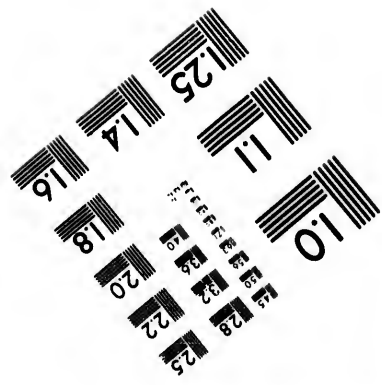
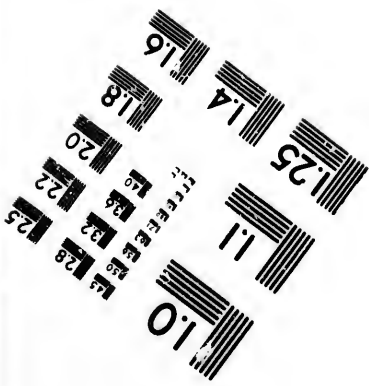
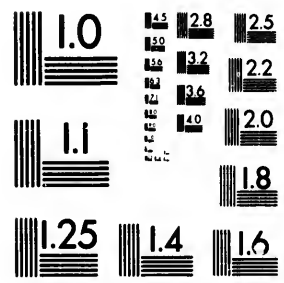


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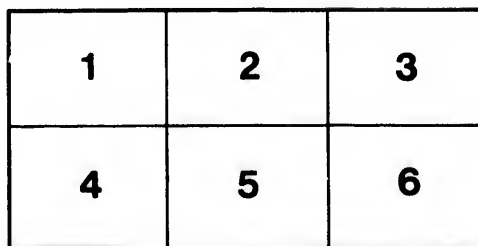
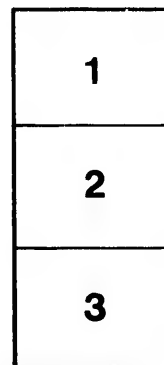
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CONSTITUTION

By-Laws and Ethics

OF THE

Canadian Medical Association

ORGANIZED 1867

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Queen's University at Kingston

CONSTITUTION
BY-LAWS AND ETHICS

OF THE

CANADIAN MEDICAL ASSOCIATION
...

ORGANIZED 1867

TORONTO:
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v

CANADIAN MEDICAL ASSOCIATION

Constitution and By-Laws

1ST.—TITLE OF THE ASSOCIATION.

This Society shall be known as the CANADIAN MEDICAL ASSOCIATION.

2ND.—MEMBERS.

The Association shall be composed of Registered Members of the Medical Profession in the Dominion of Canada in good and regular standing, and whose position is not based on any exclusive doctrine. Members shall be (a) permanent and (b) honorary, and no one expelled from this Association shall at any time thereafter be reinstated as a member unless reinstated by a three-fourths vote of the members present at the meeting at which he is proposed.

PERMANENT MEMBERS.

(a) Permanent members shall consist of licensed medical practitioners regularly proposed by two members in good standing, recommended by the Executive, and admitted by not less than a two-thirds vote of the members present at the annual meeting. They shall be entitled to attend the meetings and participate in the affairs of the Association so long as they continue to conform to the constitution, by-laws and regulations of the Society, and every person so elected must, prior to the organization of the annual or any other meeting of the Association, or to voting on any question or taking part in any discussion, have signed his name to the constitution and by-laws,

inscribing his name, address, etc., in a book to be kept by the Secretary for that purpose, and must pay all dues and demands against him at the time.

HONORARY MEMBERS.

(b) Members of the Medical Profession residing outside the Dominion of Canada who have distinguished themselves in medical and surgical science or literature may be elected honorary members by a unanimous vote of the members present at any meeting of the Association after nomination by the Executive. They shall be entitled to participate in all its proceedings, except voting, without contributing to its funds.

DELEGATES.

(c) Medical practitioners who are appointed by Provincial, County, District or City Societies shall be elected members of this Association in the usual way upon the payment of the annual fee.

GUESTS.

(d) Medical practitioners residing outside of Canada, and other men of science of good standing, may be received by invitation of the meeting or after an introduction by any of the members present, or by any of the absent permanent members by letter of introduction. They shall hold their connection with the Association until the close of the session at which they are received, and shall participate in all the affairs of the meeting except voting.

3RD.—MEETINGS.

