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G. O. K.

As written up by * * * with acknowledgments to MAYNARD BROWN
ARCHIBALD ESQ., father of this yarn.*

Doc. Lawlor was a Medico.
Of priceless common sense.
He sat on boards and such like things,
His practice was immense.
And when the late unpleasantness
Grew to a world size job
The Doc. must give his service too,
He joined the general mob.

The rabble on the training field,
With time and wind aplenty,
Were drilled into resemblance
Of timbers on a jetty.
But Lawlor, poking ribs and ears,
Could hardly learn the ruffles—
Or why the alphabet was robbed
To title things and Colonels.

He swore and labored over forms
To get them jibing crosswise.
He got the brass hats in a heat
By adding pills and cap size.
Now Jack Canuk had drilled and drilled—
His back was like a poker.
The C. S. M. would not give leave
And so he sought the Doctor.

Doc. Lawlor took Canuk in hand
And searched him in and out.
He bent him double on a chair
And made him cough and shout.
He shook a bottle in his palm—
Released a pill or two.
And then sat down with doubtful pen
To fill a form of blue.

For hours he puzzled for a word
Then filled in G. O. K.
And sent the sheet to G. H. Q.
To see what they would say.
The D. M. S. pulled at his chin
And rang for Sergeant Jones.
What is this G-O-K down here?
Consult our list of bones.

The sergeant and the corporal
"Took off the day" to think.
At last they asked the orderly
Who "guessed" it was a drink.
The Adjutant could do no more:
A hurried call was sent
To specialists on this and that
Till many minds were bent.

Though all the staff hats wagged about
Could none the riddle read.
At last the Colonel banged his desk,
"Bring here my faithful steed."
He galloped down the avenue,
And out across the plain,
To where Doc. Lawlor had his post
To still the soldier's pain.

Behind him rode his gilded staff
As Caesar rode of old.
Though half of them were bags of nails
And each had pommel hold.
He reined up by the doctor's tent—
"What is this new disease
That you have entered on this sheet?
Say! Will this thing increase?"

What is this G-O-K, my man?
Doc. Lawlor's face was numb.
The Colonel looked ejaculations
And all the staff was dumb.
"You see"—began the Doctor—"Sir"—
"The man came to my tent.
He said his ears were humming and
His spinal cord was bent.

"He said he had a housemaid's knee
And coughed his dinner up.
He showed me warts upon his neck
And panted like a pup.
"I could not diagnose his case
As this form plainly shows.
You said it must be filled somehow—
And, Sir,—GOD—ONLY—KNOWS

*Passed to the Bulletin through the courtesy of a member of the staff of the Nova Scotia Hospital.

Some Pagan Conceptions of Disease.

D. FRASER-HARRIS

IN the absence of modern knowledge of the material or physical nature of disease, of the rational conception of cause and effect, and of the uniform operation of natural laws, disease in pagan times was commonly ascribed to all manner of supernatural agencies. The early conception of the cosmos differed fundamentally from ours; for whereas we think in terms of an unbroken chain of phenomena—causal and caused, producing and produced, antecedent and consequent—early thinkers referred whatever they were not able to understand to the direct interference of a supernatural agent, in nine cases out of ten malevolent. The disease-producing agent might be an evil spirit or demon, or some magic influence, such as an enchantment or the "evil eye". Most serious of all, it might be the wrath of one of the greater gods offended by some act of omission or commission. It might be some neglect, for disease was never far away from the man who was careless about the honours due to the members of the pantheon.

It is possible that in these days of positive natural knowledge, which came in with the Revival of Learning in the sixteenth century, we do not realize how completely the visible and material was supposed to be interpermeated by the invisible and immaterial. Many a pagan visualised in a far more vivid sense than we have ever done the reality of another world, a world not so much in the future as co-existing in the present, and peopled by beings extremely like ourselves.

Thus there were gods of every rank, from the major deities who ruled the heavens, the earth and the sea, down through the demi-gods and heroes to a whole assemblage of minor deities and demons inhabiting such restricted localities as caves, grottoes, streams, lakes, meadows and groves. The true meaning of "demon" does not include evil. Everything that was visible had an invisible counterpart. As a system, this is referred to as "Animism". It developed, for instance, in ancient Egypt. When things went well, the gods were thanked; when ill, they were propitiated or appeased. The gods and goddesses were themselves regarded as human beings. Herakleitus remarked—"Men are mortal

gods, and gods are immortal men",—and this really summed up their relationship. The whole human family was duplicated in the other world. Gods had wives, children, friends and enemies, just as had the inhabitants of earth. They had love-affairs, jealousies, adulteries and incest. Morality no more governed their lives than it did their less exalted sub-lunary relatives; they had their weaknesses and infirmities like the weakest of men. Ethical purity was by no means a necessary attribute of divine society. There was a god of thieves and pickpockets in the Roman pantheon. Pagan religions had really no connection with morals. Aesthetic purity was no necessary attribute even of a goddess, for in Rome there was a goddess of drains, Cloacina, personified as the stench that arose from the Cloaca Maxima. "She was invoked for protection from diseases due to drains, and euphemistically addressed as 'Sweet Cloacina,'" says Dr. Jayne in his illuminating work on *The Healing Gods of Ancient Civilizations*. This, of course, is quite comparable with the former custom in our own country of having to refer to the little malevolent fairies or "brownies" as the "Good Folk". Greeks alluded to the gods of the underworld as "The gracious gods". The attribute of moral rectitude was in pre-Christian communities no distinguishing feature of divine existence.

Now disease might arise from a variety of conditions and circumstances, over which neither the patient nor the community had any control. For it might be through the open attack of a demon, or through possession by an evil spirit, or through the curse of "the evil eye", or the machinations of a sorcerer, or the malevolence of a practitioner of "black magic", or the influence of a mundane enemy acting through a wizard or witch; or finally, it might be due to the offended deity himself. A purely natural, visible source of disease was not sought for, although Pliny tells us that the Druids did recognize the existence of poisons. In ancient Hindustan, disease was always regarded as a punishment by the gods for sin, although even this might be the caprice of a malevolent deity. In Egypt, epidemics were always regarded as due to an enraged divinity. "Ishta", a Babylonian goddess, was, according to Dr. Jayne, an exacting divinity, and visited her wrath upon those who disobeyed her mandates, smiting them and inflicting disease in punishment.

In Egypt, "Seth and his partisans were definite and somehow-
spirits creating evil, spreading disease, madness and all -KNOWS
malignity; their eyes shed tears that, dropping upon the
made plants poisonous; their sweat, saliva and blood were deadly
and, falling upon the earth, germinated into scorpions, venomous

active
forms of
ground

reptiles and strange, deadly plants. There were spirits for each mischief." Thus the idea of a god as necessarily and always a beneficent being was quite foreign to pre-Christian religions.

The idea that human disease was the result of human transgression, and that it expressed a divine punishment, has lingered on into our own time. We have this view well expressed by the Rev. John Wesley in the preface to a little book he wrote on domestic medicine. This was published in 1747, and by 1792 had reached its twenty-fourth edition. He then wrote as follows:

But since man rebelled against the Sovereign of heaven and earth, entirely is the scene changed! The incorruptible frame has put on corruption, and the immortal has put on mortality. The seeds of weakness and pain, of sickness and death, are now lodged in our inmost substance; whence a thousand disorders continually spring even without the aid of external violence. . . . The heavens, the earth and all things contained therein conspire to punish the rebels against their Creator. The sun and moon shed unwholesome influences from above; the earth exhales poisonous damp from beneath; the beasts of the field, the birds of the air, the fishes of the sea are in a state of hostility; the air itself that surrounds us on every side is replete with the shafts of death; yea, the food we eat daily saps the foundation of that life which cannot be sustained without it. So has the Lord of all secured the execution of his decree—"Dust thou art, and unto dust shalt thou return."

Thus is well put for popular comprehension the view that disease is due to the Deity offended, a view which has by no means died out even to-day. "That is a judgment on you", was quite a common remark in Scotland in not very long bygone days. This religious view of the origin of disease has perhaps lingered longest in connection with the venereal diseases, which many people still believe are a divine punishment for sexual sin. It avails nothing to point out that in certain cases syphilis is conveyed to a perfectly innocent woman and to an unborn babe. The upholders of the religious view merely quote the verse about visiting the sins of the fathers on the children unto the third and fourth generation. "Did this man sin or his parents that he was born blind?" the Jews asked of Christ in quite the same spirit.

Seeing that, according to the pagan conception, all human beings were surrounded by a crowd of malevolent demons, it should not have been a matter of great difficulty for some of these unseen ones in an unguarded moment to gain an entrance into the patient's body. The demon could enter by the eyes, ears, nose and mouth, and, once inside the body, it began to attack the vital organs.

These "demons" of ancient mythology are obviously the infections of a later day. The Egyptians, at any rate, held that the disease (demon) could penetrate even the clothing. Inside the body they drank the blood, sucked the bone-marrow, gnawed the bones or consumed the intestines, heart, lungs or liver. The Egyptians believed in a god of inflammation. Death would ensue unless the intruder was driven out before irreparable damage had been done.

In ancient Egypt, certain seasons and certain days were particularly unlucky, for on these the demons had enhanced powers for mischief. Persons on these days were particularly liable to die of certain maladies, so that there was an injunction in Egypt, "Go not forth from thy house from any side of it; whosoever is born on this day will die of the disease". The Egyptians thought that the diseases of animals were caused by the similar attacks of evil spirits, and were to be cured by the same methods as in the case of men. Resemblances between these early guesses and the facts of to-day are so patent as to need only mentioning. It is, however, pretty clear that the Greeks did not recognize "contagion" in the modern sense.

The earliest physician was a priest. He was a priest because disease was essentially something emanating from the realm of the unseen, so that no one was so well qualified to deal with it as the man whose profession consisted in being in communication with that other world. "Accordingly," says Dr. Jayne, "the sacerdotal methods of healing consisted in magico-religious rites, ceremonies and formulas which brought forth the mysteries, miraculous powers of deities and other supernatural beings, and which centred about the idea of exorcism, of expelling the unseen malicious spirits which caused disease."

In Egypt, the procedure was quite formal. The magician-priest approached the patient, and having made an examination, proceeded to his diagnosis. Dr. Jayne's account is so concise that it had better be given in his own words:—"Then came the treatment which consisted of incantations, prayers, sacrifice, and possibly the giving of some remedy with the aid of all the devices and accessions of magic oral and manual—commands, conjurations, threatenings, coaxings, aspersions, spells and fumigations—the incantations and gestures being repeated four times." It was considered very desirable that the magician should know the name of the demon being exorcised. The demon was, if possible, called upon by name to leave the patient, and in many cases was commanded in the name of some particular deity with superior powers to come forth and depart.

Sometimes the priest would assume as a disguise the appearance of the god himself and, imitating him in voice and gesture, call on the demon to depart. This ruse was not considered as an impiety or an offence against the god. Physiological specialization amongst the Egyptians was extreme, for they distinguished no fewer than thirty-six parts of the body, each of which was in charge of a different god. Thus we read in the *Leyden Papyrus*—"There is no limb of his without a god, and, so invoking these, they heal the diseases of the limbs." In Egypt, disease seems to have been dealt with both by the priestly magicians and by the lay physicians. Undoubtedly the former enjoyed the greater prestige because they used incantations and understood divination, whereas the physicians were allowed much less scope in methods of treatment. The physicians had to cure more mechanically or "by the book."

The place of the Dream as a therapeutic experience was very important in pagan times. Diodorus remarks: "In Egypt dreams are regarded with religious reverence." Sleeping in the precincts of the temple to obtain information about the disease and guidance as to its cure was widely practised throughout the ancient Orient and in Greece and Italy. It was believed that the gods communicated therapeutic and other information by means of dreams, and in particular revealed the future thereby; hence the term "oneiromancy". Incubation, as the curative temple-sleep was called, inasmuch as it permitted of involuntary divination, had an important place in the religious systems of Mesopotamia. It is believed to have been practised as far afield as in the Celtic communities of Western Europe.

The remedies, whether revealed in the dreams or not, were supposed to assist the influence of the magic formulas for exorcism and healing. It was not the other way round. Remedies from the vegetable world in use in Egypt were castor oil, aloes, mint, myrrh, turpentine, oil of cedar-wood, opium, hyoscyamus and coriander—all of which are still used in one way or another in modern practice. From amongst the minerals, the Egyptians used preparations of lead, copper, and sodium chloride. Their animal preparations included goose oil and other fats, as well as notorious loathsome remedies. The mystery surrounding the giving of horrible drugs vanishes when we understand that they were deliberately administered in the hope that they would so disgust the demon that he would at once quit the body of the sick man. From the point of view of modern rational therapeutics, their use of such disgusting substances is inexplicable,

but it becomes less difficult to understand when we remember that these things were given not directly to cure the body of the sick man, but to expel the unseen though potent demon from his interior.

Mental afflictions in pagan days were always believed to be due to devil-possession. We cannot but recall the case of Christ commanding the devils to leave the man of Gadara and to go into the herd of swine (*St Mark*, V, 1). We recollect, too, the healing of the dumb man possessed with a devil (*St Matt.* IX, 32) and the existence yet in our language of the word "demoniac". Thus these beliefs lingered on into the Christian Era.

The following formula for drinking a remedy may be taken as a typical Egyptian incantation:—"Welcome, remedy, welcome, which destroyest the trouble in this my heart and in these my limbs. The magic of Horus is victorious in the remedy." Drugs were, of course, given both internally and externally. Evidently it was thought that the more ingredients a prescription contained, the more potent it was, for some prescriptions were very long. Nor has this notion become obsolete. We are, however, assured that remedies without magic were valueless, and that the words of the incantation were often written down and then washed off in the medicine which was finally drunk. This practice has lingered to our own days in some country districts. "Healing had developed with magic," says Jayne; "it was inseparably connected with it, and all evidence indicates that it was never emancipated from it."

But the Egyptians, to take them merely as a convenient type of pagan antiquity, by no means neglected surgery; for it seems certain that they performed such operations as circumcision, castration, lithotomy and venesection. Many anthropologists believe that the meaning of the trephine holes seen in so many ancient skulls, found even so far away as in Peru, is that thereby was provided a ready means of escape for the devil in possession. It is certain that bits of bone containing the trephine-hole have been worn as amulets in widely separated parts of the world.

