

Notice to The Ladies

Attention is drawn to the following events in the course of the Annual Meeting which are of special interest to the wives of those attending.

- October 7th 4.00-6.00 p.m. Sword and Anchor Inn, South Park Street, afternoon tea for the wives of all doctors. It will be much appreciated if those from out of town will signify their intention to be present by calling 3-4056 before 10 a.m. on the 7th. The wives of Halifax doctors will be contacted by telephone before October 4th.
- October 8th 3.00 p.m. Inspection of new Victoria General Hospital—followed by tea.
- 7.00 p.m. Reception and dinner Nova Scotian Hotel. Informal.
- October 9th 8.15 p.m. Dalhousie Gymnasium. Address on Cancer by Dr. Ivan H. Smith, "An Ounce of Prevention," followed by Walt Disney film, "The Traitor Within."

Presidential Address

Delivered October 9, 1947 at
the Banquet of The Medical Society of Nova Scotia

by

NORMAN H. GOSSE, M.D.

THE tradition that at this annual gathering there shall be a presidential address is now so ancient as to have the force of a decree. I am sorry for you that it is so and have reason to be a bit sorry for myself, for several reasons. One of them is that this is one of the major anniversaries of my medical career, and anniversaries are sorry things in the way in which they indicate the passage of time, the passage of our period of usefulness and unfortunately the passage of unseized opportunities, which will not return.

But they are not only that. For us in Medicine they are occasions when we might with pleasure, and at times with profit review our accomplishments and particularly at this time in our medical lives when we might take note of current trends, and give some thought to our position of the future.

All that sounds very commonplace and prosaic. I shall endeavour not to be so; and as befits a happy occasion into which this has been sandwiched, I shall also be as brief as possible.

Most of us I am sure, who are privileged to look back even a short quarter century must often feel that, as far as Medicine is concerned, it has been a great period in which to have lived.

In the field of *Internal Medicine* for example, the contributions to our knowledge have been many and great. I remember one morning, in my first year in practice in the country, rushing out to see a man who had had a "bad seizure" a couple of hundred yards down the street. He was very stout, about 55 and was dead. The history and the evidence suggested a cardiac death and I so stated. But the old doctor whose patient he had been came later on the scene and called me all manner of fools, because the man had died of "acute indigestion!"

We have changed very much for the better in some respects as affecting that story, despite the recent movie and Barry Fitzgerald, but not even our oldest practitioner to-day would report a death from acute indigestion, so wide is the knowledge of coronary occlusion.

When I was introduced to practical medicine, Empyema was very common and in my earlier surgical years the operation of rib resection for that condition was a common sequel. To-day the control of pneumonia by modern methods penicillin, sulpha drugs, etc., has just about ruled such surgery out of sight.

It was only in that year—25 years ago—that insulin was discovered, with an effect that can scarcely be measured, in these days of fatter people and more diabetes.

A much wider knowledge of the blood dyscrasias with an appreciation of the value of the much abused liver extract; and the great rewards of research in realm of the kidney, are other examples in a story packed full of interest and romance.

In the specialties also there has been the same stepping forward to better and brighter days. In effect their advances probably have been no greater than those mentioned, but they have at times been very spectacular. In urology for example I remember that in my interne days when three elderly men came in to the hospital for urological surgery we expected two of the three not to survive what was ahead of them. To-day they talk of mortality figures of one per cent or less so great has been the advance of knowledge in this field.

In my own department of general surgery the same sort of thing obtains. I remember that in those same days, the mortality rate in gall bladder surgery was very high—in some hands particularly. To-day we have come to the place where there is practically no mortality, and we look for and demand such results. Gastric and intestinal surgery has also been similarly advanced—perhaps not so much in surgical technique since Polya, but very greatly in the appreciation of those constitutional factors—almost entirely bio-chemical—respect for which makes the patient safer for surgery and which causes mortality figures in a large series of cases to practically vanish. I think that it might well be reiterated that these great advances in the surgical field have come about because of the application of knowledge developed by the physiologists or physiological chemists in the fields of the blood and of the intracellular body fluids, and perhaps too, because that out of that knowledge we have accepted the implications of the fact that man is a carnivorous animal.

The field of psychology and of psychiatry should also be mentioned. Here, if all accounts be true many abuses have crept in—perhaps have jumped in, so rapidly has this specialty developed. But no amount of abuse can affect our receiving tremendous help in our work from this field of knowledge if we only learn how to eschew the evil and choose the good. Certainly its ramifications come into my department, and I know that the best surgery or medicine cannot be practiced without appreciating its significance.

There is scarcely any end to the citation that may be given to the great advances in medicine in a generation, and here I have made no attempt to assess or to single out for inclusion those which are greatest. My idea is to show, that very great advances have been and are being made, and I would indicate that these have been reflected in a great lengthening of the span of life, and have constituted a great contribution to the sum total of human happiness, which is perhaps the final test of any advance.

Now there is perhaps nothing terribly surprising about any of that. Medicine has evolved as any science must evolve if it is to survive. It is even possible that in some other department of life, under the influence of great stimuli, greater advances have been made than have been made in medicine. On the other hand, I am sure that there are others of the great departments of life in which advances have been a great deal less. The thing for us to note at this time, I think, is that these great advances have been achieved under what may be called the system of free enterprise in medicine, and that the stimulus to improve itself and its work, have had only that impelling force within itself, which ever drives it to improve. Conversely, I do not believe that such advances would have come under any system which would have removed the freedom and spontaneity of action that we enjoy.

But do we actually enjoy freedom of action to-day? Have the past twenty-five years not shown that we are bound by greater and greater ties?—ties that may be pleasant and rewarding, it is true, but ties none the less?

Twenty-five years ago I enjoyed life in a country practice using car, buggy and sleigh as conditions permitted or demanded. We had nice county medical society meetings and the annual meeting of this body, and we were privileged even then to come to the Dalhousie Refresher Course. But apart from this we practiced medicine along the cool sequestered vales that were ours, feeling a responsibility only to those who had sought our services, or almost only so. But during the years, we have seen our horizons widened, our county medical interests moved more intimately into provincial interests,

our independent provincial society become part and parcel of the Canadian Medical Association, and now we have come to see the Canadian Medical Association become a prominent part of a great world federation of medical interests.

All this development of our stature has been natural enough too in a world that has ceased to be far flung—ceased to be divided into water-tight compartments, iron curtains to the contrary notwithstanding. But, with each step in such development there has come an increase for us in responsibility.

The doctor now finds himself responsible for the support of many of his community's social efforts which an earlier generation did not know. (Some doctors still do not feel that way about it, but the obligation is there just the same.) County medical societies are assuming their proper share of the obligation which our opportunity requires, as witness the fact that they are forming Cancer Committees—in their County Societies—the chairmen of which in turn will become members of the Provincial Cancer Committee. In this way are we as doctors coming to change our relationships to our practices, subscribing to the position of medicine as a great social force.

Another development which might be mentioned is that of insurance in medicine. This address was prepared at least a week ago. I shall give it as it was prepared. I am sure you will allow me the pleasure that I experience in finding that my ideas before this meeting have been so well expressed in your actions of yesterday. We have been familiar for many years with accident and health insurance, but not of the kind which made a very popular appeal. Of later years we have seen hospital indemnity offered in a fashion and at rates that have become quite popular. We believe that that is a step in the right direction,—that any such provision for the future is praiseworthy and to be encouraged. Now we are seeing an effort to provide the same security in the field of medical services. We believe that that too is a step in the right direction, but we can scarcely be expected to be enamored of the impudence of the insurance group that, without any reference whatsoever to the body concerned—in this case the Nova Scotia Medical Society—recently secured legislation in this province enabling it to buy and sell our services. The holy scriptures have a word for those that enter not in at the door, but climb up some other way; but since it might be construed a sacrilege were I to quote scripture in such a connection, I shall refrain from doing so. In view of this incident, however, and of some other things equally important this society may soon have to decide whether or not it should have a full-time employee to deal with such matters. It would appear that we need a watch-dog for this society.