The regular meetings of the Association shall be held annually, at such time and place as may be determined by the Association at its previous annual meeting, in default of which the time and place shall be fixed by the Executive.

Twenty permanent members shall constitute a quorum for the transaction of business at any annual or special meeting.

Special meetings may be called by the President upon a requisition, stating the objects of such meeting, signed by ten permanent members.

4TH.—OFFICERS AND EXECUTIVE COUNCIL.

The officers of the Association shall consist of a President, who shall be selected from the province or city in which the next annual meeting is to be held, a General Secretary and a Treasurer, also a Vice-President and a local Secretary for each province of the Dominion, as well as an Executive Council, composed of the President, General Secretary, and Treasurer, together with three members to be elected annually from the place or in the vicinity of the next annual meeting.

All the officers shall assume the functions of their respective offices at the close of the annual meeting at which they have been elected.

5TH.—DUTIES OF OFFICERS AND EXECUTIVE COUNCIL.

The President shall preside at all meetings of the Association and perform all other duties that custom, parliamentary practice and usage may require. He shall sign orders for the payment of money drawn on the Treasurer by the General Secretary. He shall appoint two Auditors at each annual meeting. In the absence of the President, the Vice-President for the Province in which the meeting is held shall perform the duties, or, in his absence, any other Vice-President selected by the meeting, unless otherwise determined by a majority vote of the members present at the meeting.

It shall be the duty of the President to select from among the members of this Association the reader of one or more addresses upon some special subject in medicine, which address shall be prepared and read at the next annual meeting.

The President shall be *ex-officio* a member of all committees.

SECRETARY.

The General Secretary shall attend all the meetings of the Association, with the records, documents and papers belonging thereto. He shall record and authenticate the proceedings of all meetings, give due notice to each member by postal card or circular, and duly notify the medical journals of the Dominion of the time and place of the annual and special meetings, notify all members of committees of their appointment and duties, hold correspondence with other organized medical associations, both domestic and foreign; preserve the archives, published transactions and essays belonging to the Association, and perform such other duties as may be required of him by the Association or the President. For his services he shall receive an honorarium and his legitimate travelling expenses. He shall be *ex-officio* a member of all committees.

The local secretaries shall assist the General Secretary at the annual and special meetings, and perform the duties of corresponding secretaries for the respective provinces.

TREASURER.

The Treasurer shall collect the dues and demands of the Association from the members, and hold the same in trust for the Association.

He shall give a bond to the President for their safe keeping, proper use and disposal.

He shall, at every annual meeting, or oftener if required by the President, present his accounts, with the vouchers and other papers, duly audited and signed by the Auditing Committee, and at the end of his term of office shall hand the same to his successor or the President of the Association, together with the money, books and other property belonging to the Association.

He shall pay such orders as may be drawn on him by the Secretary, countersigned by the President, or, in his absence, the acting President. His legitimate travelling expenses to and from all regular and special meetings shall be defrayed by the Association.

6TH.—COMMITTEES.

The following Committees shall be appointed at every annual meeting of the Association :

(a) The Executive Council, as provided in section 4. It shall meet half an hour before each morning session, and at such other times as the interests of the Association shall require.

It shall be the duty of the Executive Council to consider all applications for membership. It shall constitute a Board of Inquiry for the investigation of all charges against members of unprofessional conduct, or of other offences. It shall direct the publication of transactions and other matters connected with the Association by means of a "sub-committee," and shall decide as to the publication of papers by "title," "abstract," or in "extenso." It shall, from time to time, report to the Association, otherwise its proceedings are to be considered confidential.

(b) The Nominating Committee shall consist of sixteen members, representing each Province in the Dominion, when practicable. Its duty shall be to nominate the Officers and Executive Council for the ensuing year, and to propose the place for the next annual meeting.

It shall be nominated during the morning session of the second day of each annual meeting, elected by ballot at the next ensuing session, and shall report before the adjournment of the first session on the last day of each annual meeting.

It shall, when practicable, select the President from the Province in which the next annual meeting is to be held.

(c) A Committee of Arrangements consisting of five members, with power to add to their number, including the President and General Secretary.

(d) A committee of five shall be appointed by the President-elect, to be known as the Committee on Papers and Business, whose duty it shall be to secure papers, etc., and to arrange the programme. All papers should be in their hands at least three weeks before the date of meeting.