A therapeutic belief amongst ancient pagan peoples, of which there is no modern representative, was that concerning the substitute victim. In Babylonia, for instance, the victim, which was a kid or sucking pig, was killed and laid alongside the invalid, while the exorcist transferred the demon to the carcase. The following is a suitable incantation:

The kid is the substitute for mankind.
He giveth the kid for his life.
He giveth the head of the kid for the head of the man.

He giveth the neck of the kid for the neck of the man.
He giveth the breast of the kid for the breast of the man.

This idea of the transference of disease to an animal has its counterpart in the more purely religious sphere in the ritual of the scape-goat (*Leviticus*, XVI). Here it was the sins rather than the diseases of the people that were transferred to the animal which bore them away into the wilderness, but the underlying notion of a substitute is exactly the same. The analogous transference of pain to inanimate objects is apparently not yet extinct. In a novel (*Howard's End*, by E. M. Foster) written in 1910, we are told—"It's the finest wych-elm in Hertfordshire. . . . There are pig's teeth stuck into the trunk about four feet from the ground. The country people put them in long ago, and they think that if they chew a piece of the bark, it will cure the tooth-ache." In Greek mythology there was actually a demon of convalescence, Telesphoros, especially venerated at Pergamos.

The occult machinery for the prevention of disease was almost as elaborate as that for its cure. Efforts were made in all directions to forestall illnesses and postpone death, both disease and death being regarded in pagan times as preventable but highly regrettable incidents. The attitude of mind was somewhat analogous to that of the modern "Christian Scientist", who holds that if we were living as we ought, there would be no disease or death. Thus the dwellers in Mesopotamia sought to avert these misfortunes by the interpretation of omens and dreams (oneiromancy), by the study of the heavenly bodies (astrology), by inspecting the form and appearance of the liver of a sacrificed animal (hepatoscopy), and by many other forms of divination. "Charms and amulets," we hear, "talismans made of knots of cord, pierced shells, bronze or terra cotta statuettes, and bands of cloth inscribed with magic words were very commonly worn as being potent in warding off the evil eye and the enchantments of the Black Art." But that did not exhaust the means at one's disposal. "Words of power were engraved on cylinders of stone, haematite, agate, rock-crystal, onyx, lapis lazuli or jasper, and were worn on the head, neck, limbs, hands or feet." Against the demon *Labartu* who lived in the mountains and in marshes, and was greatly feared as the tormentor of children, a stone engraved with the following inscription was hung round their necks—"By the great gods may'st thou be exorcised: with the bird of heaven may'st thou fly away." If necessary, more active measures still could be taken against the demons of disease. Shouting, singing, and what corresponded to the beating

of drums seem to have been resorted to as the most direct methods of all. Such practices at once remind us of the howling, singing, and beating of drums by the "medicine men" of contemporary savage tribes, and of the use of crackers on the part of the Chinese to frighten away devils. We cannot fail to remember that the original object of ringing church bells was to drive away evil spirits. Quite in keeping with this is the Chinese custom of making the approach to a house zigzag, with the idea that the demons shall experience a difficulty in reaching it. After some time, the demon was supposed to have entered an inanimate object, or the body of an animal, or even that of the magician himself. We have here more than a hint of the vicarious suffering which is so prominent a feature of many religious systems.

We need not now stop to determine what was the actual nature of these oft-recurring pestilences which scourged the nations of antiquity, because, for one thing, "the plague" or "the pestilence" may have meant more than one kind of epidemic disease. Of a certainty, all the following at one time or another were "plagues":—typhus fever, typhoid fever, bubonic plague proper, cholera, influenza, small-pox and malaria. Sir William Osler thought that the *pesta magna* of which Marcus Aurelius died was small-pox.

From all we can gather, the great civilizations of antiquity were never very long free from serious epidemics; and all of them regarded these scourges as punishments from some of the gods on a nation-wide scale. The very word "plague" has in its derivation no medical significance at all; it is derived from the Latin "plaga", a stroke—a stroke of Divine vengeance being always understood. The Egyptians, in fact, had a goddess of Pestilence called Sekhmet, a very violent person, known as the Lady of Pestilence. She was the counterpart or, as some say, the consort of Ptah. She was supposed to discriminate by protecting the good and punishing the wicked, for she was essentially, at least theoretically, a therapeutic divinity. But like some of her sex in more recent times, she was not endowed with a strong sense of proportion, for it appears that in destroying the wicked she became so fond of human blood that Re, the great sun-god, became alarmed for the future of the race and had to restrain her. Accordingly she was given to drink a mixture of blood and mandrake, which she swallowed with such avidity that she became intoxicated and forgot to slay! Not what we should consider nowadays a very nice young lady, goddess though she was.

The state of matters in Babylonia was very similar. Here again a lady was the source of the trouble. Namtar, the Queen of the Underworld, and Ura, another goddess, were "deities of pestilence." Passing on to Greece, we find the people of that salubrious land quite as anxious about recurring pestilences as were the dwellers by the Nile or the Euphrates. No sooner was the Trojan War under way, than a plague broke out in the Greek camp. So severe was this that Kalchas, "the best of augurs", was entreated to try to discover what it was that had so annoyed Apollo. There was no notion of looking for the origin in any terrestrial source. The unseen and supernatural was at once appealed to.

When we come to Rome, matters have actually gone from bad to worse; the mystery about the origin of these plagues is deeper than ever. But it was not merely the hidden sources of plagues that worried the Romans; their trouble was the purely practical one, that owing to the plagues there were the losses of their citizens. The Senate and the public officials felt bound to take the matter up and do their utmost to stay the plague. The Senate, therefore, at such a time would direct the attention of the people to the gods and to prayer, and would order them to go to the temples and implore the gods for a remission of such expressions of their displeasure. During a great plague in 433 B. C., Apollo Medicus was invoked, and a temple vowed to him for the sake of the public health. But epidemic followed epidemic, and the Government were at their wits' end. On one occasion some aged person remarked that a pestilence had formerly been relieved by a nail being driven into something or other by a dictator. The Senate therefore decreed that a dictator should drive a nail on the Ides of September into the right side of the temple of Jupiter Optimus Maximus. Anything would have been done at this time to restore the sanity of the people now frantic with terror at the continued recurrence of these mysterious scourges. There is positive evidence that some of the epidemics in Italy were malaria. In 176 B. C., a quartan ague became general. The Sibylline books were consulted, and a solemn festival decided upon by an assembly of the people in the Forum. Different gods were interested in different diseases. Mars, for instance, was supposed to protect especially from summer pestilence. He was entreated thus—"Neither let plague nor ruin fall on us any more; be sated, O fierce Mars." Neptune, the god of the sea and of streams, was also, Livy tells us, regarded as an averter of pestilence. Minerva was the special tutelary deity of physicians, and was known as Minerva Medica.

And so the story closes. Disease was not in the pagan mind so much a natural phenomenon as a supernatural interference with the otherwise excellent order of things. It has been stated that even Hippocrates never looked inside a human body; his skill came, then, not from knowledge of what living Nature normally was, but from what he had observed of its disturbances at the bed-side. As there was virtually no science of life in the normal, so there could be none of life in the abnormal. Where the pagan failed to understand, he appealed for light and guidance to that other world which he regarded as the source of all that was best and worst in this.—*From The Dalhousie Review.*

The Evil of Clothes. The London Correspondent of the Journal of the A. M. A. writes as follows:—

“The modern woman, with her short skirts and sleeveless dresses, has a staunch upholder in Dr. William G. Savage, health officer for Somerset. In the course of an article on clothing, one of a weekly series issued by the Central Council for Health of the Society of Medical Officers of Health, Dr. Savage expressed surprise that “short skirts, which do not pick up the sweepings of the streets,” and “the open neck and the sleeveless arms, which do give an opportunity for the ultraviolet rays of the sun to be absorbed,” should be described as “immoral”. He thinks that they are essentially healthful. “There is no doubt,” he declares, “that woman has recognized that clothing is a necessary evil, and is doing her best to have as little of that evil as possible.” Conservative man, “muffled up in his tight collars and his heavy clothes, is far less hygienically clad.” But Dr. Savage concedes him one point of superiority, in that he does not wear the pointed, high-heeled boots and shoes favored by many women. In general, Dr. Savage’s prescription is that “clothing must be sufficient to prevent cold, but not so abundant that it discourages the taking of exercise.”

Howzis?

You’ve heard of the guy
Who could smile and not sigh
When everything went dead wrong;
But the gal worth while
Is the gal who can smile
When two front teeth are gone.

Anaesthesia*

DR. W. L. MUIR, Halifax, N. S.

SODIUM Amytal (Sodium Iso-Amyl-Ethyl-Barbiturate) is used in solution at a concentration of 5 or 10 per cent. The material is supplied in the form of two ampoules, one containing the dry powdered sodium amytal, and the other distilled water.

In preparing the 10 per cent solution the distilled water is slowly introduced into the ampoule containing the powder. Several minutes are required to allow the solution to become clear and complete, and the escape of all air bubbles. Exposure to air causes deterioration, therefore the preparation should be used within 15 or 20 minutes, and any remaining solution should be discarded.

The rate of administration intravenously should not exceed one c. c. per minute.

The intravenous administration of Sodium Amytal has been used in the following groups of cases:—

1. Control of convulsions in eclampsia, strychnine poisoning, epilepsy, tetanus and rabies.
2. In Obstetrics—in facilitating labor and in easing pain when given in small amounts.
3. In minor or orthopoedic surgery.
4. For surgical anaesthesia. In this class of case it is recommended that Sodium Amytal be used chiefly in conjunction with other general or local anaesthetics.

In most of the above mentioned cases the preparation is used by intravenous injection of from 0.07 to 0.126 grains per pound of body weight.

When used alone to produce surgical anaesthesia not more than 0.175 grains per pound of body weight should be used. The maximum dose should under no circumstances exceed 25 grains. These limits are set because the lethal dose for man is not yet known.

This substance is said to produce ideal anaesthesia—placid respirations and well relaxed muscles. The patient does not retch or become nauseated. They usually sleep from three to ten hours.

However, when recovering, a close watch must be kept for some days, as mental symptoms may develop of a rather alarming nature and the patient be required to be forcibly restrained.

*(The BULLETIN made a clipping from a Provincial newspaper and sent it to Dr. Muir who sends us this review, which we very much appreciate).

The Physician's Obligation

THE following quotations are from an address by Dr. S. H. Osborn, of Hartford, Conn., delivered at the July, 1929, meeting of the American Medical Association and published in the October 26th issue of their official Journal.

"Our association is doing a rather remarkable work in the line of health education through the Bureau of Health and Public Instruction. The work of this bureau is unfortunately not known to the majority of physicians. The monthly magazine, *Hygeia*, fills a crying need for a magazine on health, personal and public, and should be more widely patronized, particularly by physicians. It should be on the table in the reception room of every practicing physician.

"The administration of mass public health is being carried out by two large groups; first, the departments and boards of health, and, second, numerous associations and societies that are promoting the general problem of community health or may be confining their activities to some particular field, as tuberculosis, cancer or child health. On the other hand, the promotion of individual personal hygiene and health can best be carried out by the physician.

"The private physician is the only person who can approach the proposition of public health from a personal and individual standpoint. He may well be called the private in the war on preventable diseases. Is he doing what he can to aid his patients and his families in this matter? Is he going the limit, using the knowledge he has at his command in keeping the families in his practice well? Or is he quietly awaiting the time when his patients are going to call on him for an annual physical examination, or request some vaccine to be administered to prevent some communicable disease? Is this type of physician, the passive type, doing what he should for the welfare of his patients? Is he a true physician? Is he doing his duty? Is not this type of physician the one who usually bemoans and regrets the passing of the family physician and the activities of the non-medical practitioner?

Each physician in the country may well ask himself the question 'Am I doing what I should for the health of my patients in the communities in which I practice medicine?' We, as physicians, not only should be wide awake to the latest developments in the prevention of disease but should most actively and energetically in private practice seek to do the best we know how for our patients and families.

"It matters not whether we are in a department of health, in a voluntary health group or private practitioners, when we consider the prevention of disease. Preventive medicine should be foremost

in our minds, because it is often the most valuable merchandise the physician can give his patients.

"It is true that physicians of the country cannot use any method that savors of advertising or commercialism in carrying on their practice, but there is nothing in the world to stop them from trying to teach some knowledge of preventive medicine when they are called to see a patient. It is a well known incident in surgery for the surgeon to cover more territory for the welfare of his patient than he had anticipated. It is not uncommon, I am told, for a patient to go to a hospital for an appendectomy and, when the time comes to count up his gains and losses on leaving the institution, to find that he is lacking one or more other parts of his anatomy because of the conditions the surgeon found on opening the abdomen. This is, in a way, an example of preventive medicine.

Are physicians doing their duty to their patients and their community unless they actively seek to promote the health of their patients and actively interest their patients in healthful living?

"When the general practitioner attends a birth in a family, he automatically uses a prophylactic for ophthalmia neonatorum. There was a time when he did not do this. The physician has an opportunity at the time of birth to tell the parents that she should and will see the child at regular intervals for the next few months and that the baby should be immunized against diphtheria in six months. It is possible that the patient may be attended by an obstetrician. He should surely, in the interest of his patient, urge the parents to have their family physician immunize the child against diphtheria at the age of 6 months. It seems that it is not only logical but the duty of the obstetrician so to advise the parents in a positive manner and not in any passive offhand statement.

Preventive medicine must necessarily be carried out in a more energetic and positive manner than curative medicine. A well person has not the urge of pain and 'that sick feeling' to seek medical aid that a sick person has. A person feeling sick will usually call for aid.

"A well person must have the several measures of preventive medicine brought forcibly to his attention before he will even become interested in the proposition. This the family physician should do. He must do it if he is giving all he can for the health of his patients.

"As to the second item—the duty of the physician to the community—should he remain strictly aloof and tend to his knitting? Should he ignore requests for his presence on the local board of health of different committees of local societies? Should he refuse to become a member of this board or that society, merely to keep out of imaginary politics or because it will take a little of his time? He most certainly should not. Not only the physician but the medical societies should be actively interested in these community affairs."

Rural Health Service

NO one can study the present standing of health work in this Province without concluding that the rural districts are not getting the same protection available in cities and towns. This is most apparent in the matter of the Prevention of Disease and the Improvement of Health.

Were it not for the telephone, the automobile and greatly improved roads the former medical service to the sick alone in scattered rural districts would be scanty in the extreme. But the Practice of Medicine to-day calls for more than caring for, or aiding those suffering from disease, and it is in this field that modern medicine in Nova Scotia is failing. In other words our rural health system is almost wholly inefficient.