Most restricting legislation, as far as I have been able to watch its operation in other parts of the world has had and does have as a corollary the lowering of the quality of medical service to the people—a lowering of the high standards which over the years medicine has consistently and continuously raised. We believe in bringing this high standard to all the people—not in diluting it so that everyone will get a thin spread; and we must, therefore, regard it as a further social obligation on the part of medical organization everywhere to resist those efforts which tend in that direction. To take the place of them, however, we must be ready for the positive action of offering that which does meet our own standards when the demand for same becomes apparent. We cannot subscribe to the statement, made by those responsible for the legislation mentioned, that demand for prepaid medical service is

“rampant all across this country” certainly not as far as Nova Scotia is concerned; but we are satisfied that the time has come when organized medicine in this province should have a scheme of non-profit medical-sponsored insurance to offer (though not necessarily administered by medicine alone) and if we believe that such insurance is for the public good we should push it.

An now a final matter: We have seen and are seeing changes that are all to the good in that they tend to bring better medical care to the people for whom we are responsible. I wish now to record one example in which the converse obtains.

Not so many years ago the country doctor was the very-much sung hero of his time. No one stood above him in the admiration and respect of all people. He was the one who administered directly to his people such blessings as could come through the practice of medicine. Such glamour as there was in medicine was his, but he worked for it and deserved it. All this is no longer true. He still merits it but doesn't get it. Something has brought about a great change of attitude on the part of the people, and although in many places the old relationships still remain, wherever this so-called sophistication has entered, and geography or transportation admits, they are jumping over the heads of the man in general practice and going direct to the specialist with their ills. Nor is this only spontaneously effected. I found it necessary a few days ago to take a country clergyman to task, when discussing with him the place of the clergyman in the social life of the community and his required training therefor. In many respects this man was doing a very creditable job. He told me of his advising people to take their ills to a medical man, but, he also told me of how he was picking their specialist for them—definitely giving advice which side-tracked the family physician. I believe he was honest and glad to get another point of view, and he got it, very positively; and as he now sees greater usefulness in co-operation, I am reasonably sure that he will not do that again.

No one will deny the place of the specialist in modern medical practice. No one will deny that the various departments in which specialties have been created, have given good account of themselves and have heightened the quality of service in their fields, but they are generally those small fields, in which the specialist is said to know only more and more about less and less (except, of course, in general surgery!) The doctor in general practice on the other hand, requires to be a man who knows more and more about more and more and needs, by and large, to be a much better man. Perhaps generally speaking he is, but my point is, he is not so regarded.

Now what is the effect of this? Young men graduating to-day no longer want to think in terms of general practice. With some notable exceptions they are seeking opportunity to specialize, and in consequence, within a few years we shall be seeing more and more communities without a doctor while specialists in towns and cities will be competing with each other in a struggle to live. What will be the next step? It is not far to seek. It is my understanding that in one of the provinces of Canada not many weeks ago, the government of the province said to the Medical School “Of the students applying to enter the study of medicine you will accept only those who will engage to serve three years in general practice in this province after they have graduated.” In other words, the government was demanding that the system of free enterprise in medicine should cease, as far as that phase of medicine in that province was concerned, that a system of government con-

trol should replace it, so that doctors could be found to fill the needs of the province. Of course there was a tremendous howl—no province in Canada is so Russianized as to accept that yet—and it is my understanding that the edict was recalled.

In this province the even tenor of *our* way is not disturbed as early as it is in some others, but in time it comes; and so, in this connection, before long we shall find the same need, a need that arises out of the same cause.

What then is our responsibility as a medical society? I think that the situation is sufficiently serious for us to raise the question as to whether or not we should have among our standing committees one on medical education whose terms of reference will be wide enough to consider all the aspects and implications of its name. It should raise such questions as the kind of course given in our medical schools, and its influence upon the attitude of the student toward general practice. In other words is the course so shaped and conducted that the influence upon the student is to fit him for, and to attract him to the life in general practice, or is it to influence him away from it? What *is* being done? is a question of intimate concern to us.

The tendency for some years has been to make all medical schools conform to the same general standardized pattern—to fit New York City or Nova Scotia. For some purposes such standardization may be excellent. But there is growing recognition of a failure of this system to meet present needs. As an attempt to mend this, in at least one large centre, there has recently been instituted *a two year period of post-graduate training in general practice*. Perhaps that is the answer for us too—it does at least turn the spotlight on general practice—but personally I do not believe so. I believe that the moulding must be accomplished during the five undergraduate years, with provision for extended studies where possible, for an effect best suited to our provincial needs.

Now it may be argued that concern for this is the business of the Medical Board of this province. Under the Act the Medical Board is endowed with considerable powers in the matter of medical education and since it is a government-dominated body it could probably get any necessary extension of such powers. It may be that it *is* the duty of the Medical Board to look into this and that we could best discharge *our* obligation by seeing that those men who represent us on that Board really represent us in this matter and are ready to report to us as to their progress in accomplishing our desires. In this way they could serve as our Committee on Education. But the time is approaching, when, if we are to meet our obligation to the people of this province something of this nature will have to be effected. Then should we be able to boast, not of the number of great specialists that we have produced but the number of great men that serve this country in general practice, and the sooner we set our sights on that target the better for the future of medicine in Nova Scotia. At the moment we *have* a large number of outstanding men in general practice, but with the present trend continuing shall we be able to extend or replace them?

It may also be argued that "this is not a problem with us just now, so why do anything about it?" The answer to such is: While it may not appear as an immediate problem, we recognize the direction of events and hold that we should not wait for a crisis and for the government to have laid unholy hands upon us, but that we should exercise some vision now and take action to change the current trend.

And now, members of this Nova Scotia Medical Society: as tomorrow will see the end of my period of office, I would take this opportunity to express the pleasure that I have had in serving you and my thanks for your kind assistance and many courtesies. Our organization is a good one, and as I have observed its various pieces come into play over the last few days I have been reminded of the effect of a symphony orchestra giving expression to a great composition.

Perhaps, however, there is some danger in that simile; for a Toronto-published journal which has on two other occasions in the past few years seen fit to be ill-mannered in connection with Maritime affairs had this to say only last week:

Too many practical folk in the Maritimes think of the exquisite dissonances of a symphony orchestra as the work of a nest of stubborn individualists, all playing wrong.

Self-righteousness begets that sort of thing you know, and *we* have no illusions about it. We *may* at the moment be producing only chamber music, but we are rounding out our medical symphony with new pieces from time to time, and with an ever growing appreciation of its "exquisite dissonances," we recognize progress, and so are happy.

Urology Award

"The American Urological Association offers an annual award of \$1,000.00 (first prize of \$500.00, second prize \$300.00 and third prize \$200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

"The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel Statler, Boston, Massachusetts, May 17-20, 1948."

For full particulars write the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee. Essays must be in his hands before March 1st, 1948.

*Essentials of Milk Sanitation

R. DONALD MCKAY, M.E.I.C.

Sanitary Engineer

I AM going to speak briefly on some phases of milk production and processing in Nova Scotia. I shall try to confine my remarks chiefly to the essentials of milk sanitation, with some few digressions such as an outline of the control of milk, and perhaps some mention of what the inspectors of this department are doing.

Why is milk a concern of the Department of Health? Briefly, because it is most nearly perfect and most widely used of foods, and because it is also a nearly perfect food for many bacteria, including some pathogens. These two characteristics, taken together, means that milk may be easily infected; and once infected may readily affect the health of many people. Fortunately, the means of combatting this state of affairs are simple in preparing, if not always so in practice.