Special committees shall be appointed from time to time as the business of the Association requires.

Each such committee shall consist of five members, unless otherwise ordered.

All reports of committees shall be presented in writing, and signed by the chairman and concurring members of the committee. The first named on any committee shall be the chairman of such committee, unless the said committee determines otherwise at its first meeting.

7TH.—FUNDS AND APPROPRIATIONS.

Every permanent member shall pay the Treasurer an annual fee of two dollars (\$2.00) at every annual meeting that he attends.

The funds so raised shall be appropriated to defray the expenses of the annual meetings, the necessary expenses connected with the office of the General Secretary and the Treasurer, publishing the proceedings, memoirs, essays, reports and papers ordered by the Association, and for such other objects as may be deemed proper.

Each permanent member of the Association, upon the payment of his annual fee, shall be entitled to a copy of the transactions. Additional copies may be purchased by members at one dollar (\$1.00) each, and by non-members at two dollars (\$2.00) each.

8TH.—NOTICES OF MOTION.

Notices of Motion shall be presented in writing to the General Secretary or his substitute, and shall be referred by him to the Executive Council for consideration.

9TH.—AMENDMENTS.

No amendment or alteration shall be made in any of the foregoing articles unless it has first been submitted to the Executive Council, and then only by a vote of two-thirds of all the members in session at the annual meeting, after due notice has been given at the previous annual meeting.

10TH.—ORDER OF BUSINESS.

First Session.

1. Calling the meeting to order.
2. Secretary's report of the last annual meeting.
3. Report of the Chairman of the Committee of Arrangements.
4. Report of the Committee on Papers and Business.
5. Introduction of the officers of the Association.
6. Election of members.
7. Reading of papers and discussion.

Other Sessions.

1. Calling the meeting to order.
2. Reading of minutes of last session.
3. Election of members.
4. Reading of papers and discussions.
5. Reports of committees.
6. General business.

This order of business shall not be changed or altered unless by the unanimous vote of the members present, and then only for the time being, except a notice be given at a previous annual meeting for the purpose of some permanent alteration.

11TH.—MEMBERS AND THEIR DUTIES.

Every member who shall have paid his annual subscription shall be entitled to a report of the annual meeting, and transactions and such other documents and publications as the Association may order to be gratuitously distributed among its members.

The time devoted to the reading of any paper or address, except otherwise determined by the consent of the meeting, shall not exceed fifteen minutes.

No person shall be permitted to address the Association unless a member thereof, and no member shall be permitted to speak more than once on the same subject unless to explain. No member shall occupy more than five minutes at one time on any subject before the Association. The person who introduces a resolution may, by permission of the President or of the meeting, occupy a longer time if deemed necessary.

A copy of every address, discourse, or paper read before the Association shall at once be handed to the General Secretary, and shall become the property of the Association, and shall be preserved with the other documents, etc.

Members desiring their papers to appear in any particular journal shall present a duplicate copy with the name of the journal marked thereon.

Any member appointed on any special committee who fails to report at the next succeeding meeting, shall not be continued on the same, unless a satisfactory reason be given.

All resolutions and motions shall be presented in writing.

12TH.—DELEGATES TO FOREIGN MEDICAL SOCIETIES.

This Society may appoint delegates to represent this Association at the meetings of the British Medical Association, the American Medical Association, or any other of the medical societies of Europe, and such other scientific bodies as may be

in affinity with this Association, but in the absence of action of this Association the President shall have the power to make these appointments.

13TH.—ETHICS AND DISCIPLINE.

Complaints against a member for violation of the Code of Ethics shall first be referred to the Executive Committee (see Sec. 6 a) through the President or General Secretary.

Code of Medical Ethics.

CONSISTING OF

1. *The Duties of Physicians to their Patients, and of the Obligations of Patients to their Physicians.*
2. *The Duties of Physicians to each other, and to the Profession at large.*
3. *The Duties of the Profession to the Public, and of the Obligations of the Public to the Profession.*

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF
THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

1. A physician should not only be ready to obey the calls of the sick at all times, but his mind should be attuned to the greatness of his mission and its responsibilities. These obligations are the greater, because ordinarily there is no other tribunal to appeal to than his own conscience in case of neglect. Physicians ought, therefore, to minister to the sick with due regard to the importance of their office, reflecting that the comfort, health and lives of those committed to their charge depend on their skill, attention and fidelity. Physicians should unite tenderness with firmness, and condescension with authority, and thus inspire their patients with gratitude, respect and confidence.