Last year Dr. J. W. S. McCullough, of Toronto, presented a paper on the subject before the Academy of Medicine in Toronto, considering definitely conditions in Ontario. Evidently this is a condition existing in all countries and some of his remarks may be applicable to Nova Scotia.

He asks, "What is the Remedy for our Inefficient Rural Health Service". In answer he says:—

"The first thing necessary in my opinion to the improvement of rural public health is legislation enabling municipalities to combine for public health purposes. Most of our counties are too large to operate as efficient health units. A few are admirably suited in size and other respects for such an experiment. From the larger counties two or more health units might be formed. No project of the kind, however, will, in my opinion, prove successful unless the Government is prepared to bear a greater proportion of the cost of local public health work than at present; and it seems to me that no policy of government would be of greater value, not only to the public, but also to the Government itself, than that of greatly increased expenditure for health purposes. The value to the public would accrue in the improvement of health, reduction of mortality and lessening of poverty. The value to the government would be seen in reduced expense for institutional care, as, for example, in tuberculosis, and mental disease. The reduction of hospital expense, both in respect to capital and per diem allowance, would certainly follow adequate public health administration in the rural areas.

"Something more than legislation is necessary for a project of the kind. The public has for over half a century been wedded to municipal government. It is a useful form of local government, but the municipality with a small population cannot finance a proper health administration. There should be established *half a dozen or more 'combined areas' or county health areas, for the purpose of demonstrating their value in health work.* These areas should be operated by the county and the government for a period of say five years so as to show the public what may be accomplished by proper administration. Experiments of the kind, if properly carried on, would serve to educate

the population in the value of advanced public health measures, and to pave the way for the establishment of full-time health organization in every county."

Regarding Public Health Education, he says:—

"The experience of those engaged in public health administration in Great Britain, the United States, and other countries where public health is more than an experiment shows that not only is the full-time health unit necessary for the successful administration of this important public service, but that, in addition, there must be education of the public in health. This can only be satisfactorily carried on where there is someone on the spot charged with this duty and supported by a competent organization and sufficient funds for the purpose.

"The best places to pursue education of the public in health are in the primary schools and in the homes where children of pre-school age are found. In this province and elsewhere medical inspection of schools was established primarily for the purpose of lessening disease among school children and in order to discover individual defects of one kind and another and to initiate measures to prevent and cure such conditions. But in this field it is impossible satisfactorily to advance this valuable service without any one qualified to carry it out.

"Education of children in health and its adjunct, medical inspection of school children, depends chiefly for their advancement upon well trained local medical officers, nurses and other services, which will never be available under our present system of municipal units, particularly in the small towns, villages and rural areas.

"The value of education in health is very well summed up in the observations made as long ago as 1840, of Charles Wilson, a Scottish country doctor.

When man shall be brought to acknowledge (as the truth must finally constrain him to acknowledge) that it is by his own hand, through his neglect of a few obvious rules, that the seeds of disease are most lavishly sown within his frame and diffused over communities; when he shall have required of medical science to occupy itself rather with the prevention of maladies than with their cure; when government shall be induced to consider the preservation of a nation's health an object of importance as the promotion of its commerce or the maintenance of its conquests; we may hope then to see the approach of those times, when, after a life spent almost without sickness, we shall close the term of an unharassed existence by a peaceful euthanasia.

"Success in public health work demands co-operation of a well-trained medical profession. In the main we have such a profession in Ontario. In perhaps no other part of the British domains or in any other country is the medical practitioner better trained than in Ontario. But his co-operation cannot be secured so long as the medical officer of health is a physician, competing with his medical neighbours for practice. The physician should be the auxiliary of the medical officer of health, and his services should at all times be employed by the local health administration whenever possible." S. L. W.

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VOL. IX

JANUARY 1930

No. 1

THERE seems to be so much, editorially, to write about, now that the Editor-in-Chief has gone into Politics, that the poor Secretary hardly knows where to get off at. But one thing at a time and because a very thoughtful member of our profession, whom we vainly struggled with a number of times to contribute to our Society or the BULLETIN, has a letter on the travelling pedler of glasses we wish all our members to read it a second time.

While we are free to say we do not fully approve of the Optometrist, and believe the community would be better off without him, still he has come to stay. He is doing, on the whole, very excellent work, and better than all this he is keenly alive to the necessity of constant study to keep up with the advances being made in every line having to do with the physical welfare of the people. Annual conventions of Optometrists are no more concerned to-day with fees or knocking the oculists, they meet for the scientific purposes of broadening their special training.

In the matter referred to by Dr. Hemmeon, we do not think there can be any excuse why the legitimate optometrists and the public should not be protected from that most dangerous of itinerant quacks. This is the stand we will expect the Hon. George H. Murphy to take if the general subject matter comes up when he is a member of the Government. Also we feel that Doctors Proudfoot, McIsaac, McGarry and Morton heartily endorse this idea.

The BULLETIN thanks Doctor Hemmeon for bringing this matter to the attention of the members of the Medical Society of Nova Scotia.

THE MARRIAGE OF MENTAL DEFECTIVES

A strong recommendation that the marriage of mental defectives should be prohibited is contained in the report of the Board of Control.

The 200,000 defectives in the community are considered wholly unfitted for parentage and it is added that "it would be a valuable safeguard if the marriage of defectives could be prohibited by law. It is astonishing that on the grounds of so-called morality well meaning persons countenance and even encourage the marriage of defectives who are not only obviously unfit to undertake the responsibility of parenthood, but are incapable of assuming the responsibilities of the relationship into which they propose to enter. A prohibition of the marriage of defectives would prevent unions which are socially disastrous and would make it much easier to secure the protection of young defectives under supervision or guardianship or on license by bringing home to the public conscience the anti-social conduct of any overtures toward persons definitely stamped as incapable of valid marriage."—(From an Exchange.)

POST GRADUATE LECTURES.

The BULLETIN wishes to announce to the Medical Profession in Nova Scotia that the Sun Life Assurance Company has made a 5th Annual Grant of \$30,000 to carry on the system of Post Graduate Lectures as delivered in the past few years. Information to this effect has been received from the General Secretary of the Canadian Medical Association.

The profession in Nova Scotia has been very appreciative of the work undertaken in this way, and particularly those men who are unable to get away from home for one or two years, will be glad to know that these lectures will be still available to them. It has been a considerable satisfaction to know that representative men from the Maritime Provinces have been very welcome lecturers in provinces in Middle and Western Canada.

DR. MURPHY IN POLITICS.

Dr. G. H. Murphy, who has accepted the invitation of Premier Rhodes to join his cabinet, was not regarded as a prominent party man, but he has long been known as a good physician and upright citizen, and it is obviously on account of his character and standing as a citizen rather than for any party activities that he has been chosen to fill the vacancies in both cabinet and legislature. This is an instance where a party leader, finding himself in a tight place, turns to character and standing as the most likely recourse to help him out. A successful party leader with a good majority might have been satisfied with a party hack to carry its banner. Dr. Murphy may prove to be a source of strength to the government, but not because he is a good party man but rather because he is a good citizen. Character gets its innings when an emergency arises. The new minister will be favorably remembered by many in this district where he began the practice of his profession and where he has many staunch friends who will be interested in his career as a politician.—(*Glace Bay Gazette.*)

Elsewhere we publish the letter of Dr. A. T. Bazin, President of the Canadian Medical Association, pointing out the desirability of some recognition of the services Dr. A. D. Blackader has rendered to Paediatrics in Canada. In this and other references the BULLETIN has repeatedly commented on the great value of his contributions to this specialty.

We must, in this instance, however, call attention to the fact that Dr. Bazin practically requested the C. M. A. to entrust to him the task of raising the necessary amount to establish a series of lectures in Paediatrics that may appropriately be termed The Blackader Series. The appeal is not made to Societies but to individual practitioners. It is moreover, worthy of note that Dr. Bazin especially asked that he be given the honor of personally directing the raising of this fund.

When Dr. Bazin attends the Annual Meeting of the Medical Society at Digby, July 1st-3rd, 1930, we sincerely hope he will announce that Doctors in Nova Scotia have fully contributed their quota.

The C. M. A. Journal for November has two very appreciative notes of the services to the community of two veteran Nova Scotia medical practitioners. Dr. Nicholls writes of Dr. Murdoch Chisholm's professional Jubilee, not omitting to mention his studies of 'The Book' and support of 'Temperance Reform'. Dr. McDermott pays a tribute to Dr. A. S. Kendall, of Sydney, and referring to an official recognition of his service by the City, the item concludes: "It is pleasant to learn, therefore, that the Provincial Legislature has empowered the City of Sydney to provide a small pension for Dr. Kendall for the rest of his life. In granting this power to the City, however, the Government insisted that the item should be included in the plebiscite already mentioned. There seems to be little doubt that this was one reason why this plebiscite called forth such an unusually whole-hearted and enthusiastic support. It was Sydney's way of saying thanks to one who was trusted not only as their mayor, but as their medical adviser." Knowing things, as all we medical men do, this is quite a joke, but it was meant as a compliment to Dr. Kendall, which we all endorse.

Altho expressly desired by Dr. A. D. Blackader, of Montreal, not to print any part of his recent letter to the BULLETIN, we still feel that our readers should know that Dr. Blackader very greatly appreciated the reference made to him in our November issue. We are, however, despite his request, publishing elsewhere, under the head of correspondence, portions of his recent letter.

LOCUM TENENS.

Dr. John A. Macdonald, of St. Peter's, N. S., desires some one to supply for him while he is in attendance at the forthcoming session of the House of Commons, Ottawa, presumably 4, 5 or 6 months. If the matter interests you, please write to Dr. Macdonald for detailed information.

This note is being posted in the Medical College, Victoria General Hospital, advertised in the BULLETIN and sent to Dr. Hattie of the Provincial Medical Board.

S. L. WALKER, M. D.,
General Secretary,

The Medical Society of Nova Scotia.

Halifax, Dec. 23, 1929.

Bovine Tuberculosis. There is still much to learn regarding vaccination against Tuberculosis with *Bacillus Calmette-Guériu* as shown by recent experiments with calves. It is, however, apparently proven that vaccination with B. C. G. produces resistance in bovines to tuberculous infection. In the meantime, is there any good reason why any doctor in Nova Scotia should oppose pasteurization of milk or the exclusion of tuberculous cows in dairy farms in this Province?

WHY SHOULD I BE SICK?

The A. M. A. Journal is responsible for the following. We wish to assure our readers that Dr. S. R. Johnston, of Halifax, is in no way responsible for the effusion.

My daddy is a doctor,
So why should I be sick?
Then please turn loose some x-ray juice,
And make me better quick!

I wouldn't have the measles;
Your nose gets full of sneezles.
I wouldn't have the mumps;
Your cheeks get full of bumps;
I wouldn't have the whooping cough;
It makes you blow your old head off.
I won't be sick abed;
I'd rather play instead,
If nothing else will cure me,
Then try the diathermy.

My daddy is a doctor,
So why should I be sick?
Then please turn loose some x-ray juice,
And make me better quick!

The BULLETIN is very glad to learn that Dr. Robinson Cox of Upper Stewiacke, who is 89 years young, had serious illness in November and December, but was in his usual good health to enjoy Christmas and New Years.

The Bulletin of the Academy of Medicine of Toronto gave a calendar for October, 1929, of some fifteen stated, sectional and committee meetings. Many of the officers and speakers are well known to those of us who have attended C. M. A. meetings and we are convinced the Academy is an influential organization. Two full pages are devoted to a report of the Golf Tournament Committee which had just concluded a very successful season's management.

This is Rather Unique. The Mayor of Lewisham, really a part of London, England, has a family of five sons and one daughter. The sons all served in the R. A. M. C. during the war and recently the daughter has received her medical degree. Why should an entire family embrace the medical profession? No forbears of this family were medically inclined. Of course, one cannot tell where electricity or insanity will strike.

When you read your BULLETIN please note that recent newspaper humor may be somewhat familiar to you. For instance, a very welcome exchange of the BULLETIN has the following:—

"Graham Moffatt, who wrote 'Bunty Pulls the Strings', is credited with these two Scotch stories:

One is about a Highlander who was fished from a river and declared dead.

"Are you sure he's dead?" asked a relative.

"He's deid all richt. They got him out and went through his pockets, but he didna' move."

The other is of two Scots competing for a half-crown, (60 cents) as to which could remain the longer under water. They are still searching for the bodies."

At least we gave the ground work of the latter incident many months ago, and it actually happened in Aberdeen.

Patient (nervously): "And will the operation be dangerous, doctor?"

Doctor: "Nonsense! You couldn't buy a dangerous operation for forty dollars."

The Canadian Medical Association

THE NEW MOTOR EMBLEMS.

In accordance with requests from a large number of our members, Council has authorized the issue of a new motor emblem incorporating the familiar green cross which has become so popular in various parts of Canada.

The idea of using the green cross was suggested to doctors when there was a gasoline shortage during the war. Sunday driving was discouraged and the green cross was then used by many medical men to indicate to the general public that such drivers had a legitimate reason for contravening this unwritten law by appearing on the streets on Sundays and holidays. Since then it has been widely adopted; provincial associations and the Canadian Medical Association have used it as a windshield sticker at their annual conventions and the Academy of Medicine, Toronto, has issued the plain cross stamped on aluminum as its official motor badge for several years. The members have found it to be of considerable advantage when they have been required to park in prohibited areas, or to exceed the time or speed limits; moreover, the cross has been found to be of material assistance in soothing the wrath of highway traffic officers. The plain cross is now being manufactured by several individuals in Canada and the nearby states and, in order to check this unauthorized and possibly indiscriminate distribution, the Council decided to create its own design and so have a uniform badge throughout Canada. While this emblem bears the wording, "Canadian Medical Association", its use will be permitted to all licensed practitioners in Canada. It is felt that this evidence of the interest of the Canadian Medical Association in *all* of the doctors of Canada will act as a further incentive to them to join their national association.

These badges are of French bronze with the cross in an attractive green enamel on a light ground. A small caduceus in bronze is superimposed over the upright bar of the cross. Encircling the cross and its lighter ground is a border of dark red enamel through which appears in bronze the words, "Canadian Medical Association". The whole emblem is stamped to a convex contour to augment its appearance. It is perforated above and below as well as laterally to permit radiator wiring and has, also, two holes drilled through the border below the cross and at some distance apart to permit its rigid attachment by means of small bolts to the licence plate or to the transverse bar connecting the headlights.