Some degree of control of milk is vested in Federal, Provincial and Local Health authorities. Federal control is concerned chiefly with evaporated, powdered and condensed milk. Chocolate flavoured dairy drink is also partially under Federal authority. I shall for the moment pass up Provincial authority. The Provincial Department of Public Health has been set up largely as an advisory body; and in this capacity it has consulted many times with the local boards of Health on problems relating to milk. It has long been held to be a fundamental of democracy that local self government must be interfered with as little as possible. It is in this that the Department advises local authorities but does not obstruct their power to act in their own discretion. The Public Health Act gives authority to the local boards of Health to act in the control of milk and to enact by-laws to strengthen their control of milk. This applies to its production, processing and distribution. For more than a decade, however, the Department of Public Health has given considerable supervision to the pasteurizing plants of the province. In recent years, particularly during the latter stages of the war, circumstances have placed the Department in the position of having to assume a greater degree of supervision and control than in the past. Among these circumstances were the desire of the armed services to deal with one central authority in each province; the lack of technical personnel in the smaller towns; and the widespread distribution of milk. During the war at least, milk produced in almost any part of the province might turn up days later as part of the milk supply of almost any other part. As one result, milk had ceased to be a purely local problem.

The province has now extended its interest in that regulations have been passed which apply in the whole province. These regulations deal chiefly with the processing of pasteurized milk, and with the handling and distribution of retail milk, both raw and pasteurized. It is not yet possible to say what effect this will have.

The Department is divided geographically into six Divisions or Units. Each of these is headed by a Divisional Medical Health Officer. The Sani-

tary Engineer and the Divisional Medical Health Officers have for several years, taken an active interest in the inspection of pasteurization plants. In recent years, the Department has added to most of the Divisions, Sanitary Inspectors. Many of these men have had several years experience as Sanitary Inspectors. Some of them were employed by towns in this capacity before joining this Department. Most of them have undertaken a long course of study, and have passed the examinations and received certificates as Sanitary Inspectors. Others are now studying this course or awaiting the results of examinations already written. With this move, it has become possible, to carry out many more inspections, and to inspect production of milk in special instances. Until recently, any punitive or regulatory action following these inspections have been taken by local authorities, on our advice. In the last few years, however, in certain cases, action has been taken by the Board of Commissioners of Public Utilities, at the request of this Department. Usually, if not always, a parallel request has been made at the same time to the local authority.

Even with the Sanitary Inspectors to carry on the bulk of the inspections, it has been necessary to confine most of the work to the pasteurization plants. This has been done for several reasons. The public naturally expects more, and particularly, expects a greater degree of safety, from a product which has been so highly recommended; and the Department feels this expectation should be justified. There is more equipment to be cleaned and maintained in a pasteurization plant than in a raw milk dairy, and hence, more need of frequent inspection. There is an opportunity to see, taste, smell, and sediment test, the milk from a large number of farms, and consequently, an opportunity to make the best use of a limited time available for farm inspections, by concentrating on those shipping the poorest milk to the plants. As an example, it may happen that at a small dairy, with say thirty shippers the inspector finds on main sediment tests that five of them on that occasion have shipped dirty milk. On repeating the test a week or two later, he may find four tests, of which say three are repeaters. If his time schedule does not allow him to visit all thirty shippers (which, of course, is desirable) he could at least visit the three serious offenders and perhaps also the three others who shipped dirty milk on one day or the other, but not on both.

Our officials, including the inspectors, look out for many points at which either a producer or a processor may slip; in many instances, I believe the dairyman feels we are over strict. Yet the basic essentials for producing good milk are simple; and the basic essentials for producing good pasteurized milk are also simple. The minor points on which dairymen sometimes think we lay too much stress, are all related to one or more of the basic factors.

Essential to the production of good milk are healthy cattle; healthy milkers; clean udders and flanks; clean pails and utensils; clean milkers and prompt and thorough cooling. Very nearly essential is the small-mouthed milking pail. Other items, often required, are necessary when their purpose is to enable these essential requirements to be met.

Essential to the production of good pasteurized milk are good raw milk; clean, sterile equipment, etc.; proper heating, to a sufficient temperature for a sufficient time (both quite definite); prompt and thorough cooling; prompt bottling in clean and sterile bottles; and cold storage until delivery.

This all sounds very simple; and perhaps it really is so; but many of these basically simple requirements involve a myriad of details. The one

requirement of clean, sterile equipment, in even a small plant, may involve many operations, and many surfaces to clean. A fairly typical medium small plant might include a vat, pump, plate type cooler, and filler. At the end of each day's operation, all this, together with the piping, would have to be rinsed with cool or tepid water, to remove any traces of milk without the risk of "cooking" any of it onto the surfaces. The vat would then have to be scrubbed out with a brush and a hot cleaning solution. A hot cleaning solution would then have to be pumped through all the remaining equipment with all joints slightly open to allow the solution to reach all surfaces. The pump and the pipe line would then have to be taken apart completely. The pipe line alone will include one or two valves, a dozen or so couplings, three or four elbows, and several sections of straight pipe. Then the filler, including probably six milk valves, must be dismantled, and thoroughly cleaned. The plate cooler may consist of a frame and perhaps thirty-six corrugated metal plates, with two surfaces of each to be cleaned. The pipe, valves, etc., must then be placed in a tank of chlorine solution and be held in this tank overnight. The next morning, all this equipment must be assembled and then be sterilized, perhaps by pumping through it, again with the joints loosened, a strong chlorine solution. Yet it is simple; but it is *not* easy.

The inspectors try to show the plant operators where trouble may be expected. They try to give all help possible in clearing up trouble that develops. Sometimes trouble is the result of a purely mechanical fault, such as a thermometer with a separated mercury column. This may easily result from a jar; it causes the thermometer to give a falsely high reading. Milk which has been heated until such a thermometer reads 144 degrees F, may actually have reached only 140 degrees F, and so not have been really pasteurized at all. This one simple fault, may, however, take some time to find. More often, the fault may lie in improper sterilization of equipment. Samples of milk taken from a plant on a previous inspection, and examined at the Public Health Laboratory, may have shown the presence of bacteria of a type indicating non-sterile equipment. If the dairymen is conscientious, as most of them are, and has not been deliberately neglecting some part of the work, it may be necessary for an inspector to visit that one plant for several successive days, and to watch the routine of operations from the start, very early in the morning, until the plant closes at night. This is so because some very slight departure from normal handling, easily overlooked on a single inspection, may result in a vital part being not quite clean; and that is all that is needed to give a bad test.

I have been with the Department nearly twelve years; during that time, there have been many changes. Some equipment which was considered satisfactory a decade ago is now obsolete; dairymen are better trained; and some highly desirable new equipment is available, although hard to get at present. Not all changes have been improvements, however. While the operators of the plants have in general been better trained, they have had to rely very largely on untrained and often unsatisfactory labour. Careless operation has been for years, and still remains, the number one cause of poor milk.

I think it only fair, however, to both the Department and to the dairy industry, to say that it is extremely rare to find conditions such that the public is thought to be in any danger. Such cases, where the Department would advise the cancellation of a license, occur only three or four times in a decade.

Arthur Frederick Miller

FORTUNATE is the man who looking back upon his life's work sees that he has accomplished the majority of the things he had set out to do; who has worked long and faithfully, and so can see the fruits of labour well done; who has had dreams and ambitions and has attained them: who has been a teacher and has himself grown with his teachings: who has had students who have become his friends, and friends who have become his students; who has always been a pioneer when pioneering was needed: who, throughout his life has had the affection and respect of his associates and who retires in good health to enjoy friends, interests and more home life than has been permitted him recently due to the demands of work during the war years.

Such, in brief, describes Arthur Frederick Miller, first Medical Superintendent of the Nova Scotia Sanatorium, the first Provincial institution of its kind in Canada. Dr. Miller was born at Covehead, Prince Edward Island, the son of the late Mr. and Mrs. Lemuel Miller. Following his preliminary education at Prince of Wales College in Charlottetown, he entered Dalhousie University in Halifax where he graduated in medicine in 1904.

Shortly after this, the young graduate developed pulmonary tuberculosis, a seeming misfortune of some magnitude at the time. In reality it turned out to be a most happy misfortune as far as the people of the Province of Nova Scotia were to be concerned, for he journeyed to Saranac to undergo treatment and there became an associate and personal friend of the late Dr. Edward L. Trudeau, the founder of the sanatorium movement in North America.

Upon recovery of his health, Dr. Miller became a member of the resident staff of the Adirondack Cottage Sanatorium of which Dr. Trudeau was medical director. In 1910, upon the advice of Dr. Trudeau, he came to Kentville as Superintendent of the then Provincial Sanatorium which had been opened in 1904.