2. Every case committed to the charge of the physician should be treated with serious attention and humanity. Reasonable allowance should be made for mental infirmity and the caprices of the sick. Secrecy and delicacy when required by peculiar

circumstances should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation to secrecy extends beyond the period of professional services ; no circumstance connected with the privacies of personal or domestic life, infirmities of disposition, or stain of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so. So great is the necessity of this obligation that courts of justice protect professional men in their observance of secrecy under certain circumstances.

3. Frequent visits to the sick are, in general, requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should studiously avoid making gloomy prognostications, as they savor of empiricism, and magnify the importance of his services in the treatment of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs ; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick, that by such cordials to the drooping spirit he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick

person can be shortened, not only by the acts, but also by the words and the manner of a physician. It is therefore a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable, for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even to the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of, and far superior to, all pecuniary considerations.

6. Consultation should be encouraged in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not infrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness and with a genuine love of virtue and a sincere interest in the welfare of the patient to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

1. The members of the medical profession, upon whom so many arduous duties are imposed, and who are required to make so many sacrifices of ease, comfort and health for the welfare of mankind, have certainly a right to expect that patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation does mankind rely on the skill of an untaught artist ; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or any pursuit incompatible with his professional obligations. A patient should also confide the care of himself and his family as much as possible to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess this knowledge. A patient who has thus selected his physician should always apply for medical advice even in what may appear to him trivial cases, for fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the early stage of violent diseases. It is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser ; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to it. However commendable a modest reserve may

be in the common occurrences of life, the too strict observance of it in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms he will convey much more real information by giving clear answers to interrogations, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the friendly visits of a physician who is not attending him, and when he does receive them he should never converse on the subject of his disease, as an observation may be made, without any intention of

interference, which may destroy his confidence in the course he is pursuing and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour for going out, for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician, for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the Support of Professional Character.*

1. Every individual, on entering the profession, as he becomes entitled to all its privileges and immunities, incurs an obligation to exert his abilities to maintain its dignity and honor, to

exalt its standing, and to extend the bonds of usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his superiors, who have by their labors brought it to the elevated condition in which he finds it.

2. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical, and to obtain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye and an unclouded head may be essential to the well-being and even to the life of a fellow-creature.

3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publication to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. In the case, however, of a physician or surgeon commencing the practice of his profession or removing to another locality, a

simple announcement by an unobtrusive card in the public prints is unobjectionable.

4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others. For, if such nostrum is of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional Services of Physicians to Each Other.*

1. All practitioners of medicine, their wives and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case, and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unmasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a member of the faculty whose circumstances are affluent request attendance, and an honorarium be offered, it should not be declined, for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

ART. III.—*Of the Duties of Physicians as Regards Vicarious Offices.*

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties. In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the Duties of Physicians in Regard to Consultations.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to exercise and honor his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship or his aid refused in consultation when it is requested by

the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry, or who assumes any special name or title but that of a physician or a surgeon.

2. In consultations, no rivalry or jealousy should be indulged ; candor, probity and all due respect should be exercised toward the physician having charge of the case.

3. In consultation, the attending physician should be the first to propose the necessary questions to the sick, after which the consulting physician or physicians should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him or them of the true character of the case. They should then retire to a private place for deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends except in the presence of all the faculty attending, and by their common consent, and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations the physician in attendance should deliver his opinion first ; and when there are several consulting the junior should deliver his opinion first, and so on in the order of seniority. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the

consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of the physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present he will, of course, see the patient and prescribe ; but if it be the consulting one he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient and give his opinion in writing, and under seal, to be delivered to his associate.

6. In consultations theoretical discussions should be avoided as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants, and they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the

opinion of the majority should be considered as decisive ; but if the members be equal on each side, then the decision shall rest with the attending physician. It may, however, sometimes happen that the two physicians cannot agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided if possible by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment ; but in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a special consultation advisable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance. The practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often

practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of Physicians in Case of Interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made, no disingenuous hints given relative to the nature and treatment of his disorder, nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided except under peculiar circumstances, and when they are made no particular inquiries should be instituted relative to the nature of the disease or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust, illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard

for truth and probity will permit, for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are protracted, the want of success in the first stage of the treatment affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens in cases of sudden illness or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under the circumstances courtesy should assign the patient to the first who arrived, who shall select from those present any additional assistance that he shall deem necessary. In all such cases, however, the practitioner who officiated should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

8. A physician when visiting a sick person in the country may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no further direction unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice gratis to the affluent, because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficial one, and it is defrauding, in some degree, the common funds for its support when fees are dispensed with which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of Differences Between Physicians.*

1. Diversity of opinion and opposition of interest may, in the medicinal as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a court medical.

