

Skeene was a member of his Majesty's Council at Annapolis from its inception down to the foundation of Halifax. He was the first of the many of our profession who have brought the aid of rare talents and matured intelligence to the councils of their country, some of whose memories will be cherished as long as time endures. Much more is known of Thomas Pickon alias Tyrell the first historian of Cape Breton and Prince Edward Island. Born in France, he studied medicine and was for some time inspector of military hospitals in Bohemia. I regret to say that he was a traitor. He seems to have enjoyed the confidence of the French leaders, particularly of the crafty and designing DeLoutre. For British gold he disclosed the whole machinery of DeLoutre's diplomacy. After the fall of Beauséjour he came to Halifax for a time and subsequently removed to London where he spent many years enjoying the friendship of learned men. Doubtless he foresaw the downfall of French power in America and governed himself accordingly. The following extract from a letter written to his English correspondent in Halifax, throws a ray of light on his character. "Cannot Mr. Manger send me by the spring some woollen stuffs to make me a summer coat, a silk waistcoat of a different color from the coat and not easily tarnished, with all the trimmings as buttons and cords of the same colour. It must be considered that I am large and that our coats are wider than yours. The lining of the coat should be woollen of the same color but of the finest fabric. That of the silk waistcoat should be white and strong. I will make an exchange or pay in gold. Apropos as to gold I dare not say that I have *guineas*. They would ask me where I got them or perhaps embarrass me." His history is considered to be an excellent work. His MSS journal and letters form one of the volumes bound up and preserved by the Record Commissioner of Nova Scotia.

With the three thousand and odd people sent to Halifax in 1749, and these comprised the first British settlers of Nova Scotia, came 15 surgeons, 1 lieutenant and surgeon, 10 surgeon's mates and assistants, and 1 surgeon's pupil, lured no doubt by the prospect of a free trip to America, subsistence for a year after arrival, 200 acres of land in fee simple, and the chance of picking up a pretty fair practice among the aborigines. How they succeeded history telleth not, but a few years later the Board of Trade urge economy upon Governor Cornwallis and give him a sly hint that he has too many paid surgeons and apothecaries. Jonathan Belcher, the first Chief Justice of Nova Scotia, pays a beautiful tribute of respect to the memory of one Doctor John Abercrombie, who died in Halifax in 1773. Reading it one would suppose him to have been a model of all the virtues. The following extract of a document in the registry office in Pictou speaks for itself. "Know all men by these presents that I, Archibald Allerdice, of the Province of Nova Scotia, mariner, for and in consideration of the sum of forty pounds currency to me in hand paid by Dr. John Harris, of Truro, have made over and sold and bargained, and by these presents do bargain, make over, and sell to the aforesaid Doctor John Harris one black negro man named Sambo, aged 25 years or thereabouts, and one brown mare and her colt now sucking." Slavery obtained a slight footing in this province, but the accursed institution soon died out.

Haliburton and Almon are names well known and highly respected in this community. Both are connected with a most unusual consultation. The Duke of Kent had his leg badly bruised by being thrown from his horse. Some weeks after untoward symptoms developed which threatened the loss of the limb. He was attended by Doctor W. J. Almon of the Artillery, and Doctor John Haliburton of the Naval Hospital. They united in their advice that he should go to England as soon as possible. The Duke, who seems to have been very much attached to Halifax, was very unwilling to go, and sent all the way to Quebec for a Doctor Nooth. He came in due season, and, after consultation, concurred in the advice that had been previously given.

In connection with the Naval Hospital I notice the name of Robert Hume. He was president of the first medical society organized in Nova Scotia from its formation in 1844 down to the time of his death in 1853. A letter of condolence

addressed to the relatives contains the following. "As a society we have lost a president who ever presided with simple dignity and gravity, as professional men we have lost that counsel which a strong and ready mind, careful education and great experience ever extended to us, and as individuals we have each of us lost a kind and sympathising friend."

The following extract is taken from Haliburton's history which was published in 1829. "A medical and surgical journal, however, has been announced as forthcoming under the direction of one of the most distinguished medical men in the province, and it is to be hoped that it will receive that support from the profession and the public which such a commendable and patriotic effort deserves." It almost takes one's breath away to hear of such a venture when the *London Lancet* was not out of its swaddling clothes. But I must bring this profitless digression to an end, for I fear I am taxing your patience too much. In concluding this reminiscence of the past, I may say that the annals of our country are strewn with fragments relating to medicine which if gathered and treated with literary skill would supply a not uninteresting volume.

Before taking up the Act of 1828, I must briefly consider the relation of the medical supply to the progressive increase of our population previous to that date. The population increased very slowly at first and was subject to very considerable fluctuations, so that in 1790, that is forty years after British settlement it had only reached about 35,000. In 1827, nearly forty years later, it was estimated to be 153,000, an increase of nearly 120,000 which we may regard as a fairly rapid expansion. The chief source of medical supply for many years was retired military and naval surgeons, who naturally being the salt of the profession took the cream of the practice. British licentiates came from time to time and perhaps a very few graduates from the United States. Medical education could not be readily obtained at that day—private tuition being the principal means. Now what happened. At first the medical supply was probably equal to if not in excess of the demand and the quality good, but later on it did not keep pace with the increase of population and the extension of the settled area of the province,—hence might be found in every sparsely settled section of the community practitioners without qualification. Do not for one moment suppose that I rank them with the blatant quacks and pretenders of to-day. They were mainly deserving men—their sympathies were aroused by human suffering and they strove as best they could to palliate it. Such men appear early in our history, lived useful lives, and, as a class, are not yet extinct. Doubtless the professional leaders of that period foresaw danger looming up and determined to raise a barrier against the inflow to our ranks of an undesirable element—hence the Act of 1828. The Act is very brief and is entitled "An Act to exclude ignorant and unskillful persons from the practice of Physic and Surgery." Its substance is as follows: "No man to recover any award for medical or surgical aid without a diploma from some college, etc., etc., or having been examined by judges to be appointed by the Governor-in-Council."

An amendment the year following exempts any one who had been in practice prior to 1821 from the provisions of the Act. The Act is an admirable one, being simple in character and perfectly adapted to the wants of that period. Although free from penal clauses it restrained irregular practice, and afforded a chance for partially instructed men, with limited means, to obtain a qualification. As a proof of its value we have only to cross the border. In the British Provinces we observe a slow but steady rise of the professional standard. In the United States just the reverse occurred. The explanation is contained in this extract I will read from the eighth annual report of the Illinois State Board of Health:

"Early in the history of the country laws were enacted for the regulation of the practice of medicine. But the sparse population and the conditions which then obtained, as well as the fact that many of the enactments were so onerous and restrictive that they came to be regarded by the public as in the nature of class legislation operating to make the profession a close guild or trades union rendering their enforcement impracticable. They were gradually repealed or ignored until