

Melancholia in Anton Chekhov's "A Boring Story":

A Physician Treating Himself

Jeff Gatrall, MA, MD'01

Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia

In this article, the subject of melancholia is explored in relation to Anton Chekhov's short story, "A Boring Story." This story raises the question of whether the protagonist's melancholic changes in his feelings and thoughts are the result of an underlying organic illness or of new insight into the nature of his existence. The purpose of this article is to examine the implications of this question in their historical context. In terms of the history of psychiatry, the late nineteenth-century disease neurasthenia and some of its causes are discussed. In a broader examination of the history of ideas, the development of psychiatric thought is discussed in relation to the dualisms between mind and body, subject and object, and illness and disease.

INTRODUCTION

In a letter to his friend and editor Suvorin in 1888, Anton Chekhov wrote that the artist's task lies not in "the solution of a problem" but in "the correct posing of a question" (1). It is my intention in this short essay to trace the implications of an unresolved question that is posed in one of Chekhov's masterpieces, "A Boring Story" (1889). If unresolvable questions have historically had close ties with melancholia in the Western philosophical tradition, then this question is directed towards the very nature of melancholia. The title of the short story itself suggests melancholia. Not only do the words "melancholia" and "boredom" appear frequently together in Chekhov's correspondence of the late 1880's, but the relationship between them is one of the recurring motifs of nineteenth-century European literature. As a physician, Chekhov's contribution to this literary tradition is in some sense unique. Chekhov attended medical school in Moscow from 1879 to 1884 and would continue to practice medicine until his death in 1904. An objective medical view of melancholia can

be discerned earlier than Chekhov's works in Flaubert's *Madame Bovary* (1856-7), for example, and certainly Chekhov's treatment of melancholia belongs to the broader, realist literary tradition. Nevertheless, Chekhov's medical training enabled him to transpose developments in psychiatry into his short stories with an unusual attention to specifically medical problems. As I hope to demonstrate, the question concerning melancholia that arises in "A Boring Story" derives at least in part from a nineteenth-century understanding of nervous diseases.

Before this question can be addressed, however, it is necessary to describe selectively the short story from which it emerges. "A Boring Story" represents the fictional memoirs of Nikolai Stepanovich, a renowned professor of physiology at Moscow State University. Throughout his memoirs, he describes the symptoms of an unnamed disease that will kill him "within half a year" (2). He complains that since the onset of this illness he has undergone a change in his personality, his feelings and his thoughts. If his successful and happy life had seemed to him to be "a beautiful and ably made composition," he fears now that he is somehow "spoil[ing] the ending." In a conversation with his adopted daughter, Katya, he describes this change in his life:

Address correspondence to:

Jeff Gatrall, Box 338 Sir Charles Tupper Medical Building, Dalhousie University, Halifax, Nova Scotia, B3H 4H7

What is going on inside me is something tolerable only in a slave: day and night evil thoughts fill my head, and feelings I never knew before have built a nest in my heart. I hate, I despise, I am filled with indignation, I am exasperated, and I am afraid. I have become quite excessively strict, demanding, irritable, rude and suspicious. Even the things which formerly used to make me perpetrate a pun, and laugh good-humouredly, merely make me feel sick at heart now. My sense of logic, too, has undergone a change...

Elsewhere in the story, we learn that Nikolai Stepanovich has become skeptical of the merit of his career and has become alienated from his illustrious name, which now lives an independent existence in newspapers. Although he still believes that "science is the most important, most beautiful and most necessary thing in the life of man," he has nevertheless become pessimistic about the status of Russian science. As he writes elsewhere concerning this newfound pessimism, "new thoughts, which I didn't know earlier, have spoiled the last days of my life and continue to plague my brain like mosquitoes." In addition to this pessimism, he is suffering from insomnia, which he wryly claims has become "the chief and fundamental fact of my existence." He also notes that he tends to cry after meals in the evening. Perhaps most importantly, he feels estranged from his wife and daughter. He is unable to communicate meaningfully even with his only true confidant, Katya, who leaves him to wander alone through Russia at the end of the story. Withdrawal from family and colleagues, irritability, uncharacteristic pessimism, sadness to the point of tears, insomnia, a tendency towards self-deprecation, and a habit of dividing a good and fruitful past from a diseased and sterile present - through all of these symptoms and signs, Nikolai Stepanovich paints a melancholic portrait of himself.