2. As peculiar reserve must be maintained by physicians towards the public in regard to professional matters, and as there exist numerous points in medical ethics and etiquette, through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

Some general rules should be adopted by the faculty in every town or district relative to pecuniary acknowledgments from

their patients, and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF
THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the Profession to the Public.*

1. As good citizens it is the duty of physicians to be ever diligent and vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens. They should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases, and when pestilence prevails it is their duty to face the danger and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also always be ready when called on by the legally constituted authorities to enlighten coroners' inquests and courts of justice on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence; but in these cases, and especially when they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper

honorarium. Medical men should also be properly paid for attendance as witnesses in certain cases.

3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical ; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services ; but neither institutions endowed by the public or rich individuals, societies for mutual benefit, for the insurance of lives (the certificates for which should be sent confidentially to the company and paid for), whether furnished by the medical adviser of the company or by the family physician, or for analogous purposes, nor any profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the Public to Physicians.*

1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualification ; to make a proper discrimination between true science and the assumption of ignorance and empiricism, and to afford every encouragement and facility for the acquisition of medical education.

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Canadian Medical Association

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1870-71.

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QUEBEC.

1871-72.

PRESENT, 80.

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 Quebec " S. H. Trudell, Montreal " J. B. Blanchet, Quebec.
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MONTREAL.

1872-73.

PRESENT, 52.

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 New Brunswick . . " J. T. Steeves, St. John " E. J. C. Earle, St. John.
 Quebec " W. Marsden, Quebec " H. Blanchet, Quebec.
 Ontario " J. D. McDonald, Hamilton " B. Berryman, Toronto.
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ST. JOHN.

1873-74.

PRESENT, 55.

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 New Brunswick . . " J. T. Earle, St. John " Geo. E. S. Keates, St. John.
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NIAGARA FALLS.

1874-75.

PRESENT, 39.

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 New Brunswick . . " G. A. Hamilton, St. John " T. A. Gregory, Fredericton.
 Quebec " J. P. Rottot, Montreal " F. E. Roy, Quebec.
 Ontario " J. D. McDonald, Hamilton " A. E. Malloch, Hamilton.
Treasurer—Dr. E. Robillard, Montreal.

* Obit.

OTTAWA.

1880-81.

PRESENT, 73.

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 Quebec * " G. E. Fenwick, Montreal " A. G. Belleau, Quebec.
 Ontario * " J. A. Mullin, Hamilton " A. H. Wright, Toronto.
Treasurer—Dr. E. Robillard, Montreal.

HALIFAX.

1881-82.

PRESENT, 53.

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Nova Scotia *Dr. R. S. Black, Halifax Dr. Chas. D. Rigby, Halifax.
 New Brunswick . . " P. R. Inches, St. John " C. H. Holden, St. John.
 Quebec " F. W. Campbell, Montreal. . . . " A. G. Belleau, Quebec.
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TORONTO.

1882-83.

PRESENT, 94.

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 New Brunswick . . " A. B. Atherton, Fredericton. . . . " W. F. Coleman, St. John.
 Quebec " J. B. Gibson, Cowansville " A. S. Brunelle, Montreal.
 Ontario * " G. A. Tye, Chatham * " H. J. Saunders, Kingston.
 Manitoba " Kerr, Winnipeg * " J. W. Whiteford, Winnipeg.
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KINGSTON.

1883-84.

PRESENT, 74.

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 Londonderry.
 New Brunswick . . " Jos. Christie, St. John " W. F. Coleman, St. John.
 Quebec " E. Robillard, Montreal " James Bell, Montreal.
 Ontario " Jas. Thorburn, Toronto * " J. L. Bray, Chatham.
 Manitoba * " J. S. Lynele, Winnipeg " Betts, Winnipeg.
Treasurer—Dr. Chas. Sheard, Toronto.