At that time, Dr. Trudeau expressed the hope that the Nova Scotian institution might grow in a manner similar to the development at Saranac. How true this prophecy has turned out to be!

From the original building housing 18 patients in 1910 with a medical staff of one part-time physician, the Nova Scotia Sanatorium, under Dr. Miller's guidance, has grown to its present group of some twenty buildings providing every modern facility for the care of 398 patients, with a medical staff of five full-time physicians, two medical interns, a part-time thoracic Surgeon of high qualifications, and additional qualified consultants. Here is now found an institution for the diagnosis of diseases of the chest and for the active medical and surgical treatment of tuberculosis; an institution of which every citizen of the Province may be justly proud, and in respect to which we all owe to Dr. Miller our sincere admiration and thanks for bringing it to its present high standard of development.

Throughout his life he has been a keen student and his interest in tuberculosis work has led him to do post-graduate work in Chicago, New York and Montreal. He has been a frequent contributor to medical journals of Canada and the United States. In 1920, he spent some time as a member of the Federal Board of Sanatorium Consultants, visiting Canadian institutions in which tuberculosis ex-service men were undergoing treatment. In 1928, he toured England and the Continent together with a number of Canadian Sanatorium superintendents, studying many phases of the tuberculosis problem.

At this time, Dr. Miller took a very important step in his career, and one that had a great influence upon his future happiness. He married Miss Lyla Proctor, daughter of Mr. and Mrs. L. J. Proctor, Halifax and Bedford. Since then the gracious host has been assisted by a most charming hostess in their home, which has been the scene of many pleasant Sanatorium functions and graced by numerous distinguished visitors.

In 1931, he received the distinction of becoming a Fellow of the Royal College of Physicians of Canada. In 1942, he became a Fellow of the American College of Chest Physicians, of which he has been Governor for the Eastern Provinces of Canada since June, 1944. At Convocation of Dalhousie University on May 16, 1944, he was honoured by the presentation of an LL.D. degree. He has been a member of the Advisory Board of the American Trudeau Society since 1944, Assistant Professor of Medicine at Dalhousie University, and Consultant in Diseases of the Chest at the Blanchard Fraser Memorial Hospital at Kentville.

Dr. Miller has taken an active part in Medical Societies, being a member of the Valley Medical Society (Past President), Nova Scotia Medical Society, Canadian Medical Association, Canadian Tuberculosis Association, National Tuberculosis Association. He is Emeritus Member of the American Clinical and Climatological Association, and an active member of the Nova Scotia Tuberculosis Commission.

On September 30, 1947, Dr. Miller retired officially from his position as Medical Superintendent of the Nova Scotia Sanatorium which he has held continuously since 1910, representing thirty-seven years of faithful Service to the people of Nova Scotia. On September 16th past, he was tendered a complimentary banquet at the Cornwallis Inn by a group of his associates in the Department of Health and his previous staff members and their wives, some of whom travelled a considerable distance to honour "The Chief." Among those present were Honourable F. R. Davis, Minister of Public Health and Mrs. Davis, Dr. J. J. MacRitchie, Dr. and Mrs. A. B. Campbell, Dr. and Mrs. H. R. Corbett, Dr. and Mrs. C. J. W. Beckwith, Dr. and Mrs. David Drury, Dr. and Mrs. D. M. MacRae, Dr. and Mrs. C. E. A. DeWitt, Dr. J. S. Robertson, Dr. and Mrs. J. E. Hiltz, Dr. G. J. Wherrett, of the Canadian Tuberculosis Association, Dr. W. I. Bent, Dr. Jean MacDonald, Dr. D. S. Robb, Dr. and Mrs. Crossman Young, Dr. and Mrs. R. S. Shlossberg, Dr. and Mrs. E. M. Found, Dr. H. R. Ripley, Dr. and Mrs. R. S. Ideson, Dr. and Mrs. V. D. Schaffner, Dr. J. J. Quinlan, Dr. Helen Holden (Mrs. Quinlan), Mr. and Mrs. G. G. Harris, Dr. J. D. Smith, Dr. and Mrs. A. A. Giffin, Dr. H. K. MacDonald, Dr. L. S. Cox, Dr. L. H. Burdett, Dr. H. D. Lavers.

At the dinner Dr. Miller was presented with a bronze plaque, upon which is engraved his likeness with the following inscription:

Placed in honor of Arthur Frederick Miller, M.D., C.M., F.R.C.P. (C.), F.C.P., LL.D., first superintendent of this the first provincial sanatorium in Canada, January, 1910, to January, 1948, by his former associates, his staff and his patients.

This plaque is to be placed in the entrance hall of the New Infirmary as a permanent memorial to his work at the Sanatorium.

With Doctor Miller in his retirement go the very best wishes of his host of friends among the profession, and lay people as well, who trust that he and Mrs. Miller may now have many, many years of well deserved happiness ahead.

J. E. HILTZ, M.D.

The Visit to Nova Scotia of John Cameron, M.D., D.Sc., F.R.S.S.E.&C., M.R.C.

PROFESSOR EMERITUS

Chair of Anatomy: Dalhousie University

From the moment he arrived in Halifax aboard the *Aquitania*, Doctor John Cameron, beloved Professor Emeritus of Anatomy at Dalhousie University, met with such warmth of feeling and such an enthusiastic reception that it can truly be termed a "triumphal tour."

This, his first visit to Canada since his retirement, was a long-promised one and was undertaken with the dual purpose of inspecting the "John Cameron Anatomy Rooms" in the Dalhousie Medical School and of visiting with his many friends in this country.

The number of students who passed through Doctor Cameron's classes during his tenure as Professor of Anatomy in the years 1914-1930, represents a large proportion of the professions—Medical and Dental—in the Province today, who constitute a large body of friends of the genial "Jock!" and the chief purpose of each of these appeared to be to make his visit a memorable one for him.

Almost immediately, Doctor Cameron went to Cape Breton where he met many of his friends, and, true to form, he made many new friends. His last evening in Sydney was high-lighted by a dinner at the Isle Royal Hotel, when he was the guest of fifteen of his former pupils and at which he was presented with two photographs of the Cabot Trail. A sweep-stake was held during the dinner on the guest of honour's age and, to his great amusement, the ages ranged from sixty-two to seventy-four.

At no time during his visit to this country, did Doctor Cameron have any spare time—he was constantly consulting his "leettle Book" to ascertain where he could fit in his innumerable social engagements, and, even with this aid, he was often unable to accept many invitations.

It is beyond the scope of this brief report of "Jock's" tour, to describe it in any detail, but some of the outstanding functions must be mentioned.

President and Mrs. Kerr entertained at tea for him on September nineteenth, and, whether or not access to the University records supplied the information, Mrs. Kerr learned that it was Doctor Cameron's birthday. When a large birthday cake, bearing seventy-four lighted candles was set in front of him, his surprise and delight were very evident and became even more marked when he was told that Mrs. Keer had baked and decorated the cake herself.

On Wednesday, September twentieth, a dinner in his honor was held at the Lord Nelson Hotel. Invitations were sent to his former students, associates and friends throughout the Province, and the overwhelming response was indicative of the great esteem in which he is held. The capacity of the Ball Room was taxed to the limit, and the guests came from one end of the Province to the other, and from parts of New Brunswick as well.

The dinner arrangements were handled by a committee, of which Doctor N. H. Gosse was chairman, and he also was an extremely capable Master of Ceremonies. The evening was marked not only by such a record attendance, but by the delightful spirit which prevailed—a spirit of enthusiastic goodwill and happiness. The guest of honor was piped to his place by two pipers

in full Highland costume, thus inaugurating an evening which will be long remembered by all who were present.

Doctor C. R. Baxter, of Moncton, in a sparkling speech proposed the toast to Doctor Cameron who, in his own inimitable manner, responded.

A large portrait of "Jock" was then presented to the University by G. W. Dawson, D.D.S., who spoke for the dental profession. It was accepted, on behalf of the University, by Doctor H. G. Grant, Dean of the Medical School, for placing in the "John Cameron Anatomy Rooms."