The question to which Nikolai Stepanovich devotes so much of his writing is the way in which these symptoms and signs of his terminal illness have affected his mood, his personality, and his thoughts. The central question in "A Boring Story" can be framed in the following way: is his newfound pessimism "a symptom" of his disease, or, as Katya tells him, is it that he has simply "opened" his eyes and "see[n] things now which for some reason [he] did not want to notice before?" This question is one of great existential importance for Nikolai Stepanovich. If his new pessimistic thoughts are symptoms of his illness, then they are only "accidental and transient," "morbid and abnormal." If these new thoughts are not just symptoms, however, but the result of a deeper penetration into the lack of meaning in his life, then the "sixty-two years of my life must be regarded as wasted."

It is not my intention to answer this question of whether Nikolai Stepanovich is ill or insightful. Indeed, his own anguished attempt to resolve this question represents no less than one of the two major plotlines in the short story. Instead, I would like to analyze how such a question could have arisen in late nineteenth-century Western thought. This analysis involves a digression into the history of ideas. It is less my purpose to take sides in the medical and philosophical debates of this time than to reveal some of the epistemologi-

cal conditions necessary for the possibility of Nikolai Stepanovich's question. It is my hope that, following Chekhov's footsteps, this story of ideas will generate its own questions, questions that may still resonate with us today.

THE MANY ORIGINS OF MELANCHOLIA

To begin this story of ideas, then, it is first of all important to examine, in historical context, some of the reasons Nikolai Stepanovich believes that he may be mentally ill. More precisely, there are at least four possible pathological sources for his pessimism suggested in his memoirs. These suggestions are always brief and offered without any accompanying etiology. This elusiveness permits the question of whether he is ill or insightful to remain open.

Firstly, Nikolai Stepanovich considers the possibility that his pessimism is only a symptom of his underlying organic disease. It is significant that he does not inform the reader from what terminal disease he is suffering. Thus in one passage he writes: "Now, when I diagnose and treat myself, I sometimes hope that my ignorance deceives me, that I am mistaken concerning the albumen and sugar that I find in my urine, my heart and the edema that I have seen twice in the morning." From the few symptoms and signs he drops impressionistically here and elsewhere, a tentative diagnosis of diabetes mellitus with kidney complications can be made. Thus a decline in his mental faculties may be one of the consequences of this terminal, organic disease.

A second possibility is that his pessimism results from a distinct psychiatric condition, one which may or may not be related to this underlying disease. The word "melancholia," a diagnosis more common than "depression" in the nineteenth-century (3), does not itself appear in "A Boring Story." Nikolai Stepanovich does make passing allusions to two of the historical, humoral forms of melancholia, hysteria and hypochondria. Nevertheless, it is perhaps another late nineteenth-century diagnosis, neurasthenia, that has more direct clinical relevance to his case. This disease concept was first developed by the American George Beard in the 1860's and it appears in Chekhov's writings from the mid-1880's onwards (4). This condition of "nervous exhaustion," with its emphasis on the patient's "deficiency or lack of nerve-force" (5), encompassed a broad range of disorders in the nineteenth century, including minor depression (6). Although the term "neurasthenia" is not used, the concept of nervous exhaustion finds expression in "A Boring Story." Thus Nikolai Stepanovich once describes his condition as "a violent nervous tension." Furthermore, he notes that he is plagued by an "incurable tic" in his neck that is preceded at times by a "dull pain in my cheek." He is probably describing tic douloureux, which is caused by trigeminal nerve damage. In terms of nineteenth-century nerve diseases, neuralgia, insomnia and fatigue were all indications of neurasthenia (6).

If Nikolai Stepanovich is neurasthenic, then his pessimism may also have, at least in part, a sociological origin. Both Beard and Chekhov share a sociological perspective on the origins of nervous exhaustion. For Beard, the emergence

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of neurasthenia is directly related to the overload on the nervous system that is part and parcel of modern civilization. Thus he writes in a popular tract on the subject that the five major preconditions for the appearance of neurasthenia in any society are steam power, the periodical press, the telegraph, the sciences and the mental activity of women (5). In a broader medical context, one of the concerns of Chekhov's study of the penal system on Sakhalin Island was what he termed "social pathology" (7). Early in "A Boring Story," Nikolai Stepanovich hints that the cause of his own pessimism may lie in the social conditions of Tsarist Russia:

On the whole, the dilapidated state of the university buildings, the gloom of its corridors, the dinginess of its walls, the lack of lights, the dismal appearance of the stairs, the coat-hooks and the benches, occupy one of the foremost places in the history of Russian pessimism, they are part of the diathesis...