This motor emblem will not supplant the present badge as the official emblem of the Canadian Medical Association but has been

designed to meet the needs of our members who desire a badge combining both dignity and more ready recognition by traffic supervisors. With this in mind, the cost has been kept low by elimination of expensive detail. By a fortunate purchasing arrangement, these crosses will be available at one dollar and fifty cents (\$1.50)—cost price—a remarkably low figure for fully enamelled emblems of this quality of workmanship.

These emblems can now be obtained at the Canadian Medical Association office at 184 College Street, Toronto.

Tuberculosis. Perhaps the Medical Society of Nova Scotia has not been giving a very authoritative mandate in the campaign against this disease in the opinion of some, altho the BULLETIN must maintain that what progress we have made has been sponsored by the medical profession. Moreover, we are not inclined to accept the statement that, comparatively Nova Scotia is making the poorest showing of any Province in the Dominion. There may be some lack of unanimity of opinion in methods and there may have been some dereliction of responsibility regarding infected cattle when we read the following paragraph from a paper, presented this year at the Annual Meeting of the American Medical Association, which says: "With the compulsory pasteurization of milk now in use in our large cities, the careful inspection of dairy herds and elimination of infected cattle, glandular and bone and joint tuberculosis have practically become a thing of the past."

In this particular, perhaps, more definite action might have been taken.

Music is a valuable adjunct in the care of the sick and now we are advised by the Press that it is of particular value in high blood pressure. Just how it is to be utilized does not appear to be clearly indicated by these lay specialists.

The buxom colored woman waddled into the doctor's office.

"Doctah, Ise come to ask you-all if you is gwine to ordah another mustard plastah foh Rast?"

"Yes, Mandy, I think he should have another."

"Then, doctah, cain't he hab a slice ob ham wid it? He done say it's mighty pow'ful to take alone."

Good Night Nurse. "What do you take as a remedy for your insomnia?" "I have a pretty nurse kiss me at regular intervals."

"And does that make you sleep?" "No, but it makes me satisfied to stay awake."

The British Medical Association

Winnipeg 1930.

Passing the Maritimes.

OUR congratulations are extended to Dr. Kenneth Alexander MacKenzie of 89 Spring Garden Road, Halifax, as being a Vice-President of the British Medical Association for the year 1930.

Another Vice-President is Dr. Charles Hunter, of Winnipeg. Well, if he doesn't come East sometime as a Canadian Medical Association Lecturer, or on his own account, we will disown him completely. He has been invited, officially and unofficially, to come to Nova Scotia but that sticking out Scotch look all over his face, person and tongue, may be the reason why we have not met him since the days of 1914-1919.

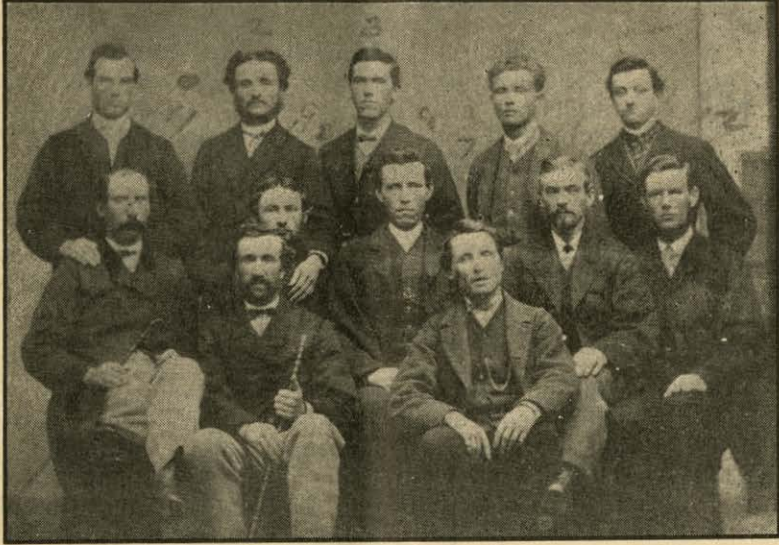
In the Department of Obstetrics and Gynaecology we note that no less than three lady physicians are mentioned—Doctors Lady Florence Elizabeth Barrett, Dame Anne Louise McBroy and Dr. Gertrude Darnley of Harley Street, London. As a matter of fact, in still other sections of activities do the names of women occur as having definite official positions in the British Medical Association.

This is somewhat new to us as we were not aware that feminine medical doctors were very common in the Old Country. Then with the other Vice-President we notice the name of our old friend, "Dannie" McKay, formerly of Cape Breton, Nova Scotia. Of course, we expected to see the names of Prowse, McEachren, Chipman, Boyd, Cameron, Chown, Birkett, Amyot, Parfitt and others, chiefly Canadians. There are also others, of probably just as high standing, but with whom we are not personally acquainted.

A month or so ago, Dr. H. B. Atlee came forward with an article regarding Annual Medical Society Meetings. We give it this broad general basis. We want every member of the Medical Profession in Canada to know that we are behind our Provincial Society, our Canadian Association and our affiliated British Medical Association to the fullest possible extent. But is that any reason why, when 500 to 1,000 English physicians and their wives come to Canada for this Annual Meeting, they should not be reminded that Nova Scotia, New Brunswick and Prince Edward Island are on the map of Canada? Do the people realize that conditions of life here in the Maritimes more surely appeal to the British people than the almost limitless attractions of the West? As a matter of fact, we are like them and they are like us and their General Secretary says the same thing:—"Personally I should be delighted if some such tour could be arranged, because very few of our visitors to Canada ever see the Eastern Provinces and this would seem to be a good opportunity to repair the omission.

S. L. W.

The First Class in Dalhousie Medical College.



Front Row, reading from left to right—John P. Smith, James Weir.

Second Row, left to right—William J. Clarke, Duncan Campbell, Gthomas McKenzie, Abner Hodgson, Roderick Sutherland.

Third Row, standing, left to right—Peter Henry McMillan, Ewen Cameron, Daniel McIntosh, Edward B. Chandler, G. H. Marshall DeWolfe.

IN sending this picture and pointing out the identity of each member of the Class Doctor Daniel McIntosh, of Pugwash, writes the Secretary as follows:—
 “Dr. K. A. McKenzie gives two other names in his history of Dalhousie Medical School,—Alford Major and A. P. Seeton, which do not appear in the group. The only way I can explain this discrepancy is that these two did not attend the school although they may have been registered. I have a strong impression that this was the case as I have no recollection of their fellowship in the class. And the fact that their pictures do not appear in the photo would substantiate this. They were both Halifax boys and you could easily find out by consulting their friends.

“What became of all the members of this class I am not sure. I remember quite well the destination and end of some of them. DeWolf went to England and I lost sight of him, but I think he is dead. Clarke did not follow up his medical course but went into the Ministry and died some years ago in some part of the United States, I think. McMillan went to Southern Illinois where I met him while practising there. He died at his old home some few years ago. Chandler practiced in Moncton and died there not very long ago. He had a splendid career. I never heard of Campbell or Cameron since we parted in '78. I am sure they are both dead. McKenzie located in Trenton, New Jersey, and became a noted surgeon, having been on the Hospital staff of that city for many years. He died a few years ago full of honours and possessing some measure of wealth. Hodgson located in some part of this province where he died shortly after starting out. He died of tuberculosis. Sutherland, if I remember, located in River John, his native town, and died very shortly after graduating. He also died of tuberculosis. I have never heard of Smith or Weir since parting with them at old Dalhousie, but I feel sure they are both dead. Weir was lame and was always delicate in constitution. So far as I know I am the only surviving member of the class, and you know my whereabouts. My career has not been marked by any distinguished accomplishment that I may have achieved while passing through the devious paths of my pilgrimage here below—but I am still 'on deck'.”

Correspondence

Peddling Glasses.

At the last session of Legislature a Bill was introduced called "An Act to Amend Chapter 118 Revised Statutes, 1923, 'Of the Practice of Optometry' ". This Bill was defeated by one vote.

As physicians we are not concerned in the majority of the clauses in this Act. They seek to enlarge the authority of the Executive created under the original Act, are largely disciplinary, and seem to be wholly commendable.

The Clause to which I wish to direct the attention of your readers is Clause 3, Section 9. It is as follows:

"Every person who sells, or fits, or supplies glasses by going from house to house, notwithstanding that he is the holder of a municipal license as a peddler or transient trader, shall be guilty of an offence and shall be liable to a penalty of not more than \$100.00 or less than \$10.00."

However much we, as oculists, may deplore the tendency of the public to employ other than qualified medical men when seeking relief from defects of vision, and however we may deprecate the claims made by the optometrists in advertisements in the public press, we must recognize the widespread acceptance of the optometrist by the public. So we should encourage anything that honestly aims at further education of the optometrist, and at restriction of house to house peddlers who have too long imposed themselves and their works on the people of the Province.

As physicians we may ask ourselves two questions:

- (1) Will this Amendment be of benefit to the public?
- (2) Will it work any hardship to the public?

(1) I believe that this amendment constitutes a genuine Health Measure. Speaking as an oculist, it is practically impossible to correctly refract a young person, in daylight, in a house in the country. If anyone doubts this, please ask your oculist friends. And yet these itinerant opticians are going up and down this Province insisting, to fearful and credulous parents, that their children need glasses and will "go blind" if these are not supplied at once. Moreover these benefactors "guarantee" that they are the people to do this work and to "give satisfaction".

The Annapolis Valley has been for a good many years, and is now, well supplied with oculists and registered optometrists; and yet one daily hears of these peddlers being in the community and all too frequently does one see the damaging, often irreparably damaging, effects of their work on the eyes of young people. Older ones suffer too, *but are often silent*. The public should be protected from these sellers.

(2) It was urged by some who opposed this Act that it would be a hardship working on those who were unable to go from home to consult an oculist or optometrist.

I do not think that my experience is different from that of other oculists practising in Nova Scotia and I am rarely told of a person needing glasses and unable to leave home. In such cases, and there are a few, one goes gladly to the home, or, in the case of aged people, one can do as much, without an interview, as these peddlers at the door. But I emphasize the infrequency of these cases.

Then there is the matter of cost. Strangely enough it is the fact that peddlers charge, generally speaking, as much or even more than the oculist or optometrist. While the loss, in the case of glasses that cannot be worn, makes the itinerent even more expensive.

I emphasize two points:

- (1) The widespread, often irreparable, damage to the eyes of young people.
- (2) The minimum of inconvenience or expense to the public by the suppression of the peddlers.

With increasing numbers of qualified and trained oculists and optometrists coming to Nova Scotia, the spectacle of these peddling opticians, tooth-pullers, medicine men, parading this Province is ludicrous, unnecessary, ominous.

(Signed) J. A. M. HEMMEON, M. D.

Wolfville, N. S.

The Blackader Lecture in Diseases of Children.

November, 1929.

Dr. S. L. Walker,
Halifax, N. S.

Dear Doctor:

Announcement has already been made in the Canadian Medical Association Journal of the decision of Council of the Association to establish the Blackader Lecture in Diseases of Children, "as a tangible expression of deep and abiding appreciation of Dr. Blackader's efforts (*as Editor*), as a mark of recognition also, of his eighty-second birthday, and finally to signalize his pioneer and long sustained interest in the field of diseases of children and his devotion to the highest ideals in medicine."

The Osler Oration was inaugurated this year, the third Lister Oration will be due at the time of the British Medical Association meeting in Winnipeg next August; the Blackader Lecture in Paediatrics should be instituted at the Vancouver meeting of the Canadian Medical Association in June, 1931, thus completing the first series of important triennial orations on important subjects.

To the writer has been granted the privilege of raising the capital sum required, the interest of which, accumulating over a period of three years, will be used to defray the expenses of the preparation and delivery of this lecture by some noted paediatrician.

If we are to be ready for the Vancouver meeting no time may be lost in completing this sum. By subscribing to this object we honour Dr. Blackader, but benefit ourselves. To the paediatrist especially, but also to the general practitioner, interested in the problem of diseases of children (and who is not), and to every reader of the Journal should this appeal.

Contributions will be received by the undersigned.

Yours sincerely,

(Signed) A. T. BAZIN.

The Harmon Foundation.

(The BULLETIN has received this communication from the Harmon Foundation, Inc., New York. Perhaps in Nova Scotia we have not yet solved all of these and kindred problems).

That the horrible conditions which Dickens described as existing one hundred years ago in English orphanages are still current to-day in American institutions and that aged people in almshouses are still brutally treated and poorly fed and housed, is evidenced in true stories of social work which received awards to-day in a contest sponsored by the Harmon Foundation of New York and the Social Work Publicity Council.

Judges of the award were Kathleen Norris, Author; Ellery Sedgwick, Editor of the *Atlantic Monthly*; and Bruce Bliven, Editor of the *New Republic*.

Dr. Eva Reid, Chief of the Psychiatric Clinic of the University of California Society for Mental Hygiene, received the first award of \$300 for her article, "Fighting Through". This describes the adjustment of an orphan, wrongly committed to an institution for the feeble-minded, by the orphanage which had tired of her mischievousness; and her release and difficulty in adjusting herself to contacts with the outside world.

A second award of \$200 was granted to Harold J. Matthews, Secretary of the State Conference of Social Work, at Columbia, Missouri, for his article, "Are Old People Human?" He describes human derelicts in an almshouse, utterly submerged by brutality, filth, insufficient food and lack of sympathy. Mr. Matthews spent five years in connection with his work as head of the Division of County Organization of the State Welfare Department of Georgia, studying conditions in almshouses there and in Alabama. The institution which he has described in his article is a composite, but each incident related is true to fact.

The story of "Lithuanian Steve", written by Lillian J. Johnson, Director of Child Welfare in the State of Nebraska, received a third award of \$50. Miss Johnson, who has had a wide case work experience, tells the story of the conflict between Lithuanian born Steve and his American wife, their separation, and his rearing of their son.

The contest, which closed September 15, invited unpublished articles which presented some of the trends and problems in social work in a style which would be read with interest by the general public. Nearly two hundred manuscripts were submitted.

A second part of the award, which is the contest for a year's publicity record by a social organization, does not close until February 1, 1930. Four awards of one hundred dollars each are to be given for the best records of a national agency, a regional agency, an agency in a city or county of 200,000 or more population, and an agency in a city or county of less than 200,000 population. The contest is open to any organization in social or health work or to any representative of such an organization. The period to be covered by the record is the fiscal year of the organization which it describes and ending sometime in 1929.