As a souvenir of his visit, Doctor Cameron was presented with a beautifully bound, illuminated book, containing a copy of the presentation portrait, the dinner menu, the evening's program, and the autograph of every person present at the dinner. When expressing his appreciation, "Jock" did so in the true Cameronian style—"This book will be kept in the archives of my home, but it will have a much safer and more permanent place in the archives of my heart."

On Sunday, September twenty-fourth, when we wished him "God Speed" at the dock where he boarded the *Aquitania* for return to England, there could be no possible doubt in Doctor Cameron's mind of our great joy in seeing him again, the pleasure we derived from his visit, and the warmth and magnitude of our affection for him.

Final Edition of "Courage and Devotion Beyond the Call of Duty"

The final edition of the book, *Courage and Devotion Beyond the Call of Duty*, which is composed of official awards and citations received by United States medical officers during World War II, is now being prepared by Mead Johnson & Company, Evansville, Indiana.

Any physician, who has not already done so, should write to Mead Johnson & Co. advising them of the awards he has received and also send a type-written or photostatic copy of his citations. The following additional information would be of assistance in compiling the material for this book: Present rank or rank at time of discharge. Branch of service. From what university and in what year M.D. degree was received. Date of entry into the service.

The Annual Meeting

Another annual meeting has come and gone. It was a busy week for everybody, the more than two hundred doctors who came to attend the sessions, those in charge of arrangements and those who took part in the programme. As far as could be judged from the comments heard and overheard, the general feeling was that of satisfaction. The expressions of this satisfaction which in one way or another reached the ears of the executive of The Medical Society and the Refresher Course Committee must have rung sweetly in the ear, since both these bodies are but human and "a little credit now and then is relished by the best of men!"

At least two records were broken this year. The registration for the combined Refresher Course and Annual Meeting was the largest in any peace-time year . . . being 255. This figure was exceeded only by the two Refresher Courses held during the war years of 1943 and 1944, when there were 372 and 260 in attendance. The number at the Annual Banquet of The Medical Society was the greatest in the history of the Society, being 262 and the number of those attending the reception which preceded the dinner must have been greater than that. One could only hazard a wild guess at the average age of the doctors and their wives, but our wild guess would be between 30 and 40.

In addition to broken records one other feature marked the occasion which if not truly unique, is at least unlikely to recur for many years, a sort of medical Haley's comet, as it were. This was the opening of the doors of the new Victoria General Hospital for inspection by the doctors and their wives. Since none of the furniture and few of the fittings are yet in place it was like viewing a partly finished picture, to which the imagination of the beholder could supply the missing details. There can be little doubt that there must have been almost as many different mental images as beholders, but there can be still less doubt that in every case the picture was a fine one, and that all agreed that the finished product would reflect credit on all who had to do with planning and carrying out the work. A number of comments made by the visiting speakers showed that they were truly impressed by what they saw. But of all the sights which met the eye in the course of the long afternoon the most welcome was that of the tea room, not because of the tea and what went with it, though both were duly appreciated, but because of the *chairs* which sympathetic foresight had provided for the foot-sore and weary explorers.

Another innovation of the year was the holding of a special cancer meeting, under the joint auspices of The Medical Society, the Canadian Cancer Society, and the Dalhousie Cancer Committee. This was on Thursday evening in the Dalhousie Gymnasium and was open to the public. The speaker was Doctor Ivan F. Smith of London, Ontario. In spite of several counter-attractions the same evening, a good crowd turned out and listened intently to the address on a subject which is becoming of more and more interest to the public.

Two teas were held for the ladies. The first on Tuesday afternoon was for the wives of all the doctors. On Thursday Mrs. F. R. Davis, the wife of the Minister of Health entertained those from out of town. Both these social events were well-attended and were pleasant interludes, in days as busy for the weaker sex as for their husbands

Mention could be made of many other details, the fine weather which seems to be almost a tradition for the meetings, the presidential address, which provided much food for thought and comment, the generosity of certain of the visiting speakers who managed to find the time, sometimes by missing a meal, to see one or two patients with local practitioners. But time and space will not permit the recapture on paper of all the mixed flavours of a week so crowded with events. We can only sum it all up by saying, as so many did in fact say in so many words: "It was a good meeting."

Four new members were appointed to the Board of Directors at the annual meeting of Abbott Laboratories Limited, held in Montreal on September 22nd. They are Dr. E. H. Volwiler, executive vice-president, and Mr. George Cain of the parent house in North Chicago, Dr. L. Delphiner, manager of production, and J. H. Marchand, general sales manager, of the Canadian Company. This was also made the occasion of the official opening of Abbott's spacious and modern plant on the Cote de Liesse.

At the opening ceremonies of this ultra-modern plant dedicated to the medical world, H. D. Cook, general manager and director of Abbott's, was host to large gathering of guests and visitors. Offices were tastefully decorated with flowers and the beautiful landscaping, highlighted by a trim border of coral pink geraniums, set off the spic-and-span building to advantage.

The list of distinguished guests included S. DeWitt Clough, chairman of the board, R. E. Horn, president, F. H. Young, vice-president, E. A. Ravenscroft and A. W. Bays, secretary of Abbott Laboratories, North Chicago, as well as several other American technical experts and the heads of Canadian medical and pharmaceutical associations. Special guests were Mayor Schofield of the Town of Mount Royal (in which the new plant is located) and his entire Town Council, and M. Papineau-Couture, representing the Department of Health, Ottawa. Parties of guests were taken on specially conducted tours of the new Abbott plant to inspect the up-to-the-minute manufacturing, control and shipping facilities which Abbott has assembled in this remarkable new pharmaceutical plant.

Montreal Staff Presents Token of Esteem to President R. E. Horn

The official opening of the plant was highlighted by a presentation made for the staff by the two senior lady members of the Montreal personnel, Mrs. Mary Thompson and Miss Bella Lemay, to President R. E. Horn and to his colleagues of the American company. On behalf of their Canadian co-workers they presented Mr. Horn with a plaque, the work of the distinguished Montreal designer, Fritz Brandtner.

In addition, each visitor at the plant opening was presented with a bronze medallion of ultra-modern design, featuring the Abbott crest on one side and a bas-relief of the new Montreal administrative and manufacturing centre on the reverse. As a future memento of the occasion each visitor received a special souvenir book in full colour which pictorially tours the Abbott plant and also includes news of the latest Abbott research findings and product developments.

Editorial

IN the May number of this journal there appeared on page 130, under the heading Editorial Comment, a section dealing with the programme of the Winnipeg meeting of the Canadian Medical Association. In that editorial there was expressed dissatisfaction with the fact that Nova Scotia appeared not at all in the list of speakers, and that the three Maritime Provinces were represented only by one man, who spoke twice.

The matter did not end with the publication of the Bulletin. The President of the Medical Society of Nova Scotia, who attended the meetings of Council, read this editorial to the members and asked that some explanation be given. The information was forthcoming that some four or five doctors in Nova Scotia had been approached, and that all had replied in the negative. After this nothing further was done, and the problem of how to make the programme representative of Canada as a whole was not brought before the divisions for further action. The general policy of the programme committee was to look for 40% of the papers from the division in which the meeting was held, and the balance from the other divisions—where they could be found.

The decision of the Council in the matter was that in future the divisions should be asked to submit lists of names of those who expressed willingness to participate; and in due course the following letter was received by the secretary of the Medical Society of Nova Scotia:

Dear Doctor Grant:

In order that the scientific programme for the 79th Annual Meeting will be representative of the medical profession from all parts of Canada, the Executive Committee requests suggestions as to possible speakers from all Divisions.

It will be very much appreciated if you will undertake to submit at your convenience a list of men from your province whose presence on the programme would add to its strength. It is appreciated that such suggestions can only be tentative and the inclusion of a name is in no sense of the word to be interpreted as constituting an invitation to speak. The Central Programme Committee will be guided by your suggestions, but the final decision with respect to the issuance of invitations must necessarily remain with that body.