Lastly, during his lyrical closing meditation on his predicament, Nikolai Stepanovich suggests a fourth pathological origin for his pessimism. At the end of the story, he considers that his life has been wasted:

Each thought and each feeling lives in me separately, and the most skillful analyst could not discover what is known as a ruling idea or what might be called the god of the living man in all my opinions of science, the theatre, literature, students, and all the pictures my imagination conjures up.

No sooner does Nikolai Stepanovich write this passage than he considers his thoughts to be mere symptoms of disease, thoughts whose palpable poetic insight throughout "A Boring Story" would seem to belie such a reduction:

When a man lacks the things that are higher and stronger than all external influences, a bad cold in the head is enough to upset his equilibrium...all his pessimism or optimism, all his thoughts, great or small, are in this case merely a symptom and nothing more.

In this passage, a lack of existential integrity becomes a predisposing condition for disease and for symptomatic pessimism. With these words Nikolai Stepanovich does not so much resolve the original question of whether he is ill or insightful as recast it in an even more melancholic form.

MIND AND BODY, SUBJECT AND OBJECT, ILLNESS AND DISEASE

In contrast to these four pathological origins for his pessimism, Nikolai Stepanovich and Katya both ponder the possibility that he has only now achieved full insight into the nature of his own existence and of the society around him. Neither consider the possibility, however, that he is both ill and insightful. An 1899 letter of Chekhov's to an actor about a character in a play does suggest this connection between nervous disease and insight (1):

Now for the question of this character's nervousness. This ought not to be emphasized lest the neurotic aspect of his nature obscure and overpower what is more important, namely, the loneliness, the kind of loneliness experienced only by noble and, at the same time, healthy organisms ("healthy" in the highest sense).

By placing the neuroses of noble organisms beyond the realm of pathology, Chekhov is here echoing a tradition

begun by Aristotle and epitomized by Hamlet - the tradition of the melancholic great being. Relating Chekhov's comment above to "A Boring Story," Nikolai Stepanovich's melancholia may be considered not just in terms of pathology but also as a mark of his nobility. Nevertheless, while his renowned name clearly places him within this tradition, Nikolai Stepanovich's meditations preclude the possibility of a melancholic insight that is pathological in origin.

Nikolai Stepanovich's negative view towards melancholic insight is implicit in the way in which he frames his question: either pessimism is a symptom of disease or he has only now gained true insight into his life. The "either-or" form of this question renders insight and illness mutually exclusive. This "either-or" form is historically significant because it reflects a series of binary oppositions that were constitutive for Western thought in the nineteenth century. Firstly, Nikolai Stepanovich's question can be historically situated in relation to the dualism between body and soul. This dualism posed a great conceptual dilemma for psychiatric thought in the nineteenth century. This dilemma is related to an even more fundamental, methodological dualism. Even after the soul had disappeared from scientific literature, the study of psychology remained divided between two broad methodological camps: the materialist and the phenomenological. In order to reveal some of the historical sources for Nikolai Stepanovich's question, I will briefly sketch the dualism of body and soul and the doctrines of materialism and phenomenology.

Mind/body dualism has historical routes in Western thought that extend at least as far back as Plato. In nineteenth-century psychiatric thought, this dualism was more often between body and soul than between body and mind, with the mind being the highest manifestation of the soul (9). In Germany during the 1830's and 1840's, two psychiatric camps, the somaticists and the psychicists, were divided on this issue of body/soul dualism. Whereas the psychicists believed that sickness of the soul caused mental disease, the somaticists argued that only the body can become physically ill. It is in the writings of the German somaticists that the first clear historical traces of Nikolai Stepanovich's question can be heard. The somaticism of the German psychiatrist M. Jacobi, active in the 1830's and 1840's, can serve here as a representative example of this school. Thus he writes that "all morbid psychical phenomena can only be considered as symptomatic, as concomitant to states of disease formed and developed elsewhere in the organism" (9). At a distance of fifty years, Nikolai Stepanovich echoes this somaticist tradition when he considers pessimism to be a symptom of disease. In the second half of the nineteenth century, this somaticising trend in psychiatry would be reinforced by developments in neurophysiology. Nikolai Stepanovich, it should be remembered, is himself a famed physiologist.