* Obit.

MONTREAL.

1884-85.

PRESENT, 119.

President—Dr. Wm. Osler, Montreal.*General Secretary*—Dr. Jas. Stewart, Montreal.*Vice-President for**Local Secretary for*

Nova Scotia	Dr. A. D. Fraser, Windsor	Dr. Almon, jr., Halifax.
New Brunswick . .	" L. Allison, St. John	" T. D. Walker, St. John.
Quebec *	" Geo. Ross, Montreal	" James Bell, Montreal.
Ontario	" J. L. Bray, Chatham	" Wm. Burt, Paris.
Manitoba *	" J. W. Whiteford, Winnipeg. "	" F. H. Mewburn, Winnipeg

Treasurer—Dr. Chas. Sheard, Toronto.

CHATHAM.

1885-86.

PRESENT, 76.

President—Dr. J. K. Holmes, Chatham.*General Secretary*—Dr. James Stewart, Montreal.*Vice-President for**Local Secretary for*

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New Brunswick . .	" J. T. Earle, St. John	" H. Lunan, Campbellton.
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QUEBEC.

1886-87.

PRESENT, 36.

President—*Dr. J. E. Graham, Toronto.*General Secretary*—Dr. James Stewart, Montreal.*Vice-President for**Local Secretary for*

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New Brunswick . .	" J. L. Currie, Fredericton . .	" H. Lunan, Campbellton.
Quebec	" H. Russell, Quebec	" Jas. Bell, Montreal.
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HAMILTON.

1887-88.

PRESENT, 87.

President—*Dr. Geo. Ross, Montreal.*General Secretary*—Dr. James Bell, Montreal.*Vice-President for**Local Secretary for*

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New Brunswick . .	" J. L. Currie, Fredericton . .	" H. Lunan, Campbellton.
Quebec	" Thos. Christie, Lachute . . .	" G. E. Armstrong, Montreal.
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Treasurer—Dr. Chas. Sheard, Toronto.

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OTTAWA.

1888-89.

PRESENT, 70.

President—*Dr. H. P. Wright, Ottawa.*General Secretary*—Dr. James Bell, Montreal.*Vice-President for**Local Secretary for*

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New Brunswick	— Graham, Bathurst	— Kellar, Fredericton.
Quebec	F. W. Campbell, Montreal.	A. W. Worthington, Sherbrooke.
Ontario	Chas. Sheard, Toronto	H. S. Griffn, Hamilton.
Manitoba*	J. S. Lynch, Winnipeg	A. H. Ferguson, Winnipeg.
N.-W. T.	A. Jukes, Regina	O. C. Edwards, Qu'Appelle.
British Columbia	J. M. Lefevre, Vancouver.	G. Milne, Victoria.

Treasurer—Dr. W. H. B. Aikins, Toronto.

BANFF.

1889-90.

PRESENT, 82.

President—*Dr. James Ross, Toronto.*General Secretary*—Dr. James Bell, Montreal.*Vice-President for**Local Secretary for*

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Nova Scotia	L. Johnston, Sydney Mines.	W. S. Muir, Truro.
New Brunswick	C. Holden, St. John	Raymond, Sussex.
Quebec	E. P. Lachapelle, Montreal	J. Elder, Huntingdon.
Ontario	R. W. Bruce-Smith, Seaforth	J. J. Farley, Belleville.
Manitoba	R. Spencer, Brandon	H. Higginson, Winnipeg.
N.-W. T.	R. G. Brett, Banff	A. J. Rutledge, Moosomin.
British Columbia	T. Eberts, Nanaimo	C. J. Fagan, N. Westminster.

Treasurer—Dr. W. H. B. Aikins, Toronto.

TORONTO.

1890-91.

PRESENT, 107.

President—Dr. T. G. Roddick, Montreal.*General Secretary*—Dr. H. S. Birkett, Montreal.*Vice-President for**Local Secretary for*

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New Brunswick	G. H. Coekburn, Fredericton.	M. F. Bruce, St. John.
Quebec	E. P. Lachapelle, Montreal	P. Robertson, St. Andrews.
Ontario	A. H. Wright, Toronto	L. C. Prevost, Ottawa.
Manitoba	D. Young, Selkirk	T. M. Milroy, Portage la Prairie.
N.-W. T.	G. A. Kennedy, McLeod*	A. Olver, Medicine Hat.
British Columbia*	E. A. Praeger, Nanaimo	C. J. Fagan, N. Westminster.

