted harmony and good feeling, as well as mutual improvement. The *Maritime Medical News*, founded in 1888, has been of material benefit to the various associations by preserving in an accessible form a record of their proceedings, and of their more valuable contributions.

The medical legislation in 1872 is of so much importance that I trust you will pardon me for giving an account of various steps leading to it. By medical legislation I mean, of course, enactments designed to regulate the study and practice of medicine, it being generally conceded that the state has full power in this respect. The basis of medical legislation is the necessity of affording protection to the people against ignorant persons and pretenders. The intention of such legislation is to secure a standard of professional education to be exacted of every one who is desirous of engaging in the practice of medicine, and such standard is obtained in various ways needless to specify.

The first step was taken while the military element in the profession predominated, and was perhaps suggested by the Medical Acts of Upper and Lower Canada. The Medical Act of 1828 is very brief, and is entitled "An Act to Exclude Ignorant and Unskilful Persons from the Practice of Physic and Surgery." Its substance is as follows: No person shall demand or recover any fee or award for medical or surgical aid unless he has a diploma from some college legally authorized to grant the same, or of having been examined in respect to his professional capacity by judges to be appointed by the Governor-in-Council. The Act being simple in character and adapted to the wants of that period, had some influence in restraining irregular practice, and it afforded partially instructed and deserving men already in practice a chance to obtain a legal qualification.

Next came the Act of 1856, promoted by the Medical Society of Nova Scotia. It provided for the registration of qualifications in the office of the Provincial Secretary. In addition to being unable to recover fees for services, unregistered persons were prohibited from holding provincial medical appointments, and were also liable to a fine of £5 for practising. Persons with defective qualifications could still become duly qualified by passing an examination before a board of examiners. This Act, like the previous one, was moderate in its provisions, and free from objectionable features. It remedied some defects which practical experience had shown to exist in the former measure.

The Act of 1872 conferred the privilege of self-government,

as its provisions secure to representatives of the profession full control of all matters relating to medical education, registration and discipline. The Act has since been frequently amended, but its essential features remain unchanged, and as they are similar to those of other provinces, further explanation is not necessary. But the composition of the governing body, and its policy in respect to some questions, demand brief consideration.

The profession as a whole is not incorporated in Nova Scotia, as it is in Ontario. The Act makes provision for a body corporate, called the "Provincial Medical Board," consisting of thirteen qualified medical practitioners, of not less than seven years' standing—seven to be appointed by the Governor-in-Council for life, and six to be elected triennially by the Medical Society of Nova Scotia. No other provision is made for collegiate representation, and there is no annual tax as in other provinces, the revenue being obtained wholly from examination and registration fees.

Until quite recently the requirements for registration differed in one important respect from those in other provinces, inasmuch as submission to a professional examination was not required from holders of diplomas from reputable schools, obtained after a sufficient course of study. Instead of examination the board insisted upon a rigid compliance with all its regulations relating to the preliminary examinations, period of study, and course of study—tests which effectually excluded applicants from schools of doubtful repute. This policy enabled the board, while maintaining the status of the profession, to keep an "open door" for licentiates from other provinces—a courtesy which so far has met with no reciprocal recognition. At the same time honest men from schools of good repute were spared "vexatious penalties of mind and body."

The principle of state examination was adopted a few years ago, not through conviction of its merits or necessity as a test of professional fitness, but from a desire to co-operate with other provinces in a general scheme of reciprocity. For the past three years an examination in the practical subjects has been demanded from all applicants for license, and the day is probably not far distant when the policy of the board, in this respect, will be adopted by other provinces, as it is now very generally recognized that medical boards and councils have not the requisite equipment, and can scarcely provide competent and independent examiners to conduct examinations in the scientific subjects on the lines of the more recent methods of instruction.

The Act of 1872 proved an important factor in causing a diversion of students from American to Canadian schools.

The ever-increasing proportion of Canadian graduates added

yearly to the Medical Register is a marked feature of this period and is worthy of special notice. An analysis of the Medical Register of 1875—thirty years ago—shows that of the whole number of practitioners, 78 per cent. were American graduates, 14 per cent. were British graduates, 2 per cent. were Canadian graduates, and 6 per cent. were Nova Scotia licentiates. A similar analysis of the Register of 1904-5 gives widely different results. Of the whole number, 53 per cent. were Canadian, 44 per cent. were American, and 3 per cent. were British graduates. The change in favor of Canadian schools is still more strikingly illustrated by an analysis of the additions to the Register from 1895 to 1904. Of the number added, 85.5 per cent. were Canadian, 14.2 per cent. were American, and 0.3 per cent. were British graduates. During the year 1904-5 the additions to the Register were exclusively Canadian graduates.

The predominance of the American graduates, numerically, has come to an end, but their influence, always exerted for good, will be felt for years to come; and it is pleasing to observe that the many evils which resulted from a lowering of the standard of medical education in the United States did not sensibly affect the status of the profession in Nova Scotia. This has been due in some measure to our geographical isolation, but chiefly to the circumstances that, from the earliest period down to the present time, the students from this province who went to the United States to obtain a qualification, have almost invariably selected the best schools in Boston, New York and Philadelphia.

The burden of maintaining and improving the status of our guild in this province, and throughout our great Dominion, is now fairly placed on the shoulders of Canadian graduates.

I fear, Mr. President and gentlemen, that I have rather overtaxed your patience, but trust that I have made it clear that our profession in this part of Canada has had a long and ever-widening history, and hope I have shown, by the citation of definite facts, that the profession in this province has, to say the very least, fully kept pace with the general progress of the country.