Judges for this contest are Leon Whipple, Associate Professor of Journalism, New York University; Evert G. Routzahn, Russel Sage Foundation; and Harlean James, American Civic Association

Dr. Smith L. Walker,
Sec'y. to Editorial Board,
The Nova Scotia Bulletin.

102 The Acadia,
1227 Sherbrooke Street W.
Montreal.

My dear Dr. Walker:

Will you kindly accept for yourself and also convey to other members of your Editorial Board my appreciation of the honour conferred upon me in your November issue. My professional friends have, indeed, been very good to me in every way, and I wish I were able to express my thanks as cleverly and wittily as Dr. Chisholm did, but expression fails with me.

Although the Canadian Medical Association Journal was started in 1911 it was at the meeting in Halifax in 1921 that both Journal and Association assumed new life. The annual fee was raised to ten dollars, the bonds floated, the debts of the Association were paid off and we were freed from the bondage to Morang—and made a new beginning with Murray as our publishers. Our start took place in Halifax under the presidency of Murdoch Chisholm, whom I am very glad to notice was suitably honoured on the completion of his fifty years of professional service—*cum laude et dignitate*. Kindly extend my greetings, my warmest greetings, to him.

In closing, let me thank you for the kind expressions you have used regarding my past work in the Journal. My only aim is Canada and our Canadian profession—an aim that becomes stronger as I grow older—but I say this in all humility. You have two men in Halifax who have done, and are doing, more than I have ever been able to do, and whose names I bow to in great respect, John Stewart and W. H. Hattie. To these I should add the name of Murdoch Chisholm.

With thanks and appreciation of courtesy to all members of your Editorial Board,

Yours very sincerely,

(Signed) A. D. BLACKADER.

The following post card was received from our old friend Dr. W. B. Moore from Dublin, December 11th, 1929.

Dear Doctor:—

Have just reached here on my way back to Monte Carlo for the winter. Have travelled through Ireland for several months snipe and woodcock shooting after spending the previous year in France, Italy, Switzerland, Germany, Belgium and England. Beautiful country this, but the winters are unpleasant and we are longing for the sunshine on the blue Mediterranean. My boy Hugh in the R. A. M. C. at Wiesbaden couldn't join me but expects to close the British Hospital there soon and then has to leave for China.

Merry Christmas.

(Signed) W. B. MOOR.

Enuresis. Supplementing our recent reference to this troublesome condition Dr. Wiesenburg of Philadelphia in a recent number of the Journal of the A. M. A., writes as follows:—

“The problem of enuresis has always been of interest. One of our graduate students, Dr. Forrest N. Anderson, spent a year on this problem. He studied not only enuretic patients but a normal control group. It would take too long to detail his results. I will cite only his conclusions in the normal group, leaving his thesis, which will appear shortly, to speak for itself. Diurnal bladder control is secured at an average age of 17 months, nocturnal bladder control at an average age of 23 months, with an average training period of six months. The fact that nearly one half of almost all control patients sleep through the night invalidates the contention that the infantile bladder is too small to hold the night's secretion of urine. Fluid restrictions are of little fundamental value. It is interesting to note that emotional factors constitute by far the largest group of enuresis. Physical factors, while of undoubted significance in a limited number of cases, probably exert their influence indirectly through suggestion and erroneous assumption by parents and others as to being causative. To declare them as being in themselves without importance is in the majority of instances impossible.”

Our Exchanges

IN the August BULLETIN we made brief reference to current numbers of the International Clinics and the Transactions of the College of Physicians of Philadelphia. Through the courtesy of Editors, Librarians and others, the BULLETIN has quite an exchange list, including most of the Provincial newspapers whence we cull most of our Locals and Personals. It means the BULLETIN is collecting quite a library of its own combined with books and papers of the Medical Society of Nova Scotia.

The *Bulletin* of the Medical Society of the County of Kings, Brooklyn, New York, for July came duly to hand. Very considerable reference is made to medical inspection of school children and Periodic Health Examinations, but our attention was caught by a famous "Daily Prayer of a Physician". With due credit to the County of Kings *Bulletin*, we present the prayer and footnote herewith:—

Daily Prayer of a Physician*

All-kind! Thou hast formed the body of man in full wisdom. Ten thousand times ten thousand tools Thou hast united within him, and these are unceasingly active to maintain the envelope of the immortal soul, this beautiful entirety in harmony. Continually they are busy in complete order, agreement and accord. Whenever, however, this order is broken by the fragility of the matter and the untamedness of the passions, the powers come into conflict with one another and the body falls unto dust. Then Thou sendest man Thy merciful messengers, the diseases, and they tell him that danger is approaching, and they urge him to forfend it.

Thine earth, Thy streams, Thy mountains Thou hast blessed with such things as may bring remedy, and may mollify the pains of men and cure their ills.

And Thou has endowed man with wisdom so that he may relieve the body of ill, so that he may recognize order and disorder, so that he can discover the proportions of things and ascertain their functions and prepare against each evil that which may ameliorate or prevent it.

Me also Thine eternal providence hath chosen to watch over the life and health of Thy creatures. I am about to begin the exercise of my profession. Aid me, O All-kind One, in this great work, so that it may be of avail, for without Thine assistance nothing succeeds, not even the least.

May the love of fellow-man and the love of my art ensoul me. May not thirst for gain nor craving for fame mingle in my service. For these are enemies of truth and charity, and they might mislead me and keep me from doing what I ought for the weal of my fellow-men.

Preserve the strength of my body and of my soul, so that I might be unperturbably ready to help the rich and the poor, the good and the bad, the enemy and the friend. Let me see in the sick the man alone. Enlighten my understanding, that I may see what is before and encompass it, and that I may surmise what is absent and detect what is hidden. Let my mind not sink, lest I fail to recognize what is visible and overvalue it, lest, indeed, see what is not to be seen at all. For the limit in my art is lightly traced, and it comprises the health and life of men.

May my mind be always on the alert. While I stand at the bedside let not alien things intervene to rob me of attentiveness, nor disturb me in my silent meditation for great and holy are the searchings on which depend the weal and woe of Thy creatures.

Grant that the sick have confidence in me and in my art, and that they heed my advice and orderings. Banish from their side all quacks and the host of counsel in kindred, and of overwise nurses, for these are a cruel people and pervert the best intentions and thwart those who are expert in the healing art and they lead men to death.

If wiser men wish to teach and correct me, may I follow them and be grateful; for the compass of our art is large and wide. But if zealous fools upbraid me, then let the love of my art keep me strong so that I may adhere to truth without regard to years and fame; for weakness and yielding would involve the pain and even the death of Thy creatures.

Let me be patient and calm when older men of my profession, proud in the number of their years, crowd me out, or taunt me or offer jeeringly to better me. But let this, too, be for my improvement, for they know things that are forgotten to me; still let not their conceit grieve me. They are old, and old age is not master of the passions. I, too, hope to grow old upon the earth, before Thee, O All-good.

Give me frugality beyond all, except in the great art. May never awaken in me the notion that I know enough, but give me strength and leisure and zeal to enlarge my knowledge and to attain ever to more. Our art is great, and the mind of man presses forward forever.

All-good! Thou hast chosen me, in Thy grace, to watch over the life and death of Thy creatures. I am about to go to my labor. Be with me in this great work, so that it may avail, for without Thy help nothing succeeds, not even the smallest.

*The Prayer of Maimonides has caused considerable discussion as to authorship. In a recent issue of the *Journal of the American Medical Association* the above prayer is printed with the statement that it appeared in the German periodical, *Deutsches Museum*, published in Leipzig in 1783, with the title "Daily Prayer of a Physician Before He Visits His Patients: From the Hebrew Manuscript of a Famous Jewish Physician in Egypt from the Twelfth Century."

British Columbia Medical Association.

The BULLETIN very gladly welcomes among its Exchanges the *Bulletin* of the Vancouver Medical Association. The issue before us is especially interesting for some things it points out are being done by the British Columbia Association which are already being done in Nova Scotia for the members of our profession. Some of these are very applicable to Nova Scotia and will bear repeating. We cannot refrain from adding some comments as reminders to our own members.

"It looks after the material and economic welfare of the profession individually and collectively. The local societies look after the professional side of it only." (This is our plan in Nova Scotia).

"Money Talks. The Association was responsible for that change in the provincial income tax which brought about a reduction from one half to one quarter per cent on the gross income. This item alone pays the membership fee to the B. C. Medical Association." (This happened three years ago in Nova Scotia. One doctor saved enough

to pay both his C. M. A. and Medical Society of Nova Scotia fee from information published in the BULLETIN).

“**Health Insurance** might be a boon or a menace. The profession is interested in this most important matter which is a live issue in the House (?) at the present time. The B. C. Medical Association has already spent considerable time and hundreds of dollars in the last few years in securing data, compiling statistics, working out tentative schemes, etc., all with a view to protect the interests of the profession as well as the public.” (Dr. K. A. McKenzie, of Halifax, is devoting a great deal of time and thought to this matter and will doubtless advise us what we are to do in Nova Scotia at our Annual Meeting in Digby July 1st, 2nd and 3rd, 1930).

“At the present time a special block of automobile license number plates for 1930 is being secured for the profession. The advantages, which will accrue from this need not be enumerated, but one important point may be stressed, viz., such a system obtained in Toronto, and, as a result, the number of stolen doctors' cars was reduced in one year from ninety to eight.” (Last March we secured permission from the Department of Highways for Doctors to use their cars on closed roads. We have been assured of the same permission in 1930).

“The Canadian Medical Association will hold its annual meeting in Vancouver in 1931. Only members of the Provincial Association can join the Canadian Medical Association.” (Yes! But our C. M. A. membership in Nova Scotia is not large enough. See!)

“The British Columbia Association is looked upon by the Workmen's Compensation Board as the connecting link between the profession and itself. Many disputes between the W. C. B. and the doctors have been settled through the good offices of the B. C. M. A., frequently to the financial benefit of the doctor. There are many doctors who have, in this connection alone, received much more in actual cash than their dues to the Association.” (The work of our Workmen's Compensation Committee of the Medical Society of Nova Scotia has been so effective and the Act is being carried out so in accordance with its principles and so fairly to the medical man that the Committee had nothing to report last year).

“The British Columbia Medical Association is looked upon by most members as an insurance policy against injury to one of their most valued possessions viz., their profession and living. The premium asked is very modest when one considers its advantages and the protection, when the Executive can guarantee every member that his *material* professional interests will be watched over, cared for, and protected by a vigilant group of representative brethren chosen by the profession for this purpose.” (This particular function has not appealed to the Medical Society of Nova Scotia because it is fully covered by membership in the Canadian Medical Association).

“No medical man can afford to remain outside of this Association. The motto ‘all for one and one for all’ is applicable in our case. These points are surely deserving of serious consideration.”

We are not so sure but the extreme East and the extreme West can grasp hands in mutual congratulation upon our medical organization status.

S. L. W.

Mental Hygiene in Nova Scotia.

We are not sure that this present writing will be the official pronouncement of the BULLETIN of the Medical Society of Nova Scotia in this particular field for two chief reasons.

In the first place the *Bulletin*, the official organ of the Canadian National Committee for Mental Hygiene for September, 1929, has a very valuable historical article on this subject written by Dr. W. H. Hattie, than whom perhaps no one is better qualified to write. Moreover the whole tenor of the article is to bring out the historical features of this portion of our Society activities.

In the second place, however, since that article was written, the corner stone has been truly laid of an institution just outside the town of Truro, for the industrial training of mental defectives, in accordance with report of the Special Committee named to consider a report submitted by Dr. Hincks, upon the request of the Attorney General of this Province, of which the Hon. George H. Murphy, M. D., was chairman. At the laying of this corner stone in November last a very complete historical address was delivered by Professor Prince, detailing the various steps leading up to this very notable accomplishment. The event itself is something of which Canada and Nova Scotia, in particular, should be especially proud. The address delivered was a masterpiece in its sentiment, language and relation of facts.

One, at least, of these articles must appear in the BULLETIN, indeed three corelated articles are available for subsequent issues.

S. L. W.

Health Rays.

Among many Exchanges received at the office of the BULLETIN the above monthly journal of the Nova Scotia Sanatorium, is one of the most valuable and welcome. There is just a little subtle, distinction between 'valuable and welcome', as all will realize.

In the first place, it is a most attractive looking Journal from the front cover through its 48 pages of *reading matter*. Please note the italics, altho some eight to ten pages consist of advertisements. Now, when it comes to the BULLETIN of the Medical Society of Nova Scotia, the member who does not read the advertisements every month is not a good member of the Society. The same principle must also apply to advertisements in *Health Rays*.

The Secretary of the Medical Society of Nova Scotia greatly regrets that he has been unable to contribute to this interesting publi-

cation oftener as requested. In looking over the December issue, in particular, we are inclined to think there exists a plethora of contributed articles of distinct scientific value but prepared largely for the laity. So we feel assured our promised contribution has not been missed. In particular, Dr. A. F. Miller has the ability to combine this double feature as noted in his article entitled "The Control of Tuberculosis" in the December issue. In Deaths from Tuberculosis per 100,000 of population he gives us two divisions, the first under 100 and the second above. It is regretted that Nova Scotia still comes under the second class with 104 deaths per. But we have passed Quebec, Prince Edward Island and British Columbia. We are now crowding New Brunswick with mark of 96. The figures for Saskatchewan, Alberta, Ontario and Manitoba are respectively 43, 52, 56 and 60 per.

We believe much of the success this Journal has, is due to its Editorial Board under the very capable direction of Mr. Chisholm and the general good appearance of the Journal as a result of the Printers' efforts.

Congratulations and Greetings for 1930.

S. L. W.

The BULLETIN is pleased to note in one of our recent Exchanges,—*Bulletin of the New York Academy of Medicine*—an address on "Some Needs in Medical Biography", which was delivered by Dr. Archibald Malloch, as a Presidential Address at the 32nd Annual Meeting of the Medical Library Association. After paying a tribute to the life and work of the late Dr. Francis J. Sheperd he proceeds to point out the necessity for Medical Libraries to have a useful list of their reference books and of indexes to authors. Subject indexes should be a separate volume, having so much to do with the history of medicine.