The reduction of psychic phenomenon to somatic states and the close relationship between psychiatry and physiology both reflect the rise of materialism in the nineteenth-century. In its simplest form, materialism can be defined as the doctrine in which everything that is, is matter. Chekhov himself was an avowed materialist, writing near the same time

that "A Boring Story" was published that "materialism is necessary and inevitable....Outside of matter, there is no experience, no knowledge, no truth" (10). At least two materialist tendencies are relevant to an understanding of Nikolai Stepanovich's question. Firstly, materialism proposes that thought is of a secondary order of being with respect to matter. The psychological life of the individual is entirely a function of physiological and pathological processes. Thus Nikolai Stepanovich's "morbid and abnormal" thoughts are "symptoms" of disease and "nothing more." Secondly, since the physical world obeys only deterministic, objective laws, the free moral agency of the soul holds no scientific explanatory power. From a strictly materialistic perspective, it does not make sense to insist on Nikolai Stepanovich's free will or on his moral responsibility for his pessimistic thoughts.

Although materialism had resolved the earlier body/soul dualism by rendering everything matter, it nevertheless was founded upon a newer, subtler dualism - the dualism between subject and object. If matter is nothing but objects and if objects can be known scientifically only when one adopts an objective point of view towards them, then there must nevertheless also be a subject who perceives and experiences these objects. This subject, although made of matter, must nevertheless also transcend matter. For Kant and his followers, many of whom were in fact scientists, the very possibility of scientific knowledge depended on this transcendence of the sovereign subject over the world of objects. In terms of scientific methodology, objectivity can be defined as an impersonal, unbiased, disinterested method by which immutable and universal truths are obtained. Subjectivity, on the other hand, is variable, biased, and particular. Subjective ideas, if not outright falsehoods, are only concerned with the appearance of things, not with the underlying order of reality.

This dualism between subject and object, one whose emergence can be dated to Kant's *Critique of Pure Reason* in 1787, had wide-ranging consequences in the history of ideas. By the late nineteenth century, the claim to objectivity not only became a commonplace in scientific literature, it also became the goal of high art. Chekhov often defended his own art against the charge of ideological indifference by arguing that the artist should be objective in representing reality. In terms of the history of medicine, one of the consequences of subject/object dualism is the distinction between disease and illness. As Stanley Jackson argues, these two English words were in fact synonymous until the nineteenth century (3). A disease is an objectively known condition, whereas illness is the subjective experience of disease. Moreover, symptoms are subjectively perceived by the patient (e.g. fever, pain), while signs are objectively observed and measured by the physician (e.g. components of blood and urine).

It is when the physician becomes patient that these distinctions between disease and illness and between symptoms and signs become problematic. In "A Boring Story," Nikolai Stepanovich performs the roles of a laboratory scientist, a physician and a therapist by diagnosing and treating himself. He thus knows his disease in an objective way. Nevertheless, he is also a patient, one who experiences pain, dizziness, shortness of breath and mood changes. A physician's

ability to maintain a strictly disinterested and objective point of view towards disease is threatened precisely when he or she subjectively experiences illness as a patient.

There is evidence that Chekhov was aware of some of the implications that subject/object dualism had for medicine. Thus in 1899 he proposed to his friend Rossolimo, a neuropathologist, to give a lecture on the "subjective relationship of the patient to his illness" (10). Although Chekhov does not use the word himself, a lecture on the patient's experience of illness belongs to the philosophical tradition of phenomenology. Phenomenology can be defined as the study of the subject's experience of phenomena. Beginning with Hegel's monumental *Phenomenology of Mind* (1807), phenomenology had close ties with the study of psychology throughout the nineteenth century. If materialistic science was concerned with the nerves and reflexes that made thought and consciousness possible, then phenomenology was concerned with the subject's relationship to thought and consciousness. One aspect of this phenomenological tradition was literature's concern with the ways in which illness alters a patient's subjective experience of the world.