Treasurer—Dr. W. H. B. Aikins, Toronto.

* Obit.

MONTREAL.

1891-92.

PRESENT, 135.

President—Dr. John L. Bray, Chatham.*General Secretary*—Dr. H. S. Birkett, Montreal.*Vice-President for**Local Secretary for*

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Nova Scotia.....	Edward Farrell, Halifax.....	A. Morrow, Halifax.
New Brunswick..	Jas. Christie, St. John.....	J. W. Daniels, St. John.
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OTTAWA.

1892-93.

PRESENT, 106.

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Nova Scotia.....	A. W. H. Lindsay, Halifax ..	A. Morrow, Halifax.
New Brunswick..	J. W. Daniels, St. John ..	Murray McLaren, St. John.
Quebec.....	F. J. Shepherd, Montreal ..	E. H. Desrosiers, Montreal.
Ontario.....	J. Wishart, London.....	Wm. Waugh, London.
Manitoba.....	H. H. Chown, Winnipeg.....	T. M. Milroy, Portage la Prairie.
N.-W. T.....	G. A. Kennedy, Fort McLeod,	R. Cotton, Regina.
British Columbia	.....	J. M. Leafevre, Vancouver.

Treasurer—Dr. W. H. B. Aikins, Toronto.

LONDON.

1893-94.

PRESENT, 92.

President—Dr. T. T. S. Harrison, Selkirk, Ont.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island.....	Dr. J. B. Taylor, Charlottetown.	Dr. H. D. Johnson, Charlottetown.
Nova Scotia.....	W. S. Muir, Truro.....	R. A. H. MacKeen, Cow Bay, C.B.
New Brunswick..	Jas. Christie, St. John.....	Murray McLaren, St. John.
Quebec.....	Jas. Stewart, Montreal.....	J. V. Anglin, Montreal.
Ontario.....	F. R. Eccles, London.....	I. Ohnsted, Hamilton.
Manitoba.....	R. Spencer, Brandon ..	A. McDiarmid, Winnipeg.
N.-W. T.....	F. H. Mewburn, Lethbridge..	J. M. Calder, Medicine Hat.
British Columbia	R. E. McKechnie, Nanaimo..	R. E. Walker, N. Westminster

Treasurer—Dr. H. B. Small, Ottawa.

* Obit.

ST. JOHN.

1894-95.

PRESENT, 119.

President—Dr. Wm. Bayard, St. John, N.B.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. Peter McLaren, New Perth	.. Dr. R. MacNeill, Stanley Bridge.
Nova Scotia	..... " R. A. H. MacKeen,	" W. H. Hattie, Halifax.
	Cow Bay, C. B.	
New Brunswick	.. " Murray McLaren, St. John	.. " O. J. McCully, Moncton.
Quebec	..... " Geo. E. Armstrong, Montreal.	" G. G. Campbell, Montreal.
Ontario	..... * " G. M. Shaw, Hamilton	..... * " K. N. Fenwick, Kingston.
Manitoba	..... " R. J. Blanchard, Winnipeg	.. " J. Nelson, Winnipeg.
N.-W. T.	..... " C. Hamilton, Regina	..... " Geo. Macdonald, Calgary.
British Columbia	" T. Eberts, Wellington	..... " W. A. Richardson, Victoria.

Treasurer—Dr. H. B. Small, Ottawa.

KINGSTON.

1895-96.

PRESENT, 109.

President—Dr. James Thorburn, Toronto.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. Jas. Warburton,	Dr. H. D. Johnson,
	Charlottetown.	
Nova Scotia	.... " Wm. Tobin, Halifax	..... " G. C. Jones, Halifax.
New Brunswick	.. " W. W. White, St. John	..... " Wm. Christie, St. John.
Quebec	..... Hon. — D. Marsil, St. Eustache	.. " J. G. McCarthy, Montreal.
Ontario	..... Dr. Fife Fowler, Kingston	..... " J. H. Mathieson, St. Mary's.
Manitoba	..... " H. H. Chown, Winnipeg	..... " W. J. Neilson, Winnipeg.
N.-W. T.	..... " R. G. Brett, Banff	..... " Geo. Macdonald, Calgary.
British Columbia	" R. E. McKechnie, Nanaimo	.. " W. A. Richardson, Victoria.