The Dalhousie Library is an exceptionally valuable one but it does not appear to be of any very great interest to the Profession generally in Nova Scotia. Perhaps it might be wise to issue to the doctors in Nova Scotia an up-to-date list of reference books, a list of authors and a list of subjects. Perhaps these might be incorporated in one volume in three parts.

Many of our readers remember Dr. Malloch as a member of the staff of No. 3 Canadian General Hospital. He is now Librarian of the New York Academy of Medicine.

She would never know he missed her. "I hear you are going to California with your husband, Jane," said Mrs. Jones to her maid, who was leaving to get married. "Aren't you nervous about the long voyage?"

"Well, mum," was Jane's reply, "that's his lookout. I belong to him now, and if anything happens to me, it'll be his loss, not mine."

That Collection Problem

BY CHARLES W. BUCHANAN,
General Manager of the Medical Audit Association.

When a patient does not pay your account promptly, Doctor, is he—the patient—always to blame?

After all, human nature is pretty much the same the world over. Mr. Jones has a decidedly limited income. His wife buys a washing machine on the "easy payment" plan. That machine certainly saves her a lot of work, and Mr. and Mrs. Jones are immediately well pleased with it. But after a while the novelty of possession wears off. Other unexpected expenses crop up, and Mr. Jones finds it difficult to meet his payments on the washing machine. Finally the uppermost thought in his mind is that he owes some money—and eventually Jones experiences a certain feeling of resentment that his wife ever allowed herself to be talked into buying that washing machine.

Now Mr. Jones takes sick.

And you attend him, Doctor. As soon as he recovers, he experiences a healthy sense of gratitude to you. He appreciates what you have done for him—and if you present your bill right then, he's liable to stretch a point to see that it's paid, even if he has to borrow the money to do so. If you don't send him a bill, he doesn't remit, but he really intends to pay you as soon as possible. As he mingles with the outside world again, however, that feeling begins to wear off. Soon his doctor bill appears just like any other ordinary indebtedness. Eventually he makes up his mind that the Doctor can easily "wait" for his money. Each passing month makes his account just that much less amenable to collection. And finally—he makes no effort to pay the Doctor at all.

Of course, the washing machine people keep right after Jones for their money. If the Doctor doesn't "bother much" about his account, just when is the aforesaid Doctor ever going to get paid?

While the patient still feels grateful, Doctor, present your bill. If you believe that Jones has the funds available, and he does not remit promptly, present your bill again the next month. Make every reasonable and courteous effort to get the money in quickly.

If Jones cannot pay just now, obtain a note from him. Some people will express their entire willingness to pay later on—but at that later date (even if they have the funds) they will begin to question your charges, and suggest a reduction. If a note is obtained early in

the proceedings, there is no opportunity later on to dispute the amount. And a note bears interest.

There may be some families which you have attended for years, of course, who you know will pay quite promptly. The above remarks do not apply to them. But with all others, if you allow them to procrastinate you are encouraging them to procrastinate—and people who owe you money naturally endeavor to steer clear of you—so this procrastination not only loses you money, but also reduces your practice. Collecting promptly will increase your income, and increase your practice. It pays, all the way through.

Bill the ordinary patient promptly each month, Doctor. If at the end of four months he has not paid his bill, nor made any satisfactory arrangement with you—then the chances are that he will never pay at all, unless he is scientifically handled. Turn such accounts over to a responsible collection organization which has special facilities for bringing you in the money.

Always collect promptly, Doctor! The time to secure payment is before the patient's tears of gratitude have time to dry.

THE TRUE STORY OF ACTEROL.

Chemists call it by its correct chemical name, *solution activated ergosterol*—the name by which Mead, Johnson and Company first supplied it. The largest manufacturer of rare sterols in America, early having activated cholesterol (1925), being first to commercially produce pure ergosterol and to standardize activated ergosterol (October, 1927), seeking to protect themselves and the medical profession against substitution, Mead Johnson and Company coined the name *Acterol*—signifying *activated ergosterol*. The Council on Pharmacy subsequently coined a name, *Viosterol*. As servants of the American Medical Profession, this Company cheerfully defers to its wishes and now call its product Mead's Viosterol in Oil, 100 D. The product remains the same: only the name is changed. (Mead Johnson and Company).

"What," asked Cora Wimple of J. B. McSorley, who was staying rather late, "What do you consider the Creator's greatest gift to man?"

"Woman, every time," returned J. B. with an engaging smile.

"Oh, no, it's sleep," yawned Cora, hoping he would take the hint.

"Next to woman", said J. B. gallantly.

Then Cora rose with considerable hauteur and walked upstairs, while J. B. hustled around for his hat and wondered what had happened.

You don't have to go to the altar twice to get married once too often.

Hospital Notes

Are Civic Hospitals Desirable—If one forms an opinion after reading a more than one-half column Editorial of a recent issue of the *Sydney Post*, the answer will be in the negative. Apparently, they have had some difficulties with resignations, staff changes and, doubtless, some hard feelings in the City Hospital. On looking over our hospital history in this province about the only thing one can brag about is the number we have been able to establish and maintain and the high quality of efficiency attained.

But in all seriousness, we still believe that civic hospitals should be more general. Not that we, in Nova Scotia, need more hospitals, but that some of the towns might assume the management of existing hospitals and pay their deficits out of the town taxes.

Although there is a large Scotch element in Nova Scotia, supposed to be rather near or *close*, we have never been regarded as niggardly in our philanthropy. Indeed, the Scot is generous to a fault. But it is a fair question to ask if we are not giving to hospitals, and many other more or less charitable institutions, more than we can individually reasonably afford.

There is the further point that practically the same people give all the time. Most organizations use their last year's list of contributors, as their basis for the soliciting list of the current year. Sometimes it means money, jelly, preserves, vegetables, clothes (generally very much second-handed) and what not. Of course it makes the donor feel happy and important, but there should be something more to giving than this.

Nor do we think the dangers of "ring rule" or "clique" management are any greater in civic than the, so-called, private hospital. It is quite possible that the civic hospital would be less liable to these suggested dangers, and our hospital history seems to emphasize this, despite some of the experiences that have been met with in Sydney.

The *Post* goes on to say:—

"The root of the trouble in our Civic Hospitals appears to be too much lay officialdom, which means uninformed officiousness. The running of a hospital is the task of experts, and should be left to them with as free a hand as they can be given. There is nothing so annoying to a trained professional as unprofessional interference. The Hospital Commission's work should be confined, as much as may be, to general administrative functions. And internal discipline can be much better insured by a cordial understanding between the members of the staff, than by any system of rigid dictatorship."

How about some of the towns taking over the management of local hospitals? Would they make better collections?

S. L. W.

The *Sydney Post* of recent date has the following:—

"Friends of Miss Annie Gillis, R. N., of New York will be pleased to hear of her marriage on Monday, November 4th to Dr. Thomas F. Crawley of the City Hospital staff, New York. Miss Gillis is a daughter of Mr. and Mrs. Duncan Gillis of Dominion Street, and was before her marriage on the staff of the Columbus Hospital in New York. Dr. Crawley is a son of Dr. and Mrs. Francis Crawley of Buffalo, N. Y. The marriage was performed by the Rev. Father Cyncraft at the Church of St. Boniface, New York City. The bride was attended by her sister, Miss Peggy Gillis and the groom was supported by Dr. S. Miller.

In Newfoundland they have a very capable Nursing Service for many of the places that are classed as Outports. Many incidents are recorded where these nurses have rendered very valuable assistance to the fishermen and their families in the districts where they were located. Following a very extensive damage with loss of life and privation, caused by the recent earthquake and the unusual Tidal Wave, a very considerable service of this kind was required. The Associated Press describes the heroic service that was rendered by Nurse Cherry, a member of this Outport Industrial Nursing Association. Motor cars, horse back until the horse dropped, foot work and ferry services were all required in order to enable her to reach some of the afflicted districts. Service of this nature is practically invaluable in a section of country like many parts of Newfoundland.

A change has been made in the Superintendency of the Glace Bay General Hospital. Miss Barbara McRae, R. N., who has been the Superintendent for the past 3½ years has resigned her position, the resignation taking effect December 31st. She was tendered, on several occasions, acts of courtesy including presentation of addresses and gifts and other social functions. She will be succeeded in the Hospital by Miss Myrtle McMullin, R. N., of Port Hope, Ontario. Miss McMullin comes to Glace Bay very highly recommended. She served overseas with the Canadian Expeditionary Forces as a Nursing Sister and since the war ended has had a large experience in hospital management.

Popularity contests conducted by newspapers or other agencies appear to be a present day fad. It is not confined solely to Nova Scotia as we note that of a staff of 33 nurses in the Boulevard Sanitarium in Astoria, L. I., Miss Margaret McEachern, a graduate of St. Joseph's Hospital, Glace Bay, was selected as their representative to enter one of these popularity contests.

Hospital patients and in particular sanatorium patients, very greatly appreciate the efforts made by local people to furnish them with entertainment. So it is that the patients at the Nova Scotia Sanatorium recently enjoyed the pleasing treat that the United League

Dramatic Club of Kentville put on their entertainment, the three act comedy "Are you a Mason." Between the acts Dr. R. S. Shlossberg played piano selections.

Just prior to her leaving Sydney, after resigning from the nursing staff of the City Hospital, Miss Allen was entertained at the home of Dr. and Mrs. Ross, when an address was presented by Dr. E. J. Johnstone. She was also presented with a purse of gold.

Isolation Hospital. It appears that the scarlet fever situation in New Glasgow has necessitated the opening of an isolation hospital which will be under the direction and supervision of Dr. A. E. Blackett, Health Officer. The town was fortunate in being able to lease for a year the office of the Maritime Bridge Works, a concrete and practically a fire-proof building. Its fitting and furnishings are very satisfactory and its present 10 bed capacity can be increased to 30 if required.

Undoubtedly, for some time isolation hospitals will be required, but surely the day is not far distant when these shall only be found in large immigration ports. Can we not soon, in a little province like Nova Scotia carry our promotion of health efforts so into the schools and homes that these epidemics will practically disappear. We trust that along this line, Doctor Blackett will have the cordial support of the citizens of New Glasgow and vicinity.

Miss Agnes E. Carson for many years superintendent of the Children's Hospital was recently honored by her assistants, in the nursing profession by the presentation, with suitable verbal accompaniments, of a handsome travelling clock. The presentation was made at the Nurses' Home of the Victoria General Hospital.

Western Kings Memorial Hospital, Berwick, has recently held its Eighth Annual Meeting. This hospital has good reason to be proud of the service it has rendered to this community. It is no easy job to make a hospital a success. It means a very fine combination of effort on the part of hospital staff, the medical staff, the board of management and the *general public*. In all these matters please do not forget the public. Really it is for them and by them that the local hospital has its existence.

The BULLETIN extends congratulations first to Miss Foster, the Superintendent. After all, the hospital without doctors and nurses is of little or no value. It still appears strange to the writer that local medical men are not considered as desirable on the Board of Management of nearly all our hospitals. Congratulations also to Mr. R. W. Harris of Kentville, who has been, we believe wisely, re-elected President of the Board for the coming year.

Miss Ann Allen, R. N., until recently of the physiotherapy department of the City of Sydney Hospital, has been appointed a Superintendent of the nursing staff of the Nova Scotia Sanatorium, Kentville. Where so many veterans of the Great War are gathered, it is interesting to recall that Miss Allen had a very distinguished record in the war and was personally decorated at Buckingham Palace by His Majesty, King George.

The Westwood General Hospital Association is to be congratulated upon the progress made in their building programme. In the first place, the amount required about \$85,000 is practically assured. In the second place, the building has so progressed that inside work will be carried on despite the winter weather.

Student nurses of the Memorial Hospital at Berwick are in turn taking a six months' course at the Victorial General Hospital.

It is understood that the Kentville Hospital Association expect to have a Corner Stone Laying next spring.

Hospital bed extensions have been very noticeable in Nova Scotia during last year. Then and now, Cape Breton has been and is, making the most marked increase. There is practically a new hospital in Sydney. North Sydney has a drive on for \$80,000. Sydney increased its accommodation by building a home for its staff, and New Waterford is building an ell addition.

Answers in Hygiene. The Bulletin does not wish to sponsor the idea that Nurses alone make absurd answers to routine examination questions. The following is from the answers submitted by a First Year Medical Student—after his course in Hygiene.

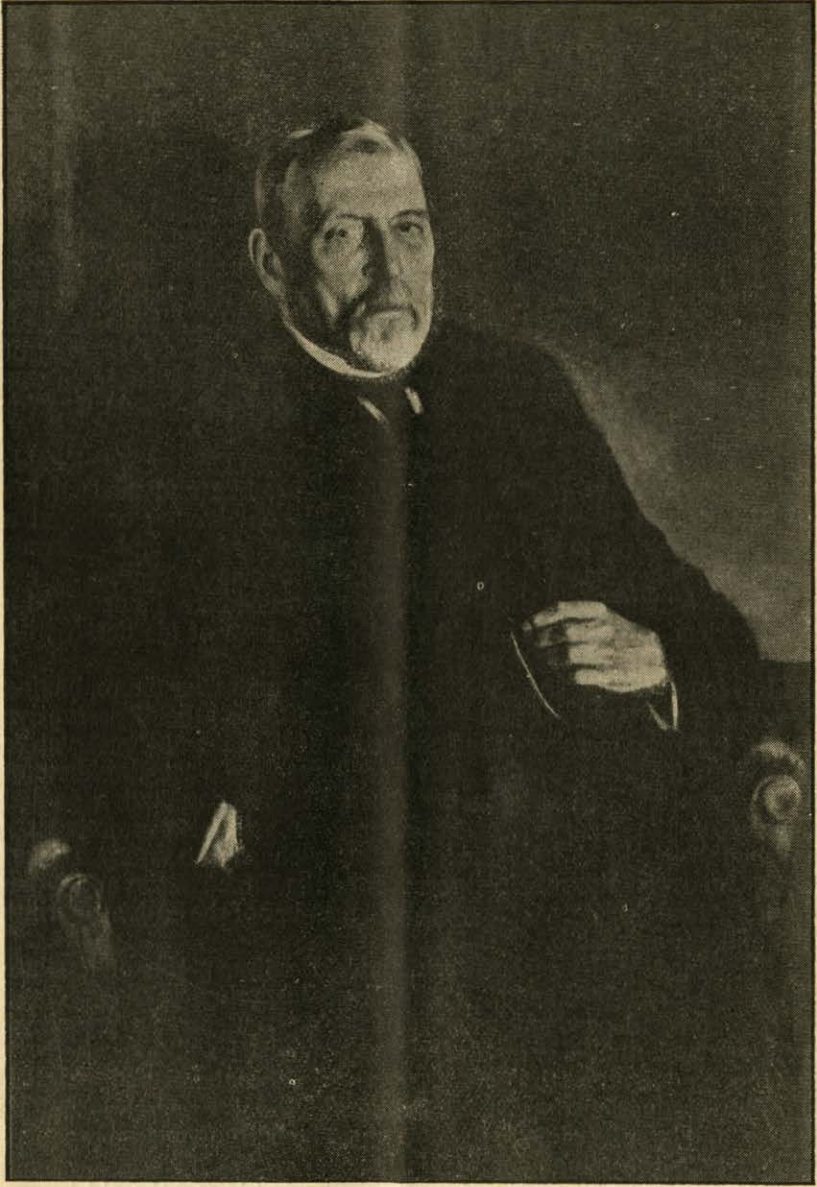
"Vitamins are foods that everyone must eat so as not to get scurvy, veri-veri, etc. Dysmenorrhoea is a social disease.