It is in light of this distinction between materialism and phenomenology on the one hand and between disease and illness on the other that Nikolai Stepanovich's question about whether he is ill or has gained insight can be understood in its full historical significance. In "A Boring Story," Nikolai Stepanovich often describes his illness as a patient, that is, from a phenomenological point of view. In one of the most lyrical passages in "A Boring Story," Nikolai Stepanovich depicts his sense of the imminence of death:

I woke up after midnight and suddenly leapt out of my bed. It seemed to me for some reason that I was about to die suddenly. Why? There was not a single sensation in my body that pointed to a rapid end, but my heart was seized with a feeling of horror....I lighted my lamp hastily, took a sip of water straight from the decanter, and then rushed over to the open window. It was a magnificent night. There was the scent of new-mown hay in the air....I could see the serrated tops of the fence, the sleepy gaunt trees near the window, the road, and the strip of woods: a bright calm moon in the sky, and not a single cloud. Perfect stillness, not a leaf stirred. It seemed to me as if the whole world was looking at me, listening, intent on hearing how I was going to die.

I felt terrified. I shut the window and rushed back to my bed. I felt my pulse and, unable to find it in my wrist, began feeling for it in my temples, my chin, and again in my wrist, and all the time I was bathed in a cold sweat and everything I touched was cold and clammy. My breathing grew more and more rapid, my body trembled, everything inside me was in motion, and my face and bald head felt as though they were covered by a cobweb.

Nikolai Stepanovich, who has felt so socially isolated throughout the story, here feels a fearful, intimate communion with nature. It is as though insentient nature were waiting for him to join it in death. This communion with nature, a nature brought to life through personification, expresses a profoundly romantic vision. The trees are "sleepy" and "gaunt" and the moon is "calm." The world here is not an object, but a place filled with subjects who are listening and

waiting for Nikolai Stepanovich to die. The experience of illness has thus brought about a fleeting harmony between the subject, Nikolai Stepanovich, and the world of nature.

Nevertheless, this harmony is terrifying in its implications and thus Nikolai Stepanovich quickly closes the window. Most significantly, his first action after rushing back to his bed is to check for his pulse. The patient who through illness had experienced a sense of communion with nature has quickly become the physician checking on the course of his own disease. This disease, an impersonal object, is unresponsive to his attempt to try to know it through palpation of pulse. He feels "cold" and "clammy" and his face and forehead feel as if they were covered by a "cobweb." The images "cold," "clammy" and "cobweb," despite being used to describe his own body, seem inhuman and alienating.

It is this alienating experience of the objective fact of disease that is fundamental to an understanding of Nikolai Stepanovich's question. Inasmuch as he considers pessimistic thoughts to be the result of his disease and of his declining mental faculties, he renders them objective. Thus he considers his thoughts to be "morbid and abnormal." Furthermore, they arise from a source beyond his own subjective experience. His pessimistic thoughts are like "mosquitoes plaguing [his] brain". Elsewhere he calls them "Arakcheyev thoughts," alluding to a brutal historical figure in Russian history. Whether they are mosquitoes or belong to the person Arakcheyev, these pessimistic thoughts are not Nikolai Stepanovich's. Even in their most lucid forms, these thoughts do not express his personality or his being. By reducing his thoughts to external objects, Nikolai Stepanovich makes them valueless and foreign. Such thoughts are necessarily incapable of being vehicles for insight.

CONCLUDING THOUGHTS

In his melancholy, Nikolai Stepanovich explores the origins of his own melancholia. With the knowledge that he is dying, he reflects upon a life that had previously seemed to him to be happy, successful and noble. It is the change in his view of his life that occasions the story's central question and the existential crisis that surrounds it: Is this change a result of illness, or, as he asks Katya, "have I been blind and indifferent till now?"

In this essay, the story of this crisis has been retold as a story of ideas. It has been shown that Nikolai Stepanovich's mutually exclusive opposition between insight and illness is related to series of dualisms that were constitutive for nineteenth-century Western thought. In terms of mind/body dualism, Nikolai Stepanovich expresses a view in which thoughts that are caused by disease are only symptoms. In terms of subject/object dualism, these diseased thoughts are themselves external objects and thus foreign to the interests and personality of the subject. Such symptomatic, objectified thoughts cannot represent the fruits of genuine insight.

Beyond this story of ideas, however, Nikolai Stepanovich does resolve the personal crisis surrounding this question and in so doing brings his own story to its anticlimactic end. In his final and most lucid meditation on his predica-

ment, he resigns himself to the conclusion that his life has always lacked "a ruling idea or what might be called the god of the living man." He argues that, without a unifying idea, "any serious illness...is sufficient to turn upside down and smash into smithereens everything which I have hitherto regarded as my view of things and in which I have seen the meaning and joy of life." The original question is not resolved here but in fact loses its earlier, existential importance for Nikolai Stepanovich. If his present morbid and pessimistic thoughts are merely symptoms of disease, then they are meaningless and his life has in turn become meaningless since their appearance. If he has only now achieved the insight that all his life he has lacked a unifying idea, then his life has always been meaningless. Either way, he arrives at the conclusion that his life lacks any meaning. It is with this melancholic twist at the story's close that Nikolai Stepanovich ends his meditations on the nature of melancholia.

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AUTHOR BIOGRAPHY

Jefferson Gatrall received a BA in Russian and an MA in Comparative Literature through the University of Western Ontario, and recently completed his first year at Dalhousie Medical School. With the support of a summer studentship from the Hannah Institute for the History of Medicine, he is currently researching nineteenth-century psychiatry in the works of Anton Chekhov.

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Other - Gynecomastia. Note: For severe or complete heart block due to digitalis intoxication and not primarily related to supraventricular tachycardia do not use potassium. Lidocaine, procainamide and propranolol may be useful. Temporary ventricular pacing may be beneficial.

Dosage and Administration

Digitalization should always be individualized. The following serves as a guideline only. For more information consult the Prescribing Information.

Rapid Digitalization

In previously undigitalized patients a single oral dose of 0.5 to 0.75 mg usually produces a detectable effect within 2 hours, and becomes maximal in 2 to 6 hours. Additional doses of 0.125 to 0.375 mg may be given at 6 to 8 hour intervals, until an adequate effect is noted.

The usual daily maintenance dose is 0.25 mg, based on a body weight of 70 kg and a Ccr of 60 mL/min.

For doses in infants and children consult the Prescribing Information.

Measurement of serum digoxin concentration is important in determining the state of digitalization.

Availability

LANOXIN® (Digoxin) Tablets, 0.0625 mg (62.5 µg); Bottles of 100 tablets; imprinted with LANOXIN and U3A (peach).

LANOXIN® (Digoxin) Tablets, scored 0.125 mg (125 µg); Bottles of 100 and 1000 tablets; imprinted with LANOXIN and Y3B (yellow).

LANOXIN® (Digoxin) Tablets, scored 0.25 mg (250 µg); Bottles of 100 and 1000 tablets; imprinted with LANOXIN and X3A (white).

Store at 15°-30°C in a dry place and protect from light.

Also available:

LANOXIN® (Digoxin) Elixir Pediatric, 0.05 mg (50 µg) per mL; bottles of 115 mL with calibrated dropper.

LANOXIN® (Digoxin) Injection, 0.25 mg (250 µg) per mL (0.5 mg [500 µg] in 2 mL); boxes of 10 ampoules.

LANOXIN® (Digoxin) Injection Pediatric, 0.05 mg (50 µg) per mL; boxes of 10 ampoules.

REFERENCES

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2. Packer M, Gheorghide M, Young JB et al. for the RADIANCE study. Withdrawal of digoxin from patients with chronic heart failure treated with angiotensin-converting-enzyme inhibitors. *N Engl J Med* 1993;329:1-7.
3. Prescribing Information of PrLANOXIN®, Glaxo Wellcome Inc. 1997.

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U.S.A Immigration Law

William Newell Siebert

Attorney at Law

307 North Michigan Avenue

Suite 924

Chicago, Illinois 60601

Voice: 312-329-0646

Fax: 312-553-4419

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The Medical Society of Nova Scotia

Who we are and what we do...

The Medical Society of Nova Scotia is your professional association, representing all physicians in the province of Nova Scotia. We are approximately 1,900 members strong, with an additional 600 members comprised of residents and medical students.

The Society's mission is *"to maintain the integrity and honour of the medical profession, to represent all members equitably, and to promote high quality health care and disease prevention in Nova Scotia."*

A division of the Canadian Medical Association, the Society works in partnership with other health care organizations to enhance the quality of medical care for Nova Scotians, through negotiations on behalf of physicians with government, public education, development of health care policies, and peer review and medical education.

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5 Spectacle Lake Drive, Dartmouth, NS B3B 1X7
Tel: (902) 468-1866 Toll-free: 1-800-563-3427 Fax: (902) 468-6578
e-mail: mednet@medsocns.com Home Page: WWW.MEDSOCNS.COM