Treasurer—Dr. H. B. Small, Ottawa.

MONTREAL.

1896-97.

PRESENT, 168.

President—Dr. V. H. Moore, Brockville.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. F. J. Conroy, Charlottetown.	Dr. H. D. Johnson,
	Charlottetown	
Nova Scotia	.... " J. F. Black, Halifax	..... " A. I. Mader, Halifax.
New Brunswick	" Thos. Walker, St. John	..... " G. A. B. Addy, St. John.
Quebec	..... " J. M. Beausoliel, Montreal	..... " J. G. McCarthy, Montreal.
Ontario	..... " W. W. Dickson, Pembroke	..... " W. G. Anglin, Kingston.
Manitoba	..... " R. S. Thornton, Deloraine	..... " W. H. Smith, Winnipeg.
N.-W. T.	..... " E. H. Rouleau, Calgary	..... " Geo. Macdonald, Calgary
British Columbia	" E. B. C. Hanington, Victoria.	" O. Weld, Vancouver.

Treasurer—Dr. H. B. Small, Ottawa.

* Obit.

MONTREAL.

1897-98.

PRESENT, 90.

President—Dr. J. M. Beausoliel, Montreal.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. R. MacNeill, Stanley Bridge.	Dr. P. McLaren, New Perth.
Nova Scotia	.... " R. A. H. MacKeen, Glace Bay.	" Jas. Ross, Halifax.
New Brunswick..	" P. R. Inches, St. John	..... " H. Lunan, Campbellton.
Quebec	..... " C. S. Parke, Quebec	..... " A. Marois, Quebec.
Ontario	..... " A. McPhedran, Toronto	..... " E. B. Echlin, Ottawa.
Manitoba	..... " J. R. Jones, Winnipeg	..... " W. J. Neilson, Winnipeg.
N.-W. T.	..... " F. H. Mewburn, Lethbridge	..... " G. A. Macdonald, Calgary.
British Columbia	" S. J. Tunstell, Vancouver	.... " B. de F. Boyce, Kelowna.

Treasurer—Dr. H. B. Small, Ottawa.

QUEBEC.

1898-99.

PRESENT, 79.

President—Mr. Irving H. Cameron, Toronto.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. J. McLeod, Charlottetown	.. Dr. S. R. Jenkins,	Charlottetown.
Nova Scotia	.... " E. A. Kirkpatrick, Halifax	.. " W. G. Putnam, Yarmouth.	
New Brunswick..	" L. N. Bourque, Moncton	..... " T. D. Walker, St. John.	
Quebec	..... " Jas. Bell, Montreal	..... " C. Marsil, St. Eustache.	
Ontario	..... " J. A. Williams, Ingersoll	..... " C. R. Dickson, Toronto.	
Manitoba	..... " R. S. Thornton, Deloraine	..... " Geo. Clingan, Virden.	
N.-W. T.	..... " N. J. Lindsay, Calgary	..... " D. Low, Regina.	
British Columbia	" S. J. Tunstell, Vancouver	.... " R. E. Walker,	New Westminster.

Treasurer—Dr. H. B. Small, Ottawa.

TORONTO.

1899-1900.

PRESENT, 242.

President—Dr. R. W. Powell, Ottawa.*General Secretary*—Dr. F. N. G. Starr, Toronto.*Vice-President for**Local Secretary for*

P. E. Island	.... Dr. S. R. Jenkins, Charlottetown.	Dr. H. D. Johnson,	Charlottetown.
Nova Scotia	.... " W. G. Putnam, Yarmouth	.... " G. M. Campbell, Halifax.	
New Brunswick..	" A. R. Myers, Moncton	..... " G. A. B. Addy, St. John.	
Quebec	..... " A. R. Marsolais, Montreal	..... " J. A. Hutchison, Montreal.	
Ontario	..... " A. J. Johnson, Toronto	..... " W. H. Klock, Ottawa.	
Manitoba	..... " W. J. Neilson, Winnipeg	..... " W. Harvey Smith, Winnipeg.	
N.-W. T.	..... " H. U. Bain, Prince Albert	..... " M. M. Seymour, Qu'Appelle.	
British Columbia	" O. M. Jones, Victoria	..... " W. J. McQuigan, Vancouver.	

Treasurer—Dr. H. B. Small, Ottawa.

* Obit.