After the Dick test has been given to find out whether a person is immune to diphtheria a serum from a cow is introduced into the blood. This is done five times to insure the activity of the immunization.

Schick test is used to tell whether a person is mune or immune to diphtheria.

Dysmenorrhoea is the receiving of cramps when you are administering.

Underweight is a menace because it makes you acceptable to T. B."



DR. MURDOCH CHISHOLM

Halifax, N. S., who passed away December 29, 1929, aged 81 years whose funeral on New Year's Day was very largely attended by Halifax Medical men.

OBITUARY

JOHN MACDONALD, M. D., C. M., Dalhousie, 1907, Sydney, N. S.

THE entire medical profession of Nova Scotia was shocked to learn that Dr. John Macdonald of Sydney had passed away from, it is stated in the Cape Breton press, Septicaemia, starting from an infection under the nail of the little finger. His death occurred after an eight day illness on December 4th, 1929. All his medical associates were available and in attendance; Dr. J. G. McDougall of Halifax was called in consultation; he was the next day after he was stricken removed to the City Hospital. Yet the summons was inexorable and he passed on as noted above.

The *Sydney Post* pays the following tribute to Doctor Macdonald:

"In the passing of Dr. Macdonald, the public and medical life of this city will suffer greatly. Dr. Macdonald having occupied a prominent position in both spheres. Through a kind and generous disposition, plus his unflinching and untiring efforts in rendering aid to stricken humanity, during his 21 years practice here, he acquired a host of friends, all of whom will receive the news of his death with the deepest of sorrow and regret.

In the political life of Cape Breton he was a familiar figure, having been one of the strongest and life-long supporters of the Conservative party. He was a member of the Executive of the Liberal-Conservative Association for Cape Breton East and immediate Past President of the organization. In religion he was a Presbyterian and a valued member of the Sydney congregation. He was also prominently connected with local fraternal societies, such as the Masons, Odd Fellows, and was also a valued member of the Cape Breton and Nova Scotia Medical Societies. He was also a member of the Sydney Curling Club and Kiwanis Club.

Dr. Macdonald was born at Sandfield, Mira, a son of the late Neil and Mary Macdonald. He received his primary education in the common and academy schools of Sydney. Later, he proceeded to Truro, and finally entered Dalhousie Medical College, where in 1907 he graduated with high honors. His initial year of practice following graduation was spent in the Victorial General Hospital, Halifax, and later he came to Sydney where he built up a large practice, residing here the remainder of his life.

In addition to his widowed mother, who resides on the old home-
stead at Sandfield, he is survived by his widow, and three sons, Gordon, student at Dalhousie University, who arrived home owing to the critical illness of his father; Philip and James at home; also three brothers, John A. Macdonald, Superintendent of Highways here;

County Councillor W. Macdonald, Marion Bridge; and Hector, at home; and one sister, Mrs. Kate Ferguson, widow of the late Neil Ferguson, one time member of the Nova Scotia Legislature. His father predeceased him two years ago."

The funeral was under Masonic auspices and the pall bearers were all members of the Cape Breton Medical Society—Doctors E. J. Johnstone, Kendall, D. A. McLeod, Ross, J. K. McLeod and W. H. McRae. It is also noted that all of these are members of the Medical Society of Nova Scotia which extended a message of sympathy to the bereaved family, which was almost immediately appropriately acknowledged.

Members of the profession outside of Sydney who were present at the funeral were Doctors McKiggan, McAskill, Sparrow, Tompkins, L. W. Johnston, D. R. McRae, D. McDonald, Morrison, Meighan and Bates. The funeral was from the Presbyterian Church and hundreds of citizens were in attendance. Interment took place at Hardwood Hill cemetery.

The following tributes were paid to his memory by Mayor Thomas McConnell and City Medical Officer Dr. J. K. McLeod:

His Worship said: "It is really very, very sad to witness such a capable man as Dr. John Macdonald, cut off in the midst of such a useful career, and his loss both in the medical and public life of this city will be irreparable. To his bereaved family and relatives I extend my sincerest sympathy and regret in their great loss."

Dr. McLeod said: "Dr. John Macdonald stood high in the profession of which he was an honored member, and he will be missed not only by patients whom he faithfully attended, but by his brother practitioners, as well. He was a regular attendant at all our medical society meetings, and his advice was always highly valued. As a citizen he was interested in public affairs."

**DR. JOHN WILLIAM MILLER, M. D., University of New York
1885, Canning, N. S.**

The death occurred at Canning on Nov. 26th, 1929, of Dr. John W. Miller, who was in general practice at Canning from 1889 until recently, when failing health caused him to practically retire.

After spending three years at Mount Allison University, Dr. Miller studied medicine at the University of New York, graduating as noted above in 1885. He spent his first three years in general practice in Freeport, Nova Scotia and then took Post Graduate work at the University of Edinburgh. He was married to Florence, daughter of the late W. H. Payzant of Canning, who predeceased him by some years. He is survived by two daughters—one of whom is Mrs. Chute wife of Dr. F. F. Chute of Canning.

Dr. Miller was a man of sterling character and of firm conviction always ready when the call came to give of his best to all his patients.

He was a prominent Conservative, a Mason and an Odd Fellow. The *Kentville Advertiser* says:—

“Dr. Miller will be greatly missed in Canning. His many activities, his work for and interest in the poor, his labors for the sick and infirm, and his general broad outlook and interest for his native town and province endeared him to all who knew him. His loss is very keenly felt, and his place will be hard to fill. The funeral will take place on Friday afternoon at 2.30 o'clock from his late residence. Interment at Hillaton.”

The funeral was held from his late residence in Canning Dec. 2nd and was very largely attended. All sections of the Valley were represented. The Valley Medical Society sent a floral wreath. The schools and places of business were closed for the afternoon. To his daughter Mrs. Chute, the Medical Society of Nova Scotia extends sincere sympathy.

**DR. CHARLES INGLIS MARGESON, M. D., Harvard University,
1869, Vancouver, B. C.**

It was with a great deal of sorrow that many people in Hantsport learned of the passing of Dr. Margeson on December 1st at his home in Vancouver. He had a very large general practice in Hantsport and vicinity from the time he graduated until about 20 years ago when he removed to the Pacific coast. For a time after his removal he acted as Ship's Surgeon on C. P. R. liners to China and other ports in the Orient. In 1928, he spent considerable time with Mrs. Margeson in their former home town, being three months at “The Cedars,” the home of Mrs. Margeson's aunt, Mrs. J. W. Churchill, renewing former happy acquaintances, visiting old haunts and thrilling his many friends with his ready wit, wonderful memory and jovial manner. The *Windsor Tribune* in a recent issue pays him the following tribute:—

“The Doctor had reached his 83rd year and it can be truly said that ‘a grand Christian gentleman has passed on.’”

During his years in Hantsport, Dr. Margeson was interested in all civic matters. He was one of the first Mayors of the town and was one of the chief instigators in having the water system installed in Hantsport. He was a member of the United Baptist Church here and for many years was the Church Clerk. His wife, who was before marriage, Miss Emma Robinson, survives, also four sons, W. C., of New York; Harry of Vancouver; Karl, of Trail, B. C.; Dr. Paul, of Nanaimo, B. C., and one daughter, Mrs. Arthur Wellesley Davison of Vancouver, B. C.

Much sympathy is felt here for Mrs. Margeson and family by their friends of other days.”

**PAUL PARKER BALCOM, M. D., University of Boston, 1915,
Berwick, N. S.**

The death occurred at his home in Berwick on December 19th, 1929 of Dr. P. P. Balcom after an acute illness of only a week. Some

two months ago he had an attack of pneumonia from which he apparently recovered. Never of a very rugged constitution, a second similar infection early in December was too great to be overcome. He was only 41 years of age. The *Halifax Chronicle* has the following:

"Dr. Balcom was the son of the late Dr. P. N. Balcom and Annie Young Balcom, of Aylesford. "The old doctor," as he was affectionately called, practiced medicine in Aylesford during a long lifetime of usefulness, and Dr. Paul followed in his father's footsteps. He was a graduate of Boston University. After practicing with his father in Aylesford, in 1919, he came to Berwick, where he had built up a large practice.

As a doctor he was noted for the keen interest he took in his patients, never giving up until the fight was lost and sparing himself in no way. He was on the medical staff of Western Kings Memorial Hospital and was the medical officer at the County Home and Insane Hospital, Waterville.

He is survived by his wife, formerly Ruth Dennison and by one daughter, Pauline, and one step-daughter, Lillian Dennison. Also by two sisters, Molly, Mrs. E. A. Tait of Vancouver, and Dr. Bessie, Mrs. F. R. Davis of Bridgewater. The sympathy of the medical profession of Nova Scotia to the bereaved was duly extended by the General Secretary.

The death occurred in Spokane, Washington, on Nov. 29th of Dr. X. L. Anthony at the age of 59 years. He was born in Kings County and spent his childhood and school days in Berwick. He graduated from McGill University and after an internship at the Victoria General Hospital went to Montreal where he practiced until his death as an Eye, Ear, Nose and Throat specialist. He was a son of the late Thomas Anthony of Berwick and Mrs. Anthony who now resides in Vancouver.

On Nov. 20th, 1929, there passed away at the ripe age of 84 years Mrs. Graham Fraser of New Glasgow. She was held in highest regard in the community where she lived for many years. Mrs. Andrew Love of New Glasgow, widow of the late Dr. Love is a daughter of the deceased as was also the late Mrs. McKay, wife of Dr. J. W. McKay of New Glasgow.

The death occurred at North East Margaree on Nov. 26th, 1929, after an illness of only four days of Amelia, wife of the late James Burton. She was 91 years of age. Mrs. Proudfoot wife of Dr. J. A. Proudfoot of Inverness is a niece of the deceased.

The death occurred on December 15th, at the home of her daughter in Philadelphia in the 90th year of her age, of Mrs. Barton. She was the widow of the late Dr. W. G. Barton of Pubnico and mother of Dr. W. J. Barton of Halifax. The BULLETIN extends sympathy to Dr. Barton.

Locals and Personals

DR. J. W. Reid Jr., of Brooklyn, Hants County, advises the BULLETIN that there is an opening for a physician in his district. Dr. Reid only graduated from Dalhousie in 1926 and he is leaving January 6th, 1930 to take six months Post Graduate work in London. There is a large extent of territory between Newport, Brooklyn and Elmsdale, a very prosperous portion of Hants County, the work, hitherto done by Dr. Reid and by Dr. McLellan of Rawdon. The Secretary will obtain further details if desired.

Dr. Gerald Burns of the staff of the Victoria General Hospital was a patient in the hospital for a few days early in December.

Dr. H. L. Scammell, Dalhousie 1927, until recently acting Medical Superintendent of the Victoria General Hospital on January 1st, 1930 began his duties in Chicago with the American College of Surgeons. He is to be inspector of Standardized Hospitals for Canada and the New England States. Dr. Scammell is a native of Pictou, where he practised for a year, and his wife was Miss Florence Henderson of Westville.

Dr. A. K. Roy of North Sydney, assisted by Miss Vaughan, the Red Cross nurse, had recently completed three free toxoid treatments for forty selected pupils of one of the town schools. It should not be necessary that this should be a free service, but it should be a clinic service with reasonable fees.

We regret to learn that Doctor A. McD. Morton was operated on December 13th, for acute appendicitis. He reports, however, that he will be on hand in good time to give able support to his colleague, Dr. G. H. Murphy, in the coming election.

We regret to learn that Dr. T. McDonald of New Glasgow, a Dalhousie graduate of 1904 now located in Somerville, Mass., was so seriously ill in December as to require the presence of his mother from New Glasgow and his brother Dr. W. S. McDonald from New York.

Dr. D. A. Campbell of Bridgewater and family have moved into their new home on Dufferin Street. This house is a fitting addition to the many beautiful residences in the charming town of Bridgewater.

Curling Now.—Now the mightiest rival of golf—curling—has its innings. During the winter we shall publish regularly some features

of this sport in which our medical associates may be concerned. Our attention has been called to the 27 rinks selected by the Bluenose Club of New Glasgow to contest their usual Club matches.

In the eighteen nineties, the General Secretary of the Medical Society of Nova Scotia was very active in arranging curling events. When he arranged, on his own, a six rink match between New Glasgow and Truro, he received a terrible "calling down" by his local club. Now 27 rinks can be formed in New Glasgow. Among the skips in that club we note Doctors J. J. McDonald, Ballem, Robbins, McGregor, and Miller. Doubtless some other local physicians have less conspicuous, but fully as important, places in these rinks.

My personal wish is that these medical skips may have a wonderfully successful season. At the same time we would like to read of a 12 or 20 rink match with their old friends of the Truro Club in which only these medical skips would be successful. Nor can we wish that their success would be enough to defeat the rinks representing the Hub of Nova Scotia.

Appropos of Final Examinations we note that a minister of the gospel named Jordan asked his son to advise him by wire how he succeeded in this ordeal. In due time he received this telegram:—"Hymn 254, the last two lines." Looking up the Hymn Book he read:—"Sorrows vanquished, labors ended, Jordan passed."

The Anti-Tuberculosis Campaign was aided materially in Glace Bay in November 1929 by an address illustrated by stereoptican slides given by Dr. Allister Calder of that town.