Nominal rolls should be submitted to this office by October 15th and should include information under the following headings: Name, Address, Field of Practice, Special Interest or Possible Topic.

Yours faithfully

(Sgd.) A. D. KELLY
Assistant Secretary

Subsequently another letter containing the above suggestions was sent out to a number of the medical men in the province—a group from which a fair number of possible papers might have been expected. There were 50 odd names on the list. 28 of the 50 did not reply at all, and of the 22 who replied only 8 expressed willingness to read a paper if requested.

As will be seen the C.M.A. does not commit itself to invite all or any who have offered in this way, nor is its programme committee limited to inviting only those who so offered. There may be some who, if approached directly might answer yes, or at least, who would not ignore the request completely.

If, however, the programme committee does invite all 8 of those who answered in the affirmative, and all eight make good their promise and accept, it will be at any rate a decided improvement, by 8, in the representation of and by our province at a national meeting.

But the responsibility for our being represented, well, poorly or not at all, has been placed fairly and squarely where it belongs, and that is with the doctors in Nova Scotia. Never again can we complain that we have been slighted or overlooked. A challenge has, in fact, been offered—and only 8 have accepted it,—so far. And it is later than we think. The deadline for the list of names was October 15th, and in six weeks time the programme for the Toronto meeting will have been made up. But it may not be too late, since most of these dates are set to allow ample leeway for the notoriously slow medical man.

This matter will be dealt with in the minutes of the executive and general meetings, appearing in the November Bulletin. In the discussion in the general meeting this subject was coupled, by one speaker, with the difficulty, noted in the report of the Editorial Board, in obtaining papers for the BULLETIN. This speaker offered the opinion that there was no lack of professional ability in Nova Scotia, and stated his belief that medicine as practised here was the equal of any in Canada. With both these expressions of confidence we desire to associate ourselves. Where, then, is the root of our lack of facility with tongue and pen? Is it in laziness and neglect of hidden talents, or is it in defects in preliminary and university education? We lean toward the former view, because for laziness and neglect there is a remedy, but it would do no harm to turn a critical eye on the latter, so that those who teach may stimulate, and by example, encourage, those who follow.

It may be asked why, since all or most of this will be covered by the minutes, it should be made the subject of a further editorial. Your editor was moved to protest, on your behalf, what, at the time, seemed to be an ignoring of our existence. It would now seem that few others are similarly concerned. Lest, however, appearances prove once more deceiving, it was felt that further attention should be drawn to the matter. Here for the present, we will let it rest, in the hope that we may be agreeably surprised when the next C.M.A. programme comes out.

MARGARET E. B. GOSSE
Editor-in-Chief

Registration 22nd Dalhousie Medical School Refresher Course

OCTOBER 6th TO 10th, 1947

- Dr. Dan Murray, Tatamagouche
Dr. V. D. Schaffner, Kentville
Dr. A. F. Miller, Kentville
Dr. D. M. MacRae, Halifax
Dr. H. G. Quigley, Halifax
Dr. W. G. Colwell, Halifax
Dr. D. F. MacInnis, Shubenacadie
Dr. J. L. Thompson, Saint John, N. B.
Dr. J. E. Hiltz, Kentville
Dr. John R. McCleave, Digby
Dr. F. E. Rice, Sandy Cove
Dr. G. W. McElman, Fredericton, N. B.
Dr. C. U. Henderson, Corner Brook, Nfld.
Dr. R. M. Benvie, Stellarton
Dr. D. F. Macdonald, Yarmouth
Dr. Hugh MacKinnon, Halifax
Dr. Jean Macdonald, Halifax
Dr. T. M. Sieniewicz, Halifax
Dr. P. D. Ferguson, Whyecocomagh
Dr. E. A. Brasset, Antigonish
Dr. D. R. MacRae, Sydney Mines
Dr. A. J. Murchison, Charlottetown,
P. E. I.
Dr. Edward M. MacDonald, Sydney
Dr. H. P. Stewart, Eldon, P. E. I.
Dr. F. E. P. Malcolm, Dartmouth
Dr. A. M. Marshall, Halifax
Dr. H. C. Still, Halifax
Dr. Charles Lamont, Dartmouth
Dr. C. J. W. Beckwith, Halifax
Dr. J. E. LeBlanc, West Pubnico
Dr. C. M. Bethune, Halifax
Dr. Clarence L. Gosse, Halifax
Dr. H. D. O'Brien, Halifax
Dr. J. C. Wickwire, Liverpool
Dr. R. A. Moreash, Berwick
Dr. M. Jacobson, Halifax
Dr. J. G. D. Campbell, Halifax
Dr. I. M. MacLeod, Cornwallis
Dr. C. A. Gordon, Cornwallis
Dr. Peter Hebb, Dartmouth
Dr. H. R. Roby, Oxford
Dr. Margaret E. B. Gosse, Halifax
Dr. D. S. Robb, Shelburne
Dr. M. G. Whillans, Halifax
Dr. A. E. Murray, Halifax
Dr. C. H. L. Baker, Halifax
Dr. John F. Woodbury, Halifax
Dr. G. D. Donaldson, Mahone Bay
Dr. G. M. Murray, Elmsdale
Dr. W. E. Pollett, Halifax
Dr. Adelaide L. Fleming, Halifax
Dr. L. A. Collier, Halifax
Dr. L. A. Rosere, Dartmouth
Dr. R. H. Sutherland, Pictou
Dr. J. S. Munro, North Sydney
Dr. A. W. Ormiston, Sydney
Dr. F. C. Hazen, Guysborough
Dr. C. B. Stewart, Halifax
Dr. G. W. Turner, Windsor
Dr. S. E. Bishop, Kentville
Dr. J. J. Stanton, Canso
Dr. N. F. Macneill, Arichat
Dr. H. A. Locke, New Glasgow
Dr. R. M. Ritchie, Inverness
Dr. C. M. Leighton, Moncton, N. B.
Dr. Murray MacKay, Dartmouth
Dr. G. G. G. Simms, Pictou
Dr. A. F. Weir, Hebron
Dr. R. C. G. Hawkins, Halifax
Dr. A. R. Morton, Halifax
Dr. W. W. Bennett, Bridgewater
Dr. G. B. Wiswell, Halifax
Dr. S. Green, Halifax
Dr. H. A. Creighton, Lunenburg
Dr. C. H. Young, Dartmouth
Dr. W. I. Bent, Bridgewater
Dr. W. B. Howatt, Summerside, P. E. I.
Dr. R. S. Henderson, Halifax
Dr. K. C. Rodger, River Hebert
Dr. H. C. S. Elliot, Halifax
Dr. V. O. Mader, Halifax
Dr. G. MacL. Moffatt, Halifax
Dr. P. G. Loder, Halifax
Dr. H. G. Grant, Halifax
Dr. E. L. Eagles, Yarmouth
Dr. G. M. Smith, Windsor
Dr. B. R. Wilson, Halifax
Dr. M. R. Macdonald, Sydney
Dr. E. M. Fogo, Halifax
Dr. J. C. Acker, Halifax
Dr. K. M. Grant, Halifax
Dr. C. G. MacKinnon, Halifax
Dr. J. H. Slayter, Halifax