Dr. A. F. Miller of Kentville and Dr. Joseph Hayes of Halifax were speakers in the First Presbyterian Church, Nov. 17th, 1929.

Dr. C. J. Sparrow of Reserve, Cape Breton, attended the important convention of the Canadian Legion, British Empire Service League, which was recently held in Saint John, N. B.

It would appear from newspaper reports that scarlet fever is epidemic in New Glasgow and vicinity and in certain mining communities in Cape Breton. We are very much disappointed to learn of this, because we feel that if school and home nursing services conducted by the Health Officers is as complete as it should be, these epidemics should not continue.

White-Ross—The BULLETIN failed to note the marriage last September of Dr. Clifford R. White, Dalhousie 1928, to Miss Jessie Ross of Westville. For some three months Dr. White had been supplying for Dr. S. G. McKenzie who took a much needed vacation. Dr. and Mrs. White are residing in Chicago.

Dr. W. R. Dunbar for many years the Councillor and Mayor of the town of Truro has again been requested to accept re-election as Mayor.

There was a new Badminton Club recently organized in Kentville. It is not unexpected that Dr. J. P. McGrath was elected as its President.

At the Annual Dinner of the St. Andrew's Society held in New Glasgow, Dr. R. M. Benvie of Stellarton, was one of the speakers. He was in good company as the principal speaker was Mr. Justice Mellish of Halifax and an Associate speaker was Rev. Hugh Munroe, D. D.

Dr. Daniel McNeil spent several days in Montreal early in December where Mrs. McNeil was a patient in the Royal Victoria Hospital. We are glad to learn that her condition is much improved although a long convalescence is probable.

Dr. D. R. Webster, Dalhousie 1925, formerly of Pictou, is now the Visiting Physician and Surgeon of the North Atlantic Fishing Fleet. His office is also his means of transport from one vessel to another, as the Canadian Government Ship Arras has been detailed for this duty. It is expected that a special hospital ship for this service will soon be commissioned.

The Conceited Conservative. One of the members of the medical profession in Halifax reports to the BULLETIN that he recently overheard the elevator girl in his office building, who had *tuned in* on the radio reports of the recent Ontario election, express her feeling thus:—"My, how glad I was to hear the man say, 'another conservative conceited'."

Has done his Duty. Should a father of 55 marry again? The answer is, No!

We note that Dr. E. K. McLellan of Halifax will be one of the C. M. A. Post Graduate lecturers who will address meetings in Fredericton, Saint John and Moncton during the coming winter. Other points where there are a sufficient number of local members may also be visited. Dr. McLellan's Address will be illustrated by a most interesting moving picture which we think would be welcomed in large centres in Nova Scotia.

Dr. C. M. Bayne of Sydney spent a few days in Halifax in December on account of the illness of his brother.

Because he expressed disbelief in the biblical story of Jonah and the Whale an Assistant Professor of Biology in a southern college was recently dismissed. Strange to say it was a Baptist College. Stranger

still, less than 100 years ago in Nova Scotia two itinerant preachers were put in jail because they claimed the right to interpret the scriptures as they saw fit. The pendulum swings.

Dr. Dan McNeil, Glace Bay, Dalhousie 1913 still keeps up his interest in hockey and is a very popular referee for the Cape Breton teams.

Dr. H. A. Creighton of Lunenburg, gave an address recently before the Women's Institute of that town on the Treatment and Prevention of Scarlet Fever. Addresses or talks of this nature are exceedingly valuable in the general work of educating the public towards the prevention of this and other communicable diseases.

Our very good friend whom many of the medical men in Nova Scotia will remember—Dr. L. J. Austin of Queens University, Kingston, Ontario—has a newspaper picture in a recent number of the *Sydney Post*. The descriptive note under the photo says, "He was congratulated by Justice Loggie in Supreme Court for an operation performed recently, the parallel of this has not been recorded in Canadian surgery." Then it adds, "he revived a Napanee girl's lung which had been pierced by a rifle bullet." We would like to hear Dr. Austin's comments in his own inimitable manner upon this operation.

Dr. L. M. Morton of Yarmouth we note is the President for the coming year of the Yarmouth Kiwanis Club. We think he was the immediate successor or a close successor of Dr. T. A. Lebbetter a former President.

Born—Gilchrist—At Lisbon, Portugal to Dr. H. S. and Mrs. Gilchrist (Frances Killam), a son, Kenneth Sidney. Mrs. Gilchrist will be remembered as a daughter of Mr. Fred Killam of the Nova Scotia Nurseries, Halifax.

Mrs. McGrath, wife of Dr. J. P. McGrath, Kentville, and son recently spent a pleasant two weeks visiting with her sister Mrs. Pothier, wife of Dr. H. J. Pothier of Weymouth, N. S.

Dr. John Stewart, of Halifax, was a recent visitor to Kentville, N. S. and called upon his old friend Dr. H. B. Webster, an Honorary member of the Medical Society of Nova Scotia, who has been in poor health for the past few months.

Along about the last of November, two doctors from Cape Breton, J. A. Proudfoot and M. E. McGarry, spent a day or two in Halifax. That was quite all right, because they had certain political duties to perform. The only fault we have to find with their visit was, that they did not call at the office of the Secretary of the Medical Society of Nova Scotia.

Dr. R. S. Shlossberg on the staff of the Nova Scotia Sanatorium, Kentville, has conducted recent Tuberculosis Clinics in the western part of the province, two days being spent in Annapolis Royal. Doctors Miller and Beckwith of the Sanatorium also spent several days in Digby County carrying on similar clinics and examinations.

Morris—Priest. A quiet wedding was solemnized on Nov. 2nd at the Church of Christ, Chicago, when Marion, daughter of Mr. and Mrs. F. Fraser Priest, Pictou, N. S., became the bride of Dr. Geoffrey M. Morris, eldest son of Dr. C. H. and Mrs. Morris, Windsor. Dr. and Mrs. Morris will have the best wishes of a large circle of friends for their future happiness. Mrs. Morris is also remembered as a graduate nurse of the Victoria General Hospital.

We regret to learn that Dr. F. F. Smith of Granville Ferry, was a patient in the latter part of November in the Victoria General Hospital, but are glad to learn he made a satisfactory recovery.

A recent meeting of the Board of Trade of New Glasgow, was addressed by Dr. R. M. Benvie. Of course, as his subject was "Scotland," it was exceedingly easy for him to enthrall his Pictou audience. But even then we are surprised he held them so for an hour and thirty minutes.

We note from the Windsor *Tribune*, that Dr. A. R. Reid of Windsor, a son of our old friend Dr. J. W. Reid, has recently acquired the very convenient house and office that was formerly occupied by the late Dr. J. B. Black and family. The recent death of Mrs. Black necessitated the sale of the property.

Nova Scotia Notes in C. M. A. Journal, W. H. Hattie, M. D.

The fifty-seventh annual meeting of the Provincial Medical Board of Nova Scotia was held on the eighth of November. Satisfactory reports on the year's work were presented. Doctors John G. MacDougall and W. H. Hattie were re-elected president and registrar respectively

Dr. A. E. Doull, Junior, has been appointed to the medical staff of the Halifax Children's Hospital and the Dalhousie Clinics.

Dr. H. L. Scammell has resigned his position as senior resident physician at the Victoria General Hospital, and has accepted a position on the hospital standardization staff of the American College of Surgeons.

The Aberdeen Hospital, New Glasgow, completed another year of activity on the thirtieth of September. The number of patients admitted was the largest in the history of the institution. There were 218 admissions to the maternity department. The financial statement showed a substantial surplus.

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Dr. E. Kirk MacLellan, who was one of the coaches of the Dalhousie football team this year, is being congratulated on the success of his team, which won the Halifax league trophy for 1929, and also won every game played with teams other than those comprising the league.

The annual meeting of the Halifax Children's Hospital was held on the 12th of November. The reports showed the busiest year in the history of the institution. The erection of a nurses' residence is planned for the coming year. This will release sufficient space in the hospital to provide for 25 additional beds. Miss Carson, the Superintendent, is to retire at the end of November, and is to be succeeded by Miss Winslow, of Lindsay, Ontario. Miss Carson's resignation is greatly regretted.

On the 13th of November, the Halifax Branch of the Medical Society of Nova Scotia held a clinical meeting at the Victoria General Hospital. Members of the surgical staff presented a number of very interesting cases. A lively discussion followed. After the meeting the society were entertained at a delightful supper by Mr. W. W. Kenney, the Superintendent of the hospital. The meeting of November 27th was held at the Dalhousie Clinic. Following the showing of the Canadian Medical Association film illustrating the periodic health examination, Professor E. W. H. Cruickshank, of the Dalhousie faculty, gave an exceedingly interesting resume of recent experimental work in connection with the coronary circulation—in which Dr. Cruickshank has had a large share. A paper summarizing Dr. Cruickshank's address will appear in a future issue of the Journal.

It is the plan of the Nova Scotia Pharmaceutical Society to erect a tablet commemorative of Louis Hebert, who is believed to be the first apothecary to establish himself in Canada. Hebert accompanied DeMont's expedition which touched at Port Royal in 1604 and returned there in the following year after a disastrous winter at St. Croix, to establish a colony. At Port Royal, and later at Quebec, where he met a tragic death, Hebert played an important part in the life of the community. The tablet is to be erected at Annapolis Royal, as the site of DeMont's settlement is now known, and it is proposed that it will be unveiled on the occasion of a visit by the Canadian Pharmaceutical Association, which is to hold its annual meeting at Halifax next summer.

Two deaths, one following within twenty-four hours of the other, occurred recently at the Victoria General Hospital, Halifax, after the induction of anaesthesia. Although minor operations were contemplated in each case, it was felt that a general anaesthetic was advisable. In both cases the anaesthetic was gas oxygen. In the case of a seemingly robust man death occurred just as the skin was being incised. The other patient, a woman in very poor condition, died as an exploratory

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¹J. Biol. Chem., 76:2. ²Ibid., 66:451.

³Ibid., 80:15. ⁴Ibid., 76:251.



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WATCH FOR SPECIAL COLOR
SUPPLEMENT IN JOURNAL OF THE
AMERICAN MEDICAL ASSOCIATION
JANUARY 18th, 1930

needle was being introduced. An investigation failed to reveal the cause of either death. Different anaesthetists were concerned, and both were experienced and capable. The anaesthetic was examined chemically and physiologically and found to be quite all right. Seemingly, both deaths must be numbered amongst the occasional inexplicable tragedies of the operating room.

Training School for Defectives.

The laying of the corner stone for the first unit of the Nova Scotia Training School, for the feeble minded, was made the occasion for a ceremony of much interest. The Medical Society of Nova Scotia has been urging the erection of such an institution for many years, and several members of the profession have been actively identified with the efforts made to create public and official interest in the undertaking. The site of the school is at Brookside, a short distance from Truro, in a good agricultural district, and as nearly central as could be from the transportation viewpoint. The government has wisely decided to begin in a comparatively modest way, so that the plans for the completed institution can be modified as experience may suggest. The corner stone was laid by His Honour, the Lieutenant-Governor on the sixth of November. The Honourable W. L. Hall, Attorney-General of the province, spoke of the steps which had been taken and of the plans for the future. Dr. S. H. Prince, president of the Nova Scotia Society for Mental Hygiene, made the principal address, in the course of which he said: "We are here to found a Kingdom—a Kingdom dedicated to eternal childhood, to the men and women children who never grow up, who never come of age—the most misunderstood and most neglected of mankind." The unit under construction is to include two dormitories, one for girls and one for boys.

It will be of much interest to members of the profession throughout Canada, to learn that Dr. George H. Murphy, of Halifax, has been selected as a member of the provincial government, without portfolio. He will be the government candidate in an election to fill a vacancy caused by the recent death of a representative of Halifax county. Medical men have been prominent in the political affairs of Halifax county of late. Shortly before the announcement of Honorable Dr. Murphy's appointment, Dr. T. I. Byrne resigned the presidency of the Halifax County Liberal Association and announced that he will henceforth support the provincial government. The president of the Halifax County Conservative Association is Dr. W. D. Forrest, and the president of the Halifax Young Men's Liberal Club is Dr. H. H. Corbin.

Several of the Halifax hospitals have recently graduated classes of nurses. On the 27th of November, a class of five received the diploma of the Halifax Infirmary. On this occasion Honorable Dr.

in cystitis and pyelitis

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Next year the Golf Tournament will be at "The Pines", Digby, but some of
you had better play hard from now till then.

George H. Murphy gave the principal address while suitable remarks were made by Doctors E. V. Hogan and J. G. MacDougall. Following the exercises came a very enjoyable dance at the club house of the Knights of Columbus. On the following evening, eleven young ladies and three young men were awarded the diploma of the Victoria General Hospital. The address to the graduates was delivered by Dr. H. B. Atlee. Adjournment was then made to the Lord Nelson Hotel for a most pleasant social function. On the fourth of December, exercises were held at the Grace Maternity Hospital, when Dr. J. G. D. Campbell addressed four young ladies who were recipients of diplomas.

If Christian Scientists had a little more science and the doctors had a little more Christianity, it wouldn't make any difference which you called in—if you had a good nurse.

The Land of the Spree. It is a wonder that some speakers and writers in Nova Scotia did not make illustrative use of the following stanzas either for or against the N. S. T. A. We could not find space for this before the Plebiscite vote:—

Our country seems to be
One vast distillery,
Volstead we thank.
Saloons we have no more;
Moonshine's at every door,
And, every grocery store
Is now a bank.

They fought at Bunker Hill,
We fight to keep the still
Going day and night
Noble experiment,
We are not quite content
With what the law has sent,
To keep us tight.

Apparently pleased with Herself. "Phyllis, aren't you ashamed of yourself, to go about wearing such a scanty dress?"

"Gosh, no, mother! If I were ashamed of myself I wouldn't wear such a scanty dress."

The Plebiscite reminds us of the incident, when the local minister was being *manhandled* at the Sewing Circle, one lady remarked, "He should practice what he preaches." Immediately the reply came,— "But it would be much worse if he preached what he practices."

It might often happen. A very talented and charming actress was lurching one day with a woman friend, minus, of course, her stage make up. The little daughter of the hostess asked—"Are you really and truly an actress?" "Yes!" was the reply. "Well," proceeded the child, "I have often wished to see a truly live actress—and—and—": "And now at last you are satisfied," the lady interrupted laughingly. "No, No," replied the truthful little girl, "I'm not satisfied, I'm disappointed."