- Dr. H. Devlin, Halifax
 Dr. R. D. Lindsay, Halifax
 Dr. Norman H. Gossé, Halifax
 Dr. H. D. Lavers, Kentville
 Dr. H. E. Wilson, Ship Harbour
 Dr. C. C. Campman, West Middlesex, Pa.
 Dr. George F. Stoney, Erie, Pa.
 Dr. J. C. Morrison, Halifax
 Dr. N. G. Pritchett, Halifax
 Dr. G. I. Wilson, Halifax
 Dr. C. W. Holland, Halifax
 Dr. K. A. Fraser, Sydney Mines
 Dr. R. W. Morrison, Great Village
 Dr. C. S. Marshall, Halifax
 Dr. E. K. Woodroffe, Chester
 Dr. E. Pearl Hopgood, Dartmouth
 Dr. Mabel G. Patterson, Dartmouth
 Dr. Anne L. Hammerling, Halifax
 Dr. C. E. Kinley, Halifax
 Dr. N. B. Coward, Halifax
 Dr. D. M. Grant, Halifax
 Dr. H. I. MacGregor, Halifax
 Dr. Wm. J. MacDonald, Truro
 Dr. R. W. Begg, Halifax
 Dr. C. B. Weld, Halifax
 Dr. C. H. Reardon, Halifax
 Dr. J. J. MacRitchie, Halifax
 Dr. G. H. Murphy, Halifax
 Dr. H. K. MacDonald, Halifax
 Dr. R. McK. Saunders, Lunenburg
 Dr. W. R. C. Tupper, Halifax
 Dr. Arthur L. Murphy, Halifax
 Dr. J. A. Noble, Halifax
 Dr. A. D. Macdonald, Dartmouth
 Dr. Avery Vaughan, Halifax
 Dr. C. S. Morton, Halifax
 Dr. W. K. House, Halifax
 Dr. W. H. T. Baillie, Toronto, Ont.
 Dr. E. I. Glenister, Halifax
 Dr. K. A. MacKenzie, Halifax
 Dr. Frank G. Mack, Halifax
 Dr. A. G. Laroche, Ottawa, Ont.
 Dr. S. S. Bland, Halifax
 Dr. J. S. Robertson, Halifax
 Dr. A. B. Crosby, Halifax
 Dr. A. D. Kelly, Toronto, Ont.
 Dr. F. G. McGuinness, Winnipeg, Man.
 Dr. J. R. MacLean, Halifax
 Dr. R. G. A. Wodd, Lunenburg
 Dr. J. S. Brean, Mulgrave
 Dr. W. Alan Curry, Halifax
 Dr. T. A. Kirkpatrick, Kentville
 Dr. D. S. McCurdy, Truro
 Dr. R. G. Girvan, Moncton, N. B.
 Dr. R. P. Smith, Halifax
 Dr. C. S. Strickland, Halifax
 Dr. J. R. Corston, Halifax
 Dr. L. F. Cobb, Pontiac, Michigan
 Dr. T. W. MacLean, Westville
 Dr. R. C. Zinek, Lunenburg
 Dr. Clarence Miller, New Glasgow
 Dr. H. B. Havey, Stewiacke
 Dr. J. J. Carroll, Antigonish
 Dr. G. A. Black, Halifax
 Dr. D. C. Cantelope, Lunenburg
 Dr. J. A. MacNaughton, Windsor
 Dr. C. G. Smith, D.V.A., Halifax
 Dr. R. D. Baird, Fredericton, N. B.
 Dr. J. S. Manchester, Halifax
 Dr. A. G. MacLeod, Dartmouth
 Dr. W. M. Davis, Halifax
 Dr. Donne W. Smith, Shubenacadie
 Dr. F. R. Little, Halifax
 Dr. E. T. Granville, Halifax
 Dr. Grace E. B. Rice, Halifax
 Dr. A. W. Titus, Halifax
 Dr. D. S. MacKeigan, Halifax
 Dr. W. J. Dyer, Halifax
 Dr. H. B. Atlee, Halifax
 Dr. M. D. Brennan, Dartmouth
 Dr. R. W. M. Ballem, Halifax
 Dr. H. E. Kelley, Middleton
 Dr. H. A. Fraser, Bridgewater
 Dr. T. B. Acker, Halifax
 Dr. D. J. Tanning, Halifax
 Dr. A. L. Cunningham, New Germany
 Dr. L. Green, Halifax
 Dr. Hugh F. MacKay, New Glasgow
 Dr. J. W. MacIntosh, Halifax
 Dr. F. J. Barton, New Waterford
 Dr. J. R. Macneil, Glace Bay
 Dr. G. A. Dunn, Pictou
 Dr. Elizabeth Young, Wolfville
 Dr. R. A. Young, Wolfville
 Dr. P. E. Belliveau, Meteghan
 Dr. B. W. Skinner, Mahone Bay
 Dr. W. C. O'Brien, Yarmouth
 Dr. G. Ronald Forbes, Kentville
 Dr. A. B. Campbell, Halifax
 Dr. Lewis Thomas, Halifax
 Dr. G. F. Day, New Glasgow
 Dr. Eric W. Macdonald, Glace Bay
 Dr. Malcolm R. Elliott, Wolfville
 Dr. H. W. Schwartz, Halifax
 Dr. Robert O. Jones, Halifax
 Dr. S. T. Laufer, Halifax
 Dr. Basil K. Coady, Halifax
 Dr. David J. Tanning, Halifax
 Dr. W. A. MacQuarrie, Trenton
 Dr. W. H. Eggar, Wolfville
 Dr. A. Ernest Doull, Halifax

- | | |
|--------------------------------------|---------------------------------------|
| Dr. D. B. Morris, Windsor | Dr. J. V. Graham, Halifax |
| Dr. D. W. N. Zwickler, Chester | Dr. G. H. Wheelock, Wolfville |
| Dr. P. A. Macdonald, Halifax | Dr. J. B. MacDonald, Stellarton |
| Dr. W. L. Muir, Halifax | Dr. C. M. Harlow, Halifax |
| Dr. J. A. Webster, Shelburne | Dr. A. M. Arbuckle, Pictou |
| Dr. K. P. Hayes, Halifax | Dr. L. G. Dewar, O'Leary, P. E. I. |
| Dr. I. A. Perlin, Halifax | Dr. O. B. Keddy, Windsor |
| Dr. A. R. Chisholm, Kentville | Dr. G. K. Smith, Hantsport |
| Dr. C. W. Jones, Halifax | Dr. S. B. Bird, Liverpool |
| Dr. J. A. Ritchie, Halifax | Dr. R. Chaiman, Manchester, England |
| Dr. H. M. Holden, Kentville | Dr. H. I. McLaughlin, New York, N. Y. |
| Dr. J. J. Quinlan, Kentville | Dr. A. E. Blackett, New Glasgow |
| Dr. F. L. Hill, Parrsboro | Dr. J. H. Buntain, Kentville |
| Dr. C. O. Homans, Hubbards | Dr. J. C. Worrell, Halifax |
| Dr. R. H. Stoddard, Halifax | Dr. R. G. Wright, Elmsdale |
| Dr. C. B. Greene, Sheet Harbour | Dr. A. E. Archer, Lamont, Alberta |
| Dr. C. H. Smith, Liverpool | Dr. G. R. Brow, Montreal |
| Dr. L. E. Bashow, Hantsport | Dr. J. C. Ballem, New Glasgow |
| Dr. L. B. W. Braine, Annapolis Royal | Dr. E. M. Curtis, Truro |
| Dr. R. M. Rowter, Bridgewater | Dr. J. H. Charman, Halifax |
| Dr. L. R. Morse, Lawrence town | Dr. D. J. D'Eon, Weymouth |
| Dr. C. E. A. deWitt, Wolfville | Dr. A. H. Barss, Riverport |
| Dr. E. P. Brison, Halifax | Dr. E. M. Robertson, Kingston, Ont. |
| Dr. Gordon C. Macdonald, Sydney | Dr. Ivan H. Smith, London, Ontario |
| Dr. J. B. Jewell, Halifax | |

New Air Express Service Announced

The dedication ceremony, which was marked by favourable comments on the modernity and comprehensiveness of the Abbott facilities, coincided with an announcement by Mr. Cook of the latest improvement to Abbott Laboratories' service to pharmacists and the medical profession.

Abbott's new Air Express Service, recently initiated, now provides for payment by the company of half the cost of shipping Abbott pharmaceuticals by air to any part of Canada. This brings the products of this modern plant within hours of almost any location in the Dominion. Abbott's situation on the Cote de Liesse makes it possible to place emergency shipments of Abbott pharmaceuticals on board planes leaving Dorval airport as late as fifteen minutes before scheduled take-off time.

Personal Interest Notes

Doctor Arthur R. Grant, of Summerside, P. E. I., (Dal. 1937) has been made a Fellow of the American College of Surgeons.

Doctor H. K. MacDonald of Halifax was elected President of the Canadian Medical Council at the annual meeting in Ottawa on September tenth.

The marriage took place in New Glasgow on September 6th, of Miss Belle Allen MacDonald, daughter of John D. MacDonald and the late Mrs. MacDonald of Sunny Brae and New Glasgow, and Doctor David McDougall Archibald, son of Doctor and Mrs. Bruce C. Archibald of Glace Bay. The bride is a registered nurse, a graduate of the Victoria General Hospital, and Doctor Archibald graduated from Dalhousie Medical School in May of this year, and is at present practising in Halifax.

Doctor E. F. Dunlop, a graduate of Edinburgh University, Mrs. Dunlop, and their two small sons, have arrived in Bridgewater from British New Guinea, and will take up special practice of the eye, ear, nose and throat.

Doctor and Mrs. Ian S. Robb and their young daughter of Halifax have left for New York, from where they will sail for China, travelling via the Panama Canal, Los Angeles and Shanghai, going up the river into Western China to Cheng Tu, the capital of Szechwan Province. Doctor Robb graduated from Dalhousie Medical School in 1942, and will be a medical missionary of the United Church at Cheng Tu.

Doctor William J. MacDonald of Truro was seriously cut about the face, head and neck, and had a miraculous escape from death when he was plunged through the windshield of his car when it was sideswiped and ditched not far from Shubenacadie on September 13th. Doctor MacDonald's car was carrying four members of the Truro Bearcats' baseball club to Truro from Halifax, all of whom were injured in the accident.

Doctor Donald M. Muir, Dal. 1945, has been appointed resident physician at Roseway Hospital in Shelburne. Doctor Muir will be assistant to the acting superintendent, Doctor Donald Robb.

Doctor J. S. Robertson who has been for the past ten years divisional health officer for the western division of Nova Scotia has been appointed Assistant Deputy Minister of Health for Nova Scotia. Doctor J. J. MacRitchie, health officer for the Atlantic Division, has been appointed Inspector of Humane Institutions for the Province.

Doctor J. E. Hiltz has been appointed Superintendent of the Nova Scotia Sanatorium at Kentville to succeed Doctor A. F. Miller. Doctor Hiltz, a native of Truro, was assistant superintendent at the Sanatorium for ten years prior to 1944, when he went to Halifax as acting medical super-

intendent of the Victoria General Hospital. Later he was named superintendent of the Roseway Hospital at Shelburne, going to the University of Toronto a year ago where he took a public Health course, graduating with high honours. He then spent four months under the Rockefeller Foundation touring hospitals and sanatoria of Canada and the United States.

Two hundred patients, medical, nursing staff and other employees of the Nova Scotia Sanatorium held a banquet in honour of Doctor A. F. Miller in the dining room of the Sanatorium on September 29th. Miss Barbara Penny of Bridgetown spoke on behalf of the patients and read the names which will be inscribed on the plaque presented to Doctor Miller and hung in the lobby of the new infirmary upon its completion. Doctor Miller's reply was warm and sincere and appreciative of the honour bestowed upon him by those with whom he has been associated so many years.

On October 20th the Kentville Board of Trade held a banquet, attended by two hundred representative Kentville citizens in honour of Doctor Miller. Doctor and Mrs. Miller were presented with a silver tray suitably inscribed, and Mrs. Miller also was presented with a bouquet of roses.

The BULLETIN extends congratulations to Doctor and Mrs. Clarence L. Gosse of Halifax on the birth of a daughter on September 17th; to Doctor and Mrs. J. R. Kerr of Annapolis Royal on the birth of a son, John Gregory, on October 8th; to Doctor and Mrs. Ernest A. Doull of Halifax on the birth of a son on October 16th, and to Doctor and Mrs. W. E. Hirtle of River Hebert on the birth of a son, James David, on October 18th.

Miss Marjorie Jenkins, R.N., has resigned her position as superintendent of the Children's Hospital at Halifax and has accepted the appointment of supervisor of the nursing service of the out-patient department of the new Victoria General Hospital, to become effective January 1st. Miss Jenkins will visit some leading medical centres in the United States to secure helpful information on their methods.

Doctor Gordon R. Mahaney of Bridgetown recently spent two months at the University of Toronto taking a special post-graduate course in general surgery.

Doctor G. V. Burton of Hebron has returned home following a successful major operation at the Victoria General Hospital in Halifax.

The marriage took place recently of Miss Helen Alberta Cameron, R.N., elder daughter of Mr. and Mrs. Albert Cameron of New Glasgow and Doctor James Stewart Campbell, only son of Doctor and Mrs. A. B. Campbell of Halifax. Mrs. Campbell graduated from the Victoria General Hospital in 1946 and Doctor Campbell from the Dalhousie Medical School in 1947. Doctor Campbell is now on the staff of the Nova Scotia Sanatorium at Kentville.

Obituary

THE death occurred at Antigonish on September 3rd of Doctor Ronald John McDonald. He had suffered a paralytic stroke some four years ago, but had made considerable progress toward recovery and recently had been able to be up and about his home. Dr. McDonald was born at Fraser's Grant, Antigonish County in 1875. His parents were Lauchlin McDonald and Elizabeth (Chisholm) McDonald of that district. While in his teens he went to the United States and worked as a lineman with the New England Telephone and Telegraph Company and while there was initiated into the sport of mile running, and in his twenty-second year won the Boston Marathon. In 1900 he went to Paris as a member of the American Olympic team, Doctor McDonald entered St. Francis Xavier University in the fall of 1900, transferring from the Boston College where he had begun his studies leading to the medical course studies. In 1903 he entered Tufts Medical College graduating in 1907, later doing post-graduate work at Harvard Medical School. The following year he started practice at Aguathuna in Newfoundland and remained there until 1938 when he removed with his family to Antigonish, where he carried on an extensive practice until ill health forced his retirement.

Doctor McDonald is survived by his wife, the former Miss Ada Peroway of St. George's, Newfoundland, two daughters, three sons, a brother and a sister.

Doctor Roderick Owen Bethune died suddenly at his home in Berwick on October 23rd. Doctor Bethune was born at Baddeck in 1887, son of Mrs. Mary (Jones) Bethune and the late Doctor J. L. Bethune. He graduated from Dalhousie Medical School in 1913 and first practised in Wedgeport, moving a few months later to Tusket where he remained until going to Berwick in 1921. Since that time he practised in Berwick with the exception of three years during the last world war when he served with the R.C.A.M.C. He was a member of the Valley Medical Society and for many years was municipal health officer for Kings County as well as health officer for the town of Berwick. Keenly interested in sports, he was a member and took an active part in the Berwick Athletic Association. An athlete of note himself in his younger days, Doctor Bethune was captain of the Dalhousie rugby squad while attending college and was an outstanding figure in collegiate hockey. He was also a member of the Masonic order and Ortona Branch, No. 69, Canadian Legion. He is survived by his wife, the former Edith Hallett, daughter of the late Doctor and Mrs. Edmund Hallett, Weymouth, one daughter and two sons. Also his mother, Mrs. Mary Bethune, Halifax, one sister, and three brothers, Doctor C. M. Bethune, superintendent of the Victoria General Hospital at Halifax, R. J. Bethune, divisional engineer for Eastern Nova Scotia, Department of Highways, and Norman L. Bethune Baddeck. A private funeral service was held from his home on October 25th, followed by a service at the Berwick United Church.

Doctor Edwin Benedict Redmond (Dal. 1947) was killed when the car which he was driving crashed into the front of a dwelling at Corner Brook, Newfoundland, on October 9th, on his way to an emergency call. Doctor Redmond attended St. Henry's School at Corner Brook and St. Francis Xavier University, and had just opened a practice in his home town.

The BULLETIN extends sympathy to Doctor Arthur E. Doull on the death of his mother, Mrs. Ella M. Doull, in her 95th year, which occurred on September 30th, at Halifax. Mrs. Doull had been in ill health for many years.

The School-Child's Breakfast

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum. Pablum furnishes protective factors especially needed by the school-child—especially calcium, iron and the vitamin B complex. The ease with which Pablum can be prepared enlists the mother's cooperation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature.—Mead Johnson & Company, Evansville, Indiana, U. S